

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

PHAPlans

AnnualPlanforFiscalYear2003

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONS LOCATEDINAPPLICABLEPIHNOTICES**

PHA Plan Agency Identification

PHAName: Lake Metropolitan Housing Authority

PHANumber: OH025

PHAFiscalYearBeginning:(mm/yyyy) 07/2003

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the State government
- Public library
- PHA website (PHA Plan and attachments)
- 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)

AnnualPHAPlan
PHAFiscalYear2000
[24CFRPart903.7]

i. AnnualPlanType:

SelectwhichtypeofAnnualPlanthePHAwillsubmit.

StandardPlan

StreamlinedPlan:

- HighPerformingPHA**
 SmallAgency(<250PublicHousingUnits)
 AdministeringSection8Only

TroubledAgencyPlan

ii. ExecutiveSummaryoftheAnnualPHAPlan

[24CFRPart903.79(r)]

ProvideabriefoverviewoftheinformationintheAnnualPlan,includinghighlightsofmajorinitiatives anddiscretionarypolicies,thePHAhasincludedintheAnnualPlan.

TheExecutiveSummaryoftheAnnualAgencyPlanisanoptionalelement.TheLake Metropolitan HousingAuthorityhaschosennottocompletetheExecutiveSummarysection.

iii. AnnualPlanTableofContents

[24CFRPart903.79(r)]

ProvideatableofcontentsfortheAnnualPlan ,includingattachments,andalistofsupporting documentsavailableforpublicinspection .

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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:

- Admissions Policy for Deconcentration (No longer required by HUD for small public housing authorities)
- FY20 03 Capital Fund Program Annual Statement Attachment A
- Most recent board -approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY) Lake MHA is not a troubled housing authority.

Optional Attachments:

- PHA Management Organizational Chart
- FY2003 Capital Fund Program 5 Year Action Plan Attachment B
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
x	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
x	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
x	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view	5 Year and Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	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.	
x	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
x	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certification of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
x	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
x	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
x	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
x	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
x	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
x	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
x	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 5283 7) for the active grant year	Annual Plan: Capital Needs
x	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
N/A	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
N/A	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 202 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
x	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
N/A	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self -Sufficiency
x	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self -Sufficiency
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
x	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.79(a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	2100	5	5	3	3	4	3
Income > 30% but <= 50% of AMI	2013	5	5	3	3	4	4
Income > 50% but < 80% of AMI	1916	5	5	3	3	4	4
Elderly	1907	5	3	3	4	4	4
Families with Disabilities	N/A	5	5	5	5	4	4
White	1406						
African-American	432						
Hispanic	262						

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

- Consolidated Plan of the Jurisdiction/s
Indicate year: City of Mentor and Lake County, 2000 - 2003 plans
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)

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

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

Housing Need of Families on the Waiting List			
Waiting list type: (select one)			
<input 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	606		28%
Extremely low income <= 30% AMI	574	95%	
Very low income (> 30% but <= 50% AMI)	19	3%	
Low income (> 50% but < 80% AMI)	13	2%	
Families with children	466	77%	
Elderly families	23	4%	
Families with Disabilities	127	21%	
White	384	63%	
Black	178	29%	
Hispanic	24	4%	
Other	20	3%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	140	23%	
2BR	243	40%	
3BR	213	35%	

Housing Needs of Families on the Waiting List			
4BR	8	1%	
5BR	2	0%	0
5+BR	0	0%	0
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to open the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant -based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site -Based or sub -jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	1897		26%
Extremely low income <= 30% AMI	1777	94%	
Very low income (> 30% but <= 50% AMI)	82	4%	
Low income (> 50% but < 80% AMI)	38	2%	
Families with children	1238	65%	
Elderly families	50	3%	
Families with Disabilities	445	23%	
White	1311	69%	
Black	484	26%	
Hispanic	49	3%	
Other	53	3%	
Characteristics by This section not			

Housing Needs of Families on the Waiting List			
Bedroom Size (Public Housing Only)	applicable.		
1BR			
2BR			
3BR			
4BR			
5BR			
5+BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to 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 -up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease -up rates by marketing the program to owners.

- Maintain or increase section 8 lease -uprates by effectively screening Section 8 applicant to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below) Investigate the capability of maintaining Section 8 administrative fees reserves needed to implement new programs and activities.

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- Seek designation of public housing for the elderly (PHA may assess the impact of receiving a designation of public housing for the elderly during 2003 -2004.)
- Apply for special -purpose voucher targeted to the elderly, should they become available
- Other: (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special -purpose vouchers targeted to families with disabilities, should they become available (Provided the housing authority can reach agreement with a non -profit partner to provide the required supportive services).
- 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 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 (Particularly within the Public Housing Program)
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below) 2003 Appropriations bills signed in February 2003 will deplete Section 8 Administrative Reserves.

2. Statement of Financial Resources

[24 CFR Part 903.79(b)]

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

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2003 grants)		
a) Public Housing Operating Fund	\$294,000	
b) Public Housing Capital Fund	\$350,000	
c) HOPE VI Revitalization	\$0	
d) HOPE VI Demolition	\$0	
e) Annual Contributions for Section 8 Tenant -Based Assistance	\$6,800,000	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	\$0	

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
g) Resident Opportunity and Self-Sufficiency Grants	\$0	
h) Community Development Block Grant	\$0	
i) HOME	\$0	
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
CFP2002	\$200,000	
3. Public Housing Dwelling Rental Income	\$422,675	Operations
4. Other income (list below)		
Commercial Rental	\$7,200	Operations
Investment Income	\$10,000	Operations
4. Non-federal sources (list below)		
Vending Income	\$15,000	Resident Programs Capital needs
Total resources	\$8,098,875	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24CFR Part 903.79(c)]

A. Public Housing

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

(1) Eligibility

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

- When families are within a certain number of being offered a unit: (state number) Within top 20 when a vacancy is imminent.
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe)

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

- Criminal or Drug -related activity
- Rental history
- Housekeeping
- Other (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) Applications are available on -line and may be printed, completed and mailed to the office.

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 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 of or are removed from the waiting list? (select one)

- One
- Two
- Three or More

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

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

(4) Admissions Preferences

a. Income targeting:

Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income? For public housing, the applicant pool ensures that LMHA will exceed federal targeting requirements.

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
- 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, work or attend school 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 reprisals or hate crimes
- Other preference(s) (list below) Preference for persons who do not already live in Federally -subsidized permanent housing.

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

3 DateandTime

FormerFederalpreferences:

- InvoluntaryDisplacement(Disaster,GovernmentAction,ActionofHousing Owner,Inaccessibility,PropertyDisposition)
- Victimsofdomesticviolence
- Substandardhousing
- Homelessness
- Highrentburden

Otherpreferences(selectallthat apply)

- 2 Workingfamiliesandthoseunabletoworkbecauseofageordisability
- 2 Veteransandveterans'families
- 2 Residentswholive,work,orattendschoolinthejurisdiction
- Thoseenrolledcurrentlyineducational,training,orupwardmobilityprograms
- Householdsthatcontributetomeetingincomegoals(broadrangeofincomes)
- Householdsthatcontributetomeetingincomerequirements(targeting)
- Thosepreviouslyenrolledineducational,training,orupwardmobility programs
- Victimsofreprisalsorhatecrimes
- 1 Otherpreference(s)(listbelow)
PersonswwhodonotalreadyreceiveFederalhousingassistance.

4.Relationshipofpreferencesto incometargetingrequirements:

- ThePHAappliespreferenceswithinincometiers
- Notapplicable:thepoolofapplicantfamiliesensures thatthePHAwillmeet incometargetingrequirements

(5)Occupancy

a.Whatreferencematerialscans applicantsandresidentsusetoo obtaininformation abouttherulesofoccupancyofpublichousing(selectallthatapply)

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

b.HowoftenmustresidentsnotifythePHAofchangesinfamilycomposition? (selectallthatapply)

- Atanannualreexaminationandleaserenewal

- 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? LMHA has only one family (general occupancy) development, and thus is exempt from a deconcentration analysis.

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

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

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

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

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

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments

- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)

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

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

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

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

B. Section 8

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

(1) Eligibility

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

- Criminal and 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)

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) Previous tenancy as known by the PHA for the last 2 landlords.

(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 person apply for admission to section 8 tenant -based assistance? (select all that apply)

- PHA main administrative office
 Other (list below) Applications are available on -line to be printed and mailed into the office.

(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: Presently, the PHA issues a voucher with an expiration date allowing a 120 -day period to search for a unit. The PHA may extend beyond that period as a reasonable accommodation for disabled persons. Wording in the Administrative Plan is that vouchers be issued for a minimum of 60 days.

(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)(ifno,skiptosubcomponent (5)Specialpurpose
section8assistanceprograms)

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, work or attend school in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Household that contributes to meeting income goals (broad range of incomes)
- Household that contributes 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)

Persons not currently receiving Federal housing assistance.

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.

4 Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- 2 Veterans and veterans' families
- 2 Residents who live, work, or attend school 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
- 1 Other preference(s) (list below)
Persons not currently receiving Federal housing assistance.

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 preference to income targeting requirements: (select one)

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

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and 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) Housing coalition meetings, website

4. PHA Rent Determination Policies

[24CFR Part 903.79(d)]

A. Public Housing

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

(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? Unnecessary since minimum rent is \$0.

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

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

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

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

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

- For the earned income of a previously unemployed household member
- For increases in earned income
- Fixed amount (other than general rent -setting policy)
If yes, state amount/s and circumstances below:
- Fixed percentage (other than general rent -setting policy)
If yes, state percentage/s and circumstances below:
- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

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

- Yes for all developments
- Yes but only for some developments
- No

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

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

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

- Market comparability study
- Fair market rents (FMR)
- 95th percentile rents

- 75percentofoperatingcosts
- 100percentofoperatingcostsforgeneraloccupancy(family)developments
- Operatingcostsplusdebt service
- The“rentalvalue”oftheunit
- Other(listbelow)

f. Rentre -determinations:

1. Betweenincomereexaminations,howoftenmusttenantsreportchangesinincome orfamilycompositiontothePHA suchthatthechangesresultinanadjustmentto rent?(selectallthatapply)

- Never
- Atfamilyoption
- Anytimethefamilyexperiencesanincomeincrease
- Anytimeafamilyexperiencesanincomeincreaseaboveathresholda mountor percentage:(ifselected,specifythreshold)_____
- Other(listbelow)

g. Yes No:DoesthePHAplantoimplementindividualsavingsaccountsfor residents(ISAs)asanalternativetotherequired12month disallowanceofearnedincomeandphasinginofrentincreases inthenextyear?

(2)FlatRents

1. Insettingthemarket -basedflatrents,whatsourcesofinformationdidthePHAuse toestablishcomparability?(selectallthatapply.)

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

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 payment standards reevaluated for adequacy? (select one)

- Annually
- Other (list below)

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

- Success rates of assisted families
- Rent burdens of assisted families

(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)

Lake Metropolitan Housing Authority is a small PHA and not required to complete this section. It has opted not to do so.

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:

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		
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		

Other Federal Programs (list individually)		

C. Management and Maintenance Policies

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

(1) Public Housing Maintenance and Management: (list below)

(2) Section 8 Management: (list below)

6. PHA Grievance Procedures

[24CFR Part 903.79(f)]

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

A. Public Housing

1. Yes No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24CFR 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 24CFR 982?

If yes, list additions to federal requirements below:

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

- PHA main administrative office
 Other (list below)

7. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

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

-or-

- The Capital Fund Program Annual Statement is provided below:

(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 a 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 as Attachment (state name

-or-

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

B. HOPEVI and Public Housing Development and Replacement Activities (Non -Capital Fund)

Applicability of sub -component 7B: All PHAs administering public housing. Identify any approved HOPEVI 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 responses 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:

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

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

8. Demolition and Disposition

[24CFR Part 903.79(h)]

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

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

2. Activity Description

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

Demolition/Disposition Activity Description	
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: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity:	
b. Projected end date of activity:	

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

[24CFR Part 903.79(i)]

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

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

2. Activity Description

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

Designation of Public Housing Activity Description	
1a. Development name:	Washington Square
1b. Development (project) number:	25 -01
2. Designation type:	Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)	Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	(03/10/04)
5. If approved, will this designation constitute a (select one)	<input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously -approved Designation Plan?
6. Number of units affected:	70
7. Coverage of action (select one)	

<input type="checkbox"/> Part of the development
<input checked="" type="checkbox"/> Total development

Designation of Public Housing Activity Description	
1a. Development name: Jackson Towers	
1b. Development (project) number: 25 -02	
2. Designation type:	
Occupancy by only the elderly	<input checked="" type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input checked="" type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	<u>(03/10/04)</u>
5. If approved, will this designation constitute a (select one)	
<input checked="" type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously -approved Designation Plan?	
6. Number of units affected: 100	
7. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input checked="" type="checkbox"/> Total development	

10. Conversion of Public Housing to Tenant -Based Assistance

[24CFR Part 903.79(j)]

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

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY1996 HUD Appropriations Act

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

AssetManagementTable?If“yes”,skiptocomponent11.If
 “No”,completetheActivityDescriptiontablebelow.

ConversionofPublicHousingActivityDescription	
1a.Developmentname: 1b.Development(project)number:	
2.Whatisthestatusoftherequiredassessment? <input type="checkbox"/> Assessmentunderway <input type="checkbox"/> AssessmentresultssubmittedtoHUD <input type="checkbox"/> AssessmentresultsapprovedbyHUD(ifmarked,proceedtonext question) <input type="checkbox"/> Other(explainbelow)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No:IsaConversionPlanrequired?(Ifyes,gotoblock4;ifno,goto block5.)	
4.StatusofConversionPlan(selectthestatementthatbestdescribesthecurrent status) <input type="checkbox"/> ConversionPlanindevelopment <input type="checkbox"/> ConversionPlansubmittedtoHUDon:(DD/MM/YYYY) <input type="checkbox"/> ConversionPlanapprovedbyHUDon:(DD/MM/YYYY) <input type="checkbox"/> ActivitiespursuanttoHUD -approvedConversionPlanunderway	
5.DescriptionofhowrequirementsofSection202arebeingsatisfiedbymeansother thanconversion(selectone) <input type="checkbox"/> Unitsaddressedinapendingorapproveddemolitionapplication(date submittedorapproved: <input type="checkbox"/> UnitsaddressedinapendingorapprovedHOPEVIDemolitionapplication (datesubmittedorapproved:) <input type="checkbox"/> UnitsaddressedinapendingorapprovedHOPEVIREvitalizationPlan (datesubmittedorapproved:) <input type="checkbox"/> Requirementsnolongerapplicable:vacancyratesarelessthan10percent <input type="checkbox"/> Requirementsnolongerapplicable:sitenowhaslessthan300units <input type="checkbox"/> Other:(describebelow)	

B.ReservedforConversionspursuanttoSection22oftheU.S.HousingActof 1937 **f**

C.ReservedforConversionspursuanttoSection33oftheU.S.HousingActof 1937

11.HomeownershipProgramsAdministeredbythePHA

[24CFRPart903.79(k)]

A.PublicHousing

ExemptionsfromComponent11A:Section8onlyPHAsarenotrequiredtocomplete11A.

1. Yes No: DoesthePHAadministeranyhomeownershipprograms 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,unleseligibletocompletea streamlinedsubmissiondueto **smallPHA** or **highperforming PHA**status.PHAscompletingstreamlinedsubmissionsmay skipto component11B.)

2.ActivityDescription

Yes No: HasthePHAprovidedallrequiredactivitydescription informationforthiscomponentinthe **optionalPublicHousing AssetManagementTable**?(If“yes”,skipto component12.If “No”,completetheActivityDescriptiontablebelow.)

PublicHousingHomeownershipActivityDescription (Completeoneforeachdevelopmentaffected)
1a.Developmentname: 1b.Development(project)number:
2.FederalProgramauthority: <input type="checkbox"/> HOPEI <input type="checkbox"/> 5(h) <input type="checkbox"/> TurnkeyIII <input type="checkbox"/> Section32oftheUSHAof1937(effective10/1/99)
3.Applicationstatus:(selectone) <input type="checkbox"/> Approved;includedinthePHA’sHomeownershipPlan/Program <input type="checkbox"/> Submitted,pendingapproval <input type="checkbox"/> Plannedapplication
4.DateHomeownershipPlan/Programapproved,submitted,orplannedforsubmission: (DD/MM/YYYY)
5. Numberofunitsaffected: 6.Coverageofaction:(selectone) <input type="checkbox"/> Partofthedevelopment <input type="checkbox"/> Totaldevelopment

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA -established eligibility criteria

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

If yes, list criteria below: Participation in the Section 8 Family Self Sufficiency Program is required.

Statement of PHA Homeownership Capacity:

Lake Metropolitan Housing Authority requires a part of its administrative plan for Homeownership Program participants to pay at least 3% of the purchase price as a down payment. The 3% should be from personal resources of the family.

12. PHA Community Service and Self -sufficiency Programs

[24 CFR 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.

Lake Metropolitan Housing Authority is a small housing authority and has opted not to complete this component.

A.PHACoordinationwiththeWelfare(TANF)Agency

1.Cooperativeagreements:

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

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

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

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and 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 homeownership option participation
- Preference/eligibility for section 8 homeownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

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

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

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

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

C. Welfare Benefit Reductions

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

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

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

13. PHA Safety and Crime Prevention Measures

[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.

Lake Metropolitan Housing Authority is a small public housing authority and is not required to complete this section. It has opted not to do so.

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 levels of violent and/or drug-related crime
- Other (describe below)

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

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

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

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

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

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

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

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

- Policeregularly meetwiththePHAmangementandresidents
 - AgreementbetweenPHAandlocallawenforcementagencyforprovisionof above-baselinelawenforcementservices
 - Otheractivities(listbelow)
- 2.Whichdevelopmentsaremostaffected?(listbelow)

D.AdditionalinformationasrequiredbyPHDEP/PHDEPPlan

PHAseligibleforFY2000PHDEPfundsmustprovideaPHDEPPlanmeetingspecifiedrequirements priortoreceiptofPHDEPfund.

- Yes No :IsthePHAeligibletoparticipateinthePHDEPinthefiscalyear coveredbythisPHAPlan?
- Yes No:HasthePHAincludedthePHDEPPlanforFY2000inthisPHA Plan?
- Yes No:ThisPHDEPPlanisanAttachment.(AttachmentFilename:___)

14.PETPOLICY

[24CFRPart903.79(n)]

A. MANAGEMENT APPROVAL OF PETS

AllpetsmustbeapprovedinadvancebythePHAmangement.

ThepetownermustsubmitandenterintoaPetAgreementwith thePHA.

Registration of Pets

PetsmustberegisteredwiththePHAbeforetheyarebroughtontothepremises.Registrationincludes certificatesignedbyalicensedveterinarianorState/localauthoritythatthepethasreceivedall inoculationsrequiredbyStateorlocallaw,andthatthepethasnocommunicabledisease(s)andispest free.

Registrationmustberenewedandwillbecoordinatedwiththeannualrecertificationdateandproofof licenseandinoculationwillbesubmittedatleast30daysprior toannualreexamination.

Theresident/petownermustcarryaminimumof\$25,000inrenter’sinsuranc.Renter’sinsurancemust providecoveragefordamagescausedbyhouseholdpets.TenantsmustprovideLMHAwithacopyof theinsurancepolicy.

Dogsandcatsmustbespayedorneutered.

ExecutionofaPetAgreementwiththePHAstatingthatthetenantacknowledgescomplete responsibilityforthecareandcleaningofthepetwillberequired.

Registrationmustberenewedandwillbecoordinatedwiththeannualrecertificationdate.

Refusal To Register Pets

The PHA may not refuse to register a pet based on the determination that the pet owner is financially unable to care for the pet. If the PHA refuses to register a pet, a written notification will be sent to the pet owner stating the reason for denial and shall be served in accordance with HUD Notice requirements.

The PHA will refuse to register a pet if:

The pet is not a *common household pet* as defined in this policy;

Keeping the pet would violate any House Pet Rules;

The pet owner fails to provide complete pet registration information, or fails to update the registration annually;

The PHA reasonably determines that the pet owner is unable to keep the pet in compliance with the pet rules and other lease obligations. The pet's temperament and behavior may be considered a factor in determining the pet owner's ability to comply with provisions of the lease.

The notice of refusal may be combined with a notice of a pet violation.

A resident who cares for another resident's pet must notify the PHA and agree to abide by all of the pet rules in writing.

B. STANDARDS FOR PETS

If an approved pet gives birth to a litter, the resident must remove all pets from the premises except one.

Pet rules will not be applied to animals who assist persons with disabilities.

Persons With Disabilities

To be excluded from the pet policy, the resident/pet owner must certify:

That there is a person with disabilities in the household;

That the animal has been trained to assist with the specified disability; and

That the animal actually assists the person with the disability.

Types of Pets Allowed

Not types of pets other than the following may be kept by a resident.

1. Dogs

Maximum number: 1

Maximum adult weight: 25 pounds

Maximum adult height: 14" from ground to shoulder

Must be housebroken

Must be spayed or neutered

Must have all required inoculations

Must be licensed as specified now or in the future by State law and local ordinance

2. Cats

Maximum number: 1

Must have front paws declawed

Must be spayed or neutered

Must have all required inoculations

Must be trained to use a litter box or other waste receptacle

Must be licensed as specified now or in the future by State law or local ordinance

3. Birds

Maximum number: 2

Type: Canary or parakeet

Must be enclosed in a cage no larger than 24" x 18" at all times

4. Fish

Maximum aquarium size: 10 gallons

Fish must be non-carnivorous

Maximum fish size: Must not exceed 3" in length

C. PET TEMPORARILY ON THE PREMISES

Pets which are not owned by a tenant will not be allowed.

Residents are prohibited from feeding or harboring stray animals.

State or local laws governing pet temporarily in dwelling accommodations shall prevail.

D. ADDITIONAL FEES AND DEPOSITS FOR PETS

The resident/pet owner shall be required to pay a refundable deposit for the purpose of defraying all reasonable costs directly attributable to the presence of a dog or cat.

The PHA reserves the right to change or increase the required deposit by amendment to these rules.

The PHA will refund the Pet Deposit to the tenant, less any damage caused by the pet to the dwelling unit, upon removal of the pet or the owner from the unit.

The PHA will provide the tenant or designee identified above with a written list of any charges against the pet deposit. If the tenant disagrees with the amount charged to the pet deposit, the PHA will provide a meeting to discuss the charges.

All reasonable expenses incurred by the PHA as a result of damages directly attributable to the presence of the pet in the project will be the responsibility of the resident, including:

The cost of repairs and replacements to the resident's dwelling unit;

Fumigation of the dwelling unit;

Common areas of the project.

Pet Deposits are not a part of rent payable by the resident.

E. ALTERATIONSTO UNIT

Residents/pet owners shall not alter their unit, patio, premises or common areas to create an enclosure for any animal. Installation of pet doors is prohibited.

F. PET WASTE REMOVAL CHARGE

Pet deposit and pet waste removal charges are not a part of rent payable by the resident.

All reasonable expenses incurred by the PHA as a result of damages directly attributable to the presence of the pet will be the responsibility of the resident, including:

The cost of repairs and replacements to the dwelling unit;

Fumigation of the dwelling unit.

If the tenant is in occupancy when such costs occur, the tenant shall be billed for such costs as a current charge.

If such expenses occur as a result of a move-out inspection, they will be deducted from the pet deposit. The resident will be billed for any amount which exceeds the pet deposit.

The pet deposit will be refunded when the resident moves out or no longer has a pet on the premises, whichever occurs first.

The expense of flea infestations shall be the responsibility of the resident.

G. PET AREA RESTRICTIONS

Pets must be maintained within the resident's unit. When outside of the unit (within the building or on the grounds) dogs and cats must be kept on a leash or carried and under the control of the resident or other responsible individual at all times.

Pets are not permitted in common areas including landscaping, lobbies, community rooms and laundry areas except for those common areas which are entrances to and exits from the building.

H. NOISE

Pet owners must agree to control the noise of pets so that such noise does not constitute an nuisance to other residents or interrupt their peaceful enjoyment of their housing unit or premises. This includes, but is not limited to, loud or continuous barking, howling, whining, biting, scratching, chirping, or others such activities.

I. CLEANLINESS REQUIREMENTS

Litter Box Requirements. All animal waste or the litter from litter boxes shall be picked up immediately by the pet owner, disposed of in sealed plastic trash bags, and placed in a trash bin.

Litters shall not be disposed of by being flushed through a toilet.

Litter boxes shall be stored inside the resident's dwelling unit.

Removal of Waste From Other Locations. The Resident/Pet Owners shall be responsible for the removal of waste from the exercise area by placing it in a sealed plastic bag and disposing of it in an outside trash bin.

Any unit occupied by a dog, cat, or rodent will be fumigated at the time the unit is vacated.

The resident/pet owners shall take adequate precautions to eliminate any pet odors within or around the unit and to maintain the unit in a sanitary condition at all times.

J. PET CARE

No pet (excluding fish) shall be left unattended in any apartment for an unreasonable period of time.

All residents/pet owners shall be responsible for adequate care, nutrition, exercise and medical attention for his/her pet.

Residents/pet owners must recognize that other residents may have chemical sensitivities or allergies related to pets, or may be easily frightened or disoriented by animals. Pet owners must agree to exercise courtesy with respect to other residents.

K. RESPONSIBLE PARTIES

The resident/pet owner will be required to designate a responsible party for the care of the pet if the health or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet. If LMHA has made a reasonable attempt to contact a responsible party, but the party is unwilling or unable to care for said pet, LMHA may enter the pet owner's unit, remove the pet and place the pet in a facility that will provide care and shelter at the tenant's expense for no less than 30 days. At the end of the 30 day period, said pet may be disposed of at the tenant's expense, i.e., euthanized or given to any person willing to accept it. Tenant will release, indemnify and hold harmless LMHA from any liability or damages which may arise out of LMHA removing the pet from the premises.

L. INSPECTIONS

The PHA may enter and inspect the unit only if a written complaint is received alleging that the conduct or condition of the pet in the unit constitutes an nuisance or threat to the health or safety of the other occupants or other persons in the community under applicable State or local law.

M. PET RULE VIOLATION NOTICE

If a determination is made on objective facts supported by written statements, that a resident/petowner has violated the Pet Rule Policy, written notice will be served.

The Notice will contain a brief statement of the factual basis for the determination and the pet rule(s) which were violated. The notice will also state:

That the resident/petowner has 5 days from the effective date of the service of notice to correct the violation or make a written request for a meeting to discuss the violation;

That the resident/petowner is entitled to be accompanied by another person of his or her choice at the meeting; and

That the resident/petowner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to terminate the petowner's tenancy.

N. NOTICE FOR PET REMOVAL

If the resident/petowner and the PHA are unable to resolve the violation at the meeting or the petowner fails to correct the violation in the time period allotted by the PHA, the PHA may serve notice to remove the pet.

The Notice shall contain:

A brief statement of the factual basis for the PHA's determination of the Pet Rule that has been violated;

The requirement that the resident/petowner must remove the pet within 10 days of the notice; and

A statement that failure to remove the pet may result in the initiation of termination of tenancy procedures.

O. TERMINATION OF TENANCY

The PHA may initiate procedures for termination of tenancy based on a pet rule violation if:

The petowner has failed to remove the pet or correct a pet rule violation within the time period specified and the pet rule violation is sufficient to begin procedures to terminate tenancy under terms of the lease.

P. PET REMOVAL

If the death or incapacity of the petowner threatens the health or safety of the pet, or other factors occur that render the owner unable to care for the pet, the situation will be reported to the Responsible Party designated by the resident/petowner. Includes pets who are poorly cared for or have been left unattended for an unreasonable period of time.

If the responsible party is unwilling or unable to care for the pet, or if the PHA after reasonable efforts cannot contact the responsible party, the PHA may contact the appropriate State or local agency and request the removal of the pet.

If the pet is removed as a result of any aggressive act on the part of the pet, the pet will not be allowed back on the premises.

Q. EMERGENCIES

The PHA will take all necessary steps to insure that pets which become vicious, display symptoms of severe illness, or demonstrate behavior that constitutes an immediate threat to the health or safety of others, are referred to the appropriate State or local entity authorized to remove such animals.

If it is necessary for the PHA to place the pet in a shelter facility, the cost will be the responsibility of the tenant/pet owner.

15. Civil Rights Certifications

[24CFR Part 903.79(o)]

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

16. Fiscal Audit

[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.	
LMHA is a small PHA and is not required to complete this component. LMHA has chosen not to complete this component.	

- 1. Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)

- Not applicable
- Private management
- Development-based accounting
- Comprehensive stock assessment
- Other: (list below)

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

18. Other Information

[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 as Attachment (Filename)
- Provided below:

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

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments
List changes below:
- Other: (list below)

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

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

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

3. Description of Resident Election Process

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

- Candidates were nominated by resident and assisted family organizations
- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- Other: (describe)

b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

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

C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here)

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) PHA activities include expanding the affordability of housing to more Lake County residents; concern and activities to support efforts regarding lead-based paint in housing.

Other:(listbelow)

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

C. Other Information Required by HUD

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

Statement regarding Significant Deviation

The Lake Metropolitan Housing Authority reserves the right to amend its agency plan without further public hearing process for changes that do not significantly alter the goals and objectives presented in this plan. Budgetary changes not caused by HUD action must exceed 40% of change from stated line items before being considered a significant deviation.

Project-based tenant -based voucher assistance

The Lake Metropolitan Housing Authority may choose to project -based up to 10% during the fiscal year beginning July 1, 2003. Project -based vouchers would be used to expand the housing opportunities for families seeking assisted housing, and to promote supportive services that may help the family move toward homeownership.

Resident Advisory Board Participants

Mary Ann Hammer	Victor Cruz
Terry Wereb	Marty Eisenberg
George Hasek	Diann Murphy
Russ Vay	Christine Siegel
Frank Kuchirchuk	Angela Lett
Laura Wells	Holly Stovall
Chris Smith	Maureen Allen
Linda Landers	William Atwell
Cahshanda Nathan	Victor Augustine

Attachments

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

**PHA Plan
Table Library**

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

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Lake Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OH-12-P025-501-03 Replacement Housing Factor Grant No:			Federal FY of Grant: 7/1/2003
<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	\$45,000			
3	1408 Management Improvements Soft Costs Management Improvements Hard Costs				
4	1410 Administration	35,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	25,000			
10	1460 Dwelling Structures	180,000			
11	1465.1 Dwelling Equipment — Nonexpendable	25,000			

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

PHAName: Lake Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OH-12-P025-501-03 Replacement Housing Factor Grant No:	Federal FY of Grant: 7/1/2003
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Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
12	1470 Nondwelling Structures	20,000			
13	1475 Nondwelling Equipment	25,000			
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				
	Amount of Annual Grant: (sum of lines.....)	360,000			
	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:		Grant Type and Number Capital Fund Program Grant No: OH-12-P025-501-03 Replacement Housing Factor Grant No:				Federal FY of Grant: 7/1/2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
HA-Wide	Operations		1406		45,000				
HA-Wide	Engineering costs		1430		15,000				
HA-Wide	Modernization Coordinator		1410		30,000				
Woodlawn	Drain Line Repairs/Replacement		1460		50,000				
Woodlawn	Landscaping		1450		25,000				
Woodlawn	New Doors and storm doors		1460		55,000				
HA-Wide	Refrigerators and Stoves		1465		25,000				
HA-Wide	Maintenance Equipment		1475		10,000				
Jackson Towers	New Carpeting and Wall covering		1460		65,000				
Woodlawn	Playground repair		1475		15,000				
Woodlawn	Remodel of Community Building		1470		20,000				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHAName:			Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:			Federal FY of Grant:	
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	12/31/04			12/31/05			
Woodlawn	12/31/04			12/31/05			

CapitalFundProgramFive -YearActionPlan
PartI:Summary

PHAName		<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:			
Development Number/Name/HA-Wide	Year1	WorkStatementforYear2 FFYGrant:2004 PHAFY:7/1/2004	WorkStatementforYear3 FFYGrant:2005 PHAFY:7/1/2005	WorkStat ementforYear4 FFYGrant:2006 PHAFY:7/1/2006	WorkStatementforYear5 FFYGrant:2007 PHAFY:7/1/2007
HA-Wide	Annual Statement	\$83,000	\$110,000	\$70,000	\$120,000
JacksonTowers		\$60,000	85,000		107,000
WashingtonSquare		\$40,000	85,000	280,000	93,000
WoodlawnHomes		\$167,000	70,000		30,000
TotalCFPFunds (Est.)		\$350,000	\$350,000	\$350,000	\$350,000
TotalReplacement HousingFactorFunds					

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

Activities for Year 1	Activities for Year: <u>2</u>			Activities for Year: <u>3</u>		
		FFY Grant:	PHAFY:		FFY Grant:	PHAFY:
	HA-wide	Vehicle	\$25,000	HA-wide	Modernization coordinator	\$40,000
		Modernization coordinator	\$40,000		Appliances	15,000
		Appliances	\$12,000		Vehicle	25,000
		Computer replacement	\$6,000		Operations	30,000
	Woodlawn	Playground repairs	\$25,000	Woodlawn	Sewage line repairs	40,000
		Gas line replacement	\$20,000		New cable and phone lines	15,000
		Security fencing	\$72,000		Landscaping	15,000
		Sewage line	\$50,000	Washington Square	Replace electrical panels	85,000
	Jackson	Replace damper motors	\$30,000	Jackson	Security fencing	50,000
		Replace cooling towers	\$30,000		Exterior improvements	35,000
	Washington	Replace HVAC units	\$40,000			

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

Activities for Year 1	Activities for Year: <u>4</u> FFY Grant: PHAFY:			Activities for Year: <u>5</u> FFY Grant: PHAFY:		
	HA-wide	Modernization coordinator	45,000	HA-wide	Modernization coordinator	45,000
		Appliances	15,000		Appliances	15,000
	Washington Square	First floor renovations of community rooms, kitchen, offices	\$280,000		Operations	40,000
	HA-wide	Operations	10,000		Maintenance Equipment	20,000
				Jackson	Replace electrical panels	80,000
					Exterior improvements	27,000
				Washington	Generator upgrades	65,000
					Repoint masonry	28,000
				Woodlawn	Sewage line repair	30,000

TableLibrary

TableLibrary

**AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgram(CFP)PartISummary**

U.S.DepartmentofHousing
andUrbanDevelopment
OfficeofPublicandIndianHousing

HAName: LakeMetropolitanHousingAuthority	CapitalFundProgramNumber OH-12-P025-501-01	FFYofGrantApproval 7/1/2001
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ginalAnnualStatementReserveforDisast EmergenciesRevisedAnnualStatementPerformanceandEvaluationReportforPeriodEnding:Dec2002
 alPerformanceandEvaluationReport

LineNo	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost(2)	
		Original	Revised(1)	Obligated	Expended
1	TotalNon-CIAPFunds				
2	1406Operations(Maynotexceed10%ofline19)	\$ -	\$ -	\$ -	\$ -
3	1408ManagementImprovements	\$ -	\$ -	\$ -	\$ -
4	1410Administration	\$ 30,000.00	\$ 12,230.22	\$ 12,230.22	\$ 12,230.22
5	1411Audit	\$ -	\$ -	\$ -	\$ -
6	1415LiquidatedDamages	\$ -	\$ -	\$ -	\$ -
7	1430FeesandCosts	\$ 43,180.00	\$ 15,460.95	\$ 15,460.95	\$ 15,460.95
8	1440SiteAcquisition	\$ -	\$ -	\$ -	\$ -
9	1450SiteImprovements	\$ 10,000.00	\$ -	\$ -	\$ -
10	1460DwellingStructures	\$ 267,300.00	\$ 246,494.21	\$ 246,494.21	\$ 231,378.21
11	1465-1DwellingEquipment-Nonexpendable	\$ 10,000.00	\$ 4,545.00	\$ 4,545.00	\$ 4,545.00
12	1470NondwellingStructures	\$ -	\$ -	\$ -	\$ -
13	1475NondwellingEquipment	\$ 2,700.00	\$ 2,700.00	\$ 2,700.00	\$ 2,700.00
14	1485Demolition	\$ -	\$ -	\$ -	\$ -
15	1490ReplacementReserveNondwellingEquipment	\$ -	\$ -	\$ -	\$ -
16	1495.1RelocationCosts	\$ -	\$ -	\$ -	\$ -
17	1498ModUsedforDevelopment	\$ -	\$ -	\$ -	\$ -
18	1502Contingency(maynotexceed8%ofline19)	\$ -	\$ -	\$ -	\$ -
19	AmountofAnnualGrant:(sumoflines2-18)	\$ 363,180.00	\$ 281,430.38	\$ 281,430.38	\$ 266,314.38
20	Amountofline19RelatedtoLBPActivities	\$ -	\$ -	\$ -	\$ -
21	Amountofline19RelatedtoSection504Compliance	\$ -	\$ -	\$ -	\$ -
22	Amountofline19relatedtoSecurity	\$ -	\$ -	\$ -	\$ -
23	Amountofline20relatedtoEnergyConservation	\$ -	\$ -	\$ -	\$ -
SignatureofExecutiveDirector X		SignatureofPublicHousingDirectorOfficeofNativeAmericanProgramsAdministratorandDate X			

(1)TobecompletedforthePerformanceandEvaluationReportoraRevisedAnnualStatement.

(2)TobecompletedforthePerformanceandEvaluationReport

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
	HOUSING AUTHORITY WIDE							
	<u>1410 Administration</u>							
H/A Wide	Hire Modernization Coordinator to administer Program. (1 year x \$30,000.00)	1410		\$30,000.00	\$12,230.22	\$12,230.22	\$12,230.22	
	<u>1430 Fee and Costs</u>							
H/A Wide	Architectural and engineering fees to complete the program.	1430		\$25,000.00	\$15,040.88	\$15,040.88	\$15,040.88	
H/A Wide	Administrative Costs (Administration, Bidding, Printing, Legal, etc.)	1430		\$8,180.00	\$420.07	\$420.07	\$420.07	
H/A Wide	Office Equipment	1430		\$10,000.00	\$0.00	\$0.00	\$0.00	
	<u>1475.1 Nondwelling Equipment</u>							
H/A Wide	Install automatic door opener on main entrance for Administration Building.	1475.1		\$2,700.00	\$2,700.00	\$2,700.00	\$2,700.00	
	SUBTOTAL H/A WIDE:			\$75,880.00	\$30,391.17	\$30,391.17	\$30,391.17	
	MANAGEMENT IMPROVEMENTS							
	<u>1406 Operations</u>							
MI	Miscellaneous Operations	1406		\$0.00	\$0.00	\$0.00	\$0.00	
	SUBTOTAL MI:			\$0.00	\$0.00	\$0.00	\$0.00	
	WASHINGTON SQUARE							
	<u>1460 Dwelling Structures</u>							
WS-001	Kitchen and Bathroom Renovations.	1460		\$50,000.00	\$31,378.21	\$31,378.21	\$31,378.21	
WS-001	Fire Alarm upgrades.	1460		\$9,800.00	\$8,645.00	\$8,645.00	\$0.00	
	<u>1465.1 Dwelling Equipment</u>							

Annual Statement/Performance and Evaluation Report

Capital Fund Program (CFP)

PART II: Supporting Pages

U.S. Department of Housing

and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0156 (Exp. 7/31/98)

Development Number/Name HA-Wide	General Description of Major Work Categories	Development Account	Quantity	Total Estimated Cost		Total Actual Cost		
WS-001	Replace or service tenant HVAC units. (vertical sanitary stacks).	1465.1		\$10,000.00	\$4,545.00	\$4,545.00	\$4,545.00	
	<u>1495.1 Relocation Costs</u>							
WS-001	Physical relocation of tenants in modernization area and tenant unit preparation.	1495.1		\$0.00	\$0.00	\$0.00	\$0.00	
	WS-001 SUBTOTAL:			\$69,800.00	\$44,568.21	\$44,568.21	\$35,923.21	
	JACKSON TOWERS							
	<u>1460 Dwelling Structures</u>							
	Fire Alarm upgrades	1460		\$7,500.00	\$6,471.00	\$6,471.00	\$0.00	
	JT-002 SUBTOTAL:			\$7,500.00	\$6,471.00	\$6,471.00	\$0.00	
	WOODLAWN HOMES							
	<u>1450 Site Improvements</u>							
WH-008	Gas line replacement and repairs.	1450		\$10,000.00	\$0.00	\$0.00	\$0.00	Current
	<u>1460 Dwelling Structures</u>							
WH-008	Siding Improvements	1460		\$200,000.00	\$200,000.00	\$200,000.00	\$200,000.00	
	WH-008 SUBTOTAL:			\$210,000.00	\$200,000.00	\$200,000.00	\$200,000.00	

Annual Statement/Performance and Evaluation Report

Capital Fund Program (CFP)

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Office of Public and Indian Housing

OMB Approval No. 2577-0156 (Exp. 7/31/98)

Development Number/Name HA-Wide	General Description of Major Work Categories	Development Account	Quantity	Total Estimated Cost		Total Actual Cost	
H/A Wide	Housing Authority Wide			\$75,880.00	\$30,391.17	\$30,391.17	\$30,391.17
MI	Management Improvements			\$0.00	\$0.00	\$0.00	\$0.00
WS-001	Washington Square Apartments			\$69,800.00	\$44,568.21	\$44,568.21	\$35,923.21
JT-002	Jackson Towers Apartments			\$7,500.00	\$6,471.00	\$6,471.00	\$0.00
WH-008	Woodlawn Homes			\$210,000.00	\$200,000.00	\$200,000.00	\$200,000.00
TOTAL COST:				\$363,180.00	\$281,430.38	\$281,430.38	\$266,314.38
Signature of Executive Director X				Signature of Public Housing Director of Native American Programs Administrator and Date X			

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

Development Number/Name HA-Wide	General Description of Major Work Categories	Development Account	Quantity	Total Estimated Cost		Total Actual Cost	
		1406		\$0.00	\$0.00	\$0.00	\$0.00
		1408					
		1410		\$30,000.00	\$12,230.22	\$12,230.22	\$12,230.22
		1430		\$43,180.00	\$15,460.95	\$15,460.95	\$15,460.95
		1450		\$10,000.00	\$0.00	\$0.00	\$0.00
		1460		\$267,300.00	\$246,494.21	\$246,494.21	\$231,378.21
		1465		\$10,000.00	\$4,545.00	\$4,545.00	\$4,545.00
		1470		\$0.00	\$0.00	\$0.00	\$0.00
		1475		\$2,700.00	\$2,700.00	\$2,700.00	\$2,700.00
		1495		\$0.00	\$0.00	\$0.00	\$0.00
				\$363,180.00	\$281,430.38	\$281,430.38	\$266,314.38

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

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	Actual	Original	Revised	Actual	
WS-001-1460	March, 2003			Sept., 2004			
WS-001-1465.1	March, 2003			Sept., 2004			
WS-001-1460		March, 2003			Sept., 2004		Project added
JT-002-1460		March, 2003			Sept., 2004		Project added
WH-008-1450	March, 2003			Sept., 2004			
WH-008-1460	March, 2003			Sept., 2004			
Admin-1475.1		March, 2003			Sept., 2004		Project added
Signature of Executive Director and Date						Signature of Public Housing Director Office of Native American Programs Administrator and Date	
x						x	

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

**AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgram(CFP)PartISummary**

U.S.DepartmentofHousing
andUrbanDevelopment
OfficeofPublicandIndianHousing

HAName: LakeMetropolitanHousingAuthority	CapitalFundProgramNumber OH-12-P025-501-02	FFYofGrantApproval 07/01/02
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OriginalAnnualStatementReserveforDisast EmergenciesRevisedAnnualStatementPerformanceandEvaluationReportforPeriodEnding:Dec2002

alPerformanceandEvaluationReport

LineNo	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost(2)	
		Original	Revised(1)	Obligated	Expended
1	TotalNon-CIAPFunds				
2	1406Operations(Maynotexceed10%ofline19)	\$ 1,546.00	\$ -	\$ -	\$ -
3	1408ManagementImprovements	\$ -	\$ -	\$ -	\$ -
4	1410Administration				
5	1411Audit	\$ -	\$ -	\$ -	\$ -
6	1415LiquidatedDamages	\$ -	\$ -	\$ -	\$ -
7	1430FeesandCosts	\$ 75,000.00			
8	1440SiteAcquisition	\$ -	\$ -	\$ -	\$ -
9	1450SiteImprovements		\$ -	\$ -	\$ -
10	1460DwellingStructures	\$ 270,000.00		\$ 33,681.00	\$ 33,681.00
11	1465-1DwellingEquipment-Nonexpendable				
12	1470NondwellingStructures	\$ -	\$ -	\$ -	\$ -
13	1475NondwellingEquipment				
14	1485Demolition	\$ -	\$ -	\$ -	\$ -
15	1490ReplacementReserveNondwellingEquipment	\$ -	\$ -	\$ -	\$ -
16	1495.1RelocationCosts	\$ -	\$ -	\$ -	\$ -
17	1498ModUsedforDevelopment	\$ -	\$ -	\$ -	\$ -
18	1502Contingency(maynotexceed8%ofline19)	\$ -	\$ -	\$ -	\$ -
19	AmountofAnnualGrant:(sumoflines2-18)	\$ 346,546.00		\$ 33,681.00	\$ 33,681.00
20	Amountofline19RelatedtoLBPActivities	\$ -	\$ -	\$ -	\$ -
21	Amountofline19RelatedtoSection504Compliance	\$ -	\$ -	\$ -	\$ -
22	Amountofline19relatedtoSecurity	\$ -	\$ -	\$ -	\$ -
23	Amountofline20relatedtoEnergyConservation	\$ -	\$ -	\$ -	\$ -
SignatureofExecutiveDirector X		SignatureofPublicHousingDirectorOfficeofNativeAmericanProgramsAdministratorandDate X			

(1)TobecompletedforthePerformanceandEvaluationReportoraRevisedAnnualStatement.

(2)TobecompletedforthePerformanceandEvaluationReport

Annual Statement/Performance and Evaluation Report

Capital Fund Program (CFP)

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Office of Public and Indian Housing

OMB Approval No. 2577-0156 (Exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
	HOUSING AUTHORITY WIDE							
	<u>1430 Fee and Costs</u>							
H/A Wide	Architectural and engineering fees to complete the program.	1430		\$75,000.00				
	SUBTOTAL H/A WIDE:			\$75,000.00	\$0.00	\$0.00	\$0.00	
	MANAGEMENT IMPROVEMENTS							
	<u>1406 Operations</u>							
MI	Miscellaneous Operations	1406		\$1,546.00	\$0.00	\$0.00	\$0.00	
	SUBTOTAL MI:			\$1,546.00	\$0.00	\$0.00	\$0.00	
	WOODLAWN HOMES							
	<u>1460 Dwelling Structures</u>							
WH-008	Siding All Buildings	1460		\$240,000.00		\$33,681.00	\$33,681.00	
WH-008	Repair Water and Sewer Pipes	1460		\$30,000.00				
	WH-008 SUBTOTAL:			\$270,000.00	\$0.00	\$33,681.00	\$33,681.00	

Annual Statement/Performance and Evaluation Report

Capital Fund Program (CFP)

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OMB Approval No. 2577-0156 (Exp. 7/31/98)

Development Number/Name HA-Wide	General Description of Major Work Categories	Development Account	Quantity	Total Estimated Cost		Total Actual Cost	
H/A Wide	Housing Authority Wide			\$75,000.00			
MI	Management Improvements			\$1,546.00	\$0.00	\$0.00	\$0.00
WH-008	Woodlawn Homes			\$270,000.00	\$0.00	\$33,681.00	\$33,681.00
TOTAL COST:				\$346,546.00	\$0.00	\$33,681.00	\$33,681.00

Signature of Executive Director X	Signature of Public Housing Director of Native American Programs Administrator and Date X
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(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement
 (2) To be completed for the Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program (CFP)

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U.S. Department of Housing

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OMB Approval No. 2577-0156 (Exp. 7/31/98)

Development Number/Name HA-Wide	General Description of Major Work Categories	Development Account	Quantity	Total Estimated Cost		Total Actual Cost	
		1406		\$1,546.00	\$0.00	\$0.00	\$0.00
		1408		\$0.00	\$0.00	\$0.00	\$0.00
		1410		\$0.00	\$0.00	\$0.00	\$0.00
		1430		\$75,000.00	\$0.00	\$0.00	\$0.00
		1450		\$0.00	\$0.00	\$0.00	\$0.00
		1460		\$270,000.00	\$0.00	\$33,681.00	\$33,681.00
		1465		\$0.00	\$0.00	\$0.00	\$0.00
		1470		\$0.00	\$0.00	\$0.00	\$0.00
		1475		\$0.00	\$0.00	\$0.00	\$0.00
		1495		\$0.00	\$0.00	\$0.00	\$0.00
				\$346,546.00	\$0.00	\$33,681.00	\$33,681.00

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

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	Actual	Original	Revised	Actual	
WH-008-1460	June, 2003			Sept., 2004			
WH-008-1460	June, 2003			Sept., 2004			
Signature of Executive Director and Date				Signature of Public Housing Director Office of Native American Programs Administrator and Date			
x				x			

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

(2) To be completed for the Performance and Evaluation Report