# PHA Plans

5 Year Plan for Fiscal Years 2003 - 2007 Annual Plan for Fiscal Year 2004

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

HUD 50075

OMB Approval No: 2577-0226 Expires: 03/31/2002

## PHA Plan Agency Identification

| PHA Name:Lorain Metropolitan Housing Authority  |
|---|
| PHA Number:OH012  |
| PHA Fiscal Year Beginning: (mm/yyyy)07-2003   |
| Public Access to Information  |
| Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply) _x 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)   |
| _x Main administrative office of the PHA  |
| x PHA development management offices  |
| PHA local offices   |
| <ul><li>Main administrative office of the local government</li><li>Main administrative office of the County government</li></ul>  |
| <ul><li>Main administrative office of the County government</li><li>Main administrative office of the State government</li></ul>  |
|   |
| Public library PHA website  |
| Other (list below)  |
| PHA Plan Supporting Documents are available for inspection at: (select all that apply)  |
| _x Main business office of the PHA  |
| PHA development management offices Other (list below)   |
|   |

HUD 50075 OMB Approval No: 2577-0226 Expires: 03/31/2002

## 5-YEAR PLAN PHA FISCAL YEARS 2003 - 2007

[24 CFR Part 903.5]

#### A. Mission

| 71. 1411551011  |
|---|
| State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)  |
| _x The mission of the PHA is the same as that of the Department of Housing and Urban  |
| Development: To promote adequate and affordable housing, economic opportunity   |
| and a suitable living environment free from discrimination.   |
| The PHA's mission is: (state mission here)  |
| B. Goals  |
| The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those   |
| emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, <b>PHAS ARE</b> |
| STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING  |
| THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS. (Quantifiable measures would include targets   |
| such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the  |
| spaces to the right of or below the stated objectives.  HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.  |
| 110D Strategie Goal. Increase the availability of decent, saie, and affordable nousing.   |
| PHA Goal: Expand the supply of assisted housing   |
| Objectives:   |
| x_ Apply for additional rental vouchers: the PHA has applied for special use  |
| vouchers and fair share vouchers  |
| x_ Reduce public housing vacancies: the PHA will increase advertising to  |
| households in Lorain County and may expand into other areas if needed   |
| Leverage private or other public funds to create additional housing   |
| opportunities:  |
| Acquire or build units or developments  |
| Other (list below)  |
| PHA Goal: Improve the quality of assisted housing   |
| Objectives:   |
| x_ Improve public housing management: (95.00 PHAS Score) the PHA has  |
| consistently been a high performer and our goal is to continue this rating  |
| x_ Improve voucher management: (SEMAP score) LMHA has recieved it's   |

|       | of stirst SEMAP score which was 100%. LMHA's goal is to continue to be a performer under SEMAP.   |
|-------|---|
| mgn j | x_ Increase customer satisfaction: the PHA surveys residents annually and   |
|       | addresses concerns of residents as noted on the survey forms  |
|       | Concentrate on efforts to improve specific management functions:  |
|       | (list; e.g., public housing finance; voucher unit inspections)  |
|       | x_ Renovate or modernize public housing units: the PHA will use Capital   |
|       | Funds to keep LMHA public housing competitive with private market   |
|       | housing   |
|       | Demolish or dispose of obsolete public housing:   |
|       | Provide replacement public housing:   |
|       | Provide replacement vouchers:   |
|       | Other: (list below)   |
|       | PHA Goal: Increase assisted housing choices   |
|       | Objectives:   |
|       | Provide voucher mobility counseling:  |
|       | _x_ Conduct outreach efforts to potential voucher landlords   |
|       | _x Increase voucher payment standards   |
|       | _x Implement voucher homeownership program:   |
|       | Implement public housing or other homeownership programs:   |
|       | Implement public housing site-based waiting lists:  |
|       | Convert public housing to vouchers:   |
|       | Other: (list below)   |
|       |   |
| HUD S | Strategic Goal: Improve community quality of life and economic vitality   |
|       | PHA Goal: Provide an improved living environment  |
|       | Objectives:   |
|       | Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:             |
|       | Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: |
|       | x_ Implement public housing security improvements: the PHA plans to   |
|       | expand the RAW (resident assistance watch) at all LMHA high-rise buildings. LMHA  |
|       | also plans to implement the RAW program at one family Development during FY 2004.   |
|       | Designate developments or buildings for particular resident groups (elderly,  |
|       | sales as a sales of sales and barresian resident Broads (siderif),  |

|             |             | persons with disabilities) Other: (list below)  |
|-------------|-------------|---|
| HUD individ | _           | gic Goal: Promote self-sufficiency and asset development of families and  |
|             | РНА (       | Goal: Promote self-sufficiency and asset development of assisted households   |
|             | Objec       |   |
|             | x_          | Increase the number and percentage of employed persons in assisted families:<br>LMHA gives residents opportunities for employment and LMHA requires<br>Section 3 of Contractors awarded bids with LMHA. 26 residents are  |
|             | x_          | employed by LMHA along with 4 Section 8 participants.  Provide or attract supportive services to improve assistance recipients' employability: The FSS program addresses recipients needs and directs them to the appropriate agencies and/or training programs. LMHA is also utilizing RIC funds to enable residents to attend computer classes.   |
|             |             | Provide or attract supportive services to increase independence for the elderly or families with disabilities.  Other: (list below)   |
| HUD         | Strateg     | gic Goal: Ensure Equal Opportunity in Housing for all Americans   |
|             |             | Goal: Ensure equal opportunity and affirmatively further fair housing   |
|             | Objec<br>x_ | Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: LMHA will not deny housing based on any protected status. Admissions Dept. is routinely advised of providing all individuals an applications who request such. At least once every three (3) years, LMHA will employ an independent tester to validate non-discrimination. |
|             | x_          | Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability: LMHA does not tolerate harassment of  |

|      | residents for any reason. Residents can lose their housing for disturbing the   |
|------|---|
|      | peaceful enjoyment of other residents. LMHA has evicted individuals for         |
|      | harassing/disturbing others.  |
| X_   | Undertake affirmative measures to ensure accessible housing to persons with all |
|      | varieties of disabilities regardless of unit size required: LMHA will make and  |
|      | has made any physical improvement necessary to make a unit accessible to        |
|      | those residents/applicants who may be physically challenged based upon the      |
|      | resident/applicant request.   |
|      | Other: (list below)   |
|      |   |
| DITA |   |

Other PHA Goals and Objectives: (list below)

## Annual PHA Plan PHA Fiscal Year 2004

[24 CFR Part 903.7]

| Annual Plan Type:   |
|---|
| Select which type of Annual Plan the PHA will submit.   |
| Standard Plan   |
| Streamlined Plan:   |
| _xx_ High Performing PHA  |
| Small Agency (<250 Public Housing Units)  |
| Administering Section 8 Only  |
| Troubled Agency Plan  |
| Executive Summary of the Annual PHA Plan  [24 CFR Part 903.7 9 (r)]   |
| Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and                               |
| discretionary policies the PHA has included in the Annual Plan.   |
| Not required per PIH 99-51 issued 12-14-99  |
| Annual Plan Table of Contents   |
| [24 CFR Part 903.7 9 (r)]   |
| Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection. |
| <b>Table of Contents</b>  |
| Page #  |
| Annual Plan   |
| Executive Summary   |
| i. Table of Contents  |
| 1. Housing Needs  |
| 2. Financial Resources  |
| 3. Policies on Eligibility, Selection and Admissions  |
| 4. Rent Determination Policies  |
| 5. Operations and Management Policies   |
| 6. Grievance Procedures   |
| 7. Capital Improvement Needs  |
| 1   |
| 9. Designation of Housing3310. Conversions of Public Housing34  |
| 11. Homeownership   |
| 12. Community Service Programs  |

| 13. Crime and Safety   |
|--|
| 14. Pets (Inactive for January 1 PHAs)   |
| 15. Civil Rights Certifications (included with PHA Plan Certifications)  |
| 16. Audit  |
| 17. Asset Management   |
| 18. Other Information  |
| 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 |
| <b>SEPARATE</b> file submission from the PHA Plans file, provide the file name in parentheses in the space to  |
| the right of the title.  |
| Required Attachments:  |
| <u>x</u> Admissions Policy for Deconcentration).   |
| x_ FY 2001 Capital Fund Program Annual Statement (oh012a01)  |
| _NA_ Most recent board-approved operating budget (Required Attachment for PHAs   |
| that are troubled or at risk of being designated troubled ONLY)  |
| Optional Attachments:  |
| x_ PHA Management Organizational Chart (oh012h01)  |
| x_ FY 2002 Capital Fund Program 5 Year Action Plan (oh012b01)  |
| x_ Public Housing Drug Elimination Program (PHDEP) Plan (oh012c01)   |
| x_ Comments of Resident Advisory Board or Boards (must be attached if not included   |
| in PHA Plan text) (oh012d01)   |
| _x_ Other (Voluntary Conversion Initial Assessments: [oh012t02])   |
| Supporting Documents Available for Review  |

#### **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 |  |  |  |
| XX  | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations | 5 Year and Annual Plans   |  |  |  |
| XX  | State/Local Government Certification of Consistency with the Consolidated Plan   | 5 Year and Annual Plans   |  |  |  |

| Applicable      | Supporting Document  | Applicable Plan Component  |  |  |
|-----------------|--|--|--|--|
| &<br>On Display |  |  |  |  |
| XX              | Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement. | 5 Year and Annual Plans  |  |  |
| XX              | 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:<br>Housing Needs                                      |  |  |
| xx              | Most recent board-approved operating budget for the public housing program   | Annual Plan:<br>Financial Resources;                               |  |  |
| xx              | Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]   | Annual Plan: Eligibility,<br>Selection, and Admissions<br>Policies |  |  |
| XX              | Section 8 Administrative Plan  | Annual Plan: Eligibility,<br>Selection, and Admissions<br>Policies |  |  |
| XX              | Public Housing Deconcentration and Income Mixing Documentation: PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 Quality Housing and Work Responsibility Act Initial Guidance; Notice and any further HUD guidance) and 18. Documentation of the required deconcentration and income mixing analysis   | Annual Plan: Eligibility,<br>Selection, and Admissions<br>Policies |  |  |
| XX              | Public housing rent determination policies, including the methodology for setting public housing flat rents  xx check here if included in the public housing  A & O Policy   | Annual Plan: Rent Determination                                    |  |  |
| XX              | Schedule of flat rents offered at each public housing development  XX check here if included in the public housing  A & O Policy   | Annual Plan: Rent Determination                                    |  |  |
| xx              | Section 8 rent determination (payment standard) policies  XX check here if included in Section 8 Administrative Plan   | Annual Plan: Rent<br>Determination                                 |  |  |

| Applicable      | Supporting Document   | Applicable Plan Component                            |  |  |  |  |  |  |
|-----------------|---|--|--|--|--|--|--|--|
| &<br>On Display |   |  |  |  |  |  |  |  |
| XX              | 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              |  |  |  |  |  |  |
| XX              | Public housing grievance procedures  XX check here if included in the public housing  A & O Policy  | Annual Plan: Grievance<br>Procedures                 |  |  |  |  |  |  |
| XX              | Section 8 informal review and hearing procedures  XX check here if included in Section 8 Administrative Plan  | Annual Plan: Grievance<br>Procedures                 |  |  |  |  |  |  |
| XX              | The HUD-approved Capital Fund/Comprehensive Grant<br>Program Annual Statement (HUD 52837) for the active grant<br>year 2002   | Annual Plan: Capital Needs                           |  |  |  |  |  |  |
| NA              | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant   | Annual Plan: Capital Needs                           |  |  |  |  |  |  |
| xx              | 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                           |  |  |  |  |  |  |
| NA              | 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                           |  |  |  |  |  |  |
| NA              | Approved or submitted applications for demolition and/or disposition of public housing  | Annual Plan: Demolition and Disposition              |  |  |  |  |  |  |
| NA              | Approved or submitted applications for designation of public housing (Designated Housing Plans)   | Annual Plan: Designation of Public Housing           |  |  |  |  |  |  |
| NA              | 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            |  |  |  |  |  |  |
| NA              | Approved or submitted public housing homeownership programs/plans   | Annual Plan:<br>Homeownership                        |  |  |  |  |  |  |
| NA              | Policies governing any Section 8 Homeownership program check here if included in the Section 8 Administrative Plan  | Annual Plan:<br>Homeownership                        |  |  |  |  |  |  |
| XX              | Any cooperative agreement between the PHA and the TANF agency   | Annual Plan: Community<br>Service & Self-Sufficiency |  |  |  |  |  |  |
| XX              | FSS Action Plan/s for public housing and/or Section 8   | Annual Plan: Community<br>Service & Self-Sufficiency |  |  |  |  |  |  |
| XX              | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports (elderly)  | Annual Plan: Community<br>Service & Self-Sufficiency |  |  |  |  |  |  |
| xx              | resident services grant) grant program reports (elderly)  The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)  Service & Self-Sufficiency  Annual Plan: Safety and Crime Prevention |  |  |  |  |  |  |  |

| Applicable & On Display | Supporting Document  | Applicable Plan Component |
|-------------------------|--|---------------------------|
| XX                      | 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 |
| NA                      | Troubled PHAs: MOA/Recovery Plan   | Troubled PHAs             |
| NA                      | Other supporting documents (optional) (list individually; use as many lines as necessary)  | (specify as needed)       |
|                         |  |                           |

### 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

| Housing Needs of Families in the Jurisdiction |         |                    |        |         |                |            |           |
|---|---------|--------------------|--------|---------|----------------|------------|-----------|
| by Family Type                                |         |                    |        |         |                |            |           |
| Family Type                                   | Overall | Afford-<br>ability | Supply | Quality | Access-ibility | 2.<br>Size | Loca-tion |
| Income <= 30% of AMI                          | 8065    | 4                  | 3      | 4       | NA             | 1          | 1         |
| Income >30% but <=50% of AMI                  | 4669    | 4                  | 3      | 4       | NA             | 1          | 1         |
| Income >50% but <80% of AMI                   | 6031    | 2                  | 2      | 2       | NA             | 1          | 1         |
| Elderly                                       | 5017    | 1                  | 1      | 1       | NA             | 1          | 1         |
| Families with Disabilities                    | 7401    | 3                  | 1      | 2       | NA             | 1          | 1         |
| White   | 20,438  | NA                 | NA     | NA      | NA             | NA         | NA        |
| African American                              | 3,143   | NA                 | NA     | NA      | NA             | NA         | NA        |
| Hispanic                                      | 2,172   | NA                 | NA     | NA      | NA             | NA         | NA        |
| Other   | 302     | NA                 | NA     | NA      | NA             | NA         | NA        |

all materials must be made available for public inspection.) x Consolidated Plan of the Jurisdiction/s Indicate year: 2001 LMHA reviewed the Consolidated Plan but there were no numbers regarding rental families and their needs. The Plan indicates LMHA provides housing for the lower income families but lists no numbers. \_\_x\_ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset 1990- & 2002 census data American Housing Survey data Indicate year: \_\_\_\_\_ Other housing market study Indicate year: Other sources: (list and indicate year of information) A. Housing Needs of Families on the Public Housing and Section 8 **Tenant- Based Assistance Waiting Lists** State the housing needs of the families on the PHA's waiting list/s. Complete one table for each type of **PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or subjurisdictional public housing waiting lists at their option. **Housing Needs of Families on the Waiting List** Waiting list type: (select one) Section 8 tenant-based assistance \_\_x\_ Public Housing waiting list as of 2-13-03 Combined Section 8 and Public Housing 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 435 372 Extremely low 335 90% income <=30% AMI Very low income 9% 35 (>30% but <=50% AMI) Low income 1 <1.% (>50% but <80%

What sources of information did the PHA use to conduct this analysis? (Check all that apply;

35

135

AMI)

Families with children

| Elderly families    | 8       | 2.15%        |  |
|---------------------|---------|--------------|--|
| Families with       | 31      | 8.33%        |  |
| Disabilities        |         |              |  |
| White/Hispanic      | 94      | 25%          |  |
| White/ Non-Hisp.    | 148     | 40%          |  |
| Afr. Amer./Hispanic | 5       | 1.0%         |  |
| Afr.Amer/Non-His.   | 124     | 33%          |  |
|                     |         |              |  |
| Characteristics by  | 0 BR 54 | 15.00%       |  |
| Bedroom Size        |         |              |  |
| (Public Housing     |         |              |  |
| Only)               |         |              |  |
| 1BR                 | 183     | 49%          |  |
| 2 BR                | 98      | 26%          |  |
| 3 BR                | 36      | 10%          |  |
| 4 BR                | 1       | less than 1% |  |
| 5 BR                | 0.0000  | 0.0000       |  |
| 5+ BR               | 0.0000  | 0            |  |

Is the waiting list closed (select one)? No xx Yes If yes:

B. How long has it been closed (# of months)? NA-waiting list is openDoes the PHA expect to reopen the list in the PHA Plan year? No YesDoes the PHA permit specific categories of families onto the waiting list, even if generally closed? No Yes

| Housing Needs of Families on the Waiting List                 |  |                     |                 |
|---|--|---------------------|-----------------|
| x_ Section 8 tenar Public Housing Combined Sec Public Housing | Waiting list type: (select one) x_ Section 8 tenant-based assistance as of 2/13/03  Public Housing  Combined Section 8 and Public Housing  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  | 1447   |                     |                 |
| <b>T</b> 1 1  | 10.52  | 50                  |                 |

|                                      | # of families | % of total families | Annual Turnover |
|--------------------------------------|---------------|---------------------|-----------------|
| Waiting list total                   | 1447          |                     |                 |
| Extremely low income <=30% AMI       | 1062          | 73                  |                 |
| Very low income (>30% but <=50% AMI) | 385           | 27                  |                 |
| Low income (>50% but <80% AMI)       | NA            |                     |                 |
| Families with children               | 1060          | 73                  |                 |
| Elderly families                     | 46            | 3                   |                 |
| Families with Disabilities           | 341           | 24                  |                 |
| White/Hispanic                       | 272           | 19                  |                 |
| White/Non-Hisp.                      | 638           | 44                  |                 |
| Afr.Amer/Hisp.                       | 35            | 2                   |                 |
| Af.Amer/Non-His.                     | 466           | 32                  |                 |
| Am.Ind/Hispanic                      | 2             | less than 1         |                 |

| Housing Needs of Families on the Waiting List |   |        |  |
|---|---|--------|--|
| Am.Ind/Non-His.                               | 8 | <1.00% |  |
| Asian/Hispanic                                | 2 | <1.00% |  |
| Asian/Non-Hisp.                               | 3 | <1.00% |  |

Is the waiting list closed (select one)? No xxx Yes If yes:

#### **B.** How long has it been closed

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

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

#### 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:

| cuitci    | it resources by.   |
|-----------|--|
| Select al | ll that apply  |
| X_        | Employ effective maintenance and management policies to minimize the number of       |
|           | public housing units off-line  |
| X_        | Reduce turnover time for vacated public housing units                                |
| x_        | Reduce time to renovate public housing units   |
|           | Seek replacement of public housing units lost to the inventory through mixed finance |
|           | development  |
|           | Seek replacement of public housing units lost to the inventory through section 8     |
|           | replacement housing resources  |
| x_        | Maintain or increase section 8 lease-up rates by establishing payment standards that |
|           | will enable families to rent throughout the jurisdiction                             |
| X_        | Undertake measures to ensure access to affordable housing among families assisted    |
|           | by the PHA, regardless of unit size required   |
| X_        | Maintain or increase section 8 lease-up rates by marketing the program to owners,    |
|           | particularly those outside of areas of minority and poverty concentration            |

|   | Maintain or increase section 8 lease-up rates by effectively screening Section 8   |
|---|--|
|   | applicants to increase owner acceptance of program   |
|   | Participate in the Consolidated Plan development process to ensure coordination  |
|   | with broader community strategies  |
|   | Other (list below)   |
| Strate                                  | egy 2: Increase the number of affordable housing units by:   |
|   | ıll that apply   |
| XX                                      | _ 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)  |
| <b>N</b> 7 1                            |  |
| Need:                                   | Specific Family Types: Families at or below 30% of median  |
|   | egy 1: Target available assistance to families at or below 30 % of AMI   |
| Select a                                | 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  |
| _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | apriliary cypes cultural and a second control of the second contro |
|   | egy 1: Target available assistance to families at or below 50% of AMI  |
| X                                       | Employ admissions preferences aimed at families who are working  |
|   | Adopt rent policies to support and encourage work  |
|   | Other: (list below)  |
|   |  |
| В.                                      | Need: Specific Family Types: The Elderly   |
| Strate                                  | egy 1: Target available assistance to the elderly:   |
| Select a                                | ıll that apply   |
|   |  |

|                | Seek designation of public housing for the elderly  |
|----------------|---|
|                | Apply for special-purpose vouchers targeted to the elderly, should they become  |
|                | available   |
|                | Other: (list below)   |
| Need:          | Specific Family Types: Families with Disabilities   |
| Strate         | gy 1: Target available assistance to Families with Disabilities:  |
| Select al      | ll 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 |
| x_<br>sho      | Apply for special-purpose vouchers targeted to families with disabilities, uld they become available  |
|                | Affirmatively market to local non-profit agencies that assist families with disabilities Other: (list below)  |
| Need:<br>needs | Specific Family Types: Races or ethnicities with disproportionate housing   |
|                | gy 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)   |
|                | gy 2: Conduct activities to affirmatively further fair housing  |
|                | l that apply  Counsel section 8 tenants as to location of units outside of areas of poverty or  |
| X_             | minority concentration and assist them to locate those units  |
| X              | Market the section 8 program to owners outside of areas of poverty /minority  |
|                | concentrations  |
|                | Other: (list below)   |
| Other          | Housing Needs & Strategies: (list needs and strategies below)   |
| (2) Re         | easons for Selecting Strategies   |
|                | factors listed below, select all that influenced the PHA's selection of the strategies it   |
| x_             | Funding constraints   |
|                |   |

| X_ | Staffing constraints   |
|----|--|
|    | Limited availability of sites for assisted housing                             |
| X_ | Extent to which particular housing needs are met by other organizations in the |
|    | community  |
| X_ | Evidence of housing needs as demonstrated in the Consolidated Plan and other   |
|    | information available to the PHA   |
| X_ | Influence of the housing market on PHA programs                                |
| X_ | Community priorities regarding housing assistance                              |
|    | Results of consultation with local or state government                         |
| X_ | Results of consultation with residents and the Resident Advisory Board         |
|    | Results of consultation with advocacy groups                                   |
|    | Other: (list below)  |

#### 2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

#### Financial Resources: Planned Sources and Uses

| Sources  | Planned \$ | Planned Uses |
|--|------------|--------------|
| 1. Federal Grants  |            |              |
| a) Public Housing Operating Fund                                 | 3,779,142  |              |
| b) Public Housing Capital Fund<br>CFP 2003                       | 3,127,975  |              |
| c) HOPE VI Revitalization  | 0          |              |
| d) HOPE VI Demolition  | 0          |              |
| e) Annual Contributions for Section 8<br>Tenant-Based Assistance | 16,049,124 |              |

| Sources                                  | Planned \$  | Planned Uses |
|--|-------------|--------------|
| f) Public Housing Drug Elimination       | 0           |              |
| Program (including any                   |             |              |
| Technical Assistance funds)              |             |              |
| g) Resident Opportunity and Self-        | 135,084     |              |
| Sufficiency Grants                       |             |              |
| h) Community Development Block           | 0           |              |
| Grant                                    |             |              |
| i) HOME                                  | 0           |              |
| Other Federal Grants (list below)        |             |              |
| 2. Prior Year Federal Grants             |             |              |
| (unobligated funds only) (list below)    |             |              |
| 2002 Capital Fund                        | 1,227,726   |              |
| 2002 Capital Fund                        | 1,227,720   |              |
|  |             |              |
| 3. Public Housing Dwelling Rental Income | 1,764,083   |              |
|  |             |              |
| 4. Other income (list below)             |             |              |
|  |             |              |
| 4. Non-federal sources (list below)      | 0           |              |
|  |             |              |
|  |             |              |
| Total resources                          | 26,083,134. |              |
|  |             |              |

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

[24 CFR Part 903.7 9 (c)]

## A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A. (1) Eligibility

| apply)  When families are within a certain number of being offered a unit: (state number)  When families are within a certain time of being offered a unit: (state time)  X_ Other: (describe) At initial application.   |
|--|
| <ul> <li>b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?</li> <li>_x_ Criminal or Drug-related activity</li> <li>_x_ Rental history if previous LMHA resident</li> <li>_x_ Housekeeping if previous LMHA resident</li> <li>_x_ Other (describe) Previous residency with LMHA.</li> </ul>  |
| cx_Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?  dx_Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?   |
| ex_Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)  |
| ex_Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-  |
| ex_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  |
| ex_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 (selec all that apply)x Community-wide list Sub-jurisdictional lists Site-based waiting lists   |
| ex_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 (selec all that apply)x Community-wide list Sub-jurisdictional lists Site-based waiting lists Other (describe)  b. Where may interested persons apply for admission to public housing?x PHA main administrative office PHA development site management office |

| upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  If yes, how many lists?   |
|--|
| 3Yes No: May families be on more than one list simultaneously If yes, how many lists?  |
| <ul> <li>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)</li> </ul> |
| (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)x One This was a significant change to FY 2003 Annual Plan Two Three or More   |
| bx_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: Yesx_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?   |
|  |

| In what<br>x_<br>x_<br> | sfer policies: t circumstances will transfers take precedence over new admissions? (list below) Emergencies Overhoused Underhoused Medical justification  |
|-------------------------|---|
|                         | Administrative reasons determined by the PHA (e.g., to permit modernization work) Resident choice: (state circumstances below) Other: (list below)  |
| a. Pre                  | ferences  |
| 1. <u>x</u>             | 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)  |
| con                     | ich of the following admission preferences does the PHA plan to employ in the ning year? (select all that apply from either former Federal preferences or other ferences)   |
| X<br>X                  | 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)   |
| X_<br>X_<br>X_          | Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobilityograms Victims of reprisals or hate crimes |

| x Other preference(s) (list below)Local preference afforded to Shelter + Care Participant leaving S+C program due to budget constraints  |
|--|
| 3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc. |
| Date and Time  |
| Former Federal preferences: 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  Victims of domestic violence Substandard housing1_ Homelessness1_ High rent burden   |
| Other preferences (select all that apply)  |
| <ul> <li>4. Relationship of preferences to income targeting requirements:         The PHA applies preferences within income tiers         X Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements     </li> </ul>  |
| (5) Occupancy  |
| a. What reference materials can applicants and residents use to obtain information about the   |

| x_<br>x_  | s of occupancy of public housing (select all that apply) The PHA-resident lease The PHA's Admissions and (Continued) Occupancy policy PHA briefing seminars or written materials Other source (list)  |
|-----------|---|
| that ap   | often must residents notify the PHA of changes in family composition lect all ply)  At an annual reexamination and lease renewal  Any time family composition changes  At family request for revision  Other (list)   |
| (6) Dec   | concentration and Income Mixing   |
| develo    | Yes No: Did the PHA's analysis of its family (general occupancy) pments to determine concentrations of poverty indicathe need for measures to te deconcentration of poverty or income mixing?   |
| b         | Yesx_ No: Did the PHA adopt any changes to its <b>admissions policies</b> based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing? See attached explanation regarding three (3) developments outside the acceptable range. |
| c. If the | e answer to b was yes, what changes were adopted? (select all that apply) Adoption of site-based waiting lists If selected, list targeted developments below:   |
|           | Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments If selected, list targeted developments below:  |
|           | Employing new admission preferences at targeted developments If selected, list targeted developments below:   |

| Other (list policies and developments targeted below)  |
|--|
| dYesx_ No: Did the PHA adopt any changes to <b>other</b> 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 incomemixing 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 thapply)  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   |
| <ul> <li>a. What is the extent of screening conducted by the PHA? (select all that apply)</li> <li>_x_ Criminal or drug-related activity only to the extent required by law or regulation</li> <li> Criminal and drug-related activity, more extensively than required by law or regulation</li> <li> More general screening than criminal and drug-related activity (list factors below)</li> <li>_x_ Other (list below) Review of previous LMHA tenancy records for damages</li> </ul> |

## and or rent paying history.

| b Yes _x _ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?   |
|--|
| cYesx_ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?   |
| dYesx_ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)  |
| <ul> <li>e. Indicate what kinds of information you share with prospective landlords? (select all that apply)</li> <li> Criminal or drug-related activity</li> <li>x_ Other (describe below) With release of information from tenant, owner may view file regarding house inspections &amp; complaints.</li> </ul>  |
| <ul> <li>(2) Waiting List Organization</li> <li>a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)</li> <li>_x_ None</li> <li>_ Federal public housing</li> <li>_ Federal moderate rehabilitation</li> <li>_ Federal project-based certificate program</li> <li>_ Other federal or local program (list below)</li> </ul> |
| <ul> <li>b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)</li> <li>_x_ PHA main administrative office</li> <li>_ Other (list below)</li> </ul>  |
| (3) Search Time  |
| axYes No: Does the PHA give extensions on standard 60-day period to search for a unit?   |
| If yes, state circumstances below: Applicant/participant show they have actively been looking for unit. Additional time given to persons needing accessible units.   |

#### (4) Admissions Preferences

| a. Income targeting  |
|--|
| Yesx_ 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   |
| 1x_Yes No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent (5) Special purpose section 8 assistance programs) |
| 2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)  |
| Former Federal preferences   |
| x_ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner  |
| Inaccessibility, Property Disposition)   |
|  |
|  |
| Substandard housing  |
| Homelessness   |
| x_ High rent burden (rent is > 50 percent of income)   |
| Other preferences (select all that apply)  |
| x_ Working families and those unable to work because of age or disability  |
| x_ Veterans and veterans' families   |
| x_ Residents who live and/or work in your jurisdiction   |
| Those enrolled currently in educational, training, or upward mobility programs   |
| Households that contribute to meeting income goals (broad range of incomes)  |
| Households that contribute to meeting income requirements (targeting)  |
| Those previously enrolled in educational, training, or upward mobility programs  |
| Victims of reprisals or hate crimes  |
| x_ Other preference(s) (list below) Local preference afforded to Shelter + Care  |
| participants due to budgeting constraints.   |
| participants due to oudgetting constraints.  |
| 3. If the PHA will employ admissions preferences, please prioritize by placing a "lfhen 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 thesehoices (either  |
|--|
| through an absolute hierarchy or through a point system), place the same number next to  |
| each. That means you can use "1" more than once, "2" more than once, etc.  |
| Date and Time  |
| Former Federal preferences   |
| 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)                   |
| Victims of domestic violence   |
| Substandard housing  |
| Homelessness   |
| 1_ High rent burden  |
| Other preferences (select all that apply)  |
| 1_ Working families and those unable to work because of age or disability  |
| 1_ Veterans and veterans' families   |
| 1_ Residents who live and/or work in your jurisdiction   |
| Those enrolled currently in educational, training, or upward mobility programs   |
| Households that contribute to meeting income goals (broad range of incomes)  |
| Households that contribute to meeting income requirements (targeting)  |
| Those previously enrolled in educational, training, or upward mobilityograms   |
| Victims of reprisals or hate crimes  |
| 1 Other preference(s) (list below) Local preference afforded to Shelter + Care   |
| participants leaving the program due to budget constraints.  |
| 4. Among applicants on the waiting list with equal preference status, how applicants selected? (select one)x_ Date and time of application |
| Drawing (lottery) or other random choice technique   |
| Drawing (rottery) of other random enoice teeninque   |
| 5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)                            |
| x_ This preference has previously been reviewed and approved by HUD  |
| The PHA requests approval for this preference through this PHA Plan  |
|  |
| 6. Relationship of preferences to income targeting requirements: (select one)  |

| The PHA applies preferences within income tiersx_ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements   |  |
|---|--|
| (5) Special Purpose Section 8 Assistance Programs   |  |
| <ul> <li>a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)</li> <li>_x_ The Section 8 Administrative Plan</li> <li>_x_ Briefing sessions and written materials</li> <li>_ Other (list below).</li> </ul> |  |
| a. How does the PHA announce the availability of any special-purpose section 8  |  |
| programs to the public?x Through published notices  |  |
| x_ Other (list below) Direct contact with Agencies dealing with "special" populations.  |  |
| 4. PHA Rent Determination Policies [24 CFR Part 903.7 9 (d)]  |  |
| A. Public Housing   |  |
| Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.   |  |
| (1) Income Based Rent Policies  Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.   |  |
| a. Use of discretionary policies: (select one)  |  |
| x_ 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 subcomponent (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  |
| x_ \$1-\$25<br>\$26-\$50   |
| 2Yesx_ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? The PHA is using only mandatory exemption policies.   |
| 3. If yes to question 2, list these policies below:  |
| a. Rents set at less than 30% than adjusted income   |
| 1Yesx_ 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:  |
| <ul> <li>d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)</li> <li>For the earned income of a previously unemployed household member For increases in earned income</li> </ul> |
| 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 expensesx_ For the non-reimbursed insurance premiums withheld from resident's employment of non-disabled/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; they were removed per federal regulation effective 10-01-02   |
| 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) |
| <ol> <li>Select the space or spaces that best describe how you arrive at ceiling rents (select all<br/>that apply)</li> </ol>   |
| Market comparability study Fair market rents (FMR)  95 <sup>th</sup> percentile rents  75 percent of operating costs  100 percent of operating costs for general occupancy (family) developments  Operating costs plus debt service  The "rental value" of the unit  Other (list below) |
| f. Rent re-determinations:  |
| 1. Between income reexaminations, how often must tenants report changes in income family composition to the PHA such that the changes result in an adjustmentato? (select   |

| all that             | apply)  |
|----------------------|---|
|                      | Never   |
|                      | At family option  |
|                      | Any time the family experiences an income increase  |
| X_                   | Any time a family experiences an income increase above a threshold amount or  |
|                      | percentage: (if selected, specify threshold)_\$50.00_   |
|                      | Other (list below)  |
| g                    | Yesx_ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year? |
|                      | at Rents  |
|                      | setting the market-based flat rents, what sources of information did the PHA use to   |
| esta                 | ablish comparability? (select all that apply.)  |
|                      | The section 8 rent reasonableness study of comparable housing   |
|                      | Survey of rents listed in local newspaper   |
|                      | Survey of similar unassisted units in the neighborhood  |
| X_                   | Other (list/describe below) By establishing the cost per bedroom as reflected by  |
|                      | the current year budget operating expenditures.   |
| B. Se                | ection 8 Tenant-Based Assistance  |
| Exempti              | ons: PHAs that do not administer Section 8 tenant-based assistance are not required to complete   |
|                      | ponent 4B. Unless otherwise specified, all questions in this section apply only to the tenant-based   |
| section<br>certifica | 8 assistance program (vouchers, and until completely merged into the voucher program,   |
| cci viiicu           |   |
| (1) Pay              | yment Standards   |
| Describe             | e the voucher payment standards and policies.   |
| a. Wha               | t is the PHA's payment standard? (select the category that best describes your  |
| standaı              | rd)   |
|                      | At or above 90% but below100% of FMR  |
| X_                   | 100% of FMR   |
|                      | Above 100% but at or below 110% of FMR  |
|                      | Above 110% of FMR (if HUD approved; describe circumstances below)   |

| <ul> <li>If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)</li> <li>FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area</li> <li>The PHA has chosen to serve additional families by lowering the payment standard Reflects market or submarket</li> <li>Other (list below)</li> </ul> |
|---|
| <ul> <li>If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)</li> <li>FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area</li> <li>Reflects market or submarket</li> <li>To increase housing options for families</li> <li>Other (list below)</li> </ul>                                |
| d. How often are payment standards reevaluated for adequacy? (select one) _x_ Annually Other (list below)   |
| . What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply) _x_ Success rates of assisted families _x_ Rent burdens of assisted families Other (list below)   |
| 2) Minimum Rent   |
| . What amount best reflects the PHA's minimum rent? (select one)  \$0x_ \$1-\$25 \$26-\$50  |
| Yesx_ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below) The PHA has opted to   |

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

# \_. 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<br>Served at Year<br>Beginning | Expected<br>Turnover |
|---|--|----------------------|
| Public Housing  |  |                      |
| Section 8 Vouchers  |  |                      |
| Section 8 Certificates  |  |                      |
| Section 8 Mod Rehab   |  |                      |
| Special Purpose Section<br>8 Certificates/Vouchers<br>(list individually) |  |                      |
| Public Housing Drug<br>Elimination Program<br>(PHDEP)                     |  |                      |
|   |  |                      |
|   |  |                      |

| Other Federal                          |   |                                |                      |
|--|---|--------------------------------|----------------------|
| Programs(list                          |   |                                |                      |
| individually)                          |   |                                |                      |
| marviduary)                            |   |                                |                      |
|  |   |                                |                      |
|  |   |                                |                      |
|  |   |                                |                      |
| C Managament a                         | ad Maintananaa Polisias   |                                |                      |
| C                                      | nd Maintenance Policies busing management and maintenance         | ce policy documents manuals    | and handbooks        |
| —————————————————————————————————————— | 's rules, standards, and policies t                               |                                |                      |
| =                                      | g a description of any measures nec                               |                                | _                    |
|  | es cockroach infestation) and the p                               |                                | nagement.            |
|  | ousing Maintenance: (list be                                      | low)                           |                      |
| ,                                      | h012g01)  |                                |                      |
| ` '                                    | Management: (list below)  |                                |                      |
| `                                      | h012f01)  | (11 - 1 - 1                    |                      |
|  | Housing Admissions &  | Occupancy: (list belo          | ow)                  |
| (0                                     | h012e01)  |                                |                      |
|  | nent 6: High performing PHAs are from sub-component 6A.           | not required to complete compo | onent 6. Section     |
|  | <b>Exempt - High Perfo</b>  | rming PHA                      |                      |
| A. Public Housing                      |   |                                |                      |
| 1Yes No                                | : Has the PHA established an                                      | ny written grievance proc      | edures in            |
|  | addition to federal require                                       | ments found at 24 CFR Pa       | art 966, Subpart     |
|  | B, for residents of public h                                      | nousing?                       |                      |
| If yes, list ac                        | ditions to federal requiremen                                     | nts below:                     |                      |
| 2 Which DUA offi                       | oo should residents or applies                                    | ents to public housing con     | toot to initiate the |
|  | ee should residents or applica<br>process? (select all that apply |                                | tact to mittate til  |
|  | Iministrative office  | ,                              |                      |
| <del></del>                            | oment management offices  |                                |                      |
| Other (list be                         |   |                                |                      |
|  | <del></del>   |                                |                      |
|  |   |                                |                      |
|  |   |                                |                      |
|  |   |                                |                      |

| B.                           | <b>Section 8</b> 7  | Tenant-Based Assistance   |
|------------------------------|---|---|
| 1                            | Yes   | No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?  |
|                              | If yes, l   | list additions to federal requirements below:   |
| 2.                           | review and<br>PHA m   | A office should applicants or assisted families contact to initiate the informal informal hearing processes? (select all that apply) nain administrative office list below)   |
| [24<br>Exe                   | CFR Part 903.<br>mptions from   | Component 7: Section 8 only PHAs are not required to complete this component and may  |
| _                            | to Componen   |   |
|                              | -   | und Activities sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip  |
|                              | _   | All other PHAs must complete 7A as instructed.  |
|                              | _   | und Program Annual Statement  |
| acti<br>its p<br>tabl<br>com | vities the PHA<br>public housing<br>es provided in<br>apleting and at | and III of the Annual Statement for the Capital Fund Program (CFP), identify capital a is proposing for the upcoming year to ensure long-term physical and social viability of developments. This statement can be completed by using the CFP Annual Statement in the table library at the end of the PHA Plan template <b>OR</b> , at the PHA's option, by taching a properly updated HUD-52837. |
| Sel                          | ect one:  |   |
| >                            |   | pital Fund Program Annual Statement is provided as an attachment to the lan at Attachment (oh012a01)  |
| -or                          |   | ian at Attachment (011012a01)   |
|                              |   | pital Fund Program Annual Statement is provided below: (if selected, copy<br>P Annual Statement from the Table Library and insert here)   |
| <u>(2)</u>                   | Optional 5  | 5-Year Action Plan  |

| be completed by using the 5 Yea<br>template <b>OR</b> by completing and<br>axYes No: Is the | ude a 5-Year Action Plan covering capital work items. This statement can r Action Plan table provided in the table library at the end of the PHA Plan attaching a properly updated HUD-52834.  e PHA providing an optional 5-Year Action Plan for the Capital d? (if no, skip to sub-component 7B) |
|---|--|
| b. If yes to question a, seld _x_ The Capital Fund F PHA Plan at Attacl -or-                | Program 5-Year Action Plan is provided as an attachment to the   |
| •   | Program 5-Year Action Plan is provided below: (if selected, onal 5 Year Action Plan from the Table Library and insert here)  |
| B. HOPE VI and Pu<br>Activities (Non-Capi   | blic Housing Development and Replacement tal Fund)   |
|   | 7B: All PHAs administering public housing. Identify any approved HOPE pment or replacement activities not described in the Capital Fund Program  |
| skip<br>grar<br>b) S  | Ias the PHA received a HOPE VI revitalization grant? (if no, to question c; if yes, provide responses to question b for each at, copying and completing as many times as necessary) tatus of HOPE VI revitalization grant (complete one set of stions for each grant)                              |
| 1. Develop  | ment name: ment (project) number:  |
| •   | grant: (select the statement that best describes the current status)   |
|   | <ul> <li>Revitalization Plan under development</li> <li>Revitalization Plan submitted, pending approval</li> <li>Revitalization Plan approved</li> <li>Activities pursuant to an approved Revitalization Plan underway</li> </ul>  |
| in th   | oes the PHA plan to apply for a HOPE VI Revitalization grant ne Plan year? es, list development name/s below:  |

| Yesx_ No:  | d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?  If yes, list developments or activities below:   |
|--|--|
| Yesx_ 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 [24 CFR Part 903.7 9 (h)] The PHA has no | nd Disposition  plan to demolish any units at this time. Should a  |
|  | ne occur, LMHA will seek approval for demolition   |
| · · · · · · · · · · · · · · · · · · ·                      | nt 8: Section 8 only PHAs are not required to complete this section.  3: 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 Descripti                                      | on   |
| 2. Activity DescriptiYes No:                               |  |
| 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  |
| 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.)  |
| Yes No:  Dem  a. Development name:                         | 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.)  olition/Disposition 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.)  olition/Disposition Activity Description  number:   |

| 3. Application status (selec | et one)  |
|------------------------------|--|
| Approved                     |  |
| Submitted, pending           | gapproval  |
| Planned application          | 1  |
| 4. Date application approv   | ed, submitted, or planned for submission: (DD/MM/YY)                   |
| 5. Number of units affected  | d:   |
| Coverage of action (select   | one)   |
| Part of the developm         |  |
| Total development            |  |
| 7. Timeline for activity:    |  |
| •                            | ed start date of activity:   |
| b. Projected end da          |  |
| o. 110jected end da          | to or activity.  |
| 9. Designation o             | f Public Housing for Occupancy by Elderly                              |
| Families or Fa               | amilies with Disabilities or Elderly Families and                      |
| <b>Families with</b>         | Disabilities   |
| [24 CFR Part 903.7 9 (i)]    |  |
| Exemptions from Compon       | nent 9; Section 8 only PHAs are not required to complete this section. |
|                              |  |
| 1. Yes x 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.)                                 |
|                              | submissions may saip to component 100)                                 |
| 2. Activity Descripti        | on   |
| • •                          |  |
| Yes No:                      | Has the PHA provided all required activity description information     |
|                              | for this component in the <b>optional</b> Public Housing Asset         |
|                              | Management Table? If "yes", skip to component 10. If "No",             |
|                              | complete the Activity Description table below.                         |
|                              |  |
|                              |  |
|                              |  |

| 1a. Development (project) number:   1b. Development (project) number:   2. Designation type:   Occupancy by only the elderly   Occupancy by families with disabilities   Occupancy by only elderly families and families with disabilities   3. Application status (select one)   Approved; included in the PHA's Designation Plan   Submitted, pending approval   Planned application   4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)   5. If approved, will this designation constitute a (select one)   New Designation Plan   Revision of a previously-approved Designation Plan?   1. Number of units affected:   7. Coverage of action (select one) |
|---|
| 2. Designation type:  Occupancy by only the elderly Occupancy by families with disabilities Occupancy by only elderly families and families with disabilities  3. Application status (select one) Approved; included in the PHA's Designation Plan Submitted, pending approval Planned application  4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)  5. If approved, will this designation constitute a (select one) New Designation Plan Revision of a previously-approved Designation Plan?  1. Number of units affected: 7. Coverage of action (select one)  |
| Occupancy by only the elderly Occupancy by families with disabilities Occupancy by only elderly families and families with disabilities  3. Application status (select one) Approved; included in the PHA's Designation Plan Submitted, pending approval Planned application  4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)  5. If approved, will this designation constitute a (select one) New Designation Plan Revision of a previously-approved Designation Plan?  1. Number of units affected: 7. Coverage of action (select one)  |
| Occupancy by families with disabilities Occupancy by only elderly families and families with disabilities  3. Application status (select one) Approved; included in the PHA's Designation Plan Submitted, pending approval Planned application  4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)  5. If approved, will this designation constitute a (select one) New Designation Plan Revision of a previously-approved Designation Plan?  1. Number of units affected: 7. Coverage of action (select one)  |
| Occupancy by only elderly families and families with disabilities  3. Application status (select one)  Approved; included in the PHA's Designation Plan  Submitted, pending approval  Planned application  4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)  5. If approved, will this designation constitute a (select one)  New Designation Plan  Revision of a previously-approved Designation Plan?  1. Number of units affected:  7. Coverage of action (select one)  |
| 3. Application status (select one)  Approved; included in the PHA's Designation Plan  Submitted, pending approval  Planned application  4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)  5. If approved, will this designation constitute a (select one)  New Designation Plan  Revision of a previously-approved Designation Plan?  1. Number of units affected: 7. Coverage of action (select one)  |
| Approved; included in the PHA's Designation Plan Submitted, pending approval Planned application  4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)  5. If approved, will this designation constitute a (select one) New Designation Plan Revision of a previously-approved Designation Plan?  1. Number of units affected: 7. Coverage of action (select one)  |
| Submitted, pending approval Planned application  4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)  5. If approved, will this designation constitute a (select one) New Designation Plan Revision of a previously-approved Designation Plan?  1. Number of units affected: 7. Coverage of action (select one)   |
| Planned application  4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)  5. If approved, will this designation constitute a (select one)  New Designation Plan  Revision of a previously-approved Designation Plan?  1. Number of units affected:  7. Coverage of action (select one)  |
| 4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)  5. If approved, will this designation constitute a (select one)  New Designation Plan  Revision of a previously-approved Designation Plan?  1. Number of units affected: 7. Coverage of action (select one)  |
| 5. If approved, will this designation constitute a (select one)  New Designation Plan  Revision of a previously-approved Designation Plan?  1. Number of units affected: 7. Coverage of action (select one)   |
| New Designation Plan Revision of a previously-approved Designation Plan?  1. Number of units affected: 7. Coverage of action (select one)   |
| Revision of a previously-approved Designation Plan?  1. Number of units affected:  7. Coverage of action (select one)   |
| <ol> <li>Number of units affected:</li> <li>Coverage of action (select one)</li> </ol>  |
| 7. Coverage of action (select one)  |
|   |
|   |
| Part of the development   |
| Total development   |
| 10. Conversion of Public Housing to Tenant-Based Assistance  [24 CFR Part 903.7 9 (j)]  Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.  A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD  FY 1996 HUD Appropriations Act  |
| 1. Yes x No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations  Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)  |

Yes

No: Has the PHA provided all required activity description information

for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No",

#### complete the Activity Description table below.

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

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

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

# 11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

# During the PHA 2003 Fiscal Year, 16 HCV families have closed on

home purchases.

LMHA continues to provide homeownership classes to qualifying HCV participants.

The PHA has established a minimum homeowner downpayment requirement of at least 3 percent and require that at least 1 percent of the downpayment come for the family's resources.

|  | (11A C .' O 1 DIIA ( ' 1, 11A   |  |  |  |  |
|--|---|--|--|--|--|
|  | nent 11A: Section 8 only PHAs are not required to complete 11A.   |  |  |  |  |
| 1Yesx_ No:   | : Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h)                           |  |  |  |  |
|  | 11  |  |  |  |  |
|  | homeownership program (42 U.S.C. 1437c(h)), or an approved  |  |  |  |  |
|  | HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or  |  |  |  |  |
|  | plan to apply to administer any homeownership programs under  |  |  |  |  |
|  | section 5(h), the HOPE I program, or section 32 of the U.S.   |  |  |  |  |
| Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to |   |  |  |  |  |
|  | component 11B; if "yes", complete one activity description for ear applicable program/plan, unless eligible to complete a streamlined |  |  |  |  |
|  | submission due to <b>small PHA</b> or <b>high performing PHA</b> status.  |  |  |  |  |
|  | PHAs completing streamlined submissions may skip to componer  |  |  |  |  |
|  | 11B.)   |  |  |  |  |
|  |   |  |  |  |  |
| 2. Activity Descripti                                      | on  |  |  |  |  |
| Yes No:  | Has the PHA provided all required activity description informatio   |  |  |  |  |
|  | for this component in the optional Public Housing Asset   |  |  |  |  |
|  | Management Table? (If "yes", skip to component 12. If "No",   |  |  |  |  |
|  | complete the Activity Description table below.)   |  |  |  |  |
| Public Ho  | ousing Homeownership Activity Description   |  |  |  |  |
| (Com   | plete one for each development affected)  |  |  |  |  |
| Development name:  |   |  |  |  |  |
| Development (project)                                      |   |  |  |  |  |

| 2. Federal Program authority:  |       |
|--|-------|
| HOPE I   |       |
| 5(h)   |       |
| Turnkey III  |       |
| Section 32 of the USHA of 1937 (effective 10/1/99)   |       |
| 3. Application status: (select one)  |       |
| Approved; included in the PHA's Homeownership Plan/Program   |       |
| Submitted, pending approval  |       |
| Planned application  |       |
| 4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)  |       |
| 5. Number of units affected:   |       |
| 6. Coverage of action: (select one)  |       |
| Part of the development  |       |
| Total development  |       |
| B. Section 8 Tenant Based Assistance  1x_Yes No:   | ),    |
| 2. Program Description:  |       |
| <ul> <li>a. Size of Program</li> <li>Yesx_ No: Will the PHA limit the number of families participating in the sec 8 homeownership option?</li> </ul>   | ction |
| 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 |       |

| <ul> <li>b. PHA-established eligibility criteriax_YesNo: 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:  1. Must be on the Housing Choice Voucher program a minimum of one year prior to participating in Homeownership Program.  2. Must have \$2500.00 in personal assets prior to commencement in participating in program.</li> </ul>      |
|---|
| 12. PHA Community Service and Self-sufficiency Programs  [24 CFR Part 903.7 9 (1)]  Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.  A. PHA Coordination with the Welfare (TANF) Agency  Exempt - High Performing PHA   |
| 1. Cooperative agreements:  x Yes No: Has the PHA has 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? 07/11/00  |
| 2. Other coordination efforts between the PHA and TANF agency (select all that apply)  Client referrals  Information sharing regarding mutual clients (for rent determinations and otherwise)  Coordinate the provision of specific social and self-sufficiency services and programs to eligible families  Jointly administer programs  Partner to administer a HUD Welfare-to-Work voucher program  Joint administration of other demonstration program  Other (describe) |
| B. Services and programs offered to residents and participants  |
| (1) General   |
| a. Self-Sufficiency Policies  |

| Which, if any of the following discretionary policies will the PHA employ to enhance  |
|---|
| the economic and social self-sufficiency of assisted families in the following areas? |
| (select all that apply)   |
| Public housing rent determination policies  |
| Public housing admissions policies  |
| Section 8 admissions policies   |
| Preference in admission to section 8 for certain public housing families              |
| Preferences for families working or engaging in training or education                 |
| programs for non-housing programs operated or coordinated by the PHA                  |
| Preference/eligibility for public housing homeownership option participation          |
| Preference/eligibility for section 8 homeownership option participation               |
| Other policies (list below)   |
|   |
|   |
| b. Economic and Social self-sufficiency programs                                      |
|   |
| Yes No: Does the PHA coordinate, promote or provide any programs to                   |
| enhance the economic and social self-sufficiency of residents?                        |
| (If "yes", complete the following table; if "no" skip to sub-                         |
| component 2, Family Self Sufficiency Programs. The position                           |
| of the table may be altered to facilitate its use.)                                   |

| Services and Programs   |                   |   |  |  |
|---|-------------------|---|--|--|
| Program Name & Description (including location, if appropriate) | Estimated<br>Size | Allocation Method (waiting list/random selection/specific criteria/other) | Access<br>(development office /<br>PHA main office /<br>other provider name) | Eligibility (public housing or section 8 participants or both) |
|   |                   |   |  |  |
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# (2) Family Self Sufficiency program/s

| arom.   | nily Self Sufficiency (FSS) Participa  | ation  |
|---|--|--|
| ogram   | Required Number of Participants (start of FY 2000 Estimate)  | Actual Number of Participants (As of: DD/MM/YY)  |
| blic Housing  |  |  |
| ction 8   |  |  |
| H<br>P  | IUD, does the most recent FSS  | the minimum program size requires Action Plan address the steps to least the minimum program size the below: |
| Housing Act of 1937 program requirement Adopting approproaction policies and train Informing reside Actively notifying reexamination. Establishing or pagencies regarding | ng with the statutory requirement (relating to the treatment of intensity) by: (select all that apply) priate changes to the PHA's pure staff to carry out those policients of new policy on admission and residents of new policy at time treatment at the company of the exchange of information in the company of the exchange of the | on and reexamination<br>imes in addition to admission and<br>ent with all appropriate TANF                   |

## 13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

The PHA is no longer required to complete the PHDEP Template due

to the drug-elimination grants not being a separate set aside.

# PHA IS A HIGH PERFORMER - 13A-C is not required to be completed.

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

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

| 1. De | scribe the need for measures to ensure the safety of public housing residents (select all  |
|-------|--|
| that  | apply)   |
|       | High incidence of violent and/or drug-related crime in some or all of the PHA's  |
|       | developments   |
|       | High incidence of violent and/or drug-related crime in the areas surrounding or  |
|       | adjacent to the PHA's developments   |
| X     | Residents fearful for their safety and/or the safety of their children   |
| X     | Observed lower-level crime, vandalism and/or graffiti  |
| X     | 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)   |
| X     | Safety and security survey of residents Analysis of crime statistics over time for crimes committed "in and around" public housing authority Analysis of cost trends over time for repair of vandalism and removal of graffiti |
|       | Resident reports   |
|       | PHA employee reports   |
|       | Police reports   |
|       | Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs   |
|       | Other (describe below)   |
|       |  |

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

Leavitt Homes, Westview Terrace, Wilkes Villa, Kennedy Plaza, Lakeview Plaza, & Riverview Plaza

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

| 1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select  |
|--|
| all that apply)  |
| x Contracting with outside and/or resident organizations for the provision of crime-   |
| and/or drug-prevention activities  |
| Crime Prevention Through Environmental Design  |
| x Activities targeted to at-risk youth, adults, or seniors   |
| x Volunteer Resident Patrol/Block Watchers Program   |
| x Other (describe below) The PHA has enlisted the use of a drug dog to patrol  |
| the developments of LMHA   |
| 2. Which developments are most affected? (list below)  |
| Leavitt Homes, Westview Terrace, Wilkes Villa, Kennedy Plaza, Lakeview Plaza, and Riverview Plaza.                                   |
| Riverview Tidzd.   |
| 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)   |
| carrying out crime prevention measures and activities. (select an that appry)  |
| x Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan                              |
| x Police provide crime data to housing authority staff for analysis and action   |
| x_ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence) |
| x Police regularly testify in and otherwise support eviction cases   |
| x Police regularly meet with the PHA management and residents  |
| x_ Agreement between PHA and local law enforcement agency for provision of above-  |
| baseline law enforcement services  |
| Other activities (list below)  |
|  |
| The Police Departments in coordination with other Agencies have provided a   |
| "Summer Olympics" for children in the Developments focusing on anti-drug   |
| campaigns.   |
|  |

2. Which developments are most affected? (list below)
Leavitt Homes, Westview Terrace, Wilkes Villa, Kennedy Plaza, Lakeview Plaza and
Riverview Plaza.

D. Additional information as required by PHDEP/PHDEP Plan The PHA is no longer required to complete this subcomponent as drug elimination grants are not funded as a separate set aside through the PHDEP account.

| PHAs eligible fo  | r FY 2002 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior |
|-------------------|--|
| to receipt of PHI | DEP funds.   |
| Yesx_             | No: Is the PHA eligible to participate in the PHDEP in the fiscal                    |
|                   | year covered by this PHA Plan?   |
| Yes _x_           | $\_$ No: Has the PHA included the PHDEP Plan for FY 2002 in this PHA                 |
|                   | Plan?  |
| Yesx_             | _ No: This PHDEP Plan is an Attachment. (Attachment Filename:                        |
|                   |  |

#### 14. RESERVED FOR PET POLICY

24 CFR Part 903.7 9 (n)]

# The PHA Pet Policy is an Attachment to the PHA Plan. (oh012n01)

### 15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

#### 16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

| 1x_ | _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.)                                   |
| 2x_ | Yes     | No: Was the most recent fiscal audit submitted to HUD?           |
| 3   | Yes _x_ | No: Were there any findings as the result of that audit?         |
|     |         |  |
|     |         |  |

| 4      | _Yes     | _NA_     |  | · · · · · · · · · · · · · · · · · · ·                                       |
|--------|----------|----------|--|---|
| 5      | _Yes     | _NA_     |  | ,   |
|        |          |          |  |   |
|        |          |          | If   | not, when are they due (state below)?                                       |
|        |          |          |  |   |
|        |          |          | If there were any findings, do any remain unresolved?  If yes, how many unresolved findings remain? NA_No: Have responses to any unresolved findings been submitted to HUD?  If not, when are they due (state below)?  **Asset Management**  3.7 9 (q)]  EXEMPT - HIGH PERFORMING PHA  **ne component 17: Section 8 Only PHAs are not required to complete this component. High small PHAs are not required to complete this component.  No: Is the PHA engaging in any activities that will contribute to the et management of its public housing stock, including how the Agency long-term operating, capital investment, rehabilitation, modernization, and other needs that have not been addressed elsewhere in this PHA Plan?  es of asset management activities will the PHA undertake? (select all that poplicable e management opment-based accounting rehensive stock assessment: (list below) No: Has the PHA included descriptions of asset management ne optional Public Housing Asset ManagementTable?  Information  3.7 9 (r)]  Advisory Board Recommendations No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s? |   |
| [24 CF | R Part 9 | 903.7 9  |  | XEMPT - HIGH PERFORMING PHA   |
|        |          |          |  |   |
|        |          |          |  |   |
| _      | _        |          |  |   |
| _      |          |          | _  |   |
|        |          |          |  |   |
| aispo  | sition,  |          |  |   |
|        |          |          |  |   |
|        | •        | pes of   | asset n  | nanagement activities will the PHA undertake? (select all that              |
| -      | oply)    | annlia   | nahla  |   |
|        |          |          |  | ient  |
|        | Dev      |          | _  |   |
|        | Con      | prehe    | ensive s   | tock assessment   |
|        | Othe     | er: (lis | t below  | <b>'</b> )  |
| 3      | Yes      |          | No: Ha   | as the PHA included descriptions of asset management                        |
|        |          |          |  | •   |
|        |          |          |  |   |
| 18.    | Othe     | r Inf    | ormat  | tion  |
|        |          |          |  |   |
| A. R   | esiden   | t Adv    | isory I  | Board Recommendations   |
| 1>     | x_Yes    |          |  | •   |
| 2. If  | -        |          |  | are: (if comments were received, the PHA MUST select one) chment (oh012d02) |
|        |          |          |  |   |

|         | Provided below:   |
|---------|---|
| 3. In v | 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. Comment: The PHA changed portions of the PHA Plan in response to comments List changes below: Other: (list below)   |
|         | scription of Election process for Residents on the PHA Board _YesX_ 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       | YesX_ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to subcomponent C.)   |
| 3. Des  | Lorain appoint a resident to the LMHA Board of Commissioners as required by HUD. The Mayor refused and a lawsuit ensued in Federal Court with LMHA suing the City of Lorain to force the Mayor to appoint a resident to enable LMHA to be in compliance with federal regulations. On June 11, 2001, the Judge rendered a decision in favor of LMHA. The Judge ordered the Mayor of Lorain to appoint a resident to serve the balance of an unexpired term, which ends December 1, 2003. Additionally, the Mayor must thereafter appoint a resident of Authority housing to serve in that seat, which hereinafter will be referred to as Mayor's Appointment #1, as long as the regulation in effect. All LMHA residents were notified of the vacancy and the opportunity for an LMHA resident to serve on the Board. Applications were placed at each Development for 30 days to enable interested residents to apply. All applications received were forwarded to the Mayor's office for his review and subsequent appointment. On January 11, 2002, the Mayor appointed Beatrice Nelson to serve the balance of the term ending December 1, 2003. |
| a. Non  | nination of candidates for place on the ballot: (select all that apply)  Candidates were nominated by resident and assisted family organizations  |

| <ul> <li>Candidates could be nominated by any adult recipient of PHA assistance</li> <li>Self-nomination: Candidates registered with the PHA and requested a place on</li> </ul> |
|--|
| ballot   |
| Other: (describe)  |
| 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) Lorain/Elyria PMSA  |
| 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)                         |
| x_ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.   |
| The PHA has participated in any consultation process organized and offered by the  |
| Consolidated Plan agency in the development of the Consolidated Plan.  |
| The PHA has consulted with the Consolidated Plan agency during the development   |
| of this PHA Plan.  |
| Activities to be undertaken by the PHA in the coming year are consistent with the  |
| initiatives contained in the Consolidated Plan. (list below)   |
|  |
| Other: (list below)  |
|  |
|  |

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

See attached certification letter.

#### D. Other Information Required by HUD

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

The PHA will use the following terms as our definition of "Substantial Deviation" and/or "Significant Amendment or Modification" to the Annual Plan.

- 1. Any changes to the rent or admissions policies which require a Board resolution;
- 2. Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund;
- 3. Additions of new activities not included in the current PHDEP plan; and
- 4. Any change with regard to demolition, disposition, designation, homeownership programs or conversion activities.

HUD changes will automatically be included in any procedures or policies and will not be considered significant changes by the PHA.

# **Attachments**

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

| oh012a01 | Capital Fund Annual Statement                             |
|----------|---|
| oh012b01 | 5 yr. Optional Capital Fund Statement                     |
| oh012c01 | Not used this year.                                       |
| oh012d02 | Comments from Public Hearing on Annual Plan               |
| oh012e01 | PHA Admissions & Occupancy Policy                         |
| oh012f01 | Section 8 Admissions Policy                               |
| oh012g01 | PHA Maintenance Policy                                    |
| oh012h01 | PHA Organizational Chart                                  |
| oh012i01 | PHA Board Resolution Approving Annual Plan                |
| oh012j01 | FSS Action Plan   |
| oh012k01 | Certification for a Drug-free Workplace                   |
| oh012l01 | Disclosure of lobbying activities                         |
| oh012m01 | Certification by Local Government of Consistency w/       |
|          | Consolidated Plan   |
| oh012n01 | PHA Pet Policy & Pet Application                          |
| oh012o01 | Not used this year  |
| oh012p01 | PHA Certifications of Compliance with PHA Plans & Related |
|          | Regulations   |
| oh012q01 | List of Resident Advisory Board Members                   |
| oh012r01 | 5 Year Plan: Statement of Progress                        |
| oh012s01 | Deconcentration & Income Mixing                           |
| oh012t02 | Voluntary Conversion Initial Assessments                  |
|          |   |

# PHA Plan Table Library

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

## **Annual Statement**

Capital Fund Program (CFP) Part I: Summary

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

#### **Annual Statement**

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

| Development | General Description of Major Work | Development | Total     |
|-------------|-----------------------------------|-------------|-----------|
| Number/Name | Categories                        | Account     | Estimated |
|             |                                   |             |           |

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## Annual Statement Capital Fund Program (CFP) Part III: Implementation Schedule

| Development<br>Number/Name | All Funds Obligated (Quarter Ending Date) | All Funds Expended (Quarter Ending Date) |
|----------------------------|---|--|
|                            |   |  |
|                            |   |  |
|                            |   |  |
|                            |   |  |

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

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

|                                   | Optional 5-Year Action                     | n Plan Tables             |                            |                   |  |
|-----------------------------------|--|---------------------------|----------------------------|-------------------|--|
| Development<br>Number             | Development Name<br>(or indicate PHA wide) | Number<br>Vacant<br>Units | % Vacancies in Development |                   |  |
| Description of Ne<br>Improvements | eeded Physical Improvements or M           | <b>Ianagement</b>         |                            | Estimated<br>Cost | Planned Start Date<br>(HA Fiscal Year) |
|                                   |  |                           |                            |                   |  |
|                                   |  |                           |                            |                   |  |
|                                   |  |                           |                            |                   |  |
|                                   |  |                           |                            |                   |  |
|                                   |  |                           |                            |                   |  |
| Total estimated o                 | ost over next 5 years                      |                           |                            |                   |  |

HUD 50075

OMB Approval No: 2577-0226 Expires: 03/31/2002

# **Optional Public Housing Asset Management Table**

See Technical Guidance for instructions on the use of this table, including information to be provided.

|                                     | Public Housing Asset Management |  |                                     |                                      |                                |                          |  |                                 |  |  |
|-------------------------------------|---------------------------------|--|-------------------------------------|--------------------------------------|--------------------------------|--------------------------|--|---------------------------------|--|--|
| Develo                              | opment                          |  | Activi                              | ty Description                       |                                |                          |  |                                 |  |  |
| Identification                      |                                 |  |                                     |                                      |                                |                          |  |                                 |  |  |
| Name,<br>Number,<br>and<br>Location | Number and<br>Type of units     | Capital Fund Program Parts II and III Component 7a | Development Activities Component 7b | Demolition / disposition Component 8 | Designated housing Component 9 | Conversion  Component 10 | Home-<br>ownership<br>Component<br>11a | Other (describe)  Component  17 |  |  |
|                                     |                                 |  |                                     |                                      |                                |                          |  |                                 |  |  |
|                                     |                                 |  |                                     |                                      |                                |                          |  |                                 |  |  |
|                                     |                                 |  |                                     |                                      |                                |                          |  |                                 |  |  |
|                                     |                                 |  |                                     |                                      |                                |                          |  |                                 |  |  |
|                                     |                                 |  |                                     |                                      |                                |                          |  |                                 |  |  |
|                                     |                                 |  |                                     |                                      |                                |                          |  |                                 |  |  |
|                                     |                                 |  |                                     |                                      |                                |                          |  |                                 |  |  |
|                                     |                                 |  |                                     |                                      |                                |                          |  |                                 |  |  |
|                                     |                                 |  |                                     |                                      |                                |                          |  |                                 |  |  |
|                                     |                                 |  |                                     |                                      |                                |                          |  |                                 |  |  |
|                                     |                                 |  |                                     |                                      |                                |                          |  |                                 |  |  |
|                                     |                                 |  |                                     |                                      |                                |                          |  |                                 |  |  |

HUD 50075

OMB Approval No: 2577-0226 Expires: 03/31/2002

HUD 50075

OMB Approval No: 2577-0226
Expires: 03/31/2002

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

| PHA Name: LORAIN METROPOLITAN HOUSING AUTHORITY | Grant Type and Number<br>Capital Fund Program Grant No: <b>OH12P01250101</b> | Federal FY of Grant: <b>2001</b> |
|---|--|----------------------------------|
|   | Replacement Housing Factor Grant No:   |                                  |

?Original Annual Statement ? Reserve for Disasters/Emergencies ? Revised Annual Statement (revision no: \_\_)
? Performance and Evaluation Report for Period Ending: 12/31/02 ? Final Performance and Evaluation Report

| Li n     | Summary by Development Account          | Total Esti      | mated Cost | Total Actual Cost |              |  |
|----------|---|-----------------|------------|-------------------|--------------|--|
| e<br>No. |   |                 |            |                   |              |  |
|          |   | 0ri gi nal      | Revi sed   | Obl i gated       | Expended     |  |
| 1        | Total non-CFP Funds                     | - 0-            |            | - 0-              | - 0-         |  |
| 2        | 1406 Operations                         | - 0-            |            | - 0-              | - 0-         |  |
| 3        | 1408 Management Improvements Soft Costs | 475, 267. 00    |            | 35, 559. 00       | 14, 204. 00  |  |
|          | Management Improvements Hard Costs      | 35, 000. 00     |            | 23, 929. 00       | 23, 929. 00  |  |
| 4        | 1410 Administration                     | 306, 097. 00    |            | 306, 097. 00      | 147, 368. 00 |  |
| 5        | 1411 Audit                              | - 0-            |            | - 0-              | - 0-         |  |
| 6        | 1415 Li qui dated Damages               | - 0-            |            | - 0-              | - 0-         |  |
| 7        | 1430 Fees and Costs                     | 124, 000. 00    |            | 136, 114. 00      | 94, 834. 00  |  |
| 8        | 1440 Site Acquisition                   | - 0-            |            | - 0-              | - 0-         |  |
| 9        | 1450 Site Improvement                   | 55, 000. 00     |            | - 0-              | - 0-         |  |
| 10       | 1460 Dwelling Structures                | 1, 894, 873. 00 |            | 936, 651. 00      | 49, 323. 00  |  |
| 11       | 1465.1 Dwelling Equipment-Nonexpendable | 55, 000. 00     |            | - 0-              | - 0-         |  |
| 12       | 1470 Nondwelling Structures             | 60, 000. 00     |            | 113, 000. 00      | 20, 296. 00  |  |
| 13       | 1475 Nondwelling Equipment              | - 0-            |            | - 0-              | - 0-         |  |
| 14       | 1485 Demolition                         | - 0-            |            | - 0-              | - 0-         |  |
| 15       | 1490 Replacement Reserve                | - 0-            |            | - 0-              | - 0-         |  |
| 16       | 1492 Moving to Work Demonstration       | - 0-            |            | - 0-              | - 0-         |  |

|                  | ual Statement/Performance and Evalua<br>ital Fund Program and Capital Fund Pr                 |   | Housing Factor (CGP/ | /CFPRHF) Part 1: Sum | mary                         |
|------------------|---|---|----------------------|----------------------|------------------------------|
|                  | Name:<br>AIN METROPOLITAN HOUSING AUTHORITY   | Grant Type and Number<br>Capital Fund Program Gr<br>Replacement Housing Fac |                      |                      | Federal FY of Grant:<br>2001 |
|                  | ginal Annual Statement ? Reserve for Disaster<br>formance and Evaluation Report for Period En |   |                      |                      |                              |
| Li n<br>e<br>No. | Summary by Development Account  | Total Esti  | imated Cost          | Total A              | ctual Cost                   |
| 17               | 1495.1 Relocation Costs   | - 0-  |                      | - 0-                 | - 0-                         |
| 18               | 1499 Development Activities   | - 0-  |                      | - 0-                 | - 0-                         |
| 19               | 1502 Contingency  | 125, 000. 00  |                      | - 0-                 | - 0-                         |
|                  |   |   |                      |                      |                              |
|                  | Amount of Annual Grant: (sum of lines)  | 3,130,237.00  |                      | 1,551,350.00         | 349,954.00                   |
|                  | Amount of line XX Related to LBP<br>Activities  |   |                      |                      |                              |
|                  | Amount of line XX Related to Sec. 504 compliance  |   |                      |                      |                              |
|                  | Amount of line XX Related to Security-<br>Soft Costs  |   |                      |                      |                              |
|                  | Amount of line XX Related to Security-<br>Hard Costs  |   |                      |                      |                              |
|                  | Amount of line XX Related to Energy Conservation Measures                                     |   |                      |                      |                              |
|                  | Collateralization Expenses or Debt<br>Service   |   |                      |                      |                              |
|                  |   |   |                      |                      |                              |

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| PHA Name:  LORAIN METROPOLITAN HOUSING AUTHORITY |  | Grant Type and Number Capital Fund Program Grant No: OH12P01250101 Replacement Housing Factor Grant No: |                           |   |          | Federal FY of Grant: 2001                   |                                       |   |
|--|--|---|---------------------------|---|----------|---|---------------------------------------|---|
| Devel opment<br>Number<br>Name/HA-               | General Description of Major<br>Work Categories  | Dev.<br>Acct.<br>No.  | Quantity                  | Total Estimate  | ed Cost  | Total Actual Cost                           |                                       | Status of<br>Work                       |
| Wide<br>Activitie<br>s                           |  |   |                           | 0ri gi nal  | Revi sed | Ori gi nal<br>(Obl i gateds)                | Revi sed<br>(Expended)                |   |
| OH12-1<br>Leavitt Homes                          | Exterior Renovations Closet Door Hardware Install Metal Roof-Community Rm Shower Renovations Duct Cleaning | 1460<br>1460<br>1470<br>1460<br>1460  | 200 units                 | 317,000.00<br>60,000.00<br>30,000.00<br>300,000.00<br>80,000.00 |          | -0-<br>-0-<br>52,270.00<br>-0-<br>32,203.00 | -0-<br>-0-<br>20,296.00<br>-0-<br>-0- | Bidding Process In progress In progress |
| OH12-2<br>Westview<br>Terrace                    | Duct Cleaning  | 1460  | 150 units                 | 30,000.00   |          | 21,312.00                                   | -0-                                   | In progress                             |
| OH12-3<br>Wilkes<br>Villa                        | Duct Cleaning Install Metal Roof-Community Rm Replace water meters Replace floor tilephase I               | 1460<br>1470<br>1460<br>1460  | 186 units                 | 75,000.00<br>30,000.00<br>75,000.00<br>450,000.00               |          | 29,323.00<br>60,730.00<br>-0-<br>505,148.00 | -0-<br>-0-<br>-0-<br>-0-              | In progress In progress                 |
| OH12-4<br>John Frederick<br>Oberlin Homes        | Room A/C's highrise<br>Carpet Hallways-Highrise<br>Replace floor tilePagodas                               | 1465.1<br>1460<br>1460  | 54 Pagodas<br>51 Highrise | -0-<br>25,000.00<br>120,000.00                                  |          | -0-<br>-0-<br>133,836.00                    | -0-<br>-0-<br>-0-                     | Complete Operating fun                  |

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

| PHA Name:  LORAIN METROPOLITAN HOUSING AUTHORITY |  | Capital<br>OH12P01                                     | 250101                            | umber<br>gram Grant No:<br>ng Factor Gran                                 | t No:                | Federal FY of G                               | Federal FY of Grant: 2001              |   |  |  |
|--|--|--|-----------------------------------|---|----------------------|---|--|---|--|--|
| Development<br>Number<br>Name/HA-                | General Description of Major<br>Work Categories  | Dev.<br>Acct.<br>No.                                   | Acct.                             | Total Estimat   | Total Estimated Cost |   | st                                     | Status of<br>Work                               |  |  |
| Wide<br>Activitie<br>s                           |  |  |                                   | Ori gi nal  | Revi sed             | Original<br>(Obligateds)                      | Revi sed<br>(Expended)                 |   |  |  |
| OH12-5<br>Kennedy<br>Plaza                       | Reom A/C's highrise & cottages Carpeting Hallways (highrise) Bathroom Plumbing Ranges  | 1465.1<br>1460<br>1460<br>1465.1                       | 32<br>Cottages<br>143<br>Highrise | -0-<br>60,000.00<br>35,000.00<br>55,000.00                                |                      | -0-<br>-0-<br>-0-<br>-0-                      | -0-<br>-0-<br>-0-<br>-0-               | Complete Operating fund                         |  |  |
| OH12-6<br>Riverview Plaza                        | Room A/C's highrise<br>Kitchen/Bathroom/Plumbing<br>Emergency Roof Repair  | 1465.1<br>1460<br>1460                                 | 181 units                         | -0-<br>-0-<br>-0-   |                      | -0-<br>-0-<br>14,870.00                       | -0-<br>-0-<br>13,383.00                | Complete Operating fund Emergency Work          |  |  |
| OH12-10<br>Lakeview Plaza                        | Reom A/C's Carpet Hallways Replace Handrails Site, Concrete & Landscaping Work Exterior Repair   | 1465.1<br>1460<br>1460<br>1450<br>1460                 | 210 units                         | -0-<br>60,000.00<br>30,000.00<br>20,000.00<br>40,000.00                   |                      | -0-<br>11,995.00<br>-0-<br>-0-<br>87,000.00   | -0-<br>-0-<br>-0-<br>-0-<br>35,940.00  | Complete Operating fund In progress In progress |  |  |
| OH12-11<br>Albright<br>Terrace                   | Reom A/C's (windows) Carpet Hallways/Units Kitchen/Bath Rehabilitation Duct Cleaning Replace Closet Doors Replace Unit Locks/handles Replace Soffits & Gutters | 1465.1<br>1460<br>1460<br>1460<br>1460<br>1460<br>1460 | 50 units                          | -0-<br>70,000.00<br>-0-<br>2,000.00<br>20,000.00<br>5,873.00<br>20,000.00 |                      | -0-<br>100,964.00<br>-0-<br>-0-<br>-0-<br>-0- | -0-<br>-0-<br>-0-<br>-0-<br>-0-<br>-0- | Complete Operating fund In progress             |  |  |
| OH12-12<br>Westgate<br>Apartments                | Kitchen Rehabilitation<br>Carpeting  | 1460<br>1460   | 12 units                          | -0-<br>-0-  |                      | -0-<br>-0-                                    | -0-<br>-0-                             | Future CFP<br>Future CFP                        |  |  |
| OH12-13/14<br>Southside<br>Gardens               | Sidewalks, Parking Lot & Approaches  | 1450   | 114 units                         | -0-   |                      | -0-   | -0-                                    | Complete CFP 2000                               |  |  |
| OH12-20<br>50 Scattered<br>Sites                 | Site Work<br>Porches & roofing   | 1450<br>1460   | 50 units                          | 20,000.00<br>20,000.00  |                      | -0-<br>-0-                                    | -0-<br>-0-                             | Bidding Process                                 |  |  |

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

| PHA Name:<br>LORAIN ME            | TROPOLITAN HOUSING AUTHORITY                    | Grant Type and Number Capital Fund Program Grant No: OH12P01250101 Replacement Housing Factor Grant No: |          |                |          | Federal FY of Gra        | Federal FY of Grant: 2001 |                   |  |
|-----------------------------------|---|---|----------|----------------|----------|--------------------------|---------------------------|-------------------|--|
| Development<br>Number<br>Name/HA- | General Description of Major<br>Work Categories | Dev.<br>Acct.<br>No.  | Quantity | Total Estimate | d Cost   | Total Actual Cost        |                           | Status of<br>Work |  |
| Wide<br>Activitie<br>s            |   |   |          | Ori gi nal     | Revi sed | Original<br>(Obligateds) | Revi sed<br>(Expended)    |                   |  |
| OH12-21<br>25 Scattered<br>Sites  | Site Work                                       | 1450  | 25 units | 15,000.00      |          | -0-                      | -0-                       | Bidding Process   |  |

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

| PHA Name:  LORAIN METROPOLITAN HOUSING AUTHORITY |   |                      | 01250101  | umber<br>gram Grant No:<br>ing Factor Gran | t No:    | Federal FY of Grant: 2001 |              |                   |
|--|---|----------------------|-----------|--|----------|---------------------------|--------------|-------------------|
| Development<br>Number<br>Name/HA-                | General Description of Major<br>Work Categories             | Dev<br>Acc           | Quanti ty | Total Estimated Cost                       |          | Total Actual Co           | st           | Status of<br>Work |
| Wide<br>Activitie<br>s                           |   | t<br>No.             |           | 0ri gi nal                                 | Revi sed | 0ri gi nal                | Revi sed     |                   |
|  |   |                      |           |  |          | (Obligated)               | (Expended)   |                   |
| PHA WIDE<br>ACTIVITIE<br>S                       | LORAIN POLICE PROGRAM ELYRIA POLICE PROGRAM                 | 140<br>8<br>140<br>8 | PHA WIDE  | 219, 854. 00<br>219, 854. 00               |          | - 0-<br>- 0-              | - 0-<br>- 0- | Conti nui ng      |
|  | RESIDENT INITIATIVES Salary - 25,792.00 Benefits - 9,767.00 | 140<br>8             | PHA WIDE  | 35, 559. 00                                |          | 35, 559. 00               | 14, 204. 00  | Conti nui ng      |
|  | COMPUTER UPGRADE  | 140<br>8             | PHA WIDE  | 35, 000. 00                                |          | 23, 929. 00               | 23, 929. 00  | Conti nui ng      |
|  |   |                      |           |  |          |                           |              |                   |
|  |   |                      |           |  |          |                           |              |                   |
|  |   |                      |           |  |          |                           |              |                   |
|  |   |                      |           |  |          |                           |              |                   |
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Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

| PHA Name:<br>LORAIN ME   | TROPOLITAN HOUSING AUTHORITY  | Capi tal   |              | mber<br>ram Grant No: (<br>ng Factor Gran  |  | Federal FY of  |   |                   |
|--|---|--|--------------|--|--|--|---|-------------------|
| Development Number Name/HA- Wide Activitie s  General Description of Major Work Categories |   | Dev.<br>Acct.<br>No.                                 | Quantity     | Total Estimated Cost   |  | Total Actual Cost  |   | Status of<br>Work |
|  |   |  | 0ri gi nal   | Revi sed   | 0ri gi nal   | Revi sed   |   |                   |
|  |   |  |              |  |  | (0bligated)  | (Expended)  |                   |
| PHA WIDE<br>ACTIVITIE<br>S   | COMPLIANCE MANAGER CONSTRUCTION MANAGER CLERICAL FISCAL ACCOUNTANT DIRECTOR ASSISTANT DIRECTOR FINANCE DIRECTOR | 1410<br>1410<br>1410<br>1410<br>1410<br>1410<br>1410 | PHA<br>WI DE | 55, 145. 00<br>53, 063. 00<br>30, 619. 00<br>33, 466. 00<br>39, 877. 00<br>4, 480. 00<br>21, 193. 00 | 55, 145. 00<br>53, 063. 00<br>30, 619. 00<br>33, 466. 00<br>39, 877. 00<br>4, 480. 00<br>21, 193. 00 | 55, 145, 00<br>53, 063, 00<br>30, 619, 00<br>33, 466, 00<br>39, 877, 00<br>4, 480, 00<br>21, 193, 00 | 27, 978. 00<br>34, 731. 00<br>17, 243. 00<br>21, 699. 00<br>18, 486. 00<br>3, 078. 00<br>6, 830. 00 | Conti nui ng      |
|  | BENEFITS  | 1410   |              | 68, 254. 00<br>306, 097. 00  |  | 68, 254. 00<br>306, 097. 00  | 49, 461. 00   |                   |
|  |   |  |              |  |  |  |   |                   |

#### **Annual Statement/Performance and Evaluation Report** Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages Grant Type and Number PHA Name: Federal FY of Grant: 2001 Capital Fund Program Grant No: OH12P01250101 LORAIN METROPOLITAN HOUSING AUTHORITY Replacement Housing Factor Grant No: Devel opment General Description of Dev. Quantity Total Estimated Cost Total Actual Cost Status of Number Major Work Categories Acct. Work Name/HA-No. Wi de 0ri gi nal Revi sed 0ri gi nal Revi sed Activitie $\mathbf{s}$ ARCHI TECT/CONSULTANT 1430 100, 000. 00 140, 200. 00 127, 500. 00 86, 220.00 In progress BID DOCUMENTS 1430. 1 24, 000. 00 12, 000. 00 10, 893. 00 10.893.00 124, 000. 00 152, 200. 00

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages |   |         |   |        |          |         |                           |                                 |  |  |
|--|---|---------|---|--------|----------|---------|---------------------------|---------------------------------|--|--|
| PHA Name:  LORAIN METROPOLITAN HOUSING AUTHORITY   |   |         | Grant Type and Number<br>Capital Fund Program Grant No: OH12P01250101<br>Replacement Housing Factor Grant No: |        |          |         | Federal FY of Grant: 2001 |                                 |  |  |
| Development Number<br>Name/HA-Wide<br>Activities   | All Funds Obligated (Quarter Ending Date) |         |   |        | A<br>(Q  |         |                           | Reasons for Revised Target Date |  |  |
|  | Original                                  | Revised |   | Actual | Original | Revised | Actual                    |                                 |  |  |

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| _                          |          |          |  |  |
|----------------------------|----------|----------|--|--|
| OH12-1 Leavitt Homes       | 06/30/03 | 06/30/05 |  |  |
| OH12-2 Westview Terrace    | 06/30/03 | 06/30/05 |  |  |
| OH12-3 Wilkes Villa        | 06/30/03 | 06/30/05 |  |  |
| OH12-4 JF Oberlin Homes    | 06/30/03 | 06/30/05 |  |  |
| OH12-5 Kennedy Plaza       | 06/30/03 | 06/30/05 |  |  |
| OH12-6 Riverview Plaza     | 06/30/03 | 06/30/05 |  |  |
| OH12-10 Lakeview Plaza     | 06/30/03 | 06/30/05 |  |  |
| OH12-11 Albright Terrace   | 06/30/03 | 06/30/05 |  |  |
| OH12-12 Westgate Apts.     | 06/30/03 | 06/30/05 |  |  |
| OH12-13/14 Southside       | 06/30/03 | 06/30/05 |  |  |
| OH12-20 50 Scattered Sites | 06/30/03 | 06/30/05 |  |  |
| OH12-21 25 Scattered Sites | 06/30/03 | 06/30/05 |  |  |
| PHA Wide                   | 06/30/03 | 06/30/05 |  |  |

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### **Annual Statement/Performance and Evaluation Report** Capital Fund Program and Capital Fund Program Replacement Housing Factor (CGP/CFPRHF) Part 1: Summary PHA Name: Grant Type and Number Federal FY of Grant: LORAIN METROPOLITAN HOUSING AUTHORITY Capital Fund Program Grant No: 2001 Replacement Housing Factor Grant No: OH12R01250101 ?Original Annual Statement ? Reserve for Disasters/Emergencies ? Revised Annual Statement (revision no: ) ?Performance and Evaluation Report for Period Ending: 12/31/02 ? Final Performance and Evaluation Report Summary by Development Account Total Estimated Cost Total Actual Cost Li n No. Obligated Expended 0ri gi nal Revi sed Total non-CFP Funds 1406 Operations 2 1408 Management Improvements Soft Costs Management Improvements Hard Costs 1410 Administration 1411 Audi t 1415 Liquidated Damages 1430 Fees and Costs 1440 Site Acquisition 1450 Site Improvement 1460 Dwelling Structures 10 11 1465. 1 Dwelling Equipment-Nonexpendable 12 1470 Nondwelling Structures 13 1475 Nondwelling Equipment 14 1485 Demolition 15 1490 Replacement Reserve 16 1492 Moving to Work Demonstration 1495. 1 Relocation Costs 17

|                  | tal Fund Program and Capital Fund Pr  | <u>.</u>  |                             | 701111111111111111111111111111111111111 | <u>-</u>      |
|------------------|---|---|-----------------------------|---|---------------|
|                  | Name:<br>AIN METROPOLITAN HOUSING AUTHORITY   | Grant Type and Number<br>Capital Fund Program Gra<br>Replacement Housing Fact | Federal FY of Grant<br>2001 |   |               |
|                  | ginal Annual Statement ? Reserve for Disaste<br>Cormance and Evaluation Report for Period End |   |                             |   |               |
| Li n<br>e<br>No. | Summary by Development Account  | Total Estin   | mated Cost                  | Tota                                    | l Actual Cost |
| 18               | 1499 Development Activities   | 38, 517. 00   | - 0-                        | - 0-                                    | - 0-          |
| 19               | 1502 Contingency  |   |                             |   |               |
|                  |   |   |                             |   |               |
|                  | Amount of Annual Grant: (sum of lines)  | 38, 517. 00   | - 0-                        | - 0-                                    | - 0-          |
|                  | Amount of line XX Related to LBP Activities   |   |                             |   |               |
|                  | Amount of line XX Related to Sec. 504 compliance  |   |                             |   |               |
|                  | Amount of line XX Related to Security-<br>Soft Costs  |   |                             |   |               |
|                  | Amount of line XX Related to Security-<br>Hard Costs  |   |                             |   |               |
|                  | Amount of line XX Related to Energy Conservation Measures                                     |   |                             |   |               |
|                  | Collateralization Expenses or Debt<br>Service   |   |                             |   |               |
|                  |   |   |                             |   |               |

|               | ial Statement/Performance and Evalua<br>al Fund Program and Capital Fund Pro                   | •            | Housing Factor (CGF  | P/CFPRHF) Part 1: Sumr | mary         |  |  |  |  |  |
|---------------|--|--------------|--|------------------------|--------------|--|--|--|--|--|
| PHA N<br>LORA | lame:<br>IN METROPOLITAN HOUSING AUTHORITY   |              | Grant Type and Number<br>Capital Fund Program Grant No: <b>OH12P01250102</b><br>Replacement Housing Factor Grant No: |                        |              |  |  |  |  |  |
|               | nal Annual Statement ? Reserve for Disasters.<br>Formance and Evaluation Report for Period End |              |  |                        |              |  |  |  |  |  |
| Li ne<br>No.  | Summary by Development Account   | Total Est    | imated Cost  | Total Ad               | ctual Cost   |  |  |  |  |  |
|               |  | 0ri gi nal   | Revi sed   | 0bl i gated            | Expended     |  |  |  |  |  |
| 1             | Total non-CFP Funds  |              |  |                        |              |  |  |  |  |  |
| 2             | 1406 Operations  |              |  |                        |              |  |  |  |  |  |
| 3             | 1408 Management Improvements Soft<br>Costs   | 475, 267. 00 |  | 35, 559. 00            | - 0-         |  |  |  |  |  |
|               | Management Improvements Hard<br>Costs  | 35, 000. 00  |  |                        | - 0-         |  |  |  |  |  |
| 4             | 1410 Administration  | 298, 760. 00 |  | 298, 760. 00           | - 0-         |  |  |  |  |  |
| 5             | 1411 Audi t  |              |  |                        |              |  |  |  |  |  |
| 6             | 1415 Liquidated Damages  |              |  |                        |              |  |  |  |  |  |
| 7             | 1430 Fees and Costs  | 124, 000. 00 |  | 35, 489. 00            | 26, 194. 00  |  |  |  |  |  |
| 8             | 1440 Site Acquisition  |              |  |                        |              |  |  |  |  |  |
| 9             | 1450 Site Improvement  | 50, 000. 00  |  | 145, 075. 00           | 115, 982. 00 |  |  |  |  |  |

#### **Annual Statement/Performance and Evaluation Report** Capital Fund Program and Capital Fund Program Replacement Housing Factor (CGP/CFPRHF) Part 1: Summary PHA Name: Grant Type and Number Federal FY of Grant: 2002 LORAIN METROPOLITAN HOUSING AUTHORITY Capital Fund Program Grant No: OH12P01250102 Replacement Housing Factor Grant No: ? Original Annual Statement ? Reserve for Disasters/Emergencies ? Revised Annual Statement (revision no: \_\_\_) ? Performance and Evaluation Report for Period Ending: 12/31/02 ? Final Performance and Evaluation Report Summary by Development Account Total Estimated Cost Total Actual Cost Li ne No. 10 1460 Dwelling Structures 1, 955, 151. 00 357, 826.00 18, 200. 00 11 1465.1 Dwelling Equipment-Nonexpendabl e 12 1470 Nondwelling Structures 1475 Nondwelling Equipment 13 1485 Demolition 14 1490 Replacement Reserve 15 16 1492 Moving to Work Demonstration 1495.1 Relocation Costs 17 1499 Development Activities 18 19 1502 Contingency 49, 425. 00 Revi sed Obligated Expended 0ri gi nal Amount of Annual Grant: (sum of 2,987,603.00 872,709.00 160,376.00 lines...) Amount of line XX Related to LBP Activities Amount of line XX Related to Sec. 504 compliance Amount of line XX Related to Security-Soft Costs Amount of line XX Related to Security-Hard Costs

|                | al Statement/Performance and Evalua<br>al Fund Program and Capital Fund Pro                   | •   | ousing Factor (CGP/    | CFPRHF) Part 1: Sumn     | nary                      |
|----------------|---|---|------------------------|--------------------------|---------------------------|
| PHA N<br>LORAI | ame:<br>N METROPOLITAN HOUSING AUTHORITY  | Grant Type and Number<br>Capital Fund Program Gra<br>Replacement Housing Fact |                        |                          | Federal FY of Grant: 2002 |
|                | nal Annual Statement ? Reserve for Disasters.<br>Ormance and Evaluation Report for Period End |   |                        |                          |                           |
| Li ne<br>No.   | Summary by Development Account  | Total Estin   | nted Cost              | Total Ad                 | ctual Cost                |
|                | Amount of line XX Related to Energy Conservation  Measures                                    |   |                        |                          |                           |
|                | Collateralization Expenses or Debt<br>Service   |   |                        |                          |                           |
|                |   |   |                        |                          |                           |
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| SI GNAT        | URE OF EXECUTIVE DIRECTOR AND DATE  |   | SIGNATURE OF PUBLIC HO | OUSING DIRECTOR AND DATE |                           |

|  | Dov   |   |  | No:   | Federal FY of Grant: 2002  |   |   |
|--|---|---|--|---|--|---|---|
| General Description of Major<br>Work Categories  | Dev.<br>Acct  | Quantity  | Total Estimated Cost   |   | Total Actual Cost  |   | Status of<br>Work   |
| -  | No.   |   | 0ri gi nal   | Revi sed  | 0ri gi nal<br>(0bl i gat ed)   | Revi sed<br>(Expended)                            |   |
| Replace Furnaces   | 1460  | 200<br>uni ts   | 259, 461. 00   |   | - 0-   | - 0-  | Bi ddi ng<br>Stage  |
| Replace Furnaces   | 1460  | 150<br>uni ts   | 158, 400. 00   |   | - 0-   | - 0-  | Bi ddi ng<br>Stage  |
| Replace Furnaces<br>Upgrade Bathtubs   | 1460<br>1460  | 186<br>uni ts   | 218, 400. 00<br>135, 483. 00   |   | - 0-   | - 0-  |   |
| Repair Parking lot Highrise Replace Closet Doors   | 1450<br>1460  | 51<br>Hirise<br>54<br>Family  | 30, 000. 00<br>25, 000. 00   |   | 131, 000. 00   | 103, 314. 00                                      | In progress   |
| Seal Parking areas  Replace flooring Hirise & cott.  Replace Exterior Doors cot.  Replace Closet Doors & Construct Windbreak | 1450<br>1460<br>1460<br>1460  | 32<br>Cottages<br>145<br>Hi ri se   | 6, 000. 00<br>400, 000. 00<br>- 0-<br>25, 000. 00<br>51, 000. 00   |   | 2, 470. 00<br>- 0-<br>42, 267. 00<br>155, 000. 00  | 2, 470. 00<br>- 0-<br>- 0-<br>- 0-<br>18, 200. 00 | In progress In progress Complete  |
| R<br>R<br>R<br>C<br>R  | epair Parking lot Highrise eplace Closet Doors  eal Parking areas eplace flooring Hirise & ott.  eplace Exterior Doors cot. eplace Closet Doors & | epair Parking lot Highrise  eplace Closet Doors  1460  eal Parking areas  eplace flooring Hirise &  ott.  1460  1460  1460  1460  eplace Exterior Doors cot.  eplace Closet Doors &  onstruct Windbreak | epair Parking lot Highrise  eplace Closet Doors  1460  1460  54 Family  eal Parking areas  eplace flooring Hirise & ott.  1460  eplace Exterior Doors cot.  1460  eplace Closet Doors & onstruct Windbreak | epair Parking lot Highrise 1450 51 30,000.00 Hirise eplace Closet Doors 1460 54 25,000.00 eal Parking areas 1450 32 6,000.00 eplace flooring Hirise & 1460 145 400,000.00 eplace Exterior Doors cot. 1460 25,000.00 eplace Closet Doors & 25,000.00 51,000.00 | epair Parking lot Highrise  eplace Closet Doors  1460  Eplace Closet Doors  1460  Eplace Closet Doors  1460  Eplace Flooring Hirise & 1460  Ott.  1460  Eplace Exterior Doors cot.  1460  Eplace Closet Doors & 1460  Eplace Close | epair Parking lot Highrise                        | epair Parking lot Highrise 1450 51 30,000.00 131,000.00 103,314.00 Hirise eplace Closet Doors 1460 54 25,000.00 -00000000 |

| PHA Name:<br>LORAIN METRO           | PPOLITAN HOUSING AUTHORITY                      | Grant Type and Number<br>Capital Fund Program Grant No: <b>OH12P01250102</b><br>Replacement Housing Factor Grant No: |               |                            |          | Federal FY of Grant: 2002   |                        |                   |
|-------------------------------------|---|--|---------------|----------------------------|----------|-----------------------------|------------------------|-------------------|
| Development Number                  | General Description of Major<br>Work Categories | Dev.<br>Acct   | Quantity      | Total Estimated Cost       |          | Total Actual Cost           |                        | Status of<br>Work |
| Name/HA-Wide<br>Activities          |   | No.  |               | 0ri gi nal                 | Revi sed | 0ri gi nal<br>(0bl i gated) | Revi sed<br>(Expended) |                   |
| OH12-6<br>Ri vervi ew<br>Pl aza     | Replace Flooring  Seal Asphalt                  | 1460<br>1450   | 181<br>uni ts | 382, 407. 00<br>8, 000. 00 |          | - 0-<br>7, 825. 00          | - 0-<br>7, 825. 00     | Complete          |
| 0H12-10<br>Lakevi ew<br>Pl aza      | Seal Parking Lot                                | 1450   | 203<br>Units  | 6, 000. 00                 |          | 3, 780. 00                  | 2, 373. 00             | Complete          |
| OH12-11<br>Al bri ght<br>Terrace    | No Work   |  |               |                            |          |                             |                        |                   |
| OH12-12<br>Westgate<br>Apartments   | No Work   |  |               |                            |          |                             |                        |                   |
| OH12-13/14<br>Southsi de<br>Gardens | Replace Entrance Doors & Locks                  | 1460   | 114<br>units  | 300, 000. 00               |          | 142, 359. 00                | - 0-                   | In progress       |
| OH12-20<br>50 Scattered<br>Sites    | No Work   |  |               |                            |          |                             |                        |                   |

| PHA Name:<br>LORAIN METRO        | PHA Name: LORAIN METROPOLITAN HOUSING AUTHORITY |              |          | umber<br>gram Grant No: <b>O</b><br>ing Factor Grant |          | Federal FY of Grant: 2002 |                        |                   |
|----------------------------------|---|--------------|----------|--|----------|---------------------------|------------------------|-------------------|
| Development<br>Number            | General Description of Major<br>Work Categories | Dev.<br>Acct | Quantity | Total Estimated Cost                                 |          | Total Actual Cost         |                        | Status of<br>Work |
| Name/HA-Wide<br>Activities       | ame/HA-Wide                                     |              |          | 0ri gi nal   | Revi sed | Ori gi nal<br>(Obligated) | Revi sed<br>(Expended) |                   |
| OH12-21<br>25 Scattered<br>Sites | No Work   |              |          |  |          |                           |                        |                   |
| PHA Wide                         | No Work   |              |          |  |          |                           |                        |                   |

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| PHA Name:<br>LORAIN ME             | TROPOLITAN HOUSING AUTHORITY                                 | Capita<br>No: <b>OH</b> | Type and Nu<br>ol Fund Prog<br>12P0125010<br>Dement Housi | gram Grant    | t No:                | Federal FY of G             | Federal FY of Grant: 2002 |  |  |
|------------------------------------|--|-------------------------|---|---------------|----------------------|-----------------------------|---------------------------|--|--|
| Developme<br>nt<br>Number          | General Description of Major<br>Work Categories              | Dev.<br>Acct            | Quantity  | Total Estimat | Total Estimated Cost |                             | Total Actual Cost         |  |  |
| Name/HA-<br>Wide<br>Activitie<br>s |  | No.                     |   | Ori gi nal    | Revi sed             | Ori gi nal<br>(Obl i gated) | Revi sed<br>(Expended)    |  |  |
| PHA Wide                           | Lorain Police Program  | 1408                    | PHA<br>Lorain<br>Sites                                    | 219, 854. 00  |                      | - 0-                        | - 0-                      |  |  |
|                                    | Elyria Police Program  | 1408                    | PHA<br>Elyria<br>Sites                                    | 219, 854. 00  |                      | - 0-                        | - 0-                      |  |  |
|                                    | Resident Initiatives  Salary - 25,792.00  Benefits- 9,767.00 | 1408                    | PHA Wide  | 35, 559. 00   |                      | 35, 559. 00                 | - 0-                      |  |  |
|                                    | Computer System Upgrade                                      | 1408                    | PHA Wide  | 35, 000. 00   |                      | - 0-                        | - 0-                      |  |  |
|                                    | Total  |                         |   | 510, 267. 00  |                      |                             |                           |  |  |
|                                    |  |                         |   |               |                      |                             |                           |  |  |
|                                    |  |                         |   |               |                      |                             |                           |  |  |
|                                    |  |                         |   |               |                      |                             |                           |  |  |

| Capital Fund F                                   | Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages |     |  |                   |          |                             |                        |  |  |  |  |  |
|--|--|-----|--|-------------------|----------|-----------------------------|------------------------|--|--|--|--|--|
| PHA Name:  LORAIN METROPOLITAN HOUSING AUTHORITY |  |     | Type and Nu<br>l Fund Prog<br><b>12P0125010</b><br>ement Housi | ram Grant         | No:      | Federal FY of Grant: 2002   |                        |  |  |  |  |  |
| Developme<br>nt<br>Number                        | General Description of Major Work Categories  Dev. Quantity Acct .   Quantity Total Estimated Cost   |     | ed Cost  | Total Actual Cost | t        | Status of<br>Work           |                        |  |  |  |  |  |
| Name/HA-<br>Wide<br>Activitie                    |  | No. |  | 0ri gi nal        | Revi sed | Ori gi nal<br>(Obl i gated) | Revi sed<br>(Expended) |  |  |  |  |  |
|  |  |     |  |                   |          |                             |                        |  |  |  |  |  |

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| PHA Name:<br>LORAIN ME         | TROPOLITAN HOUSING AUTHORITY                    | Grant Type and Number Capital Fund Program Grant No: OH12P01250102 Replacement Housing Factor Grant No: |              |                |              | Federal FY of Grant: 2002    |                        |                   |
|--------------------------------|---|---|--------------|----------------|--------------|------------------------------|------------------------|-------------------|
| Developme<br>nt<br>Number      | General Description of Major<br>Work Categories | Dev.<br>Acct  | Quantit<br>y | Total Estimate | d Cost       | Total Actual Cos             | st                     | Status of<br>Work |
| Name/HA-<br>Wi de<br>Activitie |   | No.   |              | Ori gi nal     | Revi sed     | Ori gi nal<br>(Obl i gat ed) | Revi sed<br>(Expended) |                   |
| PHA Wide<br>Administation      | Compliance Manager                              | 1410  | PHA<br>Wi de | 48, 486. 00    | 46, 277. 00  | 46, 277. 00                  | - 0-                   | Continuing        |
|                                | Construction Manager                            | 1410  |              | 60, 178. 00    | 57, 436. 00  | 57, 436. 00                  | - 0-                   |                   |
|                                | Cl eri cal                                      | 1410  |              | 26, 757. 00    | 25, 538. 00  | 25, 538. 00                  | - 0-                   |                   |
|                                | Di rector                                       | 1410  |              | 43, 164. 00    | 41, 197. 00  | 41, 197. 00                  | - 0-                   |                   |
|                                | Assistant Director                              | 1410  |              | 6, 894. 00     | 6, 580. 00   | 6, 580. 00                   | - 0-                   |                   |
|                                | Finance Director                                | 1410  |              | 11, 970. 00    | 11, 425. 00  | 11, 425. 00                  | - 0-                   |                   |
|                                | Fiscal Accountant                               | 1410  |              | 37, 581. 00    | 35, 868. 00  | 35, 868. 00                  | - 0-                   |                   |
|                                | Benefits  | 1410  |              | 77, 994. 00    | 74, 439. 00  | 74, 439. 00                  | - 0-                   |                   |
|                                | Total   |   |              | 313, 024. 00   | 298, 760. 00 | 298, 760. 00                 | - 0-                   |                   |
|                                |   |   |              |                |              |                              |                        |                   |

| Capital Fund F                                   | Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages |   |              |   |  |                           |                           |                   |  |  |  |  |
|--|--|---|--------------|---|--|---------------------------|---------------------------|-------------------|--|--|--|--|
| PHA Name:  LORAIN METROPOLITAN HOUSING AUTHORITY |  | Grant Type and Number Capital Fund Program Grant No: OH12P01250102 Replacement Housing Factor Grant No: |              |   |  | Federal FY of Grant: 2002 |                           |                   |  |  |  |  |
| Developme<br>nt<br>Number                        | nt Work Categories   |   | Quantit<br>y | Total Estimated Cost                        |  | Total Actual Cost         |                           | Status of<br>Work |  |  |  |  |
| Name/HA-<br>Wide<br>Activitie                    |  | No.   |              | Ori gi nal Revi sed                         |  | Original<br>(Obligated)   | Revi sed<br>(Expended)    |                   |  |  |  |  |
|  | Architect/Consultant Bid Documents/Ads   | 1430.1<br>1430  | PHA<br>Wi de | 100, 000. 00<br>24, 000. 00<br>124, 000. 00 |  | 33, 990. 00<br>1, 499. 00 | 24, 695. 00<br>1, 499. 00 | In progress       |  |  |  |  |

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| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages |                             |         |   |          |  |                           |                                 |  |  |  |  |
|---|-----------------------------|---------|---|----------|--|---------------------------|---------------------------------|--|--|--|--|
| PHA Name:<br>LORAIN METROPOLITAN  | HOUSING AUTHOR              | ITY C   | Grant Type and Number<br>Capital Fund Program Grant No: OH12P01250102<br>Replacement Housing Factor Grant No: |          |  | Federal FY of Grant: 2002 |                                 |  |  |  |  |
| Development Number<br>Name/HA-Wide<br>Activities  | Name/HA-Wide (Quarter Endir |         |   |          | All Funds Expended (Quarter Ending Date) |                           | Reasons for Revised Target Date |  |  |  |  |
|   | Original                    | Revised | Actual  | Original | Revised                                  | Actual                    |                                 |  |  |  |  |
| OH12-1 Leavitt Homes  | 06/30/04                    |         |   | 06/30/06 |  |                           |                                 |  |  |  |  |

| OH12-2 Westview Terrace    | 06/30/04 | 06/30/06 |  |  |
|----------------------------|----------|----------|--|--|
| OH12-3 Wilkes Villa        | 06/30/04 | 06/30/06 |  |  |
| OH12-4 JF Oberlin Homes    | 06/30/04 | 06/30/06 |  |  |
| OH12-5 Kennedy Plaza       | 06/30/04 | 06/30/06 |  |  |
| OH12-6 Riverview Plaza     | 06/30/04 | 06/30/06 |  |  |
| OH12-10 Lakeview Plaza     | 06/30/04 | 06/30/06 |  |  |
| OH12-11 Albright Terrace   | 06/30/04 | 06/30/06 |  |  |
| OH12-12 Westgate Apts.     | 06/30/04 | 06/30/06 |  |  |
| OH12-13/14 Southside       | 06/30/04 | 06/30/06 |  |  |
| OH12-20 50 Scattered Sites | 06/30/04 | 06/30/06 |  |  |
| OH12-21 25 Scattered Sites | 06/30/04 | 06/30/06 |  |  |
| PHA Wide                   | 06/30/04 | 06/30/06 |  |  |

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### **Annual Statement/Performance and Evaluation Report** Capital Fund Program and Capital Fund Program Replacement Housing Factor (CGP/CFPRHF) Part 1: Summary PHA Name: Grant Type and Number Federal FY of Grant: LORAIN METROPOLITAN HOUSING AUTHORITY Capital Fund Program Grant No: 2002 Replacement Housing Factor Grant No: OH12R01250102 ?Original Annual Statement ? Reserve for Disasters/Emergencies ? Revised Annual Statement (revision no: ) ?Performance and Evaluation Report for Period Ending: 12/31/02 ? Final Performance and Evaluation Report Summary by Development Account Total Estimated Cost Total Actual Cost Li n No. Obligated Expended 0ri gi nal Revi sed Total non-CFP Funds 1406 Operations 2 1408 Management Improvements Soft Costs Management Improvements Hard Costs 1410 Administration 1411 Audi t 1415 Liquidated Damages 1430 Fees and Costs 1440 Site Acquisition 1450 Site Improvement 1460 Dwelling Structures 10 11 1465. 1 Dwelling Equipment-Nonexpendable 12 1470 Nondwelling Structures 13 1475 Nondwelling Equipment 14 1485 Demolition 15 1490 Replacement Reserve 16 1492 Moving to Work Demonstration 1495. 1 Relocation Costs 17

|                  | Annual Statement/Performance and Evaluation Report<br>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CGP/CFPRHF) Part 1: Summary |  |             |                              |            |  |  |  |  |  |
|------------------|---|--|-------------|------------------------------|------------|--|--|--|--|--|
|                  | Name:<br>AIN METROPOLITAN HOUSING AUTHORITY   | Grant Type and Number<br>Capital Fund Program G<br>Replacement Housing Fac | 102         | Federal FY of Grant:<br>2002 |            |  |  |  |  |  |
|                  | ginal Annual Statement ? Reserve for Disaster<br>Cormance and Evaluation Report for Period End  |  |             |                              |            |  |  |  |  |  |
| Li n<br>e<br>No. | Summary by Development Account  | Total Est  | imated Cost | Total A                      | ctual Cost |  |  |  |  |  |
| 18               | 1499 Development Activities   | 36, 689. 00  | - 0-        | - 0-                         | - 0-       |  |  |  |  |  |
| 19               | 1502 Contingency  |  |             |                              |            |  |  |  |  |  |
|                  |   |  |             |                              |            |  |  |  |  |  |
|                  | Amount of Annual Grant: (sum of lines)  | 36, 689. 00  | - 0-        | - 0-                         | - 0-       |  |  |  |  |  |
|                  | Amount of line XX Related to LBP Activities   |  |             |                              |            |  |  |  |  |  |
|                  | Amount of line XX Related to Sec. 504 compliance  |  |             |                              |            |  |  |  |  |  |
|                  | Amount of line XX Related to Security-<br>Soft Costs  |  |             |                              |            |  |  |  |  |  |
|                  | Amount of line XX Related to Security-<br>Hard Costs  |  |             |                              |            |  |  |  |  |  |
|                  | Amount of line XX Related to Energy Conservation Measures   |  |             |                              |            |  |  |  |  |  |
|                  | Collateralization Expenses or Debt<br>Service   |  |             |                              |            |  |  |  |  |  |
|                  |   |  |             |                              |            |  |  |  |  |  |
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| EXECUTI VE | DI RECTOR: |       |   |        |
|------------|------------|-------|---|--------|
|            |            | HOMED | ٨ | VIDDEN |

| Replacement Housing Factor Grant No: |
|--------------------------------------|
| Replacement Housing Factor Grant No: |

? Original Annual Statement ? Reserve for Disasters/Emergencies ? Revised Annual Statement (revision no: \_\_\_)
? Performance and Evaluation Report for Period Ending: \_\_\_ ? Final Performance and Evaluation Report

| Li ne<br>No. | Summary by Development Account          | Total Estin     | mated Cost | Total Actual Cost |          |  |
|--------------|---|-----------------|------------|-------------------|----------|--|
|              |   | 0ri gi nal      | Revi sed   | Obl i gated       | Expended |  |
| 1            | Total non-CFP Funds                     | - 0-            |            |                   |          |  |
| 2            | 1406 Operations                         | - 0-            |            |                   |          |  |
| 3            | 1408 Management Improvements Soft Costs | 480, 267. 00    |            |                   |          |  |
|              | Management Improvements Hard Costs      | 35, 000. 00     |            |                   |          |  |
| 4            | 1410 Administration                     | 298, 760. 00    |            |                   |          |  |
| 5            | 1411 Audit                              | - 0-            |            |                   |          |  |
| 6            | 1415 Liquidated Damages                 | - 0-            |            |                   |          |  |
| 7            | 1430 Fees and Costs                     | 124, 000. 00    |            |                   |          |  |
| 8            | 1440 Site Acquisition                   | - 0-            |            |                   |          |  |
| 9            | 1450 Site Improvement                   | - 0-            |            |                   |          |  |
| 10           | 1460 Dwelling Structures                | 1, 915, 101. 00 |            |                   |          |  |
| 11           | 1465.1 Dwelling Equipment-Nonexpendable | 134, 475. 00    |            |                   |          |  |
| 12           | 1470 Nondwelling Structures             | - 0-            |            |                   |          |  |
| 13           | 1475 Nondwelling Equipment              | - 0-            |            |                   |          |  |
| 14           | 1485 Demolition                         | - 0-            |            |                   |          |  |
| 15           | 1490 Replacement Reserve                | - 0-            |            |                   |          |  |
| 16           | 1492 Moving to Work Demonstration       | - 0-            |            |                   |          |  |
| 17           | 1495.1 Relocation Costs                 | - 0-            |            |                   |          |  |
| 18           | 1499 Development Activities             | - 0-            |            |                   |          |  |

|  | Annual Statement/Performance and Evaluation Report<br>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CGP/CFPRHF) Part 1: Summary |   |  |   |                           |  |  |  |  |  |
|--|---|---|--|---|---------------------------|--|--|--|--|--|
| PHA Name: LORAIN METROPOLITAN HOUSING AUTHORITY Grant Type and Capital Fund P Replacement Ho |   |   | rant No: <b>OH12PO1250</b><br>ctor Grant No: | 103   | Federal FY of Grant: 2003 |  |  |  |  |  |
| ?Orig?Perf   | inal Annual Statement ? Reserve for Disaster<br>Formance and Evaluation Report for Period End   | rs/Emergencies ? Revised<br>ling: ? Final Perfo | Annual Statement (rermance and Evaluation    | vision no:)<br>Report                         |                           |  |  |  |  |  |
| Li ne<br>No.   | Summary by Development Account  | Total Est                                       | imated Cost                                  |   | Total Actual Cost         |  |  |  |  |  |
| 19   | 1502 Contingency  | - 0-  |  |   |                           |  |  |  |  |  |
|  | Amount of Annual Grant: (sum of lines)  | 2,987,603.00                                    |  |   |                           |  |  |  |  |  |
|  | Amount of line XX Related to LBP<br>Activities  |   |  |   |                           |  |  |  |  |  |
|  | Amount of line XX Related to Sec. 504 compliance  |   |  |   |                           |  |  |  |  |  |
|  | Amount of line XX Related to Security-<br>Soft Costs  |   |  |   |                           |  |  |  |  |  |
|  | Amount of line XX Related to Security-<br>Hard Costs  |   |  |   |                           |  |  |  |  |  |
|  | Amount of line XX Related to Energy Conservation Measures   |   |  |   |                           |  |  |  |  |  |
|  | Collateralization Expenses or Debt<br>Service   |   |  |   |                           |  |  |  |  |  |
|  |   |   |  |   |                           |  |  |  |  |  |
| X:\Administ  | rative\bhoover\WPDATA\WPDOCS\plan2004\version1\oh012a01 Capital Fund Ar   | nnual Statement 2003.wpd                        |  |   |                           |  |  |  |  |  |
| SIGNATU  | IRE OF EXECUTIVE DIRECTOR AND DATE  |   | SIGNATURE OF PUBLIC HOU                      | SIGNATURE OF PUBLIC HOUSING DIRECTOR AND DATE |                           |  |  |  |  |  |

| Tart in Supporting Lages                         |   |                      |                        |   |         |                           |         |                |
|--|---|----------------------|------------------------|---|---------|---------------------------|---------|----------------|
| PHA Name:  LORAIN METROPOLITAN HOUSING AUTHORITY |   | Capital Fu           |                        | nt No: OH12PO1250<br>g Factor Grant No: | 103     | Federal FY of Grant: 2003 |         |                |
| Developmen<br>t<br>Number                        | General Description of Major Work<br>Categories | Dev.<br>Acct.<br>No. | Quantity               | Total Estimated Cost                    |         | Total Actual Cost         |         | Status of Work |
| Name/HA-<br>Wide<br>Activities                   |   |                      |                        | Original                                | Revised | Original                  | Revised |                |
| OH12-1<br>Leavitt<br>Homes                       | No Work   |                      | 200 Units              |   |         |                           |         |                |
| OH12-2<br>Westview<br>Terrace                    | Interior Renovations                            | 1460                 | 150 Units              | 375,100.00                              |         |                           |         |                |
| OH12-3<br>Wilkes<br>Villa                        | Exterior Repair/Utility Cages                   | 1460                 | 182 Units              | 325,000.00                              |         |                           |         |                |
| OH12-4<br>John<br>Frederick<br>Oberlin<br>Homes  | Pagoda Roofs                                    | 1460                 | 51 Hirise<br>54 Family | 225,000.00                              |         |                           |         |                |

| PHA Name:  LORAIN METROPOLITAN HOUSING AUTHORITY |   | Capital Fu           |                              | nt No: OH12PO1250<br>g Factor Grant No: | 103                  | Federal FY of Grant: 2003 |                   |  |
|--|---|----------------------|------------------------------|---|----------------------|---------------------------|-------------------|--|
| Developmen<br>t<br>Number                        |   | Dev.<br>Acct.<br>No. | Quantity                     | Total Estimated Co                      | Total Estimated Cost |                           | Total Actual Cost |  |
| Name/HA-<br>Wide<br>Activities                   |   |                      |                              | Original                                | Revised              | Original                  | Revised           |  |
| OH12-5<br>Kennedy<br>Plaza                       | Kitchen/Bath Plumbing Phase II  Replace Electric Ranges-Highrise & Cott | 1460<br>1465.1       | 145 Hirise<br>32<br>Cottages | 100,000.00<br>57,525.00                 |                      |                           |                   |  |
| OH12-6<br>Riverview<br>Plaza                     | No Work   |                      |                              |   |                      |                           |                   |  |
| OH12-10<br>Lakeview<br>Plaza                     | Replace Electric Ranges Kitchen & Plumbing Upgrade                      | 1465.1<br>1460       | 203 Units                    | 68,250.00<br>470,000.00                 |                      |                           |                   |  |
| OH12-11<br>Albright<br>Terrace                   | No Work   |                      |                              |   |                      |                           |                   |  |
| OH12-12<br>Westgate<br>Apartments                | Replace Stoves & Refrigerators  | 1465.1               | 12 Units                     | 8,700.00                                |                      |                           |                   |  |
| OH12-13/14<br>Southside<br>Gardens               | Flooring & Kitchen Upgrade  | 1460                 | 114 Units                    | 412,000.00                              |                      |                           |                   |  |

| PHA Name:  LORAIN METROPOLITAN HOUSING AUTHORITY |   | Capital Fu           |           | int No: OH12PO1250<br>g Factor Grant No: | 103     | Federal FY of Grant: 2003 |         |                |
|--|---|----------------------|-----------|--|---------|---------------------------|---------|----------------|
| Developmen<br>t<br>Number                        | General Description of Major Work<br>Categories | Dev.<br>Acct.<br>No. | Quantity  | Total Estimated Cost                     |         | Total Actual Cost         |         | Status of Work |
| Name/HA-<br>Wide<br>Activities                   |   |                      |           | Original                                 | Revised | Original                  | Revised |                |
| OH12-20<br>50 Scattered<br>Sites                 | Install CO Detectors                            | 1460                 | 50 Units  | 5,335.00                                 |         |                           |         |                |
| OH12-21<br>25 Scattered<br>Sites                 | Install CO Detectors                            | 1460                 | 25 Units  | 2,666.00                                 |         |                           |         |                |
| PHA Wide   | No work   |                      | 1Building |  |         |                           |         |                |

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| PHA Name:<br>LORAIN ME         | PHA Name:  LORAIN METROPOLITAN HOUSING AUTHORITY        |      | Grant Type and Number Capital Fund Program Grant No: OH12PO1250103 Replacement Housing Factor Grant No: |                      |         |                 | Federal FY of Grant: 2003 |  |  |
|--------------------------------|---|------|---|----------------------|---------|-----------------|---------------------------|--|--|
| Developmen<br>t<br>Number      | Categories  |      | Quantity  | Total Estimated Cost |         | Total Actual Co | Total Actual Cost         |  |  |
| Name/HA-<br>Wide<br>Activities |   |      |   | Original             | Revised | Original        | Revised                   |  |  |
| PHA Wide                       | Lorain Police Program                                   | 1408 |   | 219,854.00           |         |                 |                           |  |  |
|                                | Elyria Police Program                                   | 1408 |   | 219,854.00           |         |                 |                           |  |  |
|                                | Resident Initiatives Salary 25,792.00 Benefits 9,767.00 | 1408 |   | 35,559.00            |         |                 |                           |  |  |
|                                | Assisted Living   | 1408 |   | 5,000.00             |         |                 |                           |  |  |
|                                | Computer System Upgrade                                 | 1408 |   | 35,000.00            |         |                 |                           |  |  |
|                                |   |      |   | 515,267.00           |         |                 |                           |  |  |
|                                | WDDATAWWDDOCShales 2004 Junesiand Jabot 2004 Con-       |      |   |                      |         |                 |                           |  |  |

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| PHA Name:  LORAIN METROPOLITAN HOUSING AUTHORITY  |                          | Grant Type and Number<br>Capital Fund Program Grant No: OH12PO1250103<br>Replacement Housing Factor Grant No: |                        |            |         | Federal FY of Grant: 2003 |         |  |
|---|--------------------------|---|------------------------|------------|---------|---------------------------|---------|--|
| Developmen General Description of Major Work Dev. Quantity t Categories Acct. Number Total Estimate |                          | Total Estimated Co  | Cost Total Actual Cost |            |         | Status of Work            |         |  |
| Name/HA-<br>Wide<br>Activities  |                          |   |                        | Original   | Revised | Original                  | Revised |  |
| PHA Wide  | Compliance Manager       | 1410  |                        | 46,277.00  |         |                           |         |  |
| Administration  | Construction Manager     | 1410  |                        | 57,436.00  |         |                           |         |  |
|   | Clerical                 | 1410  |                        | 25,538.00  |         |                           |         |  |
|   | Director                 | 1410  |                        | 41,197.00  |         |                           |         |  |
|   | Assistant Director       | 1410  |                        | 6,580.00   |         |                           |         |  |
|   | Finance Director         | 1410  |                        | 11,425.00  |         |                           |         |  |
|   | Fiscal Accountant        | 1410  |                        | 35,868.00  |         |                           |         |  |
|   |                          |   |                        |            |         |                           |         |  |
|   | Benefits                 | 1410  |                        | 74,439.00  |         |                           |         |  |
|   |                          |   | TOTAL                  | 298,760.00 |         |                           |         |  |
|   |                          |   |                        |            |         |                           |         |  |
|   | Architectural/Consultant | 1430.1  |                        | 100,000.00 |         |                           |         |  |
|   | Bid Documents/Ads        | 1430  |                        | 24,000.00  |         |                           |         |  |

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|                  | ual Statement/Performance and Evalua<br>tal Fund Program and Capital Fund Pr                   |  | Housing Factor (CGP          | /CFPRHF) Part 1: Sumn | nary      |
|------------------|--|--|------------------------------|-----------------------|-----------|
|                  | Name:<br>AIN METROPOLITAN HOUSING AUTHORITY  | Grant Type and Number<br>Capital Fund Program G<br>Replacement Housing Fac | Federal FY of Grant:<br>2003 |                       |           |
|                  | ginal Annual Statement ? Reserve for Disaster<br>formance and Evaluation Report for Period End |  |                              | on no:)               |           |
| Li n<br>e<br>No. | Summary by Development Account   | Total Est  | imated Cost                  | Total Ac              | tual Cost |
|                  |  | 0ri gi nal   | Revi sed                     | 0bl i gated           | Expended  |
| 1                | Total non-CFP Funds  |  |                              |                       |           |
| 2                | 1406 Operations  |  |                              |                       |           |
| 3                | 1408 Management Improvements Soft Costs  |  |                              |                       |           |
|                  | Management Improvements Hard Costs   |  |                              |                       |           |
| 4                | 1410 Administration  |  |                              |                       |           |
| 5                | 1411 Audit   |  |                              |                       |           |
| 6                | 1415 Liquidated Damages  |  |                              |                       |           |
| 7                | 1430 Fees and Costs  |  |                              |                       |           |
| 8                | 1440 Site Acquisition  |  |                              |                       |           |
| 9                | 1450 Site Improvement  |  |                              |                       |           |
| 10               | 1460 Dwelling Structures   |  |                              |                       |           |
| 11               | 1465. 1 Dwelling Equipment-Nonexpendable   |  |                              |                       |           |

#### **Annual Statement/Performance and Evaluation Report** Capital Fund Program and Capital Fund Program Replacement Housing Factor (CGP/CFPRHF) Part 1: Summary PHA Name: Grant Type and Number Federal FY of Grant: LORAIN METROPOLITAN HOUSING AUTHORITY Capital Fund Program Grant No: 2003 Replacement Housing Factor Grant No: OH12R01250103 ?Original Annual Statement ? Reserve for Disasters/Emergencies ? Revised Annual Statement (revision no: \_\_\_) ?Performance and Evaluation Report for Period Ending: \_\_\_? Final Performance and Evaluation Report Summary by Development Account Total Estimated Cost Total Actual Cost Li n No. 12 1470 Nondwelling Structures 13 1475 Nondwelling Equipment 14 1485 Demolition 1490 Replacement Reserve 15 16 1492 Moving to Work Demonstration 1495. 1 Relocation Costs 17 18 1499 Development Activities 36, 689, 00 - 0-- 0-- 0-1502 Contingency 19 Amount of Annual Grant: (sum of 36, 689.00 - 0-- 0-- 0lines...) Amount of line XX Related to LBP Activities Amount of line XX Related to Sec. 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 Servi ce

|                  | Annual Statement/Performance and Evaluation Report<br>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CGP/CFPRHF) Part 1: Summary   |                      |   |                   |  |  |  |  |  |  |
|------------------|---|----------------------|---|-------------------|--|--|--|--|--|--|
| PHA N<br>LORA    | Name:<br>IN METROPOLITAN HOUSING AUTHORITY  |                      | ant Type and Number bital Fund Program Grant No: blacement Housing Factor Grant No: OH12R01250103  Federal FY of Grant 2003 |                   |  |  |  |  |  |  |
| -                | ?Original Annual Statement ? Reserve for Disasters/Emergencies ? Revised Annual Statement (revision no:) ?Performance and Evaluation Report for Period Ending:? Final Performance and Evaluation Report |                      |   |                   |  |  |  |  |  |  |
| Li n<br>e<br>No. | Summary by Development Account  | Total Estimated Cost |   | Total Actual Cost |  |  |  |  |  |  |
|                  |   |                      |   |                   |  |  |  |  |  |  |
| K:\Administr     | :\Administrative\bhoover\WPDATA\WPDOCS\plan2004\version1\oh012a01 Capital Fund Annual Statement 2003.wpd  |                      |   |                   |  |  |  |  |  |  |
| SI GNA           | TURE OF EXECUTIVE DIRECTOR AND DATE   |                      | SIGNATURE OF EXECUTIVE DIRECTOR AND DATE  |                   |  |  |  |  |  |  |

# Capital Fund Program Five-year Action Plan Part I: Summary

| PHA Name Lorain Metropo<br>Housing Authority | olitan              |   |   | ? Original 5-Year Plan<br>? Revision No: 3        |   |  |
|--|---------------------|---|---|---|---|--|
| Development<br>Number/Name/HA-Wide           | Year 1 2003         | Work Statement for Year 2<br>FFY Grant: 2004<br>PHA FY: | Work Statement for Year 3 FFY Grant: 2005 PHA FY: | Work Statement for Year 4 FFY Grant: 2006 PHA FY: | Work Statement for year 5<br>FFY Grant: 2007<br>PHA FY: |  |
|  | Annual<br>Statement |   |   |   |   |  |
| OH12-1 Leavitt Homes                         |                     | -0-   | 730,000.00  | 310,000.00  | 210,000.00  |  |
| OH12-2 Westview Terrace                      |                     | 382,000.00  | 115,000.00  | 180,000.00  | 495,750.00  |  |
| OH12-3 Wilkes Villa                          |                     | 470,000.00  | -0-   | 470,000.00  | 767,500.00  |  |
| OH12-4 John Frederick Oberlin Homes          |                     | 220,000.00  | 46,000.00   | 131,000.00  | 185,000.00  |  |
| OH12-5 John F. Kennedy Plaza                 |                     | -0-   | 360,000.00  | 113,000.00  | 37,000.00   |  |
| OH12-6 Riverview Plaza                       |                     | -0-   | 131,000.00  | 336,000.00  | 45,000.00   |  |
| OH12-10 Lakeview Plaza                       |                     | -0-   | 363,128.00  | 135,000.00  | 52,000.00   |  |
| OH12-11 Albright Terrace                     |                     | 100,000.00  | -0-   | 138,000.00  | 30,000.00   |  |
| OH12-12 Westgate Apartments                  |                     | -0-   | 40,000.00   | 15,000.00   | -0-   |  |
| OH12-13/13 Southside Gardens                 |                     | 345,000.00  | 450,000.00  | 340,000.00  | 125,000.00  |  |
| OH12-20 50 Scattered Sites                   |                     | -0-   | 136,022.00  | 100,000.00  | 112,500.00  |  |
| OH12-21 25 Scattered Sites                   |                     | -0-   | -0-   | -0-   | -0-   |  |
| PHA Wide                                     |                     | 375,611.00  | -0-   | -0-   | 250,000.00  |  |
|  |                     |   |   |   |   |  |
|  |                     |   |   |   |   |  |
| PHA Wide 1408                                |                     | 515,267.00  | 515,267.00  | 515,267.00  | 515,267.00  |  |
| PHA Wide 1410                                |                     | 298,760.00  | 298,760.00  | 298,760.00  | 298,760.00  |  |
| PHA Wide 1430                                |                     | 124,000.00  | 124,000.00  | 124,000.00  | 124,000.00  |  |
|  |                     |   |   |   |   |  |
| Total CFP Funds (Est.)                       |                     | 2,830,638.00  | 3,309,177.00                                      | 3,206,027.00                                      | 3,247,777.00  |  |

| Total Replacement | 36,689.00 | 36,689.00 | 36,689.00 | 36,689.00 |
|-------------------|-----------|-----------|-----------|-----------|
| Housing Factor    |           |           |           |           |
| Funds             |           |           |           |           |

| Part II: Supporting Pages Activities for Year 1 2003 | Activities for Year: <u>20</u> 0<br>FFY Grant:<br>PHA FY: 2003  | 04                           |                       | Activities for Year: 2004<br>FFY Grant:<br>PHA FY: 2003         |           |                   |
|--|---|------------------------------|-----------------------|---|-----------|-------------------|
| Annual Statement                                     | Development Name/Number<br>Description of Major Work Categories | Quantity                     | Estimated<br>Cost     | Development Name/Number<br>Description of Major Work Categories | Quantity  | Estimated<br>Cost |
|  | OH12-1 LEAVITT HOMES  | 200 UNITS                    |                       | OH12-11 ALBRIGHT TERRACE  | 50 UNITS  |                   |
|  | No Work   |                              |                       | Kitchen Upgrade   |           | 100,000.00        |
|  |   |                              |                       |   |           |                   |
|  | OH12-2 WESTVIEW TERRACE   | 150 UNITS                    |                       | OH12-12 WESTGATE APARTMENTS                                     | 12 UNITS  |                   |
|  | Window Replacement  |                              | 382,000.00            | No Work   |           |                   |
|  |   |                              |                       |   |           |                   |
|  | OH12-3 WILKES VILLA   | 186 UNITS                    |                       | OH12-13/14 SOUTHSIDE GARDENS                                    | 114 UNITS |                   |
|  | Bathroom Tubs/Surrounds   |                              | 470,000.00            | Kitchen Renovations   |           | 345,000.00        |
|  |   |                              |                       |   |           |                   |
|  | OH12-4 JOHN FREDERICK OBERLIN HOMES                             | 51 HIRISE<br>54 FAMILY       |                       | OH12-20 50 SCATTERED SITES                                      | 50 UNITS  |                   |
|  | Kitchen Exhaust Fans-Hirise                                     |                              | 20,000.00             | No Work   |           |                   |
|  | Bathroom Rehabilitation-Pagodas                                 |                              | 160,000.00            |   |           |                   |
|  | Outside Clean-outs-Pagodas                                      |                              | 40,000.00             | OH12-21 25 SCATTERED SITES                                      | 25 UNITS  |                   |
|  |   |                              |                       | No Work   |           |                   |
|  | OH12-5 JOHN F. KENNEDY PLAZA                                    | 32<br>COTTAGES<br>143 HIRISE |                       |   |           |                   |
|  | Kitchen, Bath & Sink Upgrade (2003)                             |                              | <del>470,000.00</del> | PHA WIDE  |           |                   |
|  |   |                              |                       | 1600 Kansas Avenue-Expansion                                    |           | 375,611.00        |
|  | OH12-6 RIVERVIEW PLAZA  | 181 UNITS                    |                       |   |           |                   |
|  | No Work   |                              |                       |   |           |                   |
|  |   |                              |                       |   |           |                   |
|  | OH12-10 LAKEVIEW PLAZA  | 203 UNITS                    |                       |   |           |                   |
|  | No Work   |                              |                       |   |           |                   |
|  |   |                              |                       |   |           |                   |

|  |  |  | SUBTOTAL OF ESTIMATED COST |  | 1,892,611.00 |
|--|--|--|----------------------------|--|--------------|
|--|--|--|----------------------------|--|--------------|

| Activities for<br>Year 1<br>2003 | Activities for Year: <u>2005</u><br>FFY Grant:<br>PHA FY: 2003  |                              |                       | Activities for Year: <u>2005</u><br>FFY Grant:<br>PHA FY: 2003                 |           |                                    |
|----------------------------------|---|------------------------------|-----------------------|--|-----------|------------------------------------|
| Annual Statement                 | Development Name/Number<br>Description of Major Work Categories | Quantity                     | Estimated<br>Cost     | Development Name/Number<br>Description of Major Work Categories                | Quantity  | Estimated<br>Cost                  |
|                                  | OH12-1 LEAVITT HOMES  | 200 UNITS                    |                       | OH12-10 LAKEVIEW PLAZA   | 210 UNITS |                                    |
|                                  | Exterior Renovation/Windows                                     |                              | 730,000.00            | Compactor Upgrade  |           | 30,000.00                          |
|                                  |   |                              |                       | New Ranges (2003)  |           | 80,000.00                          |
|                                  |   |                              |                       | Replace Flooring -Hallways & units   |           | 333,128.00                         |
|                                  | OH12-2 WESTVIEW TERRACE   | 150 UNITS                    |                       | Kitchen Renovations (2003)   |           | <del>345,000.00</del>              |
|                                  | Downspouts and Drainage   |                              | 40,000.00             |  |           |                                    |
|                                  | Toilet Replacement  |                              | 75,000.00             |  |           |                                    |
|                                  |   |                              |                       | OH12-11 ALBRIGHT TERRACE   | 50 UNITS  |                                    |
|                                  | OH12-3 WILKES VILLA   | 186 UNITS                    |                       | No Work  |           |                                    |
|                                  | Upgrade roofing systems (include Dounspouts & Cutters)          |                              | 60,000.00             |  |           |                                    |
|                                  | No Work   |                              |                       | OH12-12 WESTGATE APARTMENTS  |           |                                    |
|                                  | OH12-4 JOHN FREDERICK OBERLIN HOMES                             | 51 HIGHRISE<br>54 FAMILY     |                       | Bathroom/Kitchen Upgrade   |           | 40,000.00                          |
|                                  | Atrium/Cafeteria-highrise                                       |                              | 46,000.00             |  |           |                                    |
|                                  |   |                              |                       | OH12-13/14 SOUTHSIDE GARDENS   | 114 UNITS |                                    |
|                                  | OH12-5 KENNEDY PLAZA  | 32<br>COTTAGES<br>145 HIRISE |                       | Replace Bath & Kitchen Floor Tile Utility Rm Upgrade-Hotwater Tanks & Furnaces |           | <del>94,000.00</del><br>450,000.00 |
|                                  | Compactor Upgrade   |                              | 30,000.00             |  |           |                                    |
|                                  | Ranges (2003)   |                              | <del>39,000.00</del>  | OH12-20 50 SCATTERED SITES   | 50 UNITS  |                                    |
|                                  | Laundry Room Upgrade-Cottages                                   |                              | 20,000.00             | Window Replacement   |           | 136,022.00                         |
|                                  | Balcony Enclosures  |                              | 35,000.00             |  |           |                                    |
|                                  | Plumbing Upgrade (2002+3)                                       |                              | <del>168,128.00</del> | OH12-21 25 SCATTERED SITES   | 25 UNITS  |                                    |
|                                  | Upgrade Handrails   |                              | 27,000.00             | No Work  |           |                                    |

| Exterior Lighting                     |            | 25,000.00  |                            |              |
|---------------------------------------|------------|------------|----------------------------|--------------|
| Flooring Rehab Hallways & Units       |            | 223,000.00 |                            |              |
| OH12-6 RIVERVIEW PLAZA                | 181 HIRISE |            |                            |              |
| Compactor Upgrade                     |            | 30,000.00  |                            |              |
| Parking Expansion & Site Improvements |            | 101,000.00 |                            |              |
|                                       |            |            | SUBTOTAL OF ESTIMATED COST | 2,371,150.00 |

| Activities for<br>Year 1<br>2003 | Activities for Year: <u>2006</u><br>FFY Grant:<br>PHA FY: 2003  | <u>:                                      </u> |                       | Activities for Year; <u>2006</u><br>FFY Grant:<br>PHA FY: 2003  |           |                      |
|----------------------------------|---|--|-----------------------|---|-----------|----------------------|
| Annual Statement                 | Development Name/Number<br>Description of Major Work Categories | Quantity                                       | Estimated<br>Cost     | Development Name/Number<br>Description of Major Work Categories | Quantity  | Estimated<br>Cost    |
|                                  | OH12-1 LEAVITT HOMES  | 200 UNITS                                      |                       | OH12-6 RIVERVIEW PLAZA  |           |                      |
|                                  | Repair Sanitary/Storm sewers                                    |  | 150,000.00            | Repair Heat Shroud  |           | <del>15,000.00</del> |
|                                  | Site Work (walks/driveways/grading)                             |  | 60,000.00             | <del>Re-roof</del>  |           | 75,000.00            |
|                                  | Electrical/TV/Tele Upgrade                                      |  | 100,000.00            | Electrical/TV/Tele Upgrade                                      |           | 36,000.00            |
|                                  | OH12-2 WESTVIEW TERRACE   | 150 UNITS                                      |                       | Flooring Upgrade  |           | 300,000.00           |
|                                  | Replace Interior Doors  |  | 90,000.00             | OH12-10 LAKEVIEW PLAZA  | 203 UNITS |                      |
|                                  | <del>Chower Renovation</del>                                    |  | 200,000.00            | Re-roof   |           | 75,000.00            |
|                                  | Replace Sanitary/storm Sewers                                   |  | 75,000.00             | Electrical/TV/Tele Upgrade                                      |           | 60,000.00            |
|                                  | Convert Sunset Manor into Community Space                       |  | 30,000.00             |   |           |                      |
|                                  | Electrical/TV/Tele Upgrade                                      |  | 75,000.00             | OH12-11 ALBRIGHT TERRACE  | 50 UNITS  |                      |
|                                  |   |  |                       | Exterior Repairs  |           | 25,000.00            |
|                                  | OH12-3 WILKES VILLA   | 186 UNITS                                      |                       | Replace Interior Doors  |           | 8,000.00             |
|                                  | Replace Interior Doors  |  | 80,000.00             | Kitchen/Bath Rehab  |           | 100,000.00           |
|                                  | Kitchen Renovations   |  | 350,000.00            | Electrical/TV/Tele Upgrade                                      |           | 5,000.00             |
|                                  | Bathroom Renovations  |  | <del>165,000.00</del> | OH12-12 WESTGATE APARTMENTS                                     | 12 UNITS  |                      |
|                                  | Electrical/TV/Tele Upgrade                                      |  | 40,000.00             | new Carpeting   |           | 12,000.00            |
|                                  | OH12-4 JOHN FREDERICK OBERLIN HOMES                             | 51 HIRISE<br>54 FAMILY                         |                       | Electrical/TV/Tele Upgrade                                      |           | 3,000.00             |
|                                  | Site Work Pagodas (walks/driveways/grading)                     |  | 25,000.00             | OH12-13/14 SOUTHSIDE GARDENS                                    | 114 UNITS |                      |
|                                  | Replace Interior Doors-Pagodas & Highrise                       |  | 30,000.00             | Flooring Rehabilitation Phase II(2003)                          |           | 300,000.00           |
|                                  | Electrical/TV/Tele Upgrade Pagodas & Hirise                     |  | 26,000.00             | Site Work (walks/ driveways,/grading/parking lots)              |           | 25,000.00            |

| Replace flooring-Highrises                    |                | 50,000.00            | Re-roof                            |          | 200,000.00            |
|---|----------------|----------------------|------------------------------------|----------|-----------------------|
|   |                |                      | Electrical/TV/Tele Upgrade         |          | 115,000.00            |
|   |                |                      | OH12-20 50 SCATTERED SITES         | 50 UNITS |                       |
| OH12-5 KENNEDY PLAZA                          | 32<br>COTTAGES |                      | Plumbing Upgrade                   |          | 10,000.00             |
| Upgrade laundry roomsHighrise                 | 145 HIRISE     | 10,000.00            | Crawl Space concrete work          |          | 90,000.00             |
| Replace Angle Stops, Drains, & Traps(2002 +3) |                | <del>35,000.00</del> |                                    |          |                       |
| Electrical/TV/Tele Upgrade                    |                | 28,000.00            | PHA WIDE                           |          |                       |
| Re-roof                                       |                | 75,000.00            | 4600 KANSAS AVENUE-Exterior repair |          | 1 <del>5,000.00</del> |
|   |                |                      |                                    |          |                       |
|   |                |                      | SUBTOTAL OF ESTIMATED COST         |          | 2,268,000.00          |

| Activities for<br>Year 1<br>2003 | Activities for Year: <u>21</u><br>FFY Grant:<br>PHA FY: 2003    | <u>007</u> |                   | Activities for Year: <u>2007</u><br>FFY Grant:<br>PHA FY: 2003  |           |                   |
|----------------------------------|---|------------|-------------------|---|-----------|-------------------|
| Annual Statement                 | Development Name/Number<br>Description of Major Work Categories | Quantity   | Estimated<br>Cost | Development Name/Number<br>Description of Major Work Categories | Quantity  | Estimated<br>Cost |
|                                  | OH12-1 Leavitt Homes  | 200 Units  |                   |   |           |                   |
|                                  | Expand Community Space  |            | 120,000.00        | OH12-6 Riverview Plaza  | 181 Units |                   |
|                                  | Insulate Common Walls   |            | 25,000.00         | Unit Exhaust Fans   |           | 35,000.00         |
|                                  | New Refrigerators   |            | 65,000.00         | Lightning Arrestors   |           | 10,000.00         |
|                                  |   |            |                   |   |           |                   |
|                                  | OH12-2 Westview Terrace   | 150 Units  |                   |   |           |                   |
|                                  | Insulate Common Walls   |            | 20,000.00         | OH12-10 Lakeview Plaza  | 210 Units |                   |
|                                  | Replace Windows   |            | 382,000.00        | Exhaust System  |           | 42,000.00         |
|                                  | Site Work   |            | 35,000.00         | Lightning Arrestors   |           | 10,000.00         |
|                                  | New Refrigerators   |            | 48,750.00         |   |           |                   |
|                                  | Laundry Room Upgrade  |            | 10,000.00         | OH12-11 Albright Terrace  | 50 Units  |                   |
|                                  |   |            |                   | Reroof Buildings  |           | 20,000.00         |
|                                  | OH12-3 Wilkes Villa   | 182 Units  |                   | Exhaust Fans  |           | 10,000.00         |
|                                  | Replace Windows   |            | 330,000.00        |   |           |                   |
|                                  | Site Work   |            | 50,000.00         | OH12-12 Westgate Apartments                                     | 12 Units  |                   |

| Activities for<br>Year 1<br>2003 | Activities for Year: <u>2007</u><br>FFY Grant:<br>PHA FY: 2003  |                              |                   | Activities for Year: <u>2007</u><br>FFY Grant:<br>PHA FY: 2003 |           |                   |
|----------------------------------|---|------------------------------|-------------------|--|-----------|-------------------|
| Annual Statement                 | Development Name/Number<br>Description of Major Work Categories | Quantity                     | Estimated<br>Cost | Development Name/Number Description of Major Work Categories   | Quantity  | Estimated<br>Cost |
|                                  | Furnace Replacement   |                              | 325,000.00        | No Work  |           |                   |
|                                  | Sanitary Sewer Cleanouts  |                              | 62,500.00         |  |           |                   |
|                                  |   |                              |                   | OH12-13/14 Southside Gardens                                   | 114 Units |                   |
|                                  | OH12-4 John Frederick Oberlin Homes                             | 51 Hirise<br>54 Pagodas      |                   | Interior Doors   |           | 125,000.00        |
|                                  | Bathroom/Kitchen Upgrade Hirise                                 |                              | 100,000.00        |  |           |                   |
|                                  | Lightning Arrestors   |                              | 10,000.00         | OH12-20 50 Scattered Sites                                     | 50 Units  |                   |
|                                  | Reroof Highrise   |                              | 25,000.00         | Sump Pumps   |           | 50,000.00         |
|                                  | Entrance Modification   |                              | 50,000.00         | Interior Floor Repairs   |           | 62,500.00         |
|                                  |   |                              |                   |  |           |                   |
|                                  | OH12-5 John F. Kennedy Plaza                                    | 32<br>Cottages<br>141 Hirise |                   | OH12-21 25 Scattered Sites                                     |           |                   |
|                                  | New Roof -Kitchen Highrise                                      |                              | 20,000.00         | No Work  |           |                   |
|                                  | Exhaust Fans-Bathroom Cottages                                  |                              | 7,000.00          |  |           |                   |
|                                  | Lightning Arrestors   |                              | 10,000.00         | PHA Wide   |           |                   |
|                                  |   |                              |                   | 1600 Kansas Parking Lot  |           | 100,000.00        |
|                                  |   |                              |                   | 1600 Kansas Building Improvements                              |           | 150,000.00        |
|                                  |   |                              |                   |  |           |                   |
|                                  |   |                              |                   | Subtotal of Estimated Cost                                     |           | 2,309,750.00      |
|                                  |   |                              |                   |  |           |                   |
|                                  |   |                              |                   |  |           |                   |

| Activities for<br>Year 1   | Activities for Year: <u>2004</u> FFY Grant: PHA FY: 2003          |                     |                          | Activities for Year: <u>2005</u><br>FFY Grant:<br>PHA FY: 2003    |                     |                          |
|----------------------------|---|---------------------|--------------------------|---|---------------------|--------------------------|
| Annual Statement 2003      | Development Name/Number<br>Description of Major Work Categories   | Quantity            | Estimated<br>Cost        | Development Name/Number<br>Description of Major Work Categories   | Quantity            | Estimated<br>Cost        |
| SEE<br>ANNUAL<br>STATEMENT | 1408  LORAIN POLICE PROGRAM  ELYRIA POLICE PROGRAM                | PHA<br>WIDE<br>1408 | 200,000.00<br>178,267.00 | 1408  LORAIN POLICE PROGRAM  ELYRIA POLICE PROGRAM                | PHA<br>WIDE<br>1408 | 200,000.00<br>178,267.00 |
|                            | RESIDENT INITIATIVES<br>SALARY - 13,233.00<br>BENEFITS - 9,767.00 | PHA<br>WIDE<br>1408 | 23,000.00                | RESIDENT INITIATIVES<br>SALARY - 13,233.00<br>BENEFITS - 9,767.00 | PHA<br>WIDE<br>1408 | 23,000.00                |
|                            | COMPUTER SYSTEM UPGRADE   | PHA<br>WIDE         | 35,000.00                | COMPUTER SYSTEM UPGRADE   | PHA<br>WIDE         | 35,000.00                |
|                            |   |                     |                          |   |                     |                          |
|                            | INVESTIGATORS   | 1408                | 74,000.00                | INVESTIGATORS   | 1408                | 74,000.00                |
|                            |   |                     |                          |   |                     |                          |
|                            | Assisted Living   | 1408                | 5,000.00                 | Assisted Living   | 1408                | 5,000.00                 |

| ADMINISTRATIVE COST-1410 298,760.00  |  | ADMINISTRATIVE COST-1410 298,760.00  |  |
|--------------------------------------|--|--------------------------------------|--|
| ARCHITECT/CONSULTANT-1430 124,000.00 |  | ARCHITECT/CONSULTANT-1430 124,000.00 |  |
|                                      |  |                                      |  |
|                                      |  |                                      |  |
|                                      |  |                                      |  |
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X:\Administrative\bhoover\WPDATA\WPDOCS\plan2004\version1\sub2\oh012b01 5 yr optional capital fund statement.wpd

## COMMENTS FROM PUBLIC HEARING APRIL 3, 2003

Two John Frederick Oberlin Homes residents advised they do not want carpeting in the hallways.

LMHA advised that has been delayed again and will not proceed during this fiscal year.

Oberlin Homes residents were concerned the storage room keys used by residents also open the elevator penthouse.

LMHA advised this will be checked and changed if necessary for security reasons.

LMHA advised the plumbing repairs at Oberlin Homes has been prioritized to use 2003 Capital Fund \$\$ due to the need.

Residents advised LMHA the carpeting being installed in the Oberlin Pagodas is an improvement. They are pleased with the results.

Residents questioned whether roofs should have been replaced prior to the carpeting.

LMHA advised it will not create any problems by completing the roofs after the carpeting.

Residents were concerned with the lack of funding for PHDEP if safety and security would be compromised.

LMHA advised residents LMHA's goal is to continue to provide police services above baseline services. HUD has advised HA's there will be funding for programs which had been financed through PHDEP funds but HA's have not yet seen this funding.

# LORAIN METROPOLITAN HOUSING AUTHORITY

# ADMISSIONS AND CONTINUED OCCUPANCY POLICY

# LORAIN METROPOLITAN HOUSING AUTHORITY

# ADMISSIONS AND CONTINUED OCCUPANCY POLICY

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### LORAIN METROPOLITAN HOUSING AUTHORITY (LMHA) ADMISSIONS AND CONTINUED OCCUPANCY POLICY

Revised 2-12-99; 3-05-99; 1-10-00; 1-22-03; 2-11-03

### I. ELIGIBILITY.

An applicant must meet all of the eligibility requirements of the housing assistance for which an application is made in order to obtain the housing assistance. At a minimum, the applicant must be a family, and must be income eligible.

- **A. FAMILY.** A family includes but is not limited to:
  - (1) A family with or without children in which any of the household members are related by blood or marriage (the temporary absence of a child from the home due to placement in foster care shall not be considered in determining family composition and family size);
  - (2) An elderly family;
  - (3) A near elderly family;
  - (4) A disabled family;
  - (5) A displaced family;
  - (6) The remaining member of a tenant family; and
  - (7) A single person who is not an elderly or displaced person, or a person with disabilities, or the remaining member of a tenant family; or a pregnant woman without children.
- **B. INCOME.** Annual income means all monetary amounts which:
  - (1) Go to, or on behalf of, the family head or spouse (even if temporarily absent) or to any other family member; or
  - (2) Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and
  - (3) Which are not specifically excluded in paragraph (c) of this section.
  - (4) Annual income also means the amounts derived (during the 12

month period) from assets to which any member of the family has access.

See Appendix VII for listing on income to be included in rent computations as provided by 24CFR 5.609 (b) (Annual Income).

See Appendix VIII for listing of income to be excluded in rent computations as provided by 24CFR 5.609 (c) (Annual Income).

Income for admission shall not exceed income limits as set forth by the Department of Housing & Urban Development (HUD). See Appendix II for Current Income Limits.

### II APPLICATIONS.

Applicants must complete a written application for admissions and placement on the waiting list. Applications shall be signed by the head of household, who must be of legal age (18 year of age or an emancipated adult) as defined by the State of Ohio Law.

**A. ACCEPTANCE.** Applications must be time and date stamped upon receipt from the applicant. Bedroom size shall be determined at this time based upon family composition and LMHA occupancy standards.

All applicants shall be fingerprinted and execute a release form for local police/background checks to determine if the applicant's admittance would have a detrimental effect on other tenants or on the development environment.

- **B. INFORMATION REQUIREMENTS.** In order to determine an applicant's eligibility, the following information must be provided:
  - 1. Names of all family members to reside in PHA unit;
  - 2. Sex of family members;
  - 3. Relationship of family members;

- 4. Birth dates of family member;
- 5. Income/Asset information;
- 6. Social Security number verification of each member of the applicant's household who is at least six (6) years of age or a certification that no SSN's have been assigned to the applicant and/or member of the applicant's family;
- 7. Evidence of citizenship or eligible immigration status; (QHWRA published 2-18-99, repealed the option of allowing PHA's to opt out of establishing citizenship status before admission to assisted housing)
- 8. Documentation for local preference claims;
- 9. Other documentation as required by PHA policy.

Housing Authority personnel shall photo-copy original documents i.e. birth certificates, marriage licenses, social security number, etc., for the applicant file. All information shall be subject to verification.

When an LMHA household separates and both co-heads desire to remain in LMHA housing, one may retain the present LMHA housing and the other must apply through the LMHA Admissions Office. 2-11-03

- **C. CHANGES.** Applicants are required to notify the Admissions Office in writing, within 7 days of any change in address, telephone number, family composition, income/assets, or local preference claims.
- **D. WAITING LIST.** A county-wide waiting list shall be maintained for admission to LMHA public housing. The waiting list shall be maintained by bedroom size.
- E. NOTIFICATION OF APPLICANTS. After verification of all pertinent data required to determine eligibility, applicants shall be notified of their eligibility/ineligibility. The basis for such ineligibility

### determination may include, but is not limited to:

- 1. **Over-income.** The applicant's family income exceeds the HUD issued income limits for Lorain County as stated in Appendix II;
- 2. **Misrepresentation.** The applicant has committed fraud in connection with any Federal assisted housing program;
- obligations, especially rent; and/or currently owes rent or other amounts to the PHA in connection with a previous PHA tenancy or Section 8 participation. Solely at LMHA's discretion, an individual may be placed on the waiting list and lease a unit owing LMHA money if LMHA determines the applicant merits another chance in LMHA housing. An applicant owing money to LMHA must provide documentation to the Housing Authority which the Housing Authority shall use to determine if the applicant merits housing prior to payment of the balance to LMHA. The applicant shall be required to sign a repayment agreement indicating payment on the balance will begin the month following admission into LMHA housing. Failure to comply with the agreement shall result in a termination of lease. 1-23-03
- 4. A history of disturbing neighbors;
- 5. Incidents of property destruction;
- 6. **Living or housekeeping habits** which could adversely affect the health, safety, or welfare of other tenants;
- 7. **A history of criminal activity** involving crimes to persons or property and/or other criminal acts that affect the health, safety, or right to peaceful enjoyment of the premises by other residents; (revised 2-20-97)
- 8. Current or recent parole/probation; community control program or any other court supervised intervention program which requires reporting to the court or agency (recent is defined as within two (2) years).
- 9. An eviction from assisted housing within three (3) years

because of drug-related criminal activity; (revised 2-20-97)

10. The PHA determines an applicant is illegally using a controlled substance; (revised 2-20-97)

.

- 11. The PHA has reasonable cause to believe an applicant illegally uses a controlled substance or abuses alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents; (revised 2-20-97)
- 12. The inability to abide by a lease, or being an unemancipated minor.
- 13. **Designation/Registration as a sexual offender** (revised 2-12-99)

LMHA retains the right, when extenuating circumstances exist, as determined solely by LMHA, to permit the admission of a family when one of the above ineligibility exists. 2-11-03

F. GRIEVANCE RIGHT. An applicant determined to be ineligible shall be notified in writing of the basis for such determination, and provided with an opportunity for an informal review should they so desire. The request for review must be received by LMHA by the date specified in the ineligibility notification.

### III TENANT SELECTION AND ASSIGNMENT PLAN.

Applicants shall be selected in sequence by eligibility date and local preference priority for appropriate size units.

**A. LOCAL PREFERENCES.** HUD had previously given PHA's the authority to suspend "federal preferences" and apply local preferences in

housing eligible applicants. HUD has now permanently repealed the federal preferences; LMHA has chosen to continue to use the following local preferences (per the QWHRA published 2-18-99 in the Federal Register):

- ! Veteran/family of serviceman
- ! Applicants (head/spouse or co-heads) who have been employed a minimum of 90 days (w/out regard to amt. earned; Elderly/disabled afforded same preference as an applicant employed a minimum of 90 days)
- ! Applicants who live or work in Lorain County
- Paying more than 50% of monthly income toward rent and utilities for a minimum of 90 days for a unit leased solely by the applicant (revised 12-17-97)
- ! Applicants who are leaving the Shelter + Care Program due to budget constraints.
- ! Displacement by government action (Documentation will be accepted from local, state, or federal government agencies.) 1-23-03
- ! Homelessness. An applicant must provide documentation certifying they are homeless. Documentation will be accepted from the Haven Center, Lorain; Catholic Charities Family Center, Lorain; the Mission, Elyria; the Urban League, Elyria; or the Oberlin Community Services, Oberlin. LMHA reserves the right to approve/disapprove documentation from additional credible agencies other than those listed. 1-23-03

Additionally, an applicant that is a one or two-person elderly, disabled or displaced family, must be given a preference over an applicant that is a single person who is not an elderly or displaced, or a person with disabilities, regardless of the applicant's local preference.(per the QHWRA published 2-18-99, PHA's are permitted to retain this singles preference and LMHA has chosen to retain this preference)

Preferences will be aggregated. Applicants qualifying for all six local preferences shall be offered units before applicants qualifying with five preferences, four preferences, three preferences, etc. respectively. (revised 12-17-97)

- **B. FAMILY COMPOSITION CRITERIA.** The Admissions Department shall utilize the following guidelines when housing applicants:
  - 1. No more than two (2) persons shall occupy a bedroom.
  - 2. Persons of different generations and unrelated adults shall have separate bedrooms. (different generations is defined as a difference of ten (10) years).2-11-03
  - 3. Children of the same sex shall share a bedroom.
  - 4. Children of the opposite sex shall share a bedroom until the older child reaches the age of five (5).(revised 1-10-00)
  - 5. Families needing a unit that is larger than the size recommended by LMHA occupancy standards because of a physical or mental handicap of a household member shall be allowed to apply for the larger unit upon documentation of the need.
  - 6. Upon request, the applicant may be placed on the waiting list for a smaller sized unit than that which the PHA would be required to assign. (revised 2-12-99)

The Housing Authority shall use the following table as their guideline in assignment of units in addition to the preceding criteria.

|                    | Number of Persons |         |
|--------------------|-------------------|---------|
| Number of bedrooms | Minimum           | Maximum |
| 0                  | 1                 | 1       |
| 1                  | 1                 | 2       |
| 2                  | 2                 | 4       |
| 3                  | 4                 | 6       |
| 4                  | 6                 | 8       |
| 5                  | 8                 | 10      |

The Housing Authority reserves the right to permit a lower level of occupancy for units for which no applicants exist on the waiting list for a particular size. Additionally, the Housing Authority may, at it's discretion, waive the policy of "children of the opposite sex shall share a bedroom until the older child reaches the age of five (5)", when due to vacancies, it will be advantageous to offer the applicant family a unit wherein the children shall have separate bedrooms prior to the child reaching the age of five (5).

At no time may a single person be offered a two (2) bedroom unit. (24CFR 5.405 [c][1]) (revised 2-12-99)

- C. PRE-VACANCY REPORT. The Housing Authority utilizes a prevacancy report whenever possible in the assignment of units. Development Managers notify the Admissions Department of the anticipated date of the vacancy. This report is maintained in the same format as the vacancy report, i.e. by Development, address, bedroom size, etc. Applicants are offered available units by employing the prevacancy report whenever possible. In some instances, a tenant may vacate without prior notice and the unit must be placed directly on the vacancy report, therefore bypassing the pre-vacancy report.
- **D. ASSIGNMENT.** At the time of selection, the applicant shall be referred for placement in accordance with the following plan:
  - ! LMHA shall offer the applicant first in sequence on the waiting list one (1) unit of the appropriate size and type appropriate to the applicant's needs. The unit offered shall be the appropriate size and type with the earliest vacate date. If the applicant refuses the unit "without good cause", the applicant shall be dropped to the bottom of the appropriate size waiting list. "With good cause" is defined by the following:
    - ? Inaccessibility to source of employment, education or job training, children's day care, educational program for

children with disabilities, change in school districts, so that accepting the unit offer would require the adult household member to quit a job, drop out of an educational institution or job training program, take a child out of daycare, remove a child from an educational program for children with disabilities, or cause a child to change school districts.

Refusals due to location alone do not qualify for the good cause exemption.

- ? The family demonstrates to LMHA's satisfaction that the acceptance of the offer will place a family member's life, health or safety in jeopardy. The family must offer specific and compelling documentation such as restraining orders, other court orders or documents from a law enforcement agency. Reasons must be specific to the family.
- ? A health professional verifies temporary hospitalization or recovery from illness of the principal household member, other household members (must be listed on final application) or live-in aide necessary tot he care of the principal household member. . . .
- ? The unit is inappropriate for the applicant's disabilities.

  The applicant must document to LMHA's satisfaction that the hardship claimed is good cause for refusing the offer of housing. If good cause is verified, the refusal of the offer shall not require the applicant to be dropped to the bottom of the waiting list or otherwise affect the family's position on the waiting list. LMHA shall maintain the location, date, and circumstances of each offer and each acceptance or refusal in the applicant's file which is subject to audit. 1-23-03

### E. REMOVAL FROM THE WAITING LIST. The Housing Authority

will document in each applicant's file the date and reason the applicant's name was removed from the waiting list. Other than ineligibility, the PHA may remove an applicant from the waiting list for the following reasons:

- ! at the request of the applicant
- ! non-compliance with supplying required documents
- ! failure to attend the required orientation (applicant is given two opportunities to attend)
- ! applicant's inability to obtain utility service (gas or electric) to lease unit
- ! failure to lease a unit accepted by applicant
- ! applicant has been offered a unit in every Development and has refused all offers (revised 2-12-99)
- **F. UNIT ACCESSIBILITY.** The Housing Authority will adhere to the following assignment of units with special accessibility features for individuals with handicaps. Accessible units must be offered in this order to:
  - ! A current occupant living in a non-accessible unit who requires the accessibility features of a handicap accessible unit;
  - ! An eligible applicant on the waiting list having a handicap requiring the accessibility features of the vacant unit;
  - ! An applicant who does not have handicaps requiring accessibility, with the PHA requiring the applicant to agree to move to a non-accessible unit if an applicant/tenant requires the accessible unit. In addition, when an accessible unit is available and there are no applicants/current tenants requiring the unit, LMHA will approach organizations, i.e. Easter Seals, advising a unit is available to enable the organization to recommend any income eligible qualifying family.(revised 2-12-99)
- **IV VERIFICATION.** All factors affecting eligibility and the family's rent payment shall be verified. All verifications will be documented in the applicant's file to enable HUD to audit the file.

### A. RESPONSIBILITY FOR INITIAL DETERMINATION, ANNUAL, AND INTERIM RECERTIFICATION.

- 1. **RECERTIFICATION.** The PHA is responsible for determination of eligibility for admission; for determination of Annual Income, Adjusted Income, and Total Tenant Payment; and for recertification of family income and family composition at least annually. As used in this part, the "effective date" of a certification or recertification refers to:
  - in the case of an examination for admission, the effective
     date of initial occupancy; and
  - b. in the case of a recertification of an existing tenant, the effective date of the new rent amount as determined in accordance with HUD regulations.
- 2. INTERIM RECERTIFICATION PROCEDURE. The Tenant Rent will remain in effect for the period between the regularly scheduled certifications barring any of the following changes which must be reported in writing by the tenant within seven (7) days to the Development Manager:
  - a. a change in family composition. The tenant must report all changes in household composition.
  - b. a report of the following changes which would result in a decrease in the tenant's rent amount:
    - days, except that......if a tenant's welfare assistance is reduced specifically because of fraud or failure to participate in an economic self-sufficiency program or comply with a work activities requirement, such families must not have the public housing rent reduced based on the benefit reduction. The prohibition on reduction of public housing rent is applicable only if the welfare reduction is neither the result of the expiration of a lifetime time limit on receiving benefits, nor a situation where the family has complied with welfare program requirements but cannot obtain employment (e.g., the family has

complied, but loses welfare benefits for a period of no more than two years in a five year period). After receiving a request for income recertification and rent reduction predicated on a reduction in tenant income from welfare, the PHA may deny the rent reduction request only after obtaining written verification from the welfare agency that the family's benefits have been reduced because of non-compliance with the economic self-sufficiency program or a work activities requirement or because of fraud. If a rent reduction based on the above circumstances is denied, the tenant has a right to an administrative review through the PHA's grievance procedure.(required per QHWRA published in the Federal Register 2-18-99)

- ! an increase in allowances or deductions

  c. a report of the following factors which could result in an increase in rent:
  - ! all increases in household income except that:
    - i. LMHA will only increase the rent if the gross monthly household income increases by a minimum of \$50.00; (revised 1-10-00)
    - ii. the PHA cannot increase a public housing family's rent for a period of 12 months if the increase in income results from: (1) earnings of a previously unemployed family member; (2) earnings of a family member during participation in a self-sufficiency or job training program; or (3) earning of a family member that had been receiving welfare in the previous six (6) months. After the 12-month disallowance, a family's rent increase must be phased in. The phased-in rent cannot increase as a result of the earned income by more than fifty percent (50%) for an additional 12 months. (24CFR 5.612 effective 10-01-99; revised 1-10-00)
  - ! change in family (which could either provide

- additional income to the household or reduce the deductions and allowances for which the family qualifies);
- ! receipt of a deferred payment in a lump sum which represents the delayed start of a periodic payment i.e. unemployment, ADC, workman's compensation, etc. (SS & SSI amounts are excluded)
- report income changes in writing within seven (7) days of the change. Wherein the tenant fails to report an income change that results in an increase in rent, the rent shall be effective the first day of the month following the month in which the change occurred. The tenant will be responsible for the retroactive rent amount which is the difference between what the rent would have been had the change in income/family composition been reported as required, and the amount the tenant was charged for monthly rent.

At the discretion of the Development Manager, a repayment plan may be offered to the tenant for the retroactive rent amount. Should the Development Manager determine that deliberate and wilful misrepresentation has occurred, the

Manager may proceed with a lease termination rather than offer the repayment agreement. Per LMHA Board resolution, no repayment plan may exceed a period of twelve (12) months without the approval of the LMHA Board of Commissioners.

#### B. INTERVIEW FORMS.

1. AUTHORIZATION FOR RELEASE OF INFORMATION/PRIVACY ACT NOTICE (HUD9886). All adult (18 years of age and older) family members, and spouse (regardless of age), are required to sign a HUD form 9886, Authorization for Release of Information/Privacy Act Notice. The

Release will be used by the PHA to obtain asset/income information to determine the applicant's income eligibility. The Release may also be used between regularly scheduled recertifications in the event unreported income is suspected. Each consent form expires fifteen (15) months after signature. LMHA will review with applicants and tenants the Release/Notice HUD9886 which explains:

- ! how the information provided by the applicant will be used by HUD/PHA.
- ! HUD's restriction on disclosure of information.
- ! that additional information requested by the PHA pertains to HUD eligibility requirements.
- 2. PERSONAL DECLARATION FORM. The head of household will be required to complete a Personal Declaration Form in order to complete the application process, or to complete an interim/annual certification. The Personal Declaration Form is a statement in the tenant's own handwriting providing income/asset information, family composition information and is recommend for use by HUD's Inspector General.
- C. VERIFICATION PROCEDURES. Verification in applicant files may not be more than 120 days old. Time limits do not apply to information that does not need to be recertified i.e. age, birth certificates, etc. Three (3) methods of verification are acceptable. They are, in order of acceptability:
  - 1. Third party written (should not be hand-carried by family), or third party oral (direct contact with a reliable source). Third party employment verifications should, at a minimum, include the following information:
    - a. regular and overtime hours anticipated
    - b. overtime hours for the past 12 months
  - c. total pay anticipated for the next 12 months

- d. anticipated salary increases (amount & date)
- **2. Review of documents.** LMHA will view original documents since photocopied information can be altered. This method of verification will only be used:
  - a. when third party verification is not possible
  - b. when the third party source cannot or will not provide the required verification within three (3) weeks
  - to provide the basis for a provisional determination that will be subject to third party verification before a final determination is made
  - **3. Family certification.** A family certification (notarized statement) will be utilized only when third-party verification or review of documents is not possible.

### V RENTS.

As indicated by HUD's Notice of Initial Guidance, published February 18, 1999, the new rent provisions are effective for families as they are admitted, re-examined or recertified, on or after October 1, 1999. The 1998 Act requires PHAs to give families a choice among options for rents. The options provided must include at least a flat rent and an income-based rent. This choice must be given to each family annually. PHAs must provide residents with enough information to make an informed choice. For example, the PHA could provide the family with both the income-based rent amount and the flat rent amount for the unit. (revised 1-10-00) LMHA shall provide each applicant/resident the choice of the following:

**Income -Based Rent:** The monthly rental amount, including any applicable utility allowance, calculated under this method must not exceed the highest of the following:

- ! 30% of the family's monthly adjusted income;
- ! 10% of the family's monthly income; or

The monthly rental amount cannot be less than the minimum rent set by the PHA. LMHA's minimum rent is:

- ! \$25.00 (except that.....The QWHRA establishes certain exceptions to the minimum rent requirements for hardship circumstances. Financial hardship includes the following situations:
  - 1. the family has lost eligibility or is awaiting an eligibility determination for a Federal, State, or local assistance program;
  - 2. the family would be evicted as a result of the imposition of the minimum rent requirement;
  - 3. the income of the family decreased because of changed circumstances, including loss of employment.
  - 4. a death in the family has occurred; and
  - 5. other circumstances determined by the PHA or HUD.

If the family requests a hardship exemption, the minimum rent requirement is immediately suspended. Suspension may be handled as follows: the minimum rent is suspended until a determination is made whether:

- ! there is a hardship covered by the statute; and
- ! the hardship is temporary or long-term.

If the PHA determines that there is no hardship covered by the statute, minimum rent is imposed (including back payment for minimum rent from time of suspension). The PHA can request reasonable documentation of the hardship circumstances. The PHA determinations are subject to the grievance procedure.

If the PHA determines that the hardship is temporary, the minimum rent also is imposed (including back payment for minimum rent from the time of suspension) but the family cannot be evicted for nonpayment during the 90-day period commencing on the date of the family's request for exemption of minimum rent in excess of the tenant rent otherwise payable. A reasonable repayment agreement must be offered for any such rent not paid during that period. If the family thereafter demonstrates that the financial hardship is of long-term duration, the PHA shall retroactively exempt the family from the minimum rent requirement. (required by QHWRA published

in Federal Register 2-18-99)

By LMHA Board Resolution 7897-96, thirty percent (30%) of monthly adjusted income or ten percent (10%) of monthly income shall not exceed the maximum rent amounts listed in the following table:

| Bedroom size | Maximum rent amount |
|--------------|---------------------|
| 0            | \$327.00            |
| 1            | \$412.00            |
| 2            | \$510.00            |
| 3            | \$648.00            |
| 4            | \$731.00            |
| 5            | \$840.00            |
| 6            | \$950.00            |

**Flat Rents.** Flat rents are intended as an incentive for residents to remain in public housing after they have attained a level of sel-sufficiency. The Act requires flat rents be set at "rental value", which HUD interprets to be reasonable market value. LMHA shall review flat rents annually. A flat rent is the amount the family pays directly to LMHA for a specific bedroom size. LMHA arrived at the flat rent amounts by establishing the cost per bedroom as reflected by the current year budget operating expenditures. Flat rents are not applicable to Harr Plaza or International Plaza.

The family is responsible for the gas and electric. Flat rents are as follows effective 07-01-03

| Bedroom Size | Flat rent Amount |
|--------------|------------------|
| 0            | \$280.00         |
| 1            | \$340.00         |
| 2            | \$395.00         |
| 3            | \$510.00         |
| 4            | \$620.00         |
| 5            | \$680.00         |
| 6            | \$735.00         |

The 1998 Act requires a PHA to immediately switch a family from a flat rent to an

income-based rent if the PHA determines that the family has a financial hardship circumstance. When the family requests a change, LMHA will conduct an examination of the family's income in order to switch the family to an income-based rent amount. The rent will change to an income-based rent the first of the month following the month the family reported the hardship. (revised 1-10-00) LMHA will consider the following circumstances as a hardship:

- ! loss or reduction of employment
- ! death in the family
- ! increase in the family's expenses for medicals costs
- ! increase in child care costs
- ! transportation or education costs
- VI MISREPRESENTATION. Warning: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department of Agency of the United States.
- VII PET OWNERSHIP Pet owners interested in residing in LMHA owned units, may request a pet policy from the Admissions Office or from the Development Manager. LMHA, as an owner and manager for projects for the elderly or handicapped, will not:
  - A. As a condition of tenancy or otherwise, prohibit or prevent any tenant or LMHA housing from owning common household pets or having such pets living in the tenant's dwelling unit; or
  - **B.** Restrict or discriminate against any person in connection with admission to, or continued occupancy of, LMHA housing by reason of the person's ownership of common household pets or the presence of such pets in that person's dwelling unit.

### VIII EXCLUSION FOR ANIMALS THAT ASSIST THE HANDICAPPED.

LMHA will not enforce any pet rules contained in the Pet Policy against any individuals with animals that are used to assist persons with disabilities. This exclusion applies to animals that reside in developments for the elderly or persons with disabilities, as well as to animals that visit these developments. LMHA will not

limit or impair the rights of persons with disabilities in using an animal that has been trained to assist the person with a specific disability.

### IX TRANSFER POLICY FOR PHA UNITS.

- A. The Development Manager may approve/require a transfer to correct over/under occupancy of a PHA unit. Transfer granted to remedy over/under occupancy shall be within the same development provided the size unit needed is or will be available in the development. To minimize vacancies/transfers, new born infants [up to the age of two (2)] may share a bedroom with the parent before a transfer is required by the PHA, provided this does not create an over occupancy condition.
- **B.** The Executive Director may approve a transfer based on medical need, provided documentation submitted by the resident substantiates the need for, and demonstrates the medical benefits which may be obtained by transferring to another unit.
- C. The Executive Director may require and/or approve a transfer, which has been determined to be in the best interest of the Authority.
- **D** The Executive Director may approve a transfer for economic purposes i.e. employment, school, etc. (LMHA Board Resolution 7962-96)

### X GRIEVANCE PROCEDURE.

The purpose of the grievance procedure is to assure that a PHA tenant is afforded an opportunity for a hearing if the tenant disputes, within a reasonable time, any PHA action or failure to act, involving the tenant's lease with the PHA or PHA regulations which adversely affect the individual tenant's rights, duties, welfare or status.

The PHA may bypass the grievance procedure and move to judicial evictions in cases involving any activity that threatens the health, safety, or right to peaceful enjoyment of the premises of other tenants or employees of the PHA, or any drug-related criminal activity on or off such premises. (revised 2-12-99)

#### XI SCATTERED SITE HOUSING.

Scattered site housing shall be available to current LMHA residents meeting the scattered site transfer criteria. (See Appendix VI for complete criteria) Residents initially denied may request a review before the review committee.

#### XII NON-DISCRIMINATION.

LMHA will not discriminate against any applicant based on the following:

- ! Race, color or national origin
- ! Religion
- ! Sex
- ! Disability
- ! Age
- ! Marital Status
- ! Family Composition

### LMHA will comply with all Civil Rights laws, including but not limited to:

- Title VI of the Civil Rights Act of 1968, which forbids discrimination on the basis of race, color, religion, national origin or sex;
- Title VIII of the Civil Rights Act of 1968 (as amended by the 1974 HCDA and the Fair Housing Amendments Act of 1988), which extends protection against discrimination based on disability and familial status, and spell our forms of prohibited discrimination;
- Executive Order 11063;
- Section 504 of the Rehabilitation Act of 1973, which describes housing rights of persons with disabilities;
- the Age Discrimination Act of 1975, which establishes certain rights of the elderly
- Title II of the Americans with Disabilities Act, otherwise Section 504 and the Fair Housing Amendments govern
- any applicable State laws or local ordinances, and

any legislation protecting the individual rights of tenants, applicants or staff
 that may subsequently be enacted.

### XIII ETHICAL STANDARDS

The Lorain Metropolitan Housing Authority (LMHA) shall prohibit the solicitation or acceptance of gifts, in excess of a nominal value by any officer or employee of the PHA, or any contractor, subcontractor, or agent of the PHA.

Employees violating the LMHA "Ethical Standards Code" shall be subject to disciplinary action up to and including termination. The disciplinary action shall be commensurate with the violation.

### IX GENERAL PROVISIONS.

**AMENDMENT CLAUSE.** LMHA reserves the right to interpret, amend, cancel, or waive any provision of this policy under special circumstances, provided such action is consistent with Federal and State laws and the general purpose of Public Housing.

# LORAIN METROPOLITAN HOUSING AUTHORITY

# ADMISSIONS AND CONTINUED OCCUPANCY POLICY

**APPENDIX I** 

**DEFINITION OF TERMS** 

### LORAIN METROPOLITAN HOUSING AUTHORITY

### ADMISSIONS AND CONTINUED OCCUPANCY

### APPENDIX I

### **DEFINITION OF TERMS**

- I APPLICABILITY. This subpart applies to all dwelling units assisted under the U.S. Housing Act of 1937 in Developments owned and managed by LMHA and leased to LMHA residents.
- **II DEFINITIONS.** The following definitions as defined by HUD/PHA are used in the administration of the Public Housing Program operated by LMHA under the Housing Act of 1937.
  - 1. Adjusted Income. Adjusted income means annual income (as determined by the PHA) of the members of the family residing or intending to reside in the dwelling unit, after making the following deductions:
    - a. *Mandatory deductions*. In determining adjusted income, a PHA must deduct the following amounts from annual income:
      - 1. \$480 for each dependent;
      - 2. \$400 for any elderly family or disabled family;
      - 3. The sum of the following, to the extent the sum exceeds three (3) percent of annual income:
        - i. Unreimbursed medical expenses of any elderly family or disabled family; and
        - ii. Unreimbursed reasonable attendant care and auxiliary apparatus expenses for each member of the family who is a person with a disability, to the extent necessary to enable any member of the family (including the member with a disability) to be employed;
      - 4. Any reasonable child care expenses necessary to enable a member of the family to be employed or to further his or her education; and
      - 5. The amount of any earned income of a family member (other than the family head or spouse) who is not 18 years of age or older.
    - b. *Permissive deductions for public housing only*. A PHA may establish other deductions form annual income. The PHA must identify these deductions in its written policies and must

- **2. Annual Income.** The anticipated total income from all sources (earned or unearned) received by the Family head and spouse (even if temporarily absent) and by each additional member of the Family, including all net income derived from assets for a 12-month period following the effective date of the initial determination or the recertification of income, exclusive of certain types of income as defined in 24CFR 5.609 (c) 1-17.
- **3. Applicant.** A person or a family that has applied for housing assistance.
- **4. Assets.** The value of equity in saving, checking, IRA and Keogh accounts, real property, stocks, bonds, mutual funds, and other forms of capital investments.
- **5. Child.** A member of the family, other than the family head or spouse, who is under 18 years of age.
- 6. Child Care Expenses. Amounts paid by the family for the care of minors under 13 years of age where such care is necessary to enable a family member to be employed or for an adult to further their education. The amount deducted shall reflect reasonable charges for child care, and in case of child care necessary for employment, the amount deducted shall not exceed the amount of income derived from the employment.
- 7. **Citizen.** A citizen or national of the United States.
- **8. Dependent.** A member of the family household other than the family head or spouse (excluding foster children), who is under 18 years of age or is a disabled person or handicapped person, or is a full-time student 18 years of age or over.
- **Disabled Family.** A family whose head, spouse, or sole member is a person with disabilities, or two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides.
- **10. Disabled Person.** A person who is under a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423), or who has a developmental disability as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001 (7).
- 11. **Displaced Family.** A family in which each member, or whose sole member, is a person displaced by governmental action, or a person whose dwelling unit has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.
- **12. Displaced Person.** A person displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.
- 13. **Effective Date.** The "effective date" of a certification or recertification refers to:
  - ! in the case of a certification for admission, the date of initial occupancy
  - ! in the case of recertification of an existing tenant, the date the redetermined rent becomes effective.
- **14. Elderly Family.** A family whose head, spouse, or sole member is a person who is at least 62 years of age; or two or more persons who are at least 62 years of age living together; or one or more persons who are at least 62 years of age living with one or more live-in aides
- **15. Elderly person.** One who is at least 62 years of age.
- **16. Eligible Family.** A family whom the HA has determined meets the criteria for occupying a public housing unit.
- 17. Evidence of Citizenship or Eligible Immigration Status. The documents which must be

- submitted to evidence citizenship or eligible immigration status. The acceptable evidence of eligible immigration status, subject to verification, is listed in 24CFR 5.510.
- **18. Excessive Medical Expenses.** Any medical expense incurred by an elderly/disabled family in excess of 3% of Annual Income, which is not reimbursable from any other source.
- **19. Extremely Low-Income Family**. A family whose annual income does not exceed 30 percent of the median income for the area, as determined by HUD, with adjustments for smaller and larger families. (added 10/20/99)
- **20. Family.** Family includes but is not limited to:
  - a. A family with or without children in which any of the household members are related by blood or marriage (the temporary absence of a child from the home due to placement in foster care shall not be considered in determining family composition and family size). (revised 1-10-00)
  - b. An elderly person or family.
  - c. A near-elderly person or family.
  - d. A disabled person or family.
  - e. A displaced person or family.
  - f. The remaining member of a tenant family; and
  - g. A single person who is not elderly, disabled or displaced; includes a pregnant woman with no children. •
- 21. Family of Veteran or Service Person. A family is a "family of veteran or service person" when:
  - ! the veteran or service person:
    - a.. is either the head of household or relater to the head of household, or
    - b. is deceased and was related to the head of household, and was a family member at the time of death.
  - ! the veteran or service person, unless deceased, is living with the family or is only temporarily absent unless s/he was:
    - a. formerly the head of the household and is permanently absent because of hospitalization, separation or desertion, or is divorced, provided the family contains one or more persons for whose support s/he is legally responsible and the spouse has not remarried; or
    - b. not the head of the household but is permanently hospitalized, provided that s/he was a family member at the time of hospitalization and there remains in the family at least two related persons.
- **22. Foster Child Care Payment.** Payment to eligible households by state, local, or private agencies appointed by the State, to administer payments for the care of foster children. These payments are not included in rent calculation.
- **Full-time Student.** A person who is attending school or vocational training on a full-time basis. Full time is defines as a person who is carrying a subject load that is considered full time for day students under the standards and practices of the educational institution attended. (revised 10/20/99)
- **24. Grievance.** Any dispute which a tenant may have with respect to PHA action or failure to act in accordance with the individual tenant's lease or PHA regulations which adversely affect the individual tenant's rights, duties, welfare or status.
- **25. Handicapped Assistance Expenses.** Reasonable expenses that are anticipated during the period for which Annual Income is computed, for attendant care and auxiliary apparatus for a handicapped

or disabled family member and that are necessary to enable a family member (including the handic nepithed ropalisable disconsistence) full before mily overdreproving set disconsistence of the description of the description

- **26. Handicapped Person.** A person having a physical or mental impairment that:
  - a. .is expected to be of long-continued and indefinite duration;
  - b. substantially impedes his or her ability to live independently; and
  - c. is of such a nature that such ability could be improved by more suitable housing conditions.
- **27. Head of Household.** The adult member of the family who is the head of the household for purposes of determining income eligibility and rent.
- **28. HUD.** The Department of Housing and Urban Development.
- **29. Imputed Asset.** An asset disposed of for less than fair market valued during the two years preceding certification or recertification.
- **30. Imputed Income.** HUD passbook rate x total cash value of assets. Calculated when assets exceed \$5,000.
- **31. Income Limits.** Limits established by HUD to determine if applicants qualify for assisted housing program.
- **32. INS.** The U.S. Immigration and Naturalization Service.
- 33. Lease. A written agreement between a PHA and a resident in assisted housing.
- **34. Live-in Aide.** A person who resides with one or more elderly persons, or persons with disabilities and who:
  - a. is determined to be essential to the care and well being of the person(s);
  - b. is not obligated for the support of the person(s); and
  - c. would not be living in the unit except to provide the necessary supportive services.
- **35. Low-income Family.** A family whose Annual Income does not exceed 80% of the median income for the area, as determined by HUD with adjustments for smaller or larger families. HUD may establish income limits higher or lower than 80% of the median income for the area on the basis of its finding that such variations are necessary because of the prevailing levels of construction costs or unusually high or low family income.
- **36. Medical Expenses.** Those medical expenses, including medical insurance premiums, that are anticipated during the period for which Annual Income is computed and that are not covered by insurance. This deduction is for elderly/disabled families only.
- **37. Minor.** A member of the family household (excluding foster children) other than the family head or spouse who is under 18 years of age.
- **38. Mixed Family.** A family whose members include those with citizenship or eligible immigration status, and without citizenship or eligible immigration status.
- **39. Monthly Adjusted Income.** 1/12 of the Annual Income after allowances or adjusted income.
- **40. Monthly Income.** 1/12 of the Annual Income.
- **41. National.** A person who owes permanent allegiance to the United States, for example, as a result of birth in a United States territory or possession.
- **142. Near-Elderly Family.** A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62, living together, or one or more persons who are at least 50 years of age but below the age of 62 living with one or more live-in aides.
- 43. Net Family Assets. Net cash value after deducting reasonable costs that would be incurred in disposing of real property, saving, stocks, bonds, and other forms of capital investments. The value of necessary items of personal property such as furniture and automobiles shall be excluded. (In cases where a trust fund has been established and the trust is not revocable by, or under the control

- of any member of the family or household, the value of the trust fund will not be considered an asset so long as the fund continues to bee held in trust. Any income distributed from the trust fund shall be counted when determining Annual Income.)
- **44. Non-citizen.** A person who is neither a citizen nor a national of the United States.
- **45. Public Housing Agency (PHA).** Any state, county, municipality or other governmental entity or public body that is authorized to engage in or assist in the development or operation of housing for low income families.
- **46. Recertification.** The process of securing documentation to determine the rent the tenant will pay for the next 12 months if there are no addition changes reported. There are annual and interim recertifications.
- **47. Responsible Entity.** For the public housing assistance, the responsible entity means the PHA administering the program under and ACC with HUD. (revised 10/20/99)
- **48. Security Deposit.** A specific dollar amount deposited by the resident with the PHA which may be used upon vacating for unpaid rent or damages to the PHA owned unit.
- **49. Service Person.** A person in the active military or naval service (including active reserve) of the United States.
- **Single.** A person living alone or intending to live alone is neither elderly, disabled, or the remaining member of a family.
- **Sponsor Form.** A form completed by LMHA applicants designating one(1) person the PHA may contact for removal of the resident's possessions, should the resident no longer be able to live independently. (revised 10/20/99)
- **Spouse.** Spouse refers to the marriage partner, either a husband or a wife, who is someone you must divorce in order to dissolve the relationship. It includes the partner in a common law marriage. It does not cover boyfriends, girlfriends, significant others, or "co-heads". "Co-head" is a term recognized by some HUD programs, but not by Public and Indian housing programs.
- **Tenant Rent.** The amount payable monthly by the family as rent to the unit owner (Section 8 owner or PHA in public housing).(revised 10/20/99)
- **Total Tenant Payment.** The total amount the HUD rent formula requires the tenant to pay toward rent and utilities.
- **55. Unit.** Residential space for the private use of a family.
- **56. Utility Allowance.** The PHA's estimate of the average monthly utility bills (except telephone) for an energy conscious household. The estimate considers only utilities paid directly by the tenant. If all utilities are included in the rent amount, there is no utility allowance.
- **57. Utility Reimbursement Payment (URP).** The amount, if any, by which the utility allowance for the unit, if applicable, exceeds the Total Tenant Payment for the family occupying the unit. URP payments are mailed monthly directly to the family.
- **58. Very Low-income Family.** A low-income family whose Annual Income does not exceed 50% of the median income for the areas, as determined by HUD, with adjustments for smaller and larger families. HUD may establish income limits higher or lower than 50% of the median income for the area on the basis of its finding such variations are necessary because of unusually high or low family

income.

- **59. Veteran.** A person who has served in the active military or naval service of the United States for a minimum of six (6) months and who shall have been discharged or released under conditions other than dishonorable.
- **60. Welfare Assistance.** Welfare or other payments to families or individuals, based on need, that are made under programs funded, separately or jointly by Federal, State, or Local governments.

# LORAIN METROPOLITAN HOUSING AUTHORITY

# ADMISSIONS AND CONTINUED OCCUPANCY POLICY

### **APPENDIX II**

### **INCOME LIMITS**

LORAIN METROPOLITAN HOUSING AUTHORITY

### ADMISSIONS AND CONTINUED OCCUPANCY POLICY

### **APPENDIX II**

### **INCOME LIMITS**

### **EFFECTIVE 2-20-03**

| Number of persons in household | Allowable Income |
|--------------------------------|------------------|
| 1                              | \$33,600         |
| 2                              | \$38,400         |
| 3                              | \$43,200         |
| 4                              | \$48,000         |
| 5                              | \$51,850         |
| 6                              | \$55,700         |
| 7                              | \$59,500         |
| 8                              | \$63,350         |

## LORAIN METROPOLITAN HOUSING AUTHORITY

# ADMISSIONS AND CONTINUED OCCUPANCY POLICY

### **APPENDIX III**

### **LOCAL PREFERENCES**

LORAIN METROPOLITAN HOUSING AUTHORITY

ADMISSIONS AND CONTINUED OCCUPANCY POLICY

#### APPENDIX III

### LOCAL PREFERENCES

HUD has repealed the federal housing preferences. Housing Authorities may apply local preferences in assigning housing units. LMHA has chosen to use the following local preferences:

- ! Veterans/family of serviceman
- ! Applicants who have been employed for a minimum of 90 days (without regard to the amount earned)
- ! Applicants who live or work in Lorain County
- ! Applicants who are paying more than 50% of monthly gross income toward rent and utilities for a minimum of 90 days for a unit leased by the applicant
- ! Applicants who are leaving the Shelter + Care Program due to budgeting constraints
- ? Displacement by government action (Documentation will be accepted from local, state, or federal government agencies) 1-23-03
- ? Homelessness (An applicant must provide documentation certifying they are homeless. Documentation will be accepted from the Haven Center, Lorain; Catholic Charities Family Center, Lorain; the Mission, Elyria; the Urban League, Elyria; or the Oberlin Community Services, Oberlin. 1-23-03

Elderly/disabled applicants afforded same preference as applicant employed minimum of 90 days.

Preferences will be aggregated.

# LORAIN METROPOLITAN HOUSING AUTHORITY

# ADMISSIONS AND CONTINUED OCCUPANCY POLICY

**APPENDIX IV** 

**SECURITY DEPOSITS** 

LORAIN METROPOLITAN HOUSING AUTHORITY

### ADMISSIONS AND CONTINUED OCCUPANCY POLICY

### **APPENDIX IV**

### **SECURITY DEPOSITS**

The Security Deposit for Tenant Families shall be \$100.00.

The Security Deposit for Elderly/Disabled Tenants and/or families shall be \$50.00.

The Security Deposit for "Singles" shall be \$100.00.

# LORAIN METROPOLITAN HOUSING AUTHORITY

## ADMISSIONS AND CONTINUED OCCUPANCY POLICY

#### **APPENDIX V**

**UTILITY ALLOWANCE SCHEDULE** 

# DISCITY ALLOWANCES

|  | ;ietoT                                |    | 1  | ₹012               | 70r2                               | 8118                |                        |                    |
|--|---------------------------------------|----|--|--------------------|------------------------------------|---------------------|------------------------|--------------------|
| этез<br>этез                               | Electric<br>Gas                       |    |  | 48<br>\$28         | 46<br>\$61                         | 23<br>\$85          |                        | !                  |
| GYBDENS<br>SONLHSIDE<br>OHJS-13W4          | Cestic<br>Electric<br>Total:          |    |  | \$95<br>44<br>881  | 72¢<br>1-3                         | \$136<br>60<br>\$76 | \$483<br>36<br>3817    | \$482<br>84<br>898 |
| WESTGATE WEALGATE OH15-15                  | Gae<br>Electric<br>Total:             |    | \$29<br>  28                                   | <b>23</b>          |                                    | ! !!                |                        | 11                 |
| OBEKTIN HOWE?<br>TOHM EKEDEKICK<br>OHJS-04 | Gas<br>Qitbelii<br>MasiT              |    |  | \$68<br>543<br>543 | \$30<br>33<br>223                  | #86<br>35<br>35     |                        |                    |
| AILLA<br>MIREB<br>OHIS-02                  | Gas<br>Electric<br>Total:             |    | 802<br>35                                      | 280<br>31<br>348   | \$105<br>41<br>42                  | \$432<br>83<br>\$69 | 2154<br>21<br>22<br>22 | \$432<br>94<br>284 |
| LEKKYCE<br>MEZIAIEM<br>OH15-03             | ese<br>Steath<br>Steat:               | 20 | \$22.00  | 08 <b>4</b><br>08  | 23.<br>35.<br>24.                  | \$114<br>20<br>\$84 |                        |                    |
| FEYALL HOWES<br>OH45-04<br>DEAFTONWEAL     | Ωss<br>Electric<br>Electric<br>Total: |    | 1 28 28 41 41 41 41 41 41 41 41 41 41 41 41 41 | 29.<br>25.<br>25.  | \$108<br>44<br>65<br>3<br>80 \$108 | H 7                 | .   e                  | <b> </b>           |
|  |                                       |    |  |                    | HEDDOOM SIN                        |                     |                        |                    |

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## LORAIN METROPOLITAN HOUSING AUTHORITY

## ADMISSIONS AND CONTINUED OCCUPANCY POLICY

**APPENDIX VI** 

RESIDENT CRITERIA FOR SCATTERED SITE HOUSING

### LORAIN METROPOLITAN HOUSING AUTHORITY

### ADMISSIONS AND CONTINUED OCCUPANCY POLICY

#### APPENDIX VI

### RESIDENT CRITERIA FOR SCATTERED SITE HOUSING

#### **REVISED 11-15-95**

- 1. You must have been an LMHA resident for a minimum of two (2) years.
- 2. You can have no more than two (2) late rents within a twelve (12) month period.
- 3. Tenant history to be checked includes:
  - a. No work orders in file can evidence tenant caused damage
  - b. No complaints in file against resident/family/children or guests
  - c. No vandalism by resident/family/children or guests
  - d. Good housekeeping habits; must have received good or very good on annual inspections; cannot have been on special inspections withing the past two (2) years
  - e. No criminal history (local police checks and fingerprints will be taken)
  - f. Must exhibit family stability and pride in housing
  - g. Must have capability of yard maintenance
- 4. You must agree to receive training in:
  - a. Credit counseling
  - b. Housekeeping skills
  - c. General household maintenance
  - d. Life skills

5. All individuals in household over 18 years of age must sign a release of information for criminal history check.

## LORAIN METROPOLITAN HOUSING AUTHORITY

# ADMISSIONS AND CONTINUED OCCUPANCY POLICY

**APPENDIX VII** 

**ANNUAL INCOME** 

#### LORAIN METROPOLITAN HOUSING AUTHORITY

#### ADMISSIONS AND CONTINUED OCCUPANCY POLICY

#### **APPENDIX VII**

#### **ANNUAL INCOME**

#### 24CFR 5.609 ANNUAL INCOME

#### (A) Annual Income means all amounts which:

- 1. Go to, or on behalf of, the family head or spouse (even if temporarily absent) or to any other family member; or
- 2. Are anticipated to be received from a source outside the family during the 12 month period following admission or annual recertification effective date; and
- 3. Which are not specifically excluded in paragraph (c) f this section.
- 4. Annual income also means amounts derived (during the 12-month period) from assets to which any member of the family has access.

#### (B) Annual Income includes, but is not limited to:

- 1. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensations for personal services.
- 2. The net income from the operation of a business or profession.
- 3. Interest, dividends, and other net income of any kind from real or personal property. Where the family has net family assets in excess of \$5,000, the annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.
- 4. The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the

- delayed start of a periodic amount (SS & SSI excluded).
- 5. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except as provided in (c)(3) of this section);
- 6. Welfare assistance. If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance to be included as income shall consist of:
  - ! the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus
  - ! the maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph (b)(6) shall be the amount resulting from one application of the percentage;
- 7. Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling;
- 8. All regular pay, special pay and allowances of a member of the Armed Forces (except as provided in paragraph (c)(7) of this section).

#### (C) Annual Income does not include the following:

- 1. Income from employment of children (including foster children) under the age of 18 year;
- 2. Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone);
- 3. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses (except as provided in paragraph (b)(5) of this section);
- 4. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
- 5. Income of a live-in aide, as defined in 24CFR 5.403;
- 6. The full amount of student financial assistance paid directly to the student or to the educational institution;
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
- 7. (i) amounts received under training programs funded by HUD;
  - (ii) amounts received by a person with a disability that are disregarded for a limited time

- for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);
- (iii) amounts received by a participant in other public assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;
- (iv) amounts received under a resident service stipend. A resident service stipend is a modes amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, and resident initiatives coordination. No resident may receive more than one such stipend during the same period of time;
- (v) incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program.
- 9. Temporary, nonrecurring or sporadic income (including gifts);
- 10. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
- 11. Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse);
- 12. Adoption assistance payments in excess of \$480 per adopted child;
- 13. Deferred periodic amounts from supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts.
- 14. Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit;
- 15. Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or
- 16. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24CFR 5.609(c) apply. A notice will be published in the Federal Register and distributed to PHAs and housing owners identifying the benefits that qualify for this exclusion. Updates will be published and distributed when necessary.

(D) For public housing only. In addition to the exclusions from annual income covered in paragraph (c) of this section, a PHA may adopt permissive deductions. LMHA has adopted one permissive deduction which is a deduction for medical insurance premiums withheld directly from the employed residents'/applicants' gross pay.

### LORAIN METROPOLITAN HOUSING AUTHORITY

## ADMISSIONS AND CONTINUED OCCUPANCY POLICY

#### **APPENDIX VIII**

#### **DECONCENTRATION POLICY**

IMPLEMENTATION OF DECONCENTRATION POLICY
AS REQUIRED BY THE QUALITY HOUSING AND

#### WORK RESPONSIBILITY ACT OF 1998 (QHWRA)

In order to achieve a greater income mix, LMHA offers a local preference to individuals who have been employed a minimum of 90 days. These residents have a greater preference than an applicant who may only live in Lorain County. When LMHA instituted this preference, federal regulations prohibited giving the preference on amount earned, therefore the preference was given to a family employed a minimum of 90 days, regardless of amount earned.

The attached chart, does not show that LMHA housed individuals based on income, i.e. all extremely low income applicants were housed in one specific development and employed applicants were given a certain development. The chart indicates the income mix for family developments is not disparate, barring the Scattered Site Development, which houses many of our self-sufficiency residents. Applicants were offered units in accordance with the LMHA Admissions and Continued Occupancy Policy.

The Quality Housing and Work Responsibility Act of 1998 (QHWRA) permits the PHA to consider a number of approaches to achieve the goals of deconcentration and income mixing, such as the use of skipping over certain families on the waiting lists based on income; the establishment of certain preferences, such as worker preferences; additional applicant consultation and information, provision of additional supportive services and amenities; and rent incentives authorized by the QHWRA. Since it was prohibited to grant a local preference based on amount earned, LMHA does not plan to skip over certain families based on income. Families will continue to be housed based on the number of preferences for which they qualify.

At this time, LMHA would continue to use the current local preferences, which include the aforementioned worker preference. Additionally, LMHA will grant a permissive deduction for medical insurance premiums withheld from the employed resident's gross pay as an enticement to employed individuals.

LMHA will also seek to establish a flat rate for units based on bedroom size. This rate will be less that the previously established ceiling rent. By offering an applicant the choice of paying 30% of adjusted income or a flat rate based upon their unit size need, LMHA hopes to attract the working families in need of affordable housing.

Board resolution 8402-99; 6-16-99

# ADMINISTRATIVE PLAN SECTION 8 VOUCHER PROGRAMS

Note: Bold type indicates LMHA policy

Approved by the HA Board of Commissioners:

Submitted to HUD:

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#### STATEMENT OF POLICIES AND OBJECTIVES

#### **INTRODUCTION**

The Section 8 Program was enacted as part of the Housing and Community Development Act of 1974, which recodified the U.S. Housing Act of 1937. The Act has been amended from time to time, and its requirements, as they apply to the Section 8 Tenant-Based Assistance Program, are described in and implemented through this Administrative Plan. The Section 8 rental assistance program is federally funded and administered for Lorain County by the Lorain Metropolitan Housing Authority.

Administration of the Section 8 Program and the functions and responsibilities of the Housing Authority (PHA) staff will be in compliance with the PHA's Personnel Policy and the Department of Housing and Urban Development's (HUD) Section 8 Regulations as well as all Federal, State and local Fair Housing Laws and Regulations.

#### **Jurisdiction**

The jurisdiction of the PHA is **Lorain County.** 

Our mission is to serve our community's housing needs using available resources

#### A. LOCAL OBJECTIVES

The Section 8 Program is designed to achieve three major objectives:

- 1. To provide decent, safe, and sanitary housing for very low income families while maintaining their rent payments at an affordable level.
- 2. To promote freedom of housing choice and spatial deconcentration of very low income families of all races and ethnic backgrounds.
- 3. To provide an incentive to private property owners to rent to very low income families by offering timely assistance payments.

In addition, the PHA has the following goals for the program:

- 1. To assist the local economy by increasing the occupancy rate and the amount of money flowing to the community.
- 2. To encourage self sufficiency of participant families.

#### **B. PURPOSE OF THE PLAN** [24 CFR 982.54]

The purpose of the Administrative Plan is to establish policies for carrying out the programs in a manner consistent with HUD requirements and local goals and objectives contained in the Agency Plan. The Housing Choice Voucher Program (Enhanced Voucher) is implemented as of 10/1/99; premerger Regular Tenancy Contracts, and Housing Voucher Contracts will remain in effect until the family's second reexamination after the merger date or whenever a new lease is executed, whichever comes first.

The PHA is responsible for complying with all changes in HUD regulations pertaining to these programs. If such changes conflict with this Plan, HUD regulations will have precedence. The original Plan and any changes must be approved by the Board of Commissioners of the agency, pertinent sections included in the Agency Plan, and a copy provided to HUD. Applicable regulations include: 24CFR Part 5 - General Program Requirements, 24CFR Part 8 - Nondiscrimination, 24CFR Part 982 - Section 8 Tenant-Based Assistance.

#### C. FAIR HOUSING POLICY [24 CFR 982.54(d)(6)]

It is the policy of the Housing Authority to comply fully with all Federal, State, and local nondiscrimination laws and with the rules and regulations governing Fair Housing and Equal Opportunity in housing and employment. The PHA will not deny any family or individual the opportunity to apply for or receive assistance under the Section 8 Programs on the basis of race, color, sex, religion, creed, national or ethnic origin, age, family status, handicap or disability.

To further its commitment to full compliance with applicable Civil Rights laws, the PHA will provide Federal/State/local information to Voucher holders regarding unlawful discrimination and any recourse available to them. Such information will be made available during the family briefing session, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made a part of the Voucher holder's briefing packet and available upon request.

Except as otherwise provided in 24 CFR 8.21(c)(1), 8.24(a), 8.25, and 8.31, no individual with disabilities will be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination because the PHA's facilities are inaccessible to or unusable by persons with disabilities. Posters and housing information are displayed in locations throughout the PHA's office in such a manner as to be easily readable from a wheelchair.

Lorain Metropolitan Housing Authority, 1600 Kansas Avenue, Lorain, Ohio, is accessible to persons with disabilities. Accessibility for the hearing impaired is provided by the TDY telephone service provider.

#### D. REASONABLE ACCOMMODATIONS POLICY [24 CFR 700.245(c)(3)]

It is the policy of this PHA to be service-directed in the administration of our housing programs, and to exercise and demonstrate a high level of professionalism while providing housing services to the families within our jurisdiction.

A participant with a disability must first ask for a specific change to a policy or practice as an accommodation of their disability before the PHA will treat a person differently than anyone else. The PHA's policies and practices will be designed to provide assurances that persons with disabilities will be provided reasonable accommodation, upon request, so that they may fully access and utilize the housing program and related services. The availability of requesting an accommodation will be made known to applicants and participants. This policy is intended to afford persons with disabilities an equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as those who do not have disabilities and is applicable to all situations described in this Administrative Plan including when a family initiates contact with the PHA, when the PHA initiates contact with a family including when a family applies, and when the PHA schedules or reschedules appointments of any kind.

To be eligible to request a reasonable accommodation, the requester must first certify (if apparent) or verify (if not apparent) that they are a person with a disability under the following ADA definition:

A physical or mental impairment that substantially limits one or more of the major life activities of an individual;

A record of such impairment; or Being regarded as having such an impairment

Rehabilitated former drug users and alcoholics are covered under the ADA. However, a current drug user is not covered. In accordance with 5.403(a), individuals are not considered disabled for eligibility purposes solely on the basis of any drug or alcohol dependence. Individuals whose drug or alcohol addition is a material factor to their disability are excluded from the definition. Individuals are considered disabled if disabling mental and physical limitations would persist if drug or alcohol abuse discontinued.

Once the person's status as a qualified person with a disability is confirmed, the PHA will require that a professional third party competent to make the assessment, provides written verification that the person needs the specific accommodation due to their disability and the change is required for them to have equal access to the housing program.

All PHA mailings will be made available in an accessible format upon request, as a reasonable accommodation.

If the PHA finds that the requested accommodation creates an undue administrative or financial burden, the PHA will either deny the request and/or present an alternate accommodation that will still meet the need of the person. An undue administrative burden is one that requires a fundamental alteration of the essential functions of the PHA (i.e., waiving a family obligation). An undue financial burden is one that

when considering the available resources of the agency as a whole, the requested accommodation would pose a severe financial hardship on the PHA.

The PHA will provide a written decision to the person requesting the accommodation within 10 - 20 working days. If a person is denied the accommodation or feels that the alternative suggestions are inadequate, they may request an informal hearing to review the PHA's decision.

#### **Verification of a Request for Accommodation**

All requests for accommodation or modification will be verified with a reliable knowledgeable, professional. The PHA will verify disabilities under definitions in the Fair Housing Amendments Act of 1988, Section 504 of the 1973 Rehabilitation Act, and Americans with Disabilities Act.

The Housing Authority utilizes organizations which provide assistance for hearing- and sightimpaired persons when needed.

#### E. TRANSLATIONS OF DOCUMENTS

The Housing Authority has bilingual staff to assist Spanish-speaking families and has some documents available that are translated into Spanish.

In determining whether it is feasible to translate documents into other languages, the PHA will consider the following factors:

Number of applicants and participants who do not speak English and speak the other language.

Cost of translation into the other language per client who speaks the language.

Evaluation of the need for translation by the bilingual staff and by agencies that work with the non-English speaking clients.

The availability of organizations to translate documents, letters and forms for non English speaking families.

Availability of bilingual staff to explain untranslated documents to clients.

#### **F. FAMILY OUTREACH** [24 CFR 982.153(b)(1)]

The PHA will publicize and disseminate information to make known the availability of housing assistance and related services for very low income families on a regular basis. When the PHA's waiting list is open, the PHA will publicize the availability and nature of housing assistance for very low income families in a newspaper of general circulation, minority media, and by other suitable means.

The PHA will also utilize public service announcements.

The PHA will communicate the status of housing availability to other service providers in the community, advise them of housing eligibility factors and guidelines in order that they can make proper referrals for housing assistance.

#### **G. OWNER OUTREACH** [24 CFR 982.54(d)(5), 982.153(b)(1)]

The PHA encourages owners of decent, safe and sanitary housing units to lease to Section 8 families. The PHA maintains a **list of units available** for the Section 8 Program and updates this list at least **every two weeks.** When listings from owners are received, they will be compiled by the PHA staff by bedroom size.

The Housing Authority will actively recruit suburban property owners and when available grant exception rents for accessible and suburban properties.

The staff of the PHA initiates personal contact with private property owners and managers by conducting formal and informal discussions and meetings, and speaking at local organization meetings.

Printed material is offered to acquaint owners and managers with the opportunities available under the program.

The PHA has active participation in a community based organization comprised of private property and apartment owners and managers.

The PHA periodically evaluates the distribution of assisted families to identify areas within the jurisdiction where owner outreach should be targeted.

The PHA conducts informal meetings with participating owners to improve owner relations and to recruit new owners.

#### **H. PRIVACY RIGHTS** [24 CFR 982.551]

Applicants and participants, including all adults in their households, are required to sign the HUD 9886 Authorization for Release of Information. This document incorporates the Federal Privacy Act Statement and describes the conditions under which HUD /PHA will release family information.

The PHA's policy regarding release of information is in accordance with State and local laws which may restrict the release of family information.

In accordance with HUD requirements, the PHA will furnish prospective owners with the family's current address as shown in the PHA's records and, if known to the PHA, the name and address of the landlord at the family's current and prior address.

The PHA will furnish prospective owners with information about the family's rental history (i.e., inspection records, evictions, etc.), or any history of drug trafficking.

A statement of the PHA's policy on release of information to prospective landlords will be included in the briefing packet which is provided to the family.

The PHA's practices and procedures are designed to safeguard the privacy of applicants and program participants. All applicant and participant files will be stored in a secure location which is only accessible by authorized staff.

PHA staff will not discuss family information contained in files unless there is a business reason to do so. Inappropriate discussion of family information, or improper disclosure of family information by staff will result in disciplinary action.

#### I. EQUAL EMPLOYMENT OPPORTUNITY

The PHA practices affirmative action in hiring, promotion and conditions of employment. Position vacancies are advertised in the **Journal, Chronicle and Plain Dealer.** The PHA's recruitment practices will apply aggressive outreach to community-based racial and ethnic groups so that the composition and culture of the staff reflect the composition and culture of the community, to the extent possible. All PHA job postings will display the affirmative action/equal employment opportunity logo and slogan prominently.

#### J. RULES AND REGULATIONS [24 CFR 982.52]

This Administrative Plan is set forth to define the PHA's local policies for operation of the housing programs in the context of Federal laws and Regulations. All issues related to Section 8 not addressed in this document are governed by such Federal regulations, HUD Memos, Notices and guidelines, or other applicable law.

#### K. MANAGEMENT ASSESSMENT OBJECTIVES

The PHA operates its housing assistance program with efficiency and can demonstrate to HUD auditors that the PHA is using its resources in a manner that reflects its commitment to quality and service. The PHA policies and practices are consistent with the areas of measurement for the following HUD SEMAP indicators:

Selection from the Waiting List Reasonable Rent Determination of Adjusted Income Utility Allowance Schedule HQS Quality Control Inspections HQS Enforcement Expanding Housing Opportunities FMR/exception rent & Payment Standards Annual Reexaminations Correct Tenant Rent Calculations Pre-Contract HQS Inspections Annual HQS Inspections

Lease-up

Family Self-Sufficiency Enrollment and Escrow Account Balances

Bonus Indicator Deconcentration

Supervisory quality control reviews will be performed by a PHA Supervisor or other qualified person other than the person who performed the work, as required by HUD, on the following SEMAP indicators:

Selection from the waiting list

Rent Reasonableness

Determination of adjusted income

**HQS** Enforcement

**HQS Quality Control** 

The annual sample of files and records will be drawn in an unbiased manner, leaving a clear audit trail. The minimum sample size to be reviewed will relate directly to each factor.

#### **Records for monitoring PHA performance:**

In order to demonstrate compliance with HUD and other pertinent regulations, the PHA will maintain records, reports and other documentation for a time that is in accordance with HUD requirements and in a manner that will allow an auditor, housing professional or other interested party to follow, monitor, and/or assess the PHA's operation procedures objectively and with accuracy and in accordance with SEMAP requirements with internal supervisory audits.

#### L. TERMINOLOGY

Lorain Metropolitan Housing Authority is referred to as "PHA" or "Housing Authority" throughout this document.

"Family" is used interchangeably with "Applicant" or "Participant" and can refer to a single person family.

"Tenant" is used to refer to participants in terms of their relation to landlords.

"Landlord" and "owner" are used interchangeably.

"Disability" is used where "handicap" was formerly used.

"Non-citizens Rule" refers to the regulation effective June 19, 1995, restricting assistance to U.S. citizens and eligible immigrants.

The Section 8 programs are also known as the Regular Tenancy Certificate, Over-FMR Tenancy (OFTO) and Voucher Programs. The Voucher Choice program refers to the merged program effective as of 8/12/99.

"HQS" means the Housing Quality Standards required by regulations as enhanced by the PHA.

"Failure to Provide" refers to all requirements in the first Family Obligation.

"Merger date" refers to October 1, 1999, which is the effective date of the merging of the Section 8 Certificate and Voucher program into the Housing Choice Voucher Program.

See Glossary for other terminology.

#### Chapter 2

#### **ELIGIBILITY FOR ADMISSION**

#### **INTRODUCTION**

This Chapter defines both HUD's and the PHA's criteria for admission and denial of admission to the program. The policy of this PHA is to strive for objectivity and consistency in applying these criteria to evaluate the eligibility of families who apply. The PHA staff will review all information provided by the family carefully and without regard to factors other than those defined in this Chapter. Families will be provided the opportunity to explain their circumstances, to furnish additional information, if needed, and to receive an explanation of the basis for any decision made by the PHA pertaining to their eligibility.

#### **K. ELIGIBILITY FACTORS** [982.201(B)]

The PHA accepts applications only from families whose head or spouse is at least 18 years of age or emancipated minors under State Law.

To be eligible for participation, an applicant must meet HUD's criteria, as well as any permissible additional criteria established by the PHA.

The HUD eligibility criteria are:

An applicant must be a "family"

An applicant must be within the appropriate Income Limits

An applicant must furnish Social Security Numbers if one has been assigned or a certification indicating a SSN has not been assigned

An applicant must furnish declaration of Citizenship/Eligible Immigrant Status and verification where required

At least one member of the applicant family must be either a US Citizen or have eligible immigration status before the PHA may provide any financial assistance.

Reasons for denial of admission are addressed in the "Denial or Termination of Assistance" chapter. These reasons for denial constitute additional admission criteria.

The Family's initial eligibility for placement on the waiting list will be made in accordance with the eligibility factors. **Eligibility factors will be verified before the family is placed on the waiting list.** 

Evidence of Citizenship/Eligible Immigrant Status will not be verified until the family is selected from the waiting list for final eligibility processing for issuance of a Voucher, unless the PHA determines that such eligibility is in questions, whether or not the family is at or near the top of the waiting list.

#### **B. FAMILY COMPOSITION** [24 CFR 982.201]

The applicant must qualify as a Family. A family may be a single person or a group of persons.

A "family" includes a family with a child or children. A group of persons consisting of two or more elderly persons or disabled persons living together, or one or more elderly or disabled persons living with one or more live-in aides is a family. The PHA determines if any other group of persons qualifies as a "family."

A single person family may be:

An elderly person

A displaced person

A person with a disability

Individuals may not be considered disabled for eligibility purposes solely on the basis of any drug or alcohol dependence.

Any other single person

A child who is temporarily away from home because of placement in foster care is considered a member of the family. This provision only pertains to the foster child's temporary absence from the home, and is not intended to artificially enlarge the space available for other family members.

#### A family also includes:

Two or more persons who intend to share residency, whose income and resources

are available to meet the family's needs, and who have a history as a family unit or show evidence of a stable family relationship.

Two or more elderly or disabled persons living together, or one or more elderly or disabled persons living with one or more live-in aides is a family.

#### **Head of Household**

The head of household is the **adult** member of the household, who is designated by the family as head, is wholly or partly responsible for paying the rent, and has the legal capacity to enter into a lease under State/local law. **Emancipated minors who qualify under State law will be recognized as head of household.** 

A family may designate an elderly or disabled family member as head of household solely to qualify the family as an Elderly Household, provided that the person is at least partially responsible for paying the rent.

#### **Spouse of Head**

Spouse means the husband or wife of the head.

For proper application of the Non-citizens Rule, the definition of spouse is: the marriage partner who, in order to dissolve the relationship, would have to be divorced. It includes the partner in a common law marriage. The term "spouse" does not apply to boyfriends, girlfriends, significant others, or co-heads.

#### Co-Head

An individual in the household who is equally responsible for the lease with the Head of Household. A family may have a spouse or co-head, but not both. A co-head never qualifies as a dependent.

#### **Live-In Attendants**

A Family may include a live-in aide provided that such live-in aide:

Is determined by the PHA to be essential to the care and well being of an elderly person, a near-elderly person, or a person with disabilities,

Is not obligated for the support of the person(s), and

Would not be living in the unit except to provide care for the person(s).

A live-in aide is treated differently than family members:

Income of the live-in aide will not be counted for purposes of determining eligibility or level of benefits.

Live-in aides are not subject to Non-Citizen Rule requirements.

Live-in aides may not be considered as a remaining member of the tenant's family.

Relatives are not automatically excluded from being live-in aides, but they must meet all of the elements in the live-in aide definition described above.

Family members of a live-in attendant may also reside in the unit providing doing so does not increase the subsidy by the cost of an additional bedroom and that the presence of the live-in's family members does not overcrowd the unit.

A Live-in Aide may only reside in the unit with the approval of the PHA. Written verification will be required from a reliable, knowledgeable professional, such as a doctor, social worker, or case worker. The verification provider must certify that a live-in aide is needed for the care of the family member who is elderly, near-elderly (50-61) or disabled.

Verification must include the hours the care will be provided.

[24 CFR 982.316] At any time, the PHA will refuse to approve a particular person as a live-in aide or may withdraw such approval if:

The person commits fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program;

The person commits drug-related criminal activity or violent criminal activity; or

The person currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act

#### **Split Households Prior to Certificate/Voucher Issuance**

When a family on the waiting list splits into two otherwise eligible families due to divorce or legal separation, and the new families both claim the same placement on the waiting list, and there is no court determination, the PHA will make the decision taking into consideration the following factors:

Which family member applied as head of household.

Which family member retains the children or any disabled or elderly members.

Restrictions that were in place at the time the family applied.

Role of domestic violence in the split.

Recommendations of social service agencies or qualified professionals such as children's protective services.

Documentation of these factors is the responsibility of the applicant families. If either or both of the families do not provide the documentation, they may be denied placement on the waiting list for failure to supply information requested by the PHA.

#### **Multiple Families in the Same Household**

When families apply which consist of two immediate families living together, (such as a mother and father, and a daughter with her own husband or children), if they apply as a family unit, they will be treated as a family unit.

#### **Joint Custody of Children**

Children who are subject to a joint custody agreement, but live with one parent at least 51% of the time, will be considered members of the household. "51% of the time" is defined as 183 days of the year, which do not have to run consecutively.

There will be a self-certification required of families who claim joint custody or temporary guardianship. Legal documentation, school records, or other third-party verification may be requested.

When both parents are on the Waiting List and both are trying to claim the child, the parent whose address is listed in the school records will be allowed to claim the school-age child as a dependent.

#### **C. INCOME LIMITATIONS** [24 CFR 982.201(b), 982.353]

To be eligible for assistance, an applicant must:

Has an Annual Income at the time of admission that does not exceed the **very low income** limits for occupancy established by HUD.

To be income eligible the applicant must be a family in the very low income category, which is a family whose income does not exceed 50 percent of the area median income. The PHA will not admit families whose income exceeds 50 percent of the area median income except those families included in 24 CFR 982.201(b).

To be income eligible the family may be under the low-income limit in any of the following categories:

A very low income family.

A low-income family that is continuously assisted under the 1937 Housing Act. An applicant is continuously assisted if the family has received assistance under any 1937 Housing Act program within [30] days of voucher issuance. Programs include any housing federally assisted under the 1937 Housing Act.

A low-income family physically displaced by rental rehabilitation activity under 24 CFR part 511.

A low-income non-purchasing family residing in a HOPE 1 or HOPE 2 project.

A low-income non-purchasing family residing in a project subject to a home ownership program under 24 CFR 248.173.

A low-income family displaced as a result of the prepayment of a mortgage or voluntary termination of a mortgage insurance contract under 24 CFR 248.165.

A low-income family that qualifies for Voucher assistance as a non-purchasing family residing in a project subject to a resident home ownership program.

To determine if the family is income-eligible, the PHA compares the Annual Income of the family to the applicable income limit for the family's size.

Families whose Annual Income exceeds the income limit will be denied admission and offered an informal review.

<u>Portability:</u> For initial lease-up, families who exercise portability must be within the applicable income limit for the jurisdiction of the receiving PHA in which they want to live.

## D. MANDATORY SOCIAL SECURITY NUMBERS [24 CFR 5.216, 5.218]

Families are required to provide verification of Social Security Numbers for all family members (age 6\*) and older prior to admission, if they have been issued a number by the Social Security Administration. This requirement also applies to persons joining the family after admission to the program.

\*The PHA requires all family members to supply social security numbers, regardless of age. Time is given for Social Security Application and the issuance of a number. Persons who have a Social Security number, but cannot locate verification, will be given time to obtain verification from the Social Security Office.

Failure to furnish verification of social security numbers is grounds for denial or termination of assistance.

## **E. CITIZENSHIP/ELIGIBLE IMMIGRATION STATUS** [24 CFR Part 5, Subpart E]

In order to receive assistance, a family member must be a U.S. citizen or eligible immigrant. Individuals who are neither, may elect not to contend their status. Eligible immigrants are persons who are in one of the immigrant categories as specified by HUD.

For the Citizenship/Eligible Immigration requirement, the status of each member of the family is considered individually before the family's status is defined.

<u>Mixed Families</u>. A family is eligible for assistance as long as at least one member is a citizen or eligible immigrant. Families that include eligible and ineligible individuals are called "mixed." Such applicant families will be given notice that their assistance will be pro-rated and that they may request a hearing if they contest this determination.

<u>No eligible members.</u> Applicant families that include no eligible members will be ineligible for assistance. Such families will be denied admission and offered an opportunity for a hearing.

Non-citizen students defined by HUD in the noncitizen regulations are not eligible for assistance.

<u>Appeals.</u> For this eligibility requirement only, the applicant is entitled to a hearing exactly like those provided for participants.

#### **Verification of Status Before Admission**

The PHA **will** provide assistance to families prior to the verification of eligibility for the individual or at least one member of the family pursuant to this section.

## **F. OTHER CRITERIA FOR ADMISSION** [24 CFR 982.552 (b)]

The PHA may apply the following criteria, in addition to the HUD eligibility criteria, as grounds for denial of admission to the program.

The family must not have violated any family obligations during a previous participation in the Section 8 program for 3 years prior to final eligibility determination.

The PHA may make an exception, if the family member who violated the family obligation is not a current member of the household on the application.

The family must pay any outstanding debt owed the PHA or another PHA as a result of prior participation in any federal housing program within 30 days of PHA notice to repay.

The family must be in good standing regarding any current payment agreement made with another PHA for a previous debt incurred, before this PHA will allow participation in its Section 8 program.

If any applicant deliberately misrepresents the information on which eligibility or tenant rent is established, the PHA may deny assistance and may refer the family file/record to the proper authorities for appropriate disposition.

## **G. TENANT SCREENING** [24 CFR 982.307]

The PHA will take into consideration any of the criteria for admission described in the "Denial or Termination of Assistance" chapter.

The PHA will not screen family behavior or suitability for tenancy. The PHA will not be liable or responsible to the owner or other persons for the family's behavior or the family's conduct in tenancy.

The owner is responsible for screening and selection of the family to occupy the owner's unit. At or before PHA approval of the tenancy, the PHA will inform the owner that screening and selection for tenancy is the responsibility of the owner.

The owner is responsible for screening families based on their tenancy histories, including such factors as [24 CFR 982.307(a)(3)]:

Payment of rent and utility bills

Caring for a unit and premises

Respecting the rights of other residents to the peaceful enjoyment of their housing

Drug-related criminal activity or other criminal activity that is a threat to the health, safety or property of others; and

Compliance with other essential conditions of tenancy

The PHA will advise families how to file a complaint if they have been discriminated against by an owner. The PHA will advise the family to make a Fair Housing complaint. The PHA may also report the owner to HUD Fair Housing/Equal Opportunity or the local Fair Housing Organization.

#### H. CHANGES IN ELIGIBILITY PRIOR TO EFFECTIVE DATE OF THE CONTRACT

Changes that occur during the period between issuance of a voucher and lease up may affect the family's eligibility or share of the rental payment.

#### I. INELIGIBLE FAMILIES

Families who are determined to be ineligible will be notified in writing of the reason for denial and given an opportunity to request an informal review, or an informal hearing if they were denied due to noncitizen status. See "Complaints and Appeals" for additional information about reviews and hearings.

## J. PROHIBITED ADMISSIONS CRITERIA [982.202(b)]

Admission to the program may not be based on where the family lives before admission to the program.

Admission to the program may not be based on:

Discrimination because members of the family are unwed parents, recipients of public assistance, or children born out of wedlock.

Discrimination because a family includes children.

Whether a family decides to participate in a family self-sufficiency program; or

Other reasons as listed in the "Statement of Policies and Objectives" chapter under the Fair Housing and Reasonable Accommodations sections.

## Chapter 3

**APPLYING FOR ADMISSION** [24 CFR 982.204]

#### INTRODUCTION

The policy of the PHA is to ensure that all families who express an interest in housing assistance are given an equal opportunity to apply, and are treated in a fair and consistent manner. This Chapter describes the policies and procedures for completing an initial application for assistance, placement and denial of placement on the waiting list, and limitations on who may apply. The primary purpose of the intake function is to gather information about the family, but the PHA will also utilize this process to provide information to the family so that an accurate and timely decision of eligibility can be made. Applicants will be placed on the waiting list in accordance with this Plan.

#### L. OVERVIEW OF APPLICATION TAKING PROCESS

Families who wish to apply for the PHA's Voucher program must **complete a written application form when applicant-taking is open in order to be placed on the waiting list when.** Applications will be made available in an accessible format upon request from a person with a disability. When the waiting list is open, any family asking to be placed on the Section 8 waiting list will be given the opportunity to complete an application.

The application process will involve three phases. The first is the "initial" request for assistance. The applicant completes a postcard that is entered into a lottery drawing. This establishes a time and date of application.

The second phase is the "determination of eligibility." At this time, an application form is completed, along with an interview, and the PHA ensures that verification of all HUD and PHA eligibility factors is current in order to determine the family's eligibility and placement on the waiting list.

The third phase is the "final determination of eligibility." The PHA conducts an orientation and interview and ensures that verification of all HUD/PHA eligibility factors are current in order to issue a youcher.

## **B.** OPENING/CLOSING OF APPLICATION TAKING [24 CFR 982.206, 982.54(d)(1)]

The PHA will utilize the following procedures for opening the waiting list:

When the PHA opens the waiting list, the PHA will advertise through public notice in the following newspapers, minority publications and media entities the location(s) and program(s) for which applications are being accepted:

Chronicle Telegram, Lorain Journal, Plain Dealer (Lorain County Edition), local radio, community service spots

Service organizations including, but not limited to, Utility Companies, Lorain County Human Services, Urban League, El Centro, City Halls throughout Lorain County

The notice will contain:

Dates, times and the locations where families may apply.

Program(s) for which applications will be taken.

A brief description of the program.

Limitations, if any, on who may apply.

The notices will be made in an accessible format if requested. They will provide potential applicants with information that includes the PHA address and telephone number, how to submit an application, information on eligibility requirements, and the availability of **Local Preferences.** 

If the waiting list is open, the PHA will accept applications from eligible families unless there is good cause for not accepting the application, such as denial of assistance because of action or inaction by members of the family for grounds stated in the "Denial or Termination of Assistance" chapter of this Plan. [24 CFR 982.206(b)(2)]

## **Closing the Waiting List**

The PHA may stop taking applications if there are enough Local Preference applicants to fill anticipated openings for the next **12 to 24** months. The waiting list may not be closed if it would have a discriminatory effect inconsistent with applicable civil rights laws.

Any time that there are not enough applicants who claim a **Local Preference**, the PHA may reopen the list only to applicants who claim a **Local Preference**.

Suspension of application taking is announced in the same way as opening the waiting list.

The open period will be long enough to achieve a waiting list adequate to cover projected turnover and new allocations over the next **12 to 24** months. The PHA will give at least **5 days** notice prior to closing the list. When the period for accepting applications is over, the PHA will add the new applicants to the list by:

Holding a lottery drawing to determine date and time of application for placement on the waiting list.

# **Limits on Whom May Apply**

When the waiting list is open,

Any family asking to be placed on the waiting list for Section 8 rental assistance will be given the opportunity to complete an application.

Depending upon the composition of the waiting list with regard to family types and preferences and to better serve the needs of the community, at times the PHA may only accept applications from:

Any family claiming a Local Preference

If there are sufficient applications from elderly families, disabled families, and displaced singles, applications may not be accepted from Other Singles.

When the application is submitted to the PHA:

It is entered into the lottery to determine placement order on the waiting list by establishing date and time of application.

## C. APPLICATION PROCEDURES [24 CFR 982.204 (b)]

The PHA will utilize an application form. The information is to be filled out by the applicant whenever possible. To provide specific accommodation to persons with disabilities, the information may be completed by a staff person over the telephone. It may also be mailed to the applicant and, if requested, it will be mailed in an accessible format.

The purpose of the application is to permit the PHA to preliminarily assess family eligibility or ineligibility and to determine placement on the waiting list. The application will contain questions designed to obtain the following information:

Names of adult members and age of all members

Sex and relationship of all members

Street Address of current residence and phone numbers

Mailing Address (If PO Box or other permanent address)

Amount(s) and source(s) of income received by household members

Information regarding Disabilities relating to program requirements (i.e., deductions)

Information related to qualification for preferences

Social Security Numbers

Race/ethnicity

Citizenship/eligible immigration status

Arrests and/or Convictions for Drug Related or Violent Criminal Activity

Request for Specific Accommodation needed to fully utilize the program and services

Program integrity questions regarding previous participation in HUD programs

Duplicate applications, including applications from a segment of an applicant household, will **not be accepted.** Ineligible families **will not** be placed on the waiting list.

Applications **will** require an interview. The information on the application **will** be verified before the applicant has been selected for final eligibility determination. Final eligibility will be determined when the full application process is completed and all information is verified.

Failure to provide information or to respond to mailings will result in the applicant being

denied placement on the waiting list. See "Denial and Terminations" Chapter.

## **D. APPLICANT STATUS WHILE ON WAITING LIST** [24 CFR 982.204]

If after a review of the application the family is determined to be eligible, they will be notified in writing, in an accessible format upon request, as a reasonable accommodation. The notice will contain the approximate date that assistance may be offered, and will further explain that the estimated date is subject to factors such as turnover and additional funding.

This written notification of preliminary eligibility will be mailed to the applicant by first class mail.

If the family is determined to be ineligible based on the information provided in the application, the PHA will notify the family in writing (in an accessible format upon request as a reasonable accommodation), state the reason(s), and inform them of their right to an informal review. Persons with disabilities may request to have an advocate attend the informal review as an accommodation. See Chapter 19, "Complaints and Appeals."

Applicants are required to inform the PHA in writing within 7 business days of changes in family composition, income, and address, as well as any changes in their Preference status to have their position on the waiting list changed. The PHA will affect changes in a person's file only after the PHA has been notified and verification has been received. Failure to provide information or to respond to mailings will result in the applicant being removed from the waiting list.

# **E. TIME OF SELECTION** [24 CFR 982.204, 5.410]

When funding is available, families will be selected from the waiting list in their preference-determined sequence, regardless of family size.

When there is insufficient funding available for the family at the top of the list, the PHA will not admit any other applicant until funding is available for the first applicant. Applicants will not be passed over on the waiting list.

Based on the PHA's turnover and the availability of funding, groups of families will be selected from the waiting list to form a final eligibility "pool." Selection from the pool will be based on waiting list sequence/completion of verification.

#### F. COMPLETION OF A FULL APPLICATION

All or Local Preferences claimed on the application or while the family is on the waiting list will be verified:

Upon receipt of the application and prior to placement on the waiting list

After the family is selected from the waiting list, and prior to voucher issuance

Whenever the family reports a change that would affect the preference

The qualification for preference must exist at the time the preference is verified.

After the preference is verified, applicants will be required to:

Complete a Personal Declaration Form prior to the full application interview.

Complete a full application in their own handwriting, unless assistance is needed, or a request for accommodation is made by a person with a disability.

Participate in a full application interview with a PHA representative during which the applicant will be required to furnish complete and accurate information as requested by the interviewer. The applicant will sign and certify that all information is complete and accurate.

The full application will be **communicated as requested as an accommodation to a person with a disability.** 

## Requirement to Attend Interview

The PHA utilizes the full application interview to discuss the family's circumstances in greater detail, to clarify information which has been provided by the family, and to ensure that the information is complete. The interview is also used as a vehicle to meet the informational needs of the family by providing information about the application and verification process, as well as to advise the family of other PHA services or programs which may be available.

The head of household is required to attend the interview

If the head of household cannot attend the interview, the spouse may attend to complete the application and certify for the family. The head of household, however, will be required to attend an interview within 7 business days to review the information and to certify by signature that all of the information is complete and accurate.

If an applicant fails to appear for a prescheduled appointment, the PHA will automatically schedule a second appointment. If the applicant misses the second appointment without prior approval, the application is denied, unless there is documentation of an emergency that prevented their attendance.

Reasonable accommodation will be made for persons with a disability who requires an advocate or accessible offices. A designee will be allowed to participate in the interview process, but only with permission of the person with a disability.

If an application is denied due to failure to attend the full application interview, the applicant will be notified in writing and offered an opportunity to request an informal review. See "Complaints and Appeals" chapter.

All adult members must sign the HUD Form 9886, Release of Information, all supplemental forms required by the PHA, the declarations and consents related to citizenship/immigration status and any other documents required by the PHA. Applicants will be required to sign specific verification forms for information which is not covered by the HUD form 9886. Failure to do so will be cause for denial of the application for failure to provide necessary certifications and release as required by the PHA.

If the PHA determines at or after the interview that additional information or document(s) are needed, the PHA will request the document(s) or information in writing. The family will be given **7 business** days to supply the information. If the information is not supplied in this time period, the PHA will provide the family a notification of denial for assistance. See "Complaints and Appeals" chapter.

## **G. VERIFICATION** [24 CFR 982.201(e)]

Information provided by the applicant will be verified, using the verification procedures in the "Verification Procedures" chapter. Family composition, income, allowances and deductions, assets, full-time student status, eligibility and rent calculation factors, and other pertinent information will be verified. Verifications may not be more than 60 days old at the time of issuance of the Voucher.

# H. FINAL DETERMINATION AND NOTIFICATION OF ELIGIBILITY [24CFR 982.201]

Before issuance of a Voucher, the PHA will make a final determination of eligibility. This decision is based upon information provided by the family, the verification completed by the PHA, and the current eligibility criteria in effect. An appointment for a briefing and final interview will be scheduled to determine the qualifications before a voucher is issued. No voucher will be issued without complete verifications.

# **Chapter 4**

# ESTABLISHING PREFERENCES AND MAINTAINING THE WAITING LIST

[24 CFR PART 5, Subpart D; 982.54(d)(1); 982.204; 982.205; 982.206]

## **INTRODUCTION**

It is the PHA's objective to ensure that the families are placed in the proper order on the waiting list and

selected from the waiting list for admissions in accordance with the policies in the Administrative Plan.

This chapter explains the local preferences that the PHA has adopted to meet local housing needs, defines the eligibility criteria for the preferences and explains the PHA's system of applying them.

By maintaining an accurate waiting list, the PHA will be able to perform the activities which ensure that an adequate pool of a qualified applicant will be available so that program funds are used in a timely manner.

# **A. WAITING LIST** [24 CFR 982.204]

The PHA uses a single waiting list for admission to its Section 8 tenant-based an assistance program.

Except for Special Admissions, applicants will be selected from the PHA waiting list in accordance with policies and preferences defined in the Administrative Plan.

The PHA will maintain information that permits proper selection from the waiting list.

The waiting list contains the following information for each applicant listed:

An applicant name

Family unit size (Number of bedrooms family qualifies for under PHA subsidy standards)

Family type (Family, disabled, elderly, single)

Date and time of application

Qualification for any local preference

Racial or ethnic designation of the head of household

Singles preference status

## **B. SPECIAL ADMISSIONS** [24 CFR 982.54(d)(e), 982.54(d)(3), 982.203]

If HUD awards a PHA program funding that is targeted for specifically names families, the PHA will admit these families under a Special Admission procedure. Special admission's families will be admitted outside of the regular waiting list process. They do not have to qualify for any preferences, nor are they required to be on the program waiting list. The PHA maintains separate records of these admissions.

The following are examples of types of program funding that may be designated by HUD for families living in a specified unit:

A family displaced because of demolition or disposition of a public or Indian housing project;

A family residing in a multifamily rental housing project when HUD sells, Forecloses or demolishes the project;

For housing covered by the Low Income Housing Preservation and Resident Home ownership Act of 1990;

A family residing in a project covered by a project-based Section 8 HAP Contract at or near the end of the HAP Contract term; and

A non-purchasing family residing in a HOPE 1 or HOPE 2 project.

Applicants admitted under targeted funding, who are not identified as a Special Admission, are identified by codes in the automated system.

## C. WAITING LIST PREFERENCES [24 CFR 982.207]

The PHA will apply a system of local preferences.

Applications will be ordered by Local preferences and date and time of application.

An applicant will not be granted any preference if any member of the family has been evicted from any federally assisted housing during the past three years because of drug-related criminal activity.

The PHA will grant an exception to such a family if:

The responsible member has successfully completed a rehabilitation program.

The evicted person clearly did not participate in or know about the drug related activity that occasioned the eviction.

The evicted person is no longer involved in any drug related criminal activity.

If an applicant makes a false statement in order to qualify for a preference, the PHA will deny the Local Preference and may choose to deny admission to the program for the family depending on the deliberate action to commit fraud.

## **D. LOCAL PREFERENCES** [24 CFR 5.410]

HUD Notice PIH 98-64 eliminated the requirement for public notice and a period for public comment when changing the PHA's preference system. However, the PHA must inform all applicants about available preferences and must give applicants an opportunity to show that they qualify for available preferences. If it is impracticable to do so because of the length of the waiting list, the PHA may provide notification to fewer than all applicants at any given time. [24 CFR 5.410(g)(h)]

The PHA uses the following Local Preference system:

**Veteran Preference (veteran or surviving spouse of veteran)** 

A veteran is a person who has served a minimum of 6 months in the

active United States military or naval service and has been discharged or released under honorable conditions. (Per VA office, "other than honorable" is considered a negative discharge.) (10/96)

Residency Preference: Applicants who live or work within Lorain County (10/96)

Working Preference: Applicants (head or spouse) who have been employed for a minimum of 90 days (10/96)

\*\*elderly/disabled/handicapped are afforded same status employed a minimum of 90 days

as applicant

Rent Burden Preference: Applicants paying more than 50% of their income for rent and utilities for a minimum of 90 days for a unit leased by the applicant \*(1/98)

- \* For purposes of this preference, "income" is Gross Monthly Income as defined in the regulation.
- \* "Rent" is defined as the actual amount paid under a lease or occupancy agreement. The applicant must pay rent directly to the owner or agent.
- \* "Utilities" are defined as the average monthly payments the family makes for the utilities they are to provide under their current lease agreement for the most recent 12-month period. If information is not obtainable for the entire period, the average of at least the past three months must be submitted.
- \* If an applicant owns a mobile home, but rents the space upon which it is located, then "Rent" must include the monthly payment made to amortize the purchase price of the home.

## **Treatment of Single Applicants**

Applicants who are elderly, disabled, or displaced families of no more than two person families will be given a selection priority over all "Other Single" applicants regardless of preference status. "Other Singles" denotes a one-person household in which the individual member is not elderly, disabled, or displaced by government action. Such applicants will be placed on the waiting list in accordance with any other preferences to which they are entitled, but they cannot be selected for assistance before any one or two people elderly, disabled or displaced family regardless of local preferences.

#### E. INCOME TARGETING

In accordance with the Quality Housing and Work Responsibility Act of 1998, each fiscal year the PHA will reserve a minimum of 75 percent of its Section 8 new admissions for families whose income

does not exceed 30 percent of the area median income. HUD refers to these families as "extremely low-income families." The PHA will admit families who qualify under the Extremely Low Income limit to meet the income targeting requirement regardless of preference.

The PHA's income targeting requirement does not apply to low income families continuously assisted as provided for under the 1937 Housing Act.

The PHA is also exempted from this requirement where the PHA is providing assistance to low income or moderate income families entitled to preservation assistance under the tenant-based program as a result of a mortgage prepayment or opt-out.

# F. INITIAL DETERMINATION OF LOCAL PREFERENCE QUALIFICATION

[24 CFR 5.415]

At the time of application, an applicant's entitlement to a Local Preference may be made on the following basis:

The PHA will verify all preference claims at the time of initial application, selection from the waiting list, and when changes are reported by the applicant.

If the preference verification indicates that an applicant does not qualify for the preference, the applicant will be returned to the waiting list without the Local Preference and given an opportunity for a meeting.

## G. TARGETED FUNDING [24 CFR 982.203]

When HUD awards special funding for certain family types, families who qualify are placed on the regular waiting list. When a specific type of funding becomes available, the waiting list is searched for the first available family meeting the targeted funding criteria.

Applicants, admitted under targeted funding, who are not identified as a Special Admissions is identified by codes in the automated system.

The PHA has the following "Targeted" Programs:

Mainstream for persons with disabilities

Shelter Plus Care

Family Unification

#### H. PREFERENCE AND INCOME TARGETING ELIGIBILITY [24 CFR 5.410]

## **Change in Circumstances**

Changes in an applicant's circumstances while on the waiting list may affect the family's entitlement to a preference. Applicants are required to notify the PHA in writing when their circumstances change.

When an applicant claims an additional preference, s/he will be placed on the waiting list in the appropriate order determined by the verification of the newly-claimed preference.

The exception to this is, if at the time the family applied, the waiting list was only open to families who claimed that preference. In such case, the applicant must verify that they were eligible for the first preference before they are returned to the waiting list with the new preference.

If the family's verified annual income, at final eligibility determination, does not fall under the Extremely Low Income limit, and the family was selected for income targeting purposes before families with a higher preference, the family will be returned to the waiting list.

# Other Housing Assistance [24 CFR 982.205(b)]

Other housing assistance means a federal, state, or local housing subsidy as determined by HUD, including public housing. The PHA may not take any of the following actions because an applicant has applied for, received, or refused other housing:

Refuse to list the applicant on the PHA waiting list for tenant-based assistance;

Deny any admission preference for which the applicant is currently qualified;

Change the applicant's place on the waiting list based on preference, date and time of application, or other factors affecting selection under the PHA policy; or

Remove the applicant from the waiting list.

However, the PHA may remove the applicant from the waiting list for tenant-based assistance if the PHA has offered the applicant assistance under the voucher program.

## Cross-Listing of Public Housing and Section 8 [24 CFR 982.205(a)]

The PHA will not merge the waiting lists for public housing and Section 8. However, if the Section 8 waiting list is open when the applicant is placed on the public housing list, the PHA must offer to place the family on both lists.

## I. **ORDER OF SELECTION** [24 CFR 982.207(e)]

The PHA's method for selecting applicants from a preference category leaves a clear audit trail that can be used to verify that each applicant has been selected in accordance with the method specified in the administrative plan.

#### **Local Preferences**

Local preferences will be used to select families from the waiting list.

Each preference will be equal to one (1) point. The more preferences an applicant has, the higher the applicant's place on the waiting list.

## **Among Applicants with Equal Preference Status**

Among applicants with equal preference status, the waiting list will be organized by **date and time as established in the lottery.** 

## J. FINAL VERIFICATION OF PREFERENCE [24 CFR 5.415]

Preference information on applications will be updated as applicants are selected from the waiting list. At that time the PHA will:

Obtain necessary verifications of preference at the interview and by third verification

# **K. PREFERENCE DENIAL** [24 CFR 5.415]

If the PHA denies a preference, the PHA will notify the applicant in writing of the reasons why the preference was denied and offer the applicant an opportunity for a review with the Section 8 manager or Assistant Manager. If the preference denial is upheld as a result of the meeting, or the applicant does not request, a meeting, the applicant will be placed on the waiting list without benefit of the preference. Applicants may exercise other rights if they believe they have been discriminated against.

If the applicant falsifies documents or makes false statements in order to qualify for any preference, they will be denied that preference and the PHA may choose to remove them from the Waiting List based on the act of fraud.

## L. REMOVAL FROM WAITING LIST AND PURGING [24 CFR 982.204(c)]

The waiting list will be purged no more than **annually** by a mailing to all applicants to ensure that the waiting list is current and accurate. The mailing will ask for current information and confirmation of continued interest.

If an applicant fails to respond to a mailing from the PHA, the applicant will be sent a second written notification and given **7 business** days to contact the PHA. If they still fail to respond, they will be removed from the waiting list. An extension will be considered an accommodation if requested by a person with a disability.

Any second/final mailings to the applicant which require a response will state that failure to respond within a specified time frame will result in the applicant's name being dropped from the waiting list.

If a letter is returned by the Post Office without a forwarding address, the applicant will be removed without further notice, and the envelope and letter will be maintained in the file. If a letter is returned with a forwarding address, it will be re-mailed to the address indicated.

If an applicant is removed from the waiting list for failure to respond, they will not be entitled to reinstatement unless they can provide documentation proving circumstances were beyond the person's control (i.e., a medical emergency).

## Chapter 5

## **SUBSIDY STANDARDS** [24 CFR 982.54(d)(9)]

#### INTRODUCTION

HUD guidelines require that PHA's establish subsidy standards for the determination of family unit size, and that such standards provide for a minimum commitment of subsidy while avoiding overcrowding. The standards used for the unit size selected by the family must be within the minimum unit size requirements of HUD's Housing Quality Standards. This Chapter explains the subsidy standards which will be used to determine the Voucher size (family unit size) for various sized families when they are selected from the waiting list, as well as the PHA's procedures when a family's size changes, or a family selects a unit size that is different from the Voucher.

## I. DETERMINING FAMILY UNIT (VOUCHER) SIZE [24 CFR 982.402]

The PHA does not determine who shares a bedroom/sleeping room, but there must be at least one person per bedroom on the Voucher. The PHA's subsidy standards for determining voucher size will be applied in a manner consistent with Fair Housing guidelines.

#### For subsidy standards, an adult is a person 18 years or older.

All standards in this section relate to the number of bedrooms on the Voucher, not the family's actual living arrangements.

The unit size on the Voucher remains the same as long as the family composition remains the same,

regardless of the actual unit size rented.

Generally, the PHA assigns one bedroom to two people within the following guidelines:

Persons of different generations, persons of the opposite sex (<u>other than</u> adults who have a spousal relationship, and children under the age of 5).

Foster children will be included in determining unit size only if they will be in the unit for more than 12 months.

Live-in attendants will generally be provided a separate bedroom. No additional bedrooms are provided for the attendant's family.

Space may be provided for a child who is away at school but who lives with the family during school recesses.

Space will not be provided for a family member who will be absent most of the time, such as a member who is away in the military.

Single person families will be allocated a zero or one bedroom.

#### GUIDELINES FOR DETERMINING VOUCHER SIZE

| <b>Voucher Size</b> | Persons in H | ons in Household |  |
|---------------------|--------------|------------------|--|
|                     | (Minimum #)  | (Maximum #)      |  |
| 0 Bedroom           | 1            | 1                |  |
| 1 Bedroom           | 1            | 2                |  |
| 2 Bedrooms          | 2            | 4                |  |
| 3 Bedrooms          | 4            | 6                |  |
| 4 Bedrooms          | 6            | 8                |  |
| 5 Bedrooms          | 8            | 10               |  |
| 6 Bedrooms          | 10           | 12               |  |

# **B. EXCEPTIONS TO SUBSIDY STANDARDS** [24 CFR 982.403(a)(b)]

The PHA will grant exceptions from the subsidy standards if the family requests and the PHA determines the exceptions are justified by the relationship, age, sex, health or disability of family members, or other individual circumstances.

The PHA will grant an exception upon request as an accommodation for persons with disabilities. Circumstances may dictate a larger size than the subsidy standards permit when persons cannot share a bedroom because of a need, such as a:

Verified medical or health reason; or

Elderly persons or persons with disabilities who may require a live-in attendant

## **Request for Exception to Subsidy Standards**

The family may request a larger sized voucher than indicated by the PHA's subsidy standards. Such request must be made in writing within 7 business days of the PHA's determination of bedroom size. The request must explain the need or justification for a larger bedroom size. Documentation verifying the need or justification will be required as appropriate.

The PHA will not issue a larger voucher due to additions of family members other than by

birth, adoption, marriage, or court-awarded custody.

Requests based on health related reasons must be verified by a doctor, medical professional, or social service professional.

#### **PHA Error**

If the PHA errs in the bedroom size designation, the family will be issued a Voucher of the appropriate size.

# **Changes for Applicants**

The voucher size is determined prior to the briefing by comparing the family composition to the PHA subsidy standards. If an applicant requires a change in the voucher size, based on the requirements of the PHA subsidy standards, the above reference's guidelines will apply.

#### **Changes for Participants**

The members of the family residing in the unit must be approved by the PHA. The family must obtain approval of any additional family member before the person occupies the unit except for additions by birth, adoption, or court-awarded custody, in which case the family must inform the PHA within 7 business days.

#### **Underhoused and Overhoused Families**

If a unit does not meet HQS space standards due to an increase in family size (unit too small), the PHA will issue a new voucher and assist the family in locating a suitable unit.

Premerger Certificate Families Only:

If a premerger certificate family is occupying a unit which has more bedrooms than allocated under the PHA's subsidy standards, and the gross rent exceeds the FMR/Exception Rent for the family size under the PHA's subsidy standards, the PHA will issue the family a new voucher, of the appropriate size, and assist the family in finding a suitable unit.

Premerger certificate families under occupying a unit, as defined above, will be issued a voucher and given a minimum of sixty days to locate a new unit before assistance is terminated. **In such cases, the PHA's voucher term extension policy will be applicable.** 

The PHA will also notify the family of the circumstances under which an exception will be granted, such as:

If a family with a disability is underhoused in an accessible unit.

If a family requires the additional bedroom because of a health problem which has been verified by the PHA.

## **Transfer Waiting List**

When a change in family composition requires a larger voucher size and funds are not available for the type of assistance the family has, the family will be placed on a Transfer List.

Families will be selected from the Transfer List before families are selected from the applicant waiting list. This assures that families who are already on the program are in the appropriate sized units.

Families will be selected from this list when there is available funding, in the following sequence:

A participant family (whose family composition has been approved by the PHA) who requires a change in Voucher size because they are living in a unit which is overcrowded according to Housing Quality Standards.

A participant family (whose family composition has been approved by the PHA) who requires a change in Voucher size under the Subsidy Standards, but not Housing Quality Standards.

All others who require a transfer as determined by the PHA.

## C. UNIT SIZE SELECTED [24 CFR 982.402(c)]

The family may select a different size dwelling unit than that listed on the Voucher. There are three criteria to consider:

<u>Subsidy Limitation</u>: The family unit size as determined for a family under the PHA subsidy standard for a family assisted in the voucher program is based on the PHA's adopted payment standards. The payment standard for a family will be the *lower of*:

The payment standard amount for the family unit size; or

The payment standard amount for the unit size rented by the family.

<u>Utility Allowance</u>: The utility allowance used to calculate the gross rent is based on the actual size of the unit the family selects, regardless of the size authorized on the family's Voucher.

<u>Housing Quality Standards</u>: The standards allow two persons per living/sleeping room and permit maximum occupancy levels (assuming a living room is used as a living/sleeping area) as shown in the table below. The levels may be exceeded if a room in addition to bedrooms and living room is used for sleeping.

## HQS GUIDELINES FOR UNIT SIZE SELECTED

| <b>Unit Size</b> | Maximum # In Household |
|------------------|------------------------|
| 0 Bedroom        | 1                      |
| 1 Bedroom        | 4                      |
| 2 Bedrooms       | 6                      |
| 3 Bedrooms       | 8                      |
| 4 Bedrooms       | 10                     |
| 5 Bedrooms       | 12                     |
| 6 Bedrooms       | 14                     |

## Chapter 6

# FACTORS RELATED TO TOTAL TENANT PAYMENT AND FAMILY SHARE DETERMINATION [24 CFR Part 5, Subparts E and F; 982.153, 982.551]

#### **INTRODUCTION**

The PHA will use the methods as set forth in the Administrative Plan to verify and determine that family income at admission and at annual reexamination is correct. The accurate calculation of Annual Income and Adjusted Income will ensure that families are not paying more or less money for rent than their obligation under the Regulations.

This Chapter defines the allowable expenses and deductions to be subtracted from Annual Income and how the presence or absence of household members may affect the Total Tenant Payment (TTP). Income and TTP are calculated in accordance with 24 CFR Part 5, Subparts E and F, and further instructions set forth in HUD Notices and Memoranda. The formula for the calculation of TTP is specific and not subject to interpretation. The PHA's policies in this Chapter address those areas which allow the PHA discretion to define terms and to develop standards in order to assure consistent application of the various factors that relate to the determination of TTP.

## A. INCOME AND ALLOWANCES [24 CFR 5.609]

<u>Income</u>: Includes all monetary amounts which are received on behalf of the family. For purposes of calculating the Total Tenant Payment (TTP), HUD defines what is to be excluded in the Federal Regulations. In accordance with this definition, all income which is not specifically excluded in the regulations is counted.

Annual Income is defined as the gross amount of income anticipated being received by the family during the 12 months after certification or recertification. Gross income is the amount of income prior to any HUD allowable expenses or deductions, and does not include income which has been excluded by HUD. Annual income is used to determine whether or not applicants are within the applicable income limits.

Adjusted Income is defined as the Annual income minus any HUD allowable expenses and deductions.

HUD has five allowable deductions from Annual Income:

- 1. Dependent Allowance: \$480 each for family members (other than the head or spouse), who are minors, and for family members who are 18 or older and full-time students or who are disabled.
- 2. Elderly/Disabled allowance: \$400 per family whose head or spouse is 62 or over or disabled.
- 3. Allowable Medical Expenses: Deducted for all family members of an eligible elderly/disabled family.
- 4. Child Care Expenses: Deducted for the care of children under 13 when child care is necessary to allow an adult member to work, attend school, or actively seek employment.
- 5. Allowable Disability Assistance Expenses: Deducted for attendant care or auxiliary apparatus for persons with disabilities if needed to enable the individual or an **adult** family member to work.

## **B. MINIMUM RENT** [24 CFR 5.616]

#### **Minimum Rent**

"Minimum rent" is \$25.00. Minimum rent refers to the Total Tenant Payment and includes the combined amount a family pays toward rent and/or utilities when it is applied.

# **Hardship Requests for an Exception to Minimum Rent**

The PHA recognizes that in some circumstances even the minimum rent may create a financial hardship for families. The PHA will review all relevant circumstances brought to the PHA's attention regarding financial hardship as it applies to the minimum rent. The following section states the PHA's procedures and policies in regard to minimum rent financial hardship as set forth by the Quality Housing and Work Responsibility Act of 1998. HUD has defined circumstances under which a hardship could be claimed.

## **Criteria for Hardship Exception**

In order for a family to qualify for a hardship exception, the family's circumstances must fall under one of the following HUD hardship criteria:

The family has lost eligibility or is awaiting an eligibility determination for Federal, State, or Local assistance;

The family would be evicted as a result of the imposition of the minimum rent requirement;

The income of the family has decreased because of changed circumstances, including:

Loss of employment

Death in the family

Other circumstances as determined by the PHA or HUD

In addition to the HUD hardships, the PHA has added these hardship qualifications:

Adult family member with 100% of the household income leaves the household for longer that 90 days.

## PHA Notification to Families of Right to Hardship Exception

The PHA will notify all families subject to minimum rents of their right to request a minimum rent hardship exception. "Subject to minimum rent" means the minimum rent was the greatest figure in the calculation of the greatest of 30% of monthly adjusted income, 10% of monthly income, minimum rent or welfare rent.

If the minimum rent is the greatest figure in the calculation of Total Tenant Payment, PHA staff will include a copy of the notice regarding hardship request provided to the family in the family's file.

The PHA notification will advise families that hardship exception determinations are subject to PHA review and hearing procedures. The PHA will review all family requests for exception from the minimum rent due to financial hardships.

All requests for minimum rent hardship exceptions are required to be in writing.

The PHA will request documentation as proof of financial hardship.

Requests for minimum rent exception must include a statement of the family hardship that qualify the family for an exception.

**Suspension of Minimum Rent** 

The PHA will grant the minimum rent exception to all families who request it, effective the first of the following month. The minimum rent will be suspended until the PHA determines whether the hardship is:

Covered by statute Temporary or long term

"Suspension" means that the PHA must not use the minimum rent calculation until the PHA has made this decision.

During the minimum rent suspension period, the family will not be required to pay a minimum rent and the housing assistance payment will be increased accordingly.

If the PHA determines that the minimum rent is not covered by statute, the PHA will impose a minimum rent including payment for minimum rent from the time of suspension.

## **Temporary Hardship**

If the PHA determines that the hardship is temporary, a minimum rent will not be imposed for a period of up to 90 days from the date of the family's request. At the end of the temporary suspension period, a minimum rent will be imposed retroactively to the time of suspension.

The PHA will offer a repayment agreement to the family for any such rent not paid during the temporary hardship period. (See "Owner and Family Debts to the PHA" chapter for repayment agreement policy.)

## **Long-Term Duration Hardships** [24 CFR 5.616(c)(3)]

If the PHA determines that there is a qualifying long-term financial hardship, the PHA must exempt the family from the minimum rent requirements.

## **Retroactive Determination**

The PHA will reimburse the family for any minimum rent charges which took effect after October 21, 1998, that qualified for one of the mandatory exceptions.

If the family is owed a retroactive payment, the PHA will offset the family's future rent contribution payments by the amount in which the PHA owes the family; or

If the family is owed a retroactive payment which would involve a utility reimbursement payment, the PHA will provide the reimbursement to the family.

## C. DEFINITION OF TEMPORARILY/PERMANENTLY ABSENT

[24 CFR 982.54(d)(10), 982.551]

The PHA must compute all applicable income of every family member who is on the lease, including those who are temporarily absent. In addition, the PHA must count the income of the spouse or the head of the household if that person is temporarily absent, even if that person is not on the lease.

## "Temporarily absent" is defined as away from the unit for more than 90 days.

Income of persons permanently absent will not be counted. If the spouse is temporarily absent and in the military, all military pay and allowances (except hazardous duty pay when exposed to hostile fire and any other exceptions to military pay HUD may define) is counted as income.

It is the responsibility of the head of household to report changes in family composition. The PHA will evaluate absences from the unit using this policy.

# Absence of Entire Family [24 CFR 982.54 (10)]

These policy guidelines address situations when the family is absent from the unit, but has not moved out of the unit. In cases where the family has moved out of the unit, the PHA will terminate assistance in accordance with appropriate termination procedures contained in this Plan.

Families are required both to notify the PHA before they move out of a unit and to give the PHA information about any family absence from the unit.

Families must notify the PHA prior to leaving the unit if they are going to be absent from the unit for more than 14 consecutive days.

If the entire family is absent from the assisted unit for 30 consecutive days (without prior notice to the **PHA**), the unit will be considered to be vacated and the assistance will be terminated.

If it is determined that the family is absent from the unit longer than the time specified in this Plan, the PHA will not continue assistance payments.

HUD regulations require the PHA to terminate assistance if the entire family is absent from the unit for a period of more than 180 consecutive calendar days.

"Absence" means that no family member is residing in the unit.

In order to determine if the family is absent from the unit, the PHA may:

Write letters to the family at the unit Telephone the family at the unit Interview neighbors Verify if utilities are in service Contact the landlord Check with the Post Office

A person with a disability may request an extension of time as an accommodation, provided that the extension does not go beyond the HUD-allowed 180 consecutive calendar days limit.

## **Absence of Any Member**

Any member of the household will be considered permanently absent if s/he is away from the unit for **90 consecutive days** except as otherwise provided in this Chapter.

The family will be required to notify the PHA in writing within 7 business days when a family member moves out. The notice must contain a certification by the family as to whether the member is permanently or temporarily absent.

#### **Absence due to Medical Reasons**

If any family member leaves the household to enter a facility such as a hospital, nursing home, or rehabilitation center, the PHA will seek advice from a reliable qualified source as to the likelihood and timing of their return. If the verification indicates that the family member will be permanently confined to a nursing home, the family member will be considered permanently absent. If the verification indicates that the family member will return in less than 90 consecutive days, the family member will not be considered permanently absent.

If the person who is determined to be permanently absent is the sole member of the household, assistance will be terminated in accordance with the PHA's "Absence of Entire Family" policy.

If the person with medical reasons (not drug-related) is absent for more than 90 days and terminated from the program, they may submit a written request to be reinstated to the program within one year of the date they became absent from their unit, should they be able to participate in the program again. An informal review will be held, and if it is established they would qualify for assistance, the person will be placed at the top of the waiting list and receive a Voucher when funding is available.

#### **Absence due to Incarceration**

If the sole member is incarcerated for more than **90** consecutive days, s/he will be considered permanently absent. Any member of the household, other than the sole member, will be considered permanently absent if s/he is incarcerated for **3** consecutive months.

The PHA will determine if the reason for incarceration is for drug-related or violent criminal activity. This would constitute termination of assistance.

## **Absence of Children Due to Placement in Foster Care**

If the family includes a child or children temporarily absent from the home due to placement in foster care, the PHA will determine from the appropriate agency when the child/children will be returned to the home.

If the time period is to be greater than **6** months from the date of removal of the child/children, the Voucher size will be reduced. If all children are removed from the home permanently, the voucher size will be reduced in accordance with the PHA's subsidy standards.

The PHA will work with Children's Services Professionals if an exception is requested.

## **Care Taker For Children**

If neither parent remains in the household and the appropriate agency has determined that another adult is to be brought into the assisted unit to care for the children for an indefinite period, the PHA will treat that adult as a visitor for the first **60** days.

If by the end of that period, court-awarded custody or legal guardianship has been awarded to the caretaker, the Voucher will be transferred to the caretaker.

If the appropriate agency cannot confirm the guardianship status of the caretaker, the PHA will review the status at **30 day** intervals.

If custody or legal guardianship has not been awarded by the court, but the action is in process, the PHA will secure verification from social services staff or the attorney as to the status.

The caretaker may be allowed to remain in the unit, as a visitor, until a determination of custody is made.

The PHA may transfer the certificate or voucher to the caretaker, in the absence of a court order, if the caretaker has been in the unit for more than 120 days and it is reasonable to expect that custody will be granted.

When the PHA approves a person to reside in the unit as caretaker for the child/children, the income should be counted pending a final disposition. The PHA will work with the appropriate service agencies and the landlord to provide a smooth transition in these cases.

If a member of the household is subject to a court order that restricts him/her from the home for more than 3 months, the person will be considered permanently absent.

The family will be required to notify the PHA in writing within 7 business days when an adult family member moves out. The notice must contain a certification by the family as to whether the adult is temporarily or permanently absent.

## **Absence Due to Full-Time Student Status**

Full time students who attend school away from the home will be treated in the following manner:

A student (other than head of household or spouse) who attends school away from home but lives with the family during school recesses may, at the family's choice, be considered either temporarily or permanently absent. If the family decides that the member is permanently absent, income of that member will not be included in total household income, the member will not be included on the lease, and the member will not be included for determination of Voucher size.

#### Visitors

Any adult not included on the HUD 50058, who has been in the unit more than **14** consecutive days or a total of **90** days in a 12-month period, will be considered to be living in the unit as **an unauthorized** household member.

Absence of evidence of any other residency address will be considered verification that the visitor is a family member.

Statements from neighbors and/or the landlord will be considered in making the determination.

Use of the unit address as the visitor's current residence for any purpose that is not explicitly temporary will be construed as permanent residence.

The burden of proof that the individual is a visitor rests on the family. In the absence of such proof, the individual will be considered an unauthorized member of the family and the PHA will terminate assistance since prior approval was not requested for the addition.

Minors and college students who were part of the family but who now live away from home during the school year and are not considered members of the household may visit for up to **120** days per year without being considered a member of the household.

In a joint custody arrangement, if the minor is in the household less than **183** days per year, the minor will be considered to be an eligible visitor and not a family member.

## **Reporting Additions to Owner and PHA**

Reporting changes in household composition to the PHA is both a HUD and a PHA requirement.

The family obligations require the family to request PHA approval to add any other family member as an occupant of the unit and to inform the PHA of the birth, adoption or court-awarded custody of a child. The family must request prior approval of additional household members in writing.

If the family does not obtain prior written approval from the PHA, any person the family has permitted to move in will be considered an unauthorized household member.

In the event that a visitor continues to reside in the unit after the maximum allowable time, the family must report it to the PHA in writing within 7 business days of the maximum allowable time.

Families are required to report any additions to the household in writing to the PHA within 7 days of the move-in date.

An interim reexamination will be conducted for any additions to the household.

In addition, the lease may require the family to obtain prior written approval from the owner when there are changes in family composition.

## **Reporting Absences to the PHA**

Reporting changes in household composition is both a HUD and a PHA requirement.

If a family member leaves the household, the family must report this change to the PHA, in writing, within **7 business** days of the change and certify as to whether the member is temporarily absent or permanently absent.

The PHA will conduct an interim evaluation for changes which affect the TTP in accordance with the interim policy.

## D. AVERAGING INCOME

When Annual Income cannot be anticipated for a full twelve months, the PHA may:

Average known sources of income that vary to compute an annual income, or

Annualize current income and conduct an interim reexamination if income changes.

If there are bonuses or overtime which the employer cannot anticipate for the next twelve months, bonuses and overtime received the previous year will be used.

Income from the previous year may be analyzed to determine the amount to anticipate when third-party or check-stub verification is not available.

If, by averaging, an estimate can be made for those families whose income fluctuates from month to month, this estimate will be used so as to reduce the number of interim adjustments.

The method used depends on the regularity, source and type of income.

#### E. MINIMUM INCOME

There is no minimum income requirement. Families who report zero income are required to complete a written certification **every month**.

Families that report zero income and families with expenses exceeding their known income will be required to provide written information regarding their accessible resources and means of basic subsistence (food, daily personal items, utilities, phone, transportation, cable, etc.) on a quarterly basis.

# F. REGULAR CONTRIBUTIONS AND GIFTS [24 CFR 5.609]

Regular contributions and gifts received from persons outside the household are counted as income for calculation of the Total Tenant Payment.

Any contribution or gift received every **3** months or more frequently will be considered a "regular" contribution or gift, unless the amount is less than **\$480** per year. This includes rent and utility payments made on behalf of the family and other cash or non-cash contributions provided on a regular basis. It does not include casual contributions or sporadic gifts. (See "Verification Procedures" chapter)

If the family's expenses exceed its known income, the PHA will require the family to provide written information regarding their accessible resources and means of basic subsistence (food, daily personal items, utilities, phone, transportation, cable, etc.) on a quarterly basis.

# G. INCOME OF PERSON PERMANENTLY CONFINED TO NURSING HOME

[24 CFR 982.54(d)(10)]

If a family member is permanently confined to a hospital or nursing home, and there is a family member left in the household, the PHA will calculate the income by using the following methodology and use the income figure which would result in a lower payment by the family:

Exclude the income and deductions of the member if his/her income goes directly  $\underline{to}$  the facility.

Include the income and deductions of the member if his/her income goes to a family member.

# H. ALIMONY AND CHILD SUPPORT [24 CFR 5.609]

Regular alimony and child support payments are counted as income for calculation of Total Tenant Payment.

If the amount of child support or alimony received is less than the amount awarded by the court, the PHA must use the amount awarded by the court unless the family can provide documentation that they are not receiving the full amount.

It is the family's responsibility to supply a certified copy of the divorce decree.

# I. LUMP-SUM RECEIPTS [24 CFR 5.609]

Lump-sum additions to Family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses, are not included in income but may be included in assets.

Lump-sum payments caused by delays in processing periodic payments such as unemployment or welfare assistance are counted as income. Lump-sum payments from Social Security or SSI are excluded from income, but any amount remaining will be considered an asset. Deferred periodic payments, which have accumulated due to a dispute, will be treated the same as periodic payments which are deferred due to delays in processing.

In order to determine the amount of retroactive tenant rent that the family owes as a result of the lump sum receipt:

The PHA will calculate prospectively if the family reported the payment within 7 business days and retroactively to date of receipt if the receipt was not reported within that time frame.

# **Prospective Calculation Methodology**

If the payment is reported on a timely basis, the calculation will be done prospectively and will result in an interim adjustment.

The entire lump sum payment will be added to the annual income at the time of the interim.

# **Retroactive Calculation Methodology**

If the payment is not reported on a timely basis, the PHA will go back to the date the lump-sum payment was received, or to the date of admission, whichever is closer.

The PHA will determine the amount of income for each certification period, including the lump sum, and recalculate the tenant rent for each certification period to determine the amount due the PHA.

The family will be offered a choice of paying this "retroactive" amount to the PHA in a lump sum, or at the PHA's option, the PHA may enter into a Repayment Agreement with the family.

The amount owed by the family is a collectible debt even if the family becomes unassisted.

#### **Attorney Fees**

The family's attorney fees may be deducted from lump-sum payments when computing annual income if the attorney's efforts have recovered a lump-sum compensation, and the recovery paid to the family does not include an additional amount in full satisfaction of the attorney fees.

#### J. CONTRIBUTIONS TO RETIREMENT FUNDS - ASSETS [24 CFR 5.603(d)]

Contributions to company retirement/pension funds are handled as follows:

While an individual is employed, count as assets only amounts the family can withdraw without retiring or terminating employment.

After retirement or termination of employment, count any amount the employee elects to receive as a lump sum.

# K. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

[24 CFR 5.603(d)]

The PHA must count assets disposed of for less than fair market value during the two years preceding certification or reexamination. The PHA will count the difference between the market value and the actual payment received in calculating total assets.

Assets disposed of as a result of foreclosure or bankruptcy are not considered to be assets disposed of for less than fair market value. Assets disposed of as a result of a divorce or separation are not considered to be assets disposed of for less than fair market value.

The PHA's minimum threshold for counting assets disposed of for less than Fair Market value is \$1,000.00. If the total value of assets disposed of within a one-year period is less than \$1,000.00, they will not be considered an asset.

L. CHILD CARE EXPENSES [24 CFR 5.603]

Child care expenses for children under 13 may be deducted from annual income if they enable an adult to work, attend school full time, or actively seek employment.

In the case of a child attending school, only after-hours care can be counted as child care expenses.

Child care expenses cannot be allowed as a deduction if there is an adult household member capable of caring for the child who can provide the child care. Examples of those adult members who would be considered *unable* to care for the child include:

The abuser in a documented child abuse situation, or

A person with disabilities or older person unable to take care of a small child, as verified by a reliable knowledgeable source.

Allowability of deductions for child care expenses is based on the following guidelines:

<u>Child care to work</u>: The maximum child care expense allowed must be less than the amount earned by the person enabled to work. The "person enabled to work" will be the adult member of the household who earns the least amount of income from working.

<u>Child care for school</u>: The number of hours claimed for child care may not exceed the number of hours the family member is attending school (including one hour travel time to and from school).

Amount of Expense: The PHA will survey the local care providers in the community as a guideline. If the hourly rate materially exceeds the guideline, the PHA may calculate the allowance using the guideline.

# M. MEDICAL EXPENSES [24 CFR 5.609(a)(2), 5.603]

When it is unclear in the HUD rules as to whether or not to allow an item as a medical expense, IRS Publication 502 will be used as a guide.

Nonprescription medicines must be doctor-recommended in order to be considered a medical expense and will be counted if the family furnishes legible receipts.

# N. PRORATION OF ASSISTANCE FOR "MIXED" FAMILIES [24 CFR 5.520]

#### **Applicability**

Proration of assistance must be offered to any "mixed" applicant or participant family. A "mixed" family is one that includes at least one U.S. citizen or eligible immigrant and any number of ineligible members.

#### **Prorated Assistance Calculation**

Prorated assistance is calculated by determining the amount of assistance payable if all family members were eligible and multiplying by the percent of the family members who actually are eligible. Calculations for the housing program are performed on the HUD 50058.

## O. REDUCTION IN BENEFITS

See Chapter on recertifications on how to handle income changes resulting from welfare program requirements.

#### P. UTILITY ALLOWANCE AND UTILITY REIMBURSEMENT PAYMENTS

[24 CFR 982.153, 982.517]

The same Utility Allowance Schedule is used for all tenant-based programs. The Utility allowance is intended to help defray the cost of utilities not included in the rent. The allowance is based on the typical cost of utilities and services paid by energy-conservative household that occupy housing of similar size and type in the same locality. Allowances are not based on an individual family's actual consumption.

The PHA's utility allowance schedule, and the utility allowance for an individual family, must include the utilities and services that are necessary in the locality to provide housing that complies with the housing quality standard.

The PHA may not provide any allowance for nonessential utility costs, such as cable, satellite television, or phone.

The PHA must classify utilities in the utility allowance schedule according to the following general categories: space heating, cooking, water heating, water/sewer, trash collection, other electric, refrigerator (for tenant-supplied refrigerator), range (for tenant-supplied range), and other special services as designated by the PHA.

The PHA will review the utility allowance schedule annually. If the review finds a utility rate has changed by 10 percent or more since the last revision of the utility allowance schedule, the schedule will be revised to reflect the new rate. Revised utility allowances will be applied in a participant family's rent calculation at their next reexamination.

The approved utility allowance schedule is given to families at the briefing. The utility allowance is based on the actual unit size selected.

Where families provide their own range and refrigerator, the PHA will establish an allowance adequate for the family to purchase or rent a range or refrigerator, even if the family already owns either appliance. Allowances for ranges and refrigerators will be based on the lesser of the cost of leasing or purchasing the appropriate appliance over a **36-**month period.

Where the calculation on the HUD 50058 results in a utility reimbursement payment due the family, the PHA will provide a Utility Reimbursement Payment for the family each month. The check will be made out **directly to the tenant.** 

Chapter 7

#### **VERIFICATION PROCEDURES** [24 CFR Part 5, Subparts B, D, E and F; 982.108]

#### INTRODUCTION

HUD Regulations require that the factors of eligibility and Total Tenant Payment/Family Share be verified by the PHA. PHA staff will obtain written verification from independent sources whenever possible and will document tenant files whenever third party verifications are not possible as to why third party verification was impossible to obtain.

Applicants and program participants must provide true and complete information to the PHA whenever information is requested. The PHA's verification requirements are designed to maintain program integrity. This Chapter explains the PHA's procedures and standards for verification of preferences, income, assets, allowable deductions, family status, and changes in family composition. The PHA will obtain proper authorization from the family before requesting information from independent sources.

# **A. METHODS OF VERIFICATION AND TIME ALLOWED** [24 CFR 982.516]

The PHA will verify information through the four methods of verification acceptable to HUD in the following order:

- 1. Third-Party Written
- 2. Third-Party Oral
- 3. Review of Documents
- 4. Certification/Self-Declaration

The PHA will allow **2 weeks** for return of third-party verifications and **7 business days** to obtain other types of verifications before going to the next method. The PHA will document the file as to why third party written verification was not used.

For applicants, verifications may not be more than 60 days old at the time of Voucher issuance. For participants, they are valid for up to 120 days from date of receipt.

#### **Third-Party Written Verification**

Third-party verification is used to verify information directly with the source. Third-party written verification forms will be sent and returned via first class mail. The family will be required to sign an authorization for the information source to release the specified information.

Verifications received electronically directly from the source **are** considered third party written verifications.

Third party written verification forms will not be hand carried by the family under any circumstances. The PHA will accept computerized printout verifications delivered by the family from the following agencies:

Social Security Administration Veterans Administration Welfare Assistance Unemployment Compensation Board City or County Courts Child Support Bureau

#### **Third-Party Oral Verification**

Oral third-party verification will be used when written third-party verification is delayed or not possible. When third-party oral verification is used, staff will be required to complete a Certification of Document Viewed or Person Contacted form, noting with whom they spoke, the date of the conversation, and the facts provided. If oral third party verification is not available, the PHA will compare the information to any documents provided by the Family. If provided by telephone, the PHA must originate the call.

#### **Review of Documents**

In the event that third-party written or oral verification is unavailable, or the information has not been verified by the third party within **two** (2) weeks, the PHA will notate the file accordingly and utilize documents provided by the family as the primary source if the documents provide complete information.

All such documents will be photocopied and retained in the applicant file. In cases where documents are viewed which cannot be photocopied, staff viewing the document(s) will complete a Certification of Document Viewed or Person Contacted form.

The PHA will accept the following documents from the family provided that the document is such that tampering would be easily noted:

Printed wage stubs Computer printouts from the employer

# Signed letters (provided that the information is confirmed by phone) Other documents noted in this Chapter as acceptable verification

The PHA will accept faxed documents.

The PHA will accept photo copies, but will verify to ensure there has been no tampering of these documents.

If third-party verification is received after documents have been accepted as provisional verification, and there is a discrepancy, the PHA will utilize the third party verification.

The PHA will not delay the processing of an application beyond 30 days because a third party information provider does not return the verification in a timely manner if the family supplies necessary information.

#### **Self-Certification/Self-Declaration**

ONLY when verification cannot be made by third-party verification or review of documents, families will be required to submit a self-certification.

Self-certification means a notarized statement or affidavit or statement under penalty of perjury.

# **B. RELEASE OF INFORMATION** [24 CFR 5.230]

Adult family members will be required to sign the HUD 9886 Release of Information/Privacy Act form. In addition, adults will be required to sign specific authorization forms when information is needed that is not covered by the HUD form 9886, Authorization for Release of Information.

Each member requested to consent to the release of information will be provided with a copy of the appropriate forms for their review and signature.

Family refusal to cooperate with the HUD prescribed verification system will result in denial of admission or termination of assistance because it is a family obligation to supply any information and sign consent forms requested by the PHA or HUD.

#### C. COMPUTER MATCHING

The 1988 McKinney Act legislation authorized State wage record keepers to release to both HUD and PHAs information pertaining to wages and unemployment compensation. How PHAs access this information varies. Most PHAs that do computer matching have signed an agreement with the appropriate State agency so that they can compare the

name and social security number of applicants and participants with the records of the State agency.

Where allowed by HUD and/or other State or local agencies, computer matching will be done.

The PHA will utilize the HUD established computer-based Tenant Eligibility Verification System (TEVS) tool for obtaining Social Security benefits, Supplemental Security Income, benefit history, and tenant income discrepancy reports from the Social Security Administration.

If computer matching results in a discrepancy with information in the PHA records, the PHA will follow up with the family and verification sources to resolve this discrepancy. When the family has unreported or under reported income, the PHA will follow the procedures in the Program Integrity Addendum of the Administrative Plan.

# **D. ITEMS TO BE VERIFIED** [24 CFR 982.516]

All income not specifically excluded by the regulations.

Zero-income status of household.

Full-time student status including High School students who are 18 or over.

Current assets including assets disposed of for less than fair market value in preceding two years.

Child care expense where it allows an **adult** family member to be employed or to further his/her education.

Total medical expenses of all family members in households whose head or spouse is elderly or disabled.

Disability assistance expenses to include only those costs associated with attendant care or auxiliary apparatus which allow an **adult** family member to be employed.

#### **Identity**

U.S. citizenship/eligible immigrant status.

Social Security Numbers for all family members.

"Preference" status.

**Familial/Marital** status when needed for head or spouse definition.

Disability for determination of preferences, allowances or deductions.

# **Verification of Reduction in Benefits for Noncompliance:**

The PHA will obtain written verification from the welfare agency stating that the family's benefits have been reduced for fraud or noncompliance *before* denying the family's request for rent reduction.

# E. VERIFICATION OF INCOME [24 CFR 982.516]

This section defines the methods the PHA will use to verify various types of income.

# **Employment Income**

Verification forms request the employer to specify the:

Dates of employment

Amount and frequency of pay

Date of the last pay increase

Likelihood of change of employment status and effective date of any known salary increase during the next 12 months

# Year-to-date earnings

# Estimated income from overtime, tips, bonus pay expected during next 12 months

Acceptable methods of verification include, in this order:

- 1. Employment verification form completed by the employer.
- 2. Check stubs or earning statements which indicate the employee 3 gross pay, frequency of pay or year to date earnings.
- 3. W-2 forms plus income tax return forms.
- 4. **Self-certifications or** income tax returns signed by the family may be used for verifying self-employment income, or income from tips and other gratuities.

Applicants and program participants may be requested to sign an authorization for release of information from the Internal Revenue Service for further verification of income.

In cases where there are questions about the validity of information provided by the family, the PHA will require the most recent federal income tax statements.

Where doubt regarding income exists, a referral to IRS for confirmation will be made on a case-by-case basis.

#### Social Security, Pensions, Supplementary Security Income (SSI), Disability Income

Acceptable methods of verification include, in this order:

- 1. Benefit verification form completed by agency providing the benefits.
- 2. Award or benefit notification letters prepared and signed by the providing agency.
- 3. Computer report, electronically obtained or in hard copy.
- 4. Bank statements for direct deposits.

# **Unemployment Compensation**

Acceptable methods of verification include, in this order:

- 1. Verification form completed by the unemployment compensation agency
- 2. Computer printouts from unemployment office stating payment dates and amounts.
- 3. Payment stubs.

#### **Welfare Payments or General Assistance**

Acceptable methods of verification include, in this order:

- 1. Computer-generated statement from payment provider indicating the amount of grant/payment, family members, start date of payments, and anticipated changes in payment in the next 12 months.
- 2. Computer-generated Notice of Action.
- 3. PHA verification form completed by payment provider.
- 4. Computer-generated list of recipients from Welfare Department.

# **Alimony or Child Support Payments**

Acceptable methods of verification include, in this order:

- 1. Copy of a separation or settlement agreement or a divorce decree stating amount and type of support and payment schedules.
- 2. Computer-generated payment printout by the Child Support Bureau.
- 3. A (notarized) letter from the person paying the support (when payment does not go through Bureau or Court).
- 4. Copy of latest check and/or payment stubs from Court Trustee. PHA must record the date, amount, and number of the check.
- 5. Family's self-certification of amount received and of the likelihood of support payments being received in the future, or that support payments are not being received.
- 6. If payments are irregular, the family must provide:

A copy of the separation or settlement agreement, or a divorce decree stating the amount and type of support and payment schedules.

A statement from the agency responsible for enforcing payments to show that the family has filed for enforcement.

A notarized affidavit from the family indicating the amount(s) received.

A welfare notice of action showing amounts received by the welfare agency for child support.

A written statement from an attorney certifying that a collection or enforcement action has been filed.

#### **Net Income from a Business**

In order to verify the net income from a business, the PHA will view IRS and financial documents from prior years and use this information to anticipate the income for the next 12 months.

Acceptable methods of verification include:

1. IRS Form 1040, including:

Schedule C (Small Business)
Schedule E (Rental Property Income)
Schedule F (Farm Income)

- 2. If accelerated depreciation was used on the tax return or financial statement, an accountant's calculation of depreciation expense, computed using straight-line depreciation rules.
- 3. Audited or unaudited financial statement(s) of the business.
- 4. Documents such as manifests, appointment books, cash books, bank statements, and receipts will be used as a guide for the prior six months (or lesser period if not in business for six months) to project income for the next 12 months. The family will be advised to maintain these documents in the future if they are not available.
- 5. Family's self-certification as to net income realized from the business during previous years.
- 6. Credit report or loan application.

# **Child Care Business**

If an applicant/participant is operating a licensed day care business, income will be verified as with any other business. Tax return **may be requested.** 

If the applicant/participant is operating a "cash and carry" operation (which may or may not be licensed), the PHA may require that the applicant/participant complete a form for each customer which indicates: name of person(s) whose child (children) is/are being cared for, phone number, number of hours child is being cared for, method of payment (check/cash), amount paid, and signature of person. Tax return may be requested.

If child care services were terminated, a third-party verification may be sent to the parent whose child was cared for.

#### **Recurring Gifts**

The family must furnish a self-certification which contains the following information:

The person who provides the gifts
The value of the gifts
The regularity (dates) of the gifts
The purpose of the gifts

#### **Zero Income Status**

Families claiming to have no income will be required to execute verification forms to determine that income, such as unemployment benefits, TANF, SSI, etc., is not being received by the household.

The PHA may request information from the State Employment Development Department, IRS, or check records of other departments in the PHA jurisdiction that have information about income sources of customers.

The PHA may run a credit report if information is received that indicates the family has an unreported income source. The PHA may question neighbors if complaints are received accusing fraud.

The family will be required to complete a notarized no-income affidavit/letter of certification monthly. The family may be required to provide written information regarding their accessible resources and means of basic subsistence (food, utilities, transportation, phone, cable, etc.) no more than quarterly to the PHA.

#### **Full-Time Student Status**

Only the first \$480 of the earned income of full time students, other than head, spouse, or co-head will be counted toward family income.

Financial aid, scholarships and grants received by full time students are not counted toward family income.

Verification of full time student status includes:

- 1. Written verification from the registrar's office or other school official.
- 2. School records indicating enrollment for sufficient number of credits to be considered a full-time student by the educational institution.

# F. INCOME FROM ASSETS [24 CFR 982.516]

Acceptable methods of verification include, in this order:

# **Savings Account Interest Income and Dividends**

- 1. Account statements, passbooks, certificates of deposit, or PHA verification forms completed by the financial institution.
- 2. Broker's statements showing value of stocks or bonds and the earnings credited the family. Earnings can be obtained from current newspaper quotations or oral broker's verification.
- 3. IRS Form 1099 from the financial institution, provided that the PHA must adjust the information to project earnings expected for the next 12 months.

#### **Interest Income from Mortgages or Similar Arrangements**

- 1. A letter from an accountant, attorney, real estate broker, the buyer, or a financial institution stating interest due for next 12 months. (A copy of the check paid by the buyer to the family is not sufficient unless a breakdown of interest and principal is shown.)
- 2. Amortization schedule showing interest for the 12 months following the effective date of the certification or recertification.

#### **Net Rental Income from Property Owned by Family**

- 1. IRS Form 1040 with Schedule E (Rental Income).
- 2. Copies of latest rent receipts, leases, or other documentation of rent amounts.
- 3. Documentation of allowable operating expenses of the property: tax statements, insurance invoices, bills for reasonable maintenance and utilities, and bank statements or amortization schedules showing monthly interest expense.
- 4. Lessee's written statement verifying rent payments to the family and family's self-certification as to net income realized.

#### G. VERIFICATION OF ASSETS

#### **Family Assets**

The PHA will require the necessary information to determine the current cash value of the family's assets (the net amount the family would receive if the asset were converted to cash).

- 1. Verification forms, letters, or documents from a financial institution or broker.
- 2. Passbooks, checking account statements, certificates of deposit, bonds, or financial statements completed by a financial institution or broker.
- 3. Quotes from a stock broker or realty agent as to net amount family would receive if they liquidated securities or real estate.
- 4. Real estate tax statements if the approximate current market value can be deduced from assessment.
- 5. Financial statements for business assets.
- 6. Copies of closing documents showing the selling price and the distribution of the sales proceeds.
- 7. Appraisals of personal property held as an investment.
- 8. Family's self-certification describing assets or cash held at the family's home or in safe deposit boxes.

# <u>Assets Disposed of for Less than Fair Market Value (FMV)</u> <u>During Two Years Preceding</u> Effective Date of Certification or Recertification

For all Certifications and Recertifications, the PHA will obtain the Family's certification as to whether any member has disposed of assets for less than fair market value during the two years preceding the effective date of the certification or recertification.

If the family certifies that they have disposed of assets for less than fair market value, verification/certification is required that shows: (a) all assets disposed of for less than FMV, (b) the date they were disposed of, (c) the amount the family received, and (d) the market value of the assets at the time of disposition. Third party verification will be obtained wherever possible.

# H. VERIFICATION OF ALLOWABLE DEDUCTIONS FROM INCOME

[24 CFR 982.516]

# **Child Care Expenses**

Written verification from the person who receives the payments is required. If the child care provider is an individual, s/he must provide a statement of the amount they are charging the family for their services.

Verifications must specify the child care provider's name, address, telephone number, **Social Security Number**, the names of the children cared for, the number of hours the child care occurs, the rate of pay, and the typical yearly amount paid, including school and vacation periods.

Family's certification as to whether any of those payments have been or will be paid or reimbursed by outside sources.

# **Medical Expenses**

Families who claim medical expenses will be required to submit a certification as to whether or not any expense payments have been, or will be, reimbursed by an outside source. All expense claims will be verified by any/all of the methods listed below:

Written verification by a doctor, hospital or clinic personnel, dentist, pharmacist, of (a) the anticipated medical costs to be incurred by the family and regular payments due on medical bills; and (b) extent to which those expenses will be reimbursed by insurance or a government agency.

Written confirmation by the insurance company or employer of health insurance premiums to be paid by the family.

Written confirmation from the Social Security Administration's of Medicare premiums to be paid by the family over the next 12 months. A computer printout will be accepted.

#### For attendant care:

A reliable, knowledgeable professional's certification that the assistance of an attendant is necessary as a medical expense and a projection of the number of hours the care is needed for calculation purposes.

Attendant's written confirmation of hours of care provided and amount and frequency of payments received from the family or agency (or copies of canceled checks the family used to make those payments) or stubs from the agency providing the services.

Receipts, canceled checks, or pay stubs that verify medical costs and insurance expenses likely to be incurred in the next 12 months.

Copies of payment agreements or most recent invoices that verify payments made on outstanding medical bills that will continue over all or part of the next 12 months.

Receipts or other records of medical expenses, incurred during the past 12 months, that can be used to anticipate future medical expenses. PHA may use this approach for "general medical expenses" such as non-prescription drugs and regular visits to doctors or dentists, but not for one-time, nonrecurring expenses from the previous year.

The PHA will use mileage at the **IRS** rate, or cab, bus fare, or other public transportation cost for verification of the cost of transportation directly related to medical treatment.

#### **Assistance to Persons with Disabilities**

#### In All Cases:

Written certification from a reliable, knowledgeable professional, that the person with disabilities requires the services of an attendant and/or the use of auxiliary apparatus to permit him/her to be employed or to function sufficiently independently to enable another family member to be employed.

Family's certification as to whether they receive reimbursement for any of the expenses of disability assistance and the amount of any reimbursement received.

#### Attendant Care:

Attendant's written certification of amount received from the family, frequency of receipt, and hours of care provided.

Certification of family and attendant and/or copies of canceled checks family used to make payments.

#### Auxiliary Apparatus:

Receipts for purchases or proof of monthly payments and maintenance expenses for auxiliary apparatus.

In the case where the person with disabilities is employed, a statement from the employer that the auxiliary apparatus is necessary for employment.

# I. VERIFYING NON-FINANCIAL FACTORS [24 CFR 982.153(b)(15)]

#### **Verification of Legal Identity**

In order to prevent program abuse, the PHA will require applicants to furnish verification of legal identity for all family members.

The documents listed below will be considered acceptable verification of legal identity for adults. If a document submitted by a family is illegible or otherwise questionable, more than one of these documents may be required.

- \* Certificates of Birth, naturalization papers
- \* Church issued baptismal certificates
- \* Current, valid Driver's license
- \* State Picture I.D.
- \* U.S. military discharge (DD 214)
- \* U.S. passports
- \* Voter's registration
- \* Company/agency Identification Card
- \* Department of Motor Vehicles Identification Card
- \* Hospital records

Documents considered acceptable for the verification of legal identity for minors may be one or more of the following:

- \* Certificates of Birth
- \* Adoption papers
- \* Custody agreement
- \* Health and Human Services ID
- \* School records

If Certificate of Birth cannot be obtained (non exists), a notarized certification must be provided.

#### **Verification of Marital Status**

Will be used to determine spouse for income, deduction and noncitizen purposes.

Verification of divorce status will be a certified copy of the divorce decree, signed by a Court Officer.

Verification of a separation may be a copy of court-ordered maintenance, other records, or notarized affidavit.

Verification of marriage status is a marriage certificate.

# **Familial Relationships**

Certification will normally be considered sufficient verification of family relationships. In cases where reasonable doubt exists, the family may be asked to provide verification.

The following verifications will always be required if applicable:

#### **Verification of relationship:**

Official identification showing names Birth Certificates Baptismal certificates

#### Verification of guardianship is:

Court-ordered assignment Affidavit of parent Verification from social services agency School records

# **Evidence of a stable family relationship:**

Joint bank accounts or other shared financial transactions Leases or other evidence of prior cohabitation Credit reports showing relationship

#### **Verification of Permanent Absence of Adult Member**

An adult member who was formerly in the household and is reported permanently absent by the family, the PHA will consider any of the following as verification:

Husband or wife institutes divorce action. Husband or wife institutes legal separation. An order of protection/restraining order exists against the other.

Proof of another home address, such as utility bills, canceled checks for rent, drivers license, or lease or rental agreement, if available.

Statements from other agencies such as social services or a written statement from the landlord or manager that the adult family member is no longer living at that location.

If the adult family member is incarcerated, a document from the Court or correction facility should be obtained stating how long they will be incarcerated.

If no other proof can be provided, the PHA may accept a self-certification from the family.

#### **Verification of Change in Family Composition**

The PHA may verify changes in family composition (either reported or unreported) through letters, telephone calls, utility records, inspections, landlords, neighbors, credit data, school or DMV records, and other sources.

# **Verification of Disability**

Verification of disability must be receipt of SSI or SSA disability payments under Section 223 of the Social Security Act or 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001(7) or verified by appropriate diagnostician such as physician, psychiatrist, psychologist, therapist, rehab specialist, or licensed social worker, using the HUD language as the verification format.

# Verification of Citizenship/Eligible Immigrant Status

[24 CFR 5.508, 5.510, 5.512, 5.514]

To be eligible for assistance, individuals must be U.S. citizens or eligible immigrants. Individuals who are neither may elect not to contend their status. Eligible immigrants must fall into one of the categories specified by the regulations and must have their status verified by Immigration and Naturalization Service (INS). Each family member must declare their status once. Assistance cannot be delayed, denied, or terminated while verification of status is pending except that assistance to applicants may be delayed while the PHA hearing is pending.

<u>Citizens or Nationals of the United States</u> are required to sign a declaration under penalty of perjury.

The PHA will require citizens to provide documentation of citizenship with at least one of the following original documents:

United States birth certificate
United States passport
Resident alien/registration card
Social Security card
or other appropriate documentation

Eligible Immigrants who were Participants and 62 or over on June 19, 1995, are required to sign a declaration of eligible immigration status and provide proof of age.

<u>Noncitizens with eligible immigration status</u> must sign a declaration of status and verification consent form and provide their original immigration documents which are copied front and back and returned to the family. The PHA verifies the status through the INS SAVE system. If this primary verification fails to verify status, the PHA must request within ten days that the INS conduct a manual search.

Ineligible family members who do not claim to be citizens or eligible immigrants must be listed on a statement of ineligible family members signed by the head of household or spouse.

<u>Noncitizen students on student visas</u> are ineligible members even though they are in the country lawfully. They must provide their student visa but their status will not be verified and they do not sign a declaration but are listed on the statement of ineligible members.

<u>Failure to Provide</u>. If an applicant or participant family member fails to sign required declarations and consent forms or provide documents, as required, they must be listed as an ineligible member. If the entire family fails to provide and sign as required, the family may be denied or terminated for failure to provide required information.

#### Time of Verification

For applicants, verification of U.S. citizenship/eligible immigrant status occurs at the time of initial application.

The PHA will not provide assistance to any family prior to the affirmative establishment and verification of the eligibility of the individual or at least one member of the family.

The PHA will verify the U.S. citizenship/eligible immigration status of all participants no later than the date of the family's first annual reexamination following the enactment of the Quality Housing and Work Responsibility Act of 1998.

For family members added after other members have been verified, the verification occurs with the interim adding that member to the household.

Once verification has been completed for any covered program, it need not be repeated except that, in the case of port-in families, if the initial PHA does not supply the documents, the PHA must conduct the determination.

#### Extensions of Time to Provide Documents

The PHA will grant an extension of up to **30 days** for families to submit evidence of eligible immigrant status.

Acceptable Documents of Eligible Immigration

The regulations stipulate that only the following documents are acceptable unless changes are published in the Federal Register.

Resident Alien Card (I-551)
Alien Registration Receipt Card (I-151)
Arrival-Departure Record (I-94)
Temporary Resident Card (I-688)
Employment Authorization Card (I-688B)
Receipt issued by the INS for issuance of replacement of any of the above documents that shows individual? entitlement has been verified

A birth certificate is not acceptable <u>verification of status</u>. All documents in connection with U.S. citizenship/eligible immigrant status must be kept five years.

The PHA will verify the eligibility of a family member at any time such eligibility is in question, without regard to the position of the family on the waiting list.

If the PHA determines that a family member has knowingly permitted another individual who is not eligible for assistance to reside permanently in the family's unit, the family's assistance will be terminated for **not less than 24 months**, unless the ineligible individual has already been considered in prorating the family's assistance.

#### **Verification of Social Security Numbers**

Social security numbers must be provided as a condition of eligibility **for all family members** if they have been issued a number. Verification of Social Security numbers will be done through a Social Security Card issued by the Social Security Administration. If a family member cannot produce a Social Security Card, only the documents listed below showing his or her SS Number may be used for **temporary** verification:

# Printout from Social Security Office showing person's SS number

A driver's license

Identification card issued by a Federal, State or local agency

Identification card issued by a medical insurance company or provider

(including

Medicare and Medicaid)

An identification card issued by an employer or trade union

An identification card issued by a medical insurance company

Earnings statements or payroll stubs

**Bank Statements** 

IRS Form 1099

Benefit award letters from government agencies

Retirement benefit letter

Life insurance policies

Court records such as real estate, tax notices, marriage and divorce, judgment or bankruptcy records

Verification of benefits or SS Number from Social Security Administration

New family members will be required to produce their Social Security Card or provide the substitute documentation described above together with their certification that the substitute information provided is complete and accurate. This information is to be provided at the time the change in family composition is reported to the PHA.

If an applicant or participant is able to disclose the Social Security Number but cannot meet the documentation requirements, the applicant or participant must sign a certification to that effect provided by the PHA. The applicant/participant or family member will have an additional **60** days to provide proof of the Social Security Number. If they fail to provide this documentation, the family's assistance will be terminated.

In the case of an individual at least 62 years of age, the PHA may grant an extension for up to a total of 120 days. If, at the end of this time, the elderly individual has not provided documentation, the family's assistance will be terminated.

If the family member states they have not been issued a number, the family member will be required to sign a certification with reason to this effect.

#### **Medical Need for Larger Unit**

A written certification that a larger unit is necessary must be obtained from a reliable, knowledgeable medical professional.

#### J. VERIFICATION OF WAITING LIST PREFERENCES [24 CFR 5.410 - 5.430]

#### LMHA has adopted the following local preferences:

# **Veteran's preference:**

Must be current member of the U. S. Military/Naval Forces, veteran, or surviving spouse of a veteran.

The PHA will require U. S. Government documents which indicate that the applicant qualifies under the above definition.

# Live/work within Lorain County (jurisdiction of the PHA) preference:

The PHA will accept any of the following verification: rent receipts, lease, utility bills, employer or agency records, school records, recently issued driver's license, business mail.

To verify the amount due to amortize the purchase price of a manufactured home, copies of the most recent payment receipts and purchase agreement.

Employed a minimum of 90 days preference:\*\*

Families whose head and/or spouse is employed.

The PHA will require verification from the employer of start date.

\*\*Elderly/disabled afforded this preference.

Disabled: Award letter or other proof of eligibility for Social Security Disability or Supplemental Security Income will be acceptable

#### **Chapter 8**

#### CERTIFICATE/VOUCHER ISSUANCE AND BRIEFINGS

[24 CFR 982.301, 982.302]

#### INTRODUCTION

The PHA's objectives are to assure that families selected to participate are successful in obtaining an acceptable housing unit, and that they have sufficient knowledge to derive maximum benefit from the program and to comply with program requirements. When families have been determined to be eligible, the PHA will conduct a mandatory briefing to ensure that families know how the program works. The briefing will provide a broad description of owner and family responsibilities, PHA procedures, and how to lease a unit. The family will also receive a briefing packet which provides more detailed information about the program. This Chapter describes how briefings will be conducted, the information that will be provided to families, and the policies for how changes in the family composition will be handled.

# **A. ISSUANCE OF VOUCHERS** [24 CFR 982.204(d), 982.54(d)(2)]

When funding is available, the PHA will issue Vouchers to applicants whose eligibility has been determined. The number of Vouchers issued must ensure that the PHA stays as close as possible to 100% lease-up. The PHA performs a **monthly assessment** to determine whether applications can be processed, the number of Vouchers that can be issued, and to what extent the PHA can over issue (issue more Vouchers than the budget allows to achieve lease-up).

The PHA may over issue Vouchers only to the extent necessary to meet leasing goals. All Vouchers which are over issued must be honored. If the PHA finds it is over leased, it must adjust future issuance of Vouchers in order not to exceed the ACC. budget limitations over the fiscal year.

# **B. BRIEFING TYPES AND REQUIRED ATTENDANCE** [24 CFR 982.301]

#### **Initial Applicant Briefing**

A full HUD-required briefing will be conducted for applicant families who are determined to be eligible for assistance. The briefings will be conducted in **group meetings**. Families who attend group briefings and still have the need for individual assistance will be referred to a member of the Section 8 Staff.

Briefings will be conducted in English.

The purpose of the briefing is to explain how the program works and the documents in the Voucher holder's packet to families so that they are fully informed about the program. This will enable them to utilize the program to their advantage, and it will prepare them to discuss it with potential owners and property managers.

The PHA will not issue a Voucher to a family unless the household representative has attended a briefing and signed the Voucher. Applicants who provide prior notice of inability to attend a briefing will automatically be scheduled for the next briefing. Applicants who fail to attend **two** (2) scheduled briefings, without prior notification and approval of the PHA, may be denied admission based on failure to supply information needed for certification. The PHA will conduct individual briefings for families with disabilities at their home (when they are the only adult family member capable of attending the briefing), upon request by the family and, if required medical verification is submitted to prove this is a reasonable accommodation request.

#### **Briefing Packet** [24 CFR 982.301(b)]

The documents and information provided in the briefing packet for the Voucher program will comply with all HUD requirements. The family is provided with the following information and materials:

The term of the voucher, and the PHA policy for requesting extensions or suspensions (referred to as tolling) to the term of the voucher.

A description of the method used to calculate the housing assistance payment for family, including how the PHA determines the payment standard for a family; how the PHA determines total tenant payment for a family and information on the payment standard and utility allowance schedule. How the PHA determines the maximum allowable rent for an assisted unit including rent reasonableness.

Where the family may lease a unit.

For family that qualifies to lease a unit outside the PHA jurisdiction under portability procedures, the information must include an explanation of how portability works.

The HUD required tenancy addendum, which must be included in the lease and the PHA model lease.

The Request for Approval of Tenancy form and a description of the procedure for requesting approval of a unit.

A statement of the PHA policy on providing information about families to prospective owners.

The PHA subsidy standards including when and how exceptions are made **and how the voucher size relates to the unit size selected.** 

The HUD brochure, "A Good Place to Live" on how to select a unit that complies with HQS.

The HUD brochure on lead-based paint and information about where blood level testing is available.

Information on Federal, State, and Local equal opportunity laws and a copy of the housing discrimination complaint form. The PHA will also include the pamphlet "Fair Housing: It's Your Right."

A list of landlords and known units available for the voucher issued. The list includes landlords and units available throughout Lorain County as LMHA is advised of availability and updated every 2 to 3 weeks.

If the family includes a person with disabilities, notice that the PHA will help in referring the family to agencies and landlords who may assist in locating accessible units.

The Family Obligations under the program.

The grounds on which the PHA may terminate assistance for a participant because of family action or failure to act.

PHA informal hearing procedures, when the PHA is required to offer the opportunity for informal hearing to participants, and how to request such.

Owner's responsibilities.

Procedures for notifying the PHA of program abuses such as side payments, extra charges, violations of tenant rights, and owner failure to repair.

Requirements for reporting changes between certifications.

# Information regarding security deposits and legal referral services.

Information regarding the PHA's outreach program to assist families who are interested in or experiencing difficulty in obtaining available units in areas outside of minority concentrated locations

# <u>Information to be Provided at the Briefing</u>

The person conducting the briefing will describe how the program works and emphasize the following:

Relationships between the family and the owner, the family and the PHA, and the PHA and the owner.

Family responsibilities as a program participant

Where a family may lease a unit inside and outside its jurisdiction

How portability works for families eligible to exercise portability

Advantages to moving to area with low concentration of poor families if family is living in a high poverty census tract in the PHA? jurisdiction

#### **Exercising choice in residency**

Choosing a unit carefully and only after due consideration.

The Family Self Sufficiency program and its advantages.

If the family includes a person with disabilities, the PHA will ensure compliance with CFR 8.6 to ensure effective communication.

#### **Move Briefing**

For a participant who wishes to be reissued a Voucher to move, the family will be required to complete recertification forms, sign a 30-day notice of intent to move, and have income reverified. The Occupancy Specialist assigned to the family's part of the alphabet will conduct the one-on-one briefing.

# **Owner Briefing**

To assure successful owner participation in the program, new owners are encouraged to attend a one-on-one briefing prior to signing the HAP Contract. The Section 8 Manager speaks annually at the local landlords' association meeting with open invitation to new, existing, and prospective landlords. Section 8 staff is versed on how to give prospective and new landlords information to create interest and participation in the program.

Owners are encouraged to come to the Section 8 office to sign documents so information may be discussed. When owners insist on contracts being mailed, they are informed to contact us with any questions or concerns before returning the signed contract.

Interested owners who request to sit in on scheduled family briefings to obtain information about the Voucher program will be allowed to do so.

# C. ENCOURAGING PARTICIPATION IN AREAS WITHOUT LOW INCOME OR MINORITY CONCENTRATION

At the briefing, families are encouraged to search for housing in non-impacted areas and the PHA will provide assistance to families who wish to do so.

The assistance provided to such families may include:

Counseling with the family on "how-to"
Direct contact with known landlords
Search record form to gather and record information
Providing information about services in various non-impacted areas
Outreach to city and town hall personnel to promote understanding
Informal discussions with landlord groups
Informal discussions with social service agencies
Meeting with rental referral companies or agencies
Meeting with fair housing groups or agencies

#### D. ASSISTANCE TO FAMILIES WHO CLAIM DISCRIMINATION

# **Fair Housing Laws**

The PHA provides the family with the HUD discrimination complaint form. The family will also be directed to the Lorain County Urban League to file complaints.

# E. SECURITY DEPOSIT REQUIREMENTS [24 CFR 982.313]

#### Leases Effective Prior to October 2, 1995

The amount of Security Deposit which could have been collected by owners under contracts effective prior to October 2, 1995 is:

Under the Premerger Certificate Program, the owner could have collected a Security Deposit in an amount not to exceed Total Tenant Payment or \$50.00, whichever was greater, for non-lease-in-place families.

For the Premerger Voucher Program, the owner, at his/her discretion, could have collected a Security Deposit in an amount not to exceed **the greater of** Total Tenant Payment or \$50.00.

#### Leases Effective on or after October 2, 1995

The owner is not required to but may collect a security deposit from the tenant. Security deposits charged to families may be any amount the owner wishes to charge, **subject to the following conditions:** 

Security deposits charged by owners may not exceed those charged to unassisted tenants (nor the maximum prescribed by State or local law.)

For lease-in-place families, responsibility for first and last month's rent is not considered a security deposit issue. In these cases, the owner should settle the issue with the tenant prior to the beginning of assistance.

# **F. TERM OF VOUCHER** [24 CFR 982.303, 982.54(d)(11)]

During the briefing session, each household will be issued a voucher which represents a contractual agreement between the PHA and the Family specifying the rights and responsibilities of each party. It does not constitute admission to the program which occurs when the lease and contract become effective.

#### **Expirations**

The Voucher is valid for a period of sixty calendar days from the date of issuance. The family must submit a Request for Lease Approval within the sixty-day period unless an extension has been granted by the PHA.

If the Voucher has expired, and has not been extended by the PHA or expires after an extension, the family will be denied assistance. The family will not be entitled to a review or hearing. If the family is currently assisted, they may remain as a participant in their unit if there is an assisted lease/contract in effect.

#### **Extensions**

A family may request an extension of the Voucher time period up to a maximum of 120 days. All requests for extensions must be received prior to the expiration date of the Voucher. Extensions are permissible at the discretion of the PHA primarily for these reasons:

Extenuating circumstances such as hospitalization or a family emergency, for an extended period of time, which has affected the family's ability to find a unit within the initial sixty-day period. Verification is required.

The PHA is satisfied that the family has made a reasonable effort to locate a unit, including seeking the assistance of the PHA, throughout the initial sixty-day period. A completed search record may be required.

The family was prevented from finding a unit due to disability accessibility requirements or large size (4-5 bedrooms) unit requirement. The search record may be part of the required verification.

# **Suspensions (tolling)**

When the PHA has granted the maximum 120-day term to a Voucher holder, and the last received Request for Lease Approval has failed to produce a HAP Contract due to the unit failing to pass the HQS or the owner's decision to not rent to the holder, the PHA may deduct the number of days required to process the request from the 120-day term.

#### **Assistance to Voucher Holders**

Families who require additional assistance during their search may call the PHA Office to request assistance. Voucher holders will be notified at their briefing session that the PHA periodically updates the listing of available units and how the updated list may be obtained.

The PHA will assist families with negotiations with owners and provide other assistance related to the families' search for housing.

After the first 60 days of the search, the family may be required to maintain a search record and report to the PHA every 15 to 30 days.

#### G. VOUCHER ISSUANCE DETERMINATION FOR SPLIT HOUSEHOLDS

[24 CFR 982.315]

In those instances when a family assisted under the Section 8 program becomes divided into two otherwise eligible families due to divorce, legal separation, or the division of the family, and the new families cannot agree as to which new family unit should continue to receive the assistance, and there is no determination by a court, the PHA will consider the following factors to determine which of the families will continue to be assisted:

Which of the two new family units has custody of dependent children.

Which of the two new family units has elderly or disabled members.

Whether domestic violence was involved in the breakup.

Which family members remain in the unit.

**Recommendations of social service professionals.** 

Head of household when the Voucher was initially issued.

Documentation of these factors will be the responsibility of the requesting parties. If documentation is not provided, the PHA will terminate assistance on the basis of failure to provide information necessary for a final application or recertification.

A reduction in family size may require a reduction in the voucher family unit size.

# H. REMAINING MEMBER OF TENANT FAMILY - RETENTION OF VOUCHER [24 CFR 982.315]

To be considered the remaining member of the tenant family, the person must have been previously approved by the PHA to be living in the unit.

A live-in attendant, by definition, is not a member of the family and will not be considered a remaining member of the Family.

In order for a minor child to continue to receive assistance as a remaining family member:

- 1. The court has to have awarded emancipated minor status to the minor, or
- 2. The PHA has to have verified that social services and/or the Juvenile Court has arranged for another adult to be brought into the assisted unit to care for the child(ren) for an indefinite period.

A reduction in family size may require a reduction in the voucher family size.

#### Chapter 9

# REQUEST FOR LEASE APPROVAL AND CONTRACT EXECUTION

Effective October 21, 1998, the Quality Housing and Work Responsibility Act of 1998 (QHWRA) made permanent the 90-day owner termination and endless lease requirements. PHAs are no longer limited to the use of the endless lease, exclusively. Owners can now choose from the following options, but the initial term must still be at least 12 months:

They can elect to have an indefinite extension of the initial term (the endless lease). This option allows that the owner can only terminate tenancy during the term of the lease by instituting a court action, or

They can elect fixed, definite extensions of the initial term, such as month-to-month or year-to-year. This option allows that the owner can terminate tenancy without cause at the end of the initial term or any subsequent term.

**INTRODUCTION** [24 CFR 982.305 (a)]

The PHA's program operations are designed to utilize available resources in a manner that is efficient and provides eligible families timely assistance based on the number of units that have been budgeted. The PHA's objectives include maximizing HUD funds by providing assistance to as many eligible families and for as many eligible units as the budget will allow.

After families are issued a Voucher, they may search for a unit anywhere within the jurisdiction of the PHA, or outside of the PHA's jurisdiction if they qualify for portability. The family must find an eligible unit under the program rules, with an owner/landlord who is willing to enter into a Housing Assistance Payments Contract with the PHA. This Chapter defines the types of eligible housing, the PHA's policies which pertain to initial inspections, lease requirements, owner disapproval, and the processing of Requests For Approval of Tenancy (RFAT), **previously known as RFLA**.

# A. REQUEST FOR APPROVAL OF TENANCY [24 CFR 982.302, 982.305 (b)]

The Request for Lease Approval (RFAT) and a copy of the proposed Lease must be submitted by the family during the term of the voucher. The family must submit the Request for Approval of Tenancy in the form and manner required by the PHA.

The Request for Approval of Tenancy must be signed by both the owner and Voucher holder.

# The PHA will not permit the family to submit more than one RFAT at a time.

The PHA will review the document(s) to determine whether or not they are approvable. The Request will be approved if:

The unit is an eligible type of housing.

The unit meets HUD's Housing Quality Standards (and any additional criteria as identified in this Administrative Plan).

The rent is reasonable.

The security deposit is approvable in accordance with this plan.

The proposed lease complies with HUD and PHA requirements

The owner is approvable, and there are no conflicts of interest.

In addition to the above:

At the time a family initially receives assistance (new admissions and moves), the family share of the rent may not exceed 40 percent of the family monthly adjusted income. (See "Owner Rents, Rent Reasonableness and Payment Standards" chapter of this Plan)

# **Disapproval of RFAT**

If the PHA determines that the Request cannot be approved for any reason, the PHA will contact the landlord/family to advise of the steps that are necessary for approval (by phone or in writing) so as to proceed with the process.

When, for any reason, an RFAT is not approved, the PHA will send a written notice of disapproval to the owner and family. If time remains on the family's Voucher, the family will be issued another RFAT form to continue their search for eligible housing.

# **B. ELIGIBLE TYPES OF HOUSING** [24 CFR 982.353, 982.54(d)(15)]

The PHA will approve any of the following types of housing in the Voucher program:

All structure types can be utilized.

Manufactured homes where the tenant leases the mobile home and the pad.

Manufactured homes where the tenant owns the mobile home and leases the pad

Independent Group Residences.

Units owned (but not subsidized) by the PHA (following HUD-prescribed requirements).

A family can own a rental unit but cannot reside in it while being assisted, except in the case when the tenant owns the mobile home and leases the pad. A family may lease in and have an interest in a cooperative housing development.

The PHA may not permit a Voucher holder to lease a unit which is receiving Project-Based Section 8 assistance or any duplicative rental subsidies.

# <u>C. LEASE REVIEW</u> [24 CFR 982.308]

The PHA will review a submitted lease, particularly noting the approvability of optional charges and compliance with regulations and State and local law. Responsibility for utilities, appliances and optional services must correspond to those provided on the Request For Approval of Tenancy.

Owners may either submit their own lease or permit the PHA to furnish the lease. In cases where the owner's lease is submitted, it must be a standard form lease used in the locality by the owner and generally used for other unassisted tenants in the premises. The terms and conditions of the lease must be consistent with State and local law. The lease must specify what utilities and appliances are to be supplied by the owner, and what utilities and appliances are to be supplied by the family. The HUD prescribed tenancy addendum must be included in the lease, word-for-word, before the lease is executed.

House Rules of the owner may be attached to the lease as an addendum, provided they are approved by the PHA to ensure they do not violate any fair housing provisions and do not conflict with the tenancy addendum.

#### **Actions Before Lease Term**

All of the following must always be completed before the beginning of the initial term of the lease for a unit:

The PHA has inspected the unit and has determined that the unit satisfied the Housing Quality Standards (HQS);

The landlord and the tenant have executed the lease, including the HUD-prescribed tenancy addendum:

The PHA has approved leasing of the unit in accordance with program requirements

#### D. SEPARATE AGREEMENTS

Separate agreements are not necessarily illegal side agreements. Families and owners will be advised of the prohibition of illegal side payments for additional rent, or for items normally included in the rent of unassisted families, or for items not shown on the approved lease.

The family is not liable under the lease for unpaid charges for items covered by separate agreements, and nonpayment of these agreements cannot be cause for eviction.

Owners and families may execute separate agreements for services, appliances (other than range and refrigerator) and other items that are not included in the lease if the agreement is in writing and approved by the PHA.

Any appliances, services or other items which are routinely provided to unassisted families as part of the lease (such as air conditioning, dishwasher or garage) or are permanently installed in the unit, cannot be put under separate agreement and must be included in the lease. For there to be a separate agreement, the family must have the option of not utilizing the service, appliance or other item.

If the family and owner have come to a written agreement on the amount of allowable charges for a specific item, so long as those charges are reasonable, and not a substitute for higher rent, they will be allowed.

All agreements for special items or services must be attached to the lease approved by the PHA. If agreements are entered into at a later date, they must be approved by the PHA and attached to the lease.

# **E. INITIAL INSPECTIONS** [24 CFR 982.305 (a) & (b)]

See "Housing Quality Standards and Inspections" chapter

#### **F. RENT LIMITATIONS** [24 CFR 982.503]

The PHA will make a determination as to the reasonableness of the proposed rent in relation to comparable units available for lease on the private unassisted market, and the rent charged by the owner for a comparable unassisted unit in the building or premises.

# G. DISAPPROVAL OF PROPOSED RENT [24 CFR 982.502]

In any of the programs, if the proposed Gross Rent is not reasonable, at the family's request, the PHA will negotiate with the owner to reduce the rent to a reasonable rent.

At the family's request, the PHA will negotiate with the owner to reduce the rent or include some or all of the utilities in the rent to the owner.

If the rent can be approved after negotiations with the owner, the PHA will continue processing the Request for Approval of Tenancy and Lease. If the revised rent involves a change in the provision of utilities, a new Request for Approval of Tenancy must be submitted by the owner.

If the owner does not agree on the Rent to Owner after the PHA has tried and failed to negotiate a revised rent, the PHA will inform the family and owner that the lease is disapproved.

# **H. INFORMATION TO OWNERS** [24 CFR 982.307(b), 982.54(d)(7)]

In accordance with HUD requirements, the PHA will furnish prospective owners with the family's current address as shown in the PHA's records, and if known to the PHA, the name and address of the landlord at the family's current and prior address.

The PHA will make an exception to this requirement if the family's whereabouts must be protected due to domestic abuse or witness protection.

The PHA will inform owners that it is the responsibility of the landlord to determine the suitability of prospective tenants. Owners **will be** encouraged to screen applicants for rent payment history, payment of utility bills, eviction history, damage to units, respecting the rights of other residents, drugrelated criminal activity or other criminal activity that is a threat to the health, safety, or property of others, and compliance with other essential conditions of tenancy.

A statement of the PHA's policy on release of information to prospective landlords will be included in the briefing packet which is provided to the family.

The PHA will provide prospective owners the following information based on documentation in its possession IF THE OWNER SUBMITS A SIGNED CONSENT FORM FROM THE TENANT:

Eviction history
Damage to rental units
Drug Trafficking by family members

The information will be provided for the last three (3) years. The information will be provided <u>orally</u>. Only the Section 8 Occupancy Specialists, Assistant Managers or Section 8 Manager may provide this information.

# I. OWNER DISAPPROVAL [24 CFR 982.306]

See chapter on "Owner Disapproval and Restriction."

# J. CHANGE IN TOTAL TENANT PAYMENT (TTP) PRIOR TO HAP EFFECTIVE DATE

When the family reports any changes in factors that will affect the Total Family Share prior to the effective date of the HAP contract at admission, the information will be verified and the Total Family Share will be recalculated. If the family does not report any change, the PHA need not obtain new verifications before signing the HAP Contract, even if verifications are more than 60 days old.

# **K. CONTRACT EXECUTION PROCESS** [24 CFR 982.305(c)]

The PHA prepares the Housing Assistance Contract and lease for execution. The family and the owner will execute the Lease agreement, and the owner and the PHA will execute the HAP Contract. **The Section 8 Manager or Assistant Manager will execute the contract on behalf of the PHA.** Copies of the documents will be furnished to the parties who signed the respective documents.

The PHA makes every effort to execute the HAP Contract before the commencement of the lease term. The HAP Contract may not be executed more than 60 days after commencement of the lease term and no payments will be made until the contract is executed.

Owners must provide the current address of their residence. (Post Office Box, for mailing purposes only, is in addition to the residence address). The owner must provide a business or home telephone number.

Owners must provide an Employer Identification Number or Social Security Number.

Owners must also submit proof of ownership of the property, such as a Grant Deed or Tax Bill, and a copy of the Management Agreement if the property is managed by a management agent, upon request by the PHA.

Unless the lease was effective prior to June 17, 1998, a family may not lease properties owned by a parent, child, grandparent, grandchild, sister or brother of any family member. The PHA will waive this restriction as a reasonable accommodation for a family member who is a person with a disability.

# L. CHANGE IN OWNERSHIP

See "Owner Disapproval and Restriction" chapter.

Chapter 10

HOUSING QUALITY STANDARDS AND INSPECTIONS [24 CFR 982.401]

#### INTRODUCTION

Housing Quality Standards (HQS) are the HUD minimum quality standards for tenant-based programs. HQS standards are required both at initial occupancy and during the term of the lease. HQS standards apply to the building and premises, as well as the unit. Newly leased units must pass the HQS inspection before the beginning date of the assisted lease and HAP contract.

The PHA will inspect each unit under contract at least annually. The PHA will also have an inspection supervisor perform quality control inspections on the number of files required for file sampling by SEMAP annually to maintain the PHA's required standards and to assure consistency in the PHA's program. This Chapter describes the PHA's procedures for performing HQS and other types of inspections, and standards for the timeliness of repairs. It also explains the responsibilities of the owner and family, and the consequences of noncompliance with HQS requirements for both families and owners. The use of the term HQS in this Administrative Plan refers to the combination of both HUD and PHA requirements. (See additions to the HQS under "Acceptability Criteria and Exceptions to HQS" later in this chapter.)

#### A. GUIDELINES/TYPES OF INSPECTIONS [24 CFR 982.401(a), 982.405]

The PHA has adopted local requirements of acceptability in addition to those mandated by the HUD Regulations.

Efforts will be made at all times to encourage owners to provide housing above HQS minimum standards. The PHA will not promote any additional acceptability criterion which is likely to adversely affect the health or safety of participant families, or severely restrict housing choice.

All utilities must be in service prior to the inspection. If the utilities are not in service at the time of inspection, the owner/tenant will be notified to have utilities turned on and that the unit cannot pass inspection until service is connected and the unit reinspected.

If the tenant is responsible for supplying the stove and/or refrigerator, the PHA will allow the stove and refrigerator to be placed in the unit after the unit has passed all other HQS. The family must have the appliances in place within 2 weeks of the inconclusive pass date. Failure to supply the appliances is a violation of the family obligations and could result in termination. Extensions may be given to work with social service agencies giving assistance to obtain the appliance(s). The PHA will conduct a reinspection.

There are five types of inspections the PHA will perform:

- 1. Initial/Move-in: Conducted upon receipt of Request For Approval of Tenancy.
- 2. Annual: Must be conducted within 12 months of the **of last annual inspection**
- 3. Special/Complaint: At request of owner, family or an agency or third-party.
- 4. Move-Out/Vacate: At landlord's or tenant's request within 3-5 days of tenant's vacating, only for pre 10/2/95 contracts where there could be a damage claim.
- 5. Quality Control

# **B. INITIAL HQS INSPECTION** [24 CFR 982.401(a)]

# **Timely Initial HQS Inspection**

The PHA will inspect the unit, determine whether the unit satisfies the HQS and notify the family and owner of the determination within **15 days** after the family and the owner have submitted a request for approval of tenancy. The same **15**-day clock will be suspended during any period when the unit is not available for inspection.

The PHA will contact the owner or tenant to obtain an inspection date when the RFAT is received and note this "date unit available for inspection" on the inspection book. This date will determine whether the PHA will be able to meet the 15-day standard, or whether a suspension is required.

The PHA will make every reasonable effort to conduct initial HQS inspections for the family and owner in a manner that is time efficient and indicative of good customer service. The PHA will periodically review the average time required for a family and owner to have a unit inspected from the time the RFAT is submitted by the family and owner to the PHA. If the PHA determines that the average time is longer than 15 days, the PHA will review staffing needs relevant to HQS inspections.

The Initial Inspection will be conducted to:

Determine if the unit and property meet the HQS defined in this Plan.

Document the current condition of the unit as to assist in future evaluations whether the condition of the unit exceeds normal wear and tear.

Document the information to be used for determination of rent reasonableness.

If the unit fails the initial Housing Quality Standards inspection, the owner and family will be advised to notify the PHA once repairs are completed.

On an initial inspection, the owner will be given up to 14 days to correct the items noted as Fail. Depending on the amount and complexity of the work to be done, the owner will be allowed up to 30 days for repair work to be completed if an extension is requested.

If the time period given to correct the repairs has elapsed, a void letter will be sent to the owner and family. The family will be issued another RFAT.

#### C. ANNUAL HQS INSPECTIONS [24 CFR 982.405(a)]

The PHA conducts an inspection in accordance with Housing Quality Standards at least annually. **The PHA schedules annual inspections 60 - 90 days prior to the annual review date,** so that the inspections are conducted at least annually as required by SEMAP. **The tenant's annual review date is the initial date of the HAP contract.** 

HQS deficiencies which cause a unit to fail must be corrected by the landlord unless it is a fail for which the tenant is responsible.

The family must allow the PHA to inspect the unit at reasonable times with reasonable notice. [24 CFR 982.51(d)]

Inspections will be conducted on business days only. Reasonable hours to conduct an inspection are between 8:00 a.m. to 4:00 p.m.

The PHA will notify the family in writing at least 10 days prior to the inspection. If the family is unable to be present, they must reschedule the appointment so that the inspection is completed within 7 business days.

If the family does not contact the PHA to reschedule the inspection, or if the family misses two inspection appointments, the PHA will consider the family to have violated family obligations and their assistance will be terminated in accordance with the termination procedures of this Plan.

Reinspection: When the PHA is notified repairs are completed, the family is provided a reinspection appointment either by phone or mail. If the family is not at home for the reinspection appointment, a card will be left at the unit to contact the PHA for another appointment. A final notice letter will be sent to the owner and tenant advising of abatement (owner repairs) or termination (tenant repairs).

# **Time Standards for Repairs**

Emergency items which endanger the family's health or safety must be corrected within 24 hours of notification. (See Emergency Repair Items section in this chapter.)

For non-emergency items, repairs must be made within 30 days.

For major repairs, the Section 8 Manager or Assistant Manager must approve an extension beyond 30 days.

#### **Rent Increases**

Rent to owner increases may not be approved if the unit is in a failed condition.

#### D. MOVE OUT

A move out inspection will be performed only at the landlord's request if claim is to be submitted for contracts effective before 10/2/95.

# **E. SPECIAL/COMPLAINT INSPECTIONS** [24 CFR 982.405(c)]

If at any time the family or owner notifies the PHA that the unit does not meet Housing Quality Standards, the PHA will conduct an inspection. The PHA may also conduct a special inspection based on information from third parties such as neighbors or public officials.

The PHA will inspect only the items which were reported, but if the Inspector notices additional deficiencies that would cause the unit to fail HQS, the responsible party will be required to make the necessary repairs.

# F. QUALITY CONTROL INSPECTIONS [24 CFR 982.405(b)]

Quality Control inspections will be performed by the **Section 8 manager or other supervisory personnel** on the number of files required by SEMAP. The purpose of Quality Control inspections is to ascertain that each inspector is conducting accurate and complete inspections, and to ensure that there is consistency among inspectors in application of the HQS.

The sampling of files will include recently completed inspections (within the prior 3 months), a cross-section of neighborhoods, and a cross-section of inspectors.

**SEMAP RATE:** published in the Federal Register 1/26/99

| <u>Universe</u> | Minimum number of sampled files                 |
|-----------------|---|
| 50 or less      | 5   |
| 51 - 600        | 5 + 1 for each 50 or part of 50 over 50         |
| 601-2000        | 16 plus 1 for each 100 or part of 100 over 600  |
| over 2000       | 30 plus 1 for each 200 or part of 200 over 2000 |

# G. ACCEPTABILITY CRITERIA AND EXCEPTIONS TO HQS [24CFR 982.401(a)]

The PHA adheres to the acceptability criteria in the program regulations, **local codes and the additions described below.** 

Additions to HQS: (additional criteria established to strengthen the HQS requirements)

#### Walls:

In areas where plaster or drywall is sagging, severely cracked or otherwise damaged, it must be repaired or replaced.

Any exterior or interior surfaces with peeling or chipping paint must be scraped and painted with two coats of unleaded paint or other suitable material in units built prior to 1978.

All walls in a tub or shower area must be covered with ceramic tile or other material that is impervious to water to prevent water damage.

#### Windows:

All window sashes must be in good condition, solid and intact, and fit properly in the window frame. Damaged or deteriorated sashes must be replaced.

Windows must be weatherstripped as needed to ensure a watertight seal.

There must be one properly fitting screen in good condition per habitable room with windows (HUD approved 9/9/83).

#### Doors:

All exterior doors must be weather tight to avoid any air or water infiltration, have no holes, have all trim intact, and have a threshold.

#### Floors:

All floors must be in a finished state (no plywood). All wood floors having loose or warped boards, must be re-secured and made level.

All floors should have some type of base shoe, trim or sealing for a "finished look."

#### Bathrooms:

All worn or cracked toilet seats and tank lids must be replaced and fit properly.

#### Security:

If window security bars or security screens are present on an emergency exit window, they must be equipped with a quick release system. The owner is responsible for ensuring that the family is instructed on the use of the quick release system.

Owners are responsible for providing, replace and maintain smoke detectors. Tenants are responsible for replacing batteries within the smoke detectors and are instructed not to remove batteries. Tenants

are responsible for replacing smoke detectors when damage has occurred by tampering.

#### Bedrooms:

A bedroom must have a floor area of not less than 70 square feet, and every room occupied for sleeping purposes by more than one person will contain at least 50 square feet of floor area for each additional occupant thereof.

Bedrooms in basements or attics are not allowed unless:

In cases where a slope ceiling exists over all or part of the room, with a clear ceiling height of at least 7 feet over not less than one-third of the required minimum floor area. In calculating the floor area of such rooms, only those portions of the floor area with a clear ceiling height of 5 feet or more will be included.

The ceilings of such rooms will be in every part at least 3'6" above the surface of the street or ground outside of or adjoining the same.

There will be appurtenant to such room the use of a toilet compartment, which is properly vented to outside air.

Such room will have one or more window openings of not less than 10% of floor area, exclusive of sash frames, and will open readily to the street or yard for purposes of ventilation.

The floors and walls will be waterproof and damp-proof in accordance with an approved method if in contact with earth. Such waterproofing will be between the floor and wall finish and the ground.

Bedrooms (continued):

No dwelling or dwelling unit containing two or more bedrooms - sleeping rooms will have such rooms arranged that access to a bathroom or toilet compartment, intended for use by occupants of more than one sleeping room, can be had only by going through another sleeping room.

Nor will room arrangements be such that access to a sleeping room can be had only by going through another sleeping room, bathroom or toilet compartment.

Modifications.

Modifications or adaptations to a unit due to a disability must meet all applicable HQS and building codes.

Extension for repair items not required by HQS will be granted for modifications/adaptations to the unit if agreed to by the tenant and landlord. The PHA will allow execution of the HAP contract if unit meets all requirements and the modifications do not affect the livability of the unit.

# H. EMERGENCY REPAIR ITEMS [24 CFR 982.401(a)]

The following items are considered of an emergency nature and must be corrected by the owner or tenant (whoever is responsible) within 24 hours of notice by the PHA:

Lack of security for the unit
Waterlogged ceiling in imminent danger of falling
Major plumbing leaks or flooding
Natural gas leak or fumes
Electrical problem which could result in shock or fire
No heat
Utilities not in service
No running hot water
Broken glass where someone could be injured
Obstacle which prevents tenant's entrance or exit
Lack of functioning toilet

The PHA may give a short extension not more than 48 additional hours whenever the responsible party cannot be notified or it is impossible to effect the repair within the 24-hour period.

In those cases where there is leaking gas or potential of fire or other threat to public safety, and the responsible party cannot be notified or it is impossible to effect the repair, proper authorities will be notified by the PHA.

If the emergency repair item(s) is/are not corrected in the time period required by the PHA, and the owner is responsible, the housing assistance payment will be abated and the HAP contract will be terminated.

If the emergency repair item(s) is/are not corrected in the time period required by the PHA, and it is an HQS breach which is a family obligation, the PHA will terminate the assistance to the family.

#### **Smoke detectors**

If the PHA determines that the family has purposely disconnected the smoke detector (by removing batteries or other means), the PHA will issue a written warning to the family that will state deliberate disconnection of the unit's smoke detector is a health and fire hazard and is considered a violation of the HQS. Future violations will constitute termination from the program.

#### I. CONSEQUENCES IF OWNER IS RESPONSIBLE (NON-EMERGENCY ITEMS)

When it has been determined that a unit on the program fails to meet Housing Quality Standards, and the owner is responsible for completing the necessary repair(s) in the time period specified by the PHA, the assistance payment to the owner will be **abated**.

#### **Abatement**

A Notice of Abatement will be sent to the owner, and the abatement will be effective **from the day after the date of the failed inspection**. The notice is generally for **30** days, depending on the nature of the repair(s) needed.

The PHA will inspect abated units within **5 business** days of the owner's or tenant's notification that the work has been completed.

If the owner makes repairs during the abatement period, payment will resume on the day the unit passes inspection.

#### The family will be notified of the reinspection date.

No retroactive payments will be made to the owner for the period of time the rent was abated and the unit did not comply with HQS. The notice of abatement states that the tenant is not responsible for the PHA's portion of rent that is abated.

#### **Extensions in lieu of abatement**

The PHA will grant an extension in lieu of abatement in the following cases:

The owner has a good history of HQS compliance.

The failed items are minor in nature.

There is an unavoidable delay in completing repairs due to difficulties in obtaining parts or contracting for services.

The owner makes a good faith effort to make the repairs.

The repairs are expensive (such as exterior painting or roof repair) and the owner needs time to obtain the funds.

The repairs must be delayed due to climate conditions.

The owner provides receipts from business or contractor showing

the work is to be completed including dates.

The extension may be made for a period of time not to exceed 30 days. At the end of that time, at the PHA's discretion, if the work is not completed or substantially completed, the PHA will begin the abatement.

The PHA may grant an extension of up to 120 days during winter months or to work with contractors schedules providing there is no hazard existing for family.

#### **Termination of Contract**

If the owner is responsible for repairs, and fails to correct all the deficiencies cited prior to the end of the abatement period, the owner will be sent a HAP Contract Proposed Termination notice. Prior to the effective date of the termination, the abatement will remain in effect.

If repairs are completed before the effective termination date, the termination **will** be rescinded by the PHA if the tenant chooses to remain in the unit. Only **one** Housing Quality Standards inspection will be conducted after the termination notice is issued.

# **J. DETERMINATION OF RESPONSIBILITY** [24 CFR 982.404, 982.54(d)(14)]

Certain HQS deficiencies are considered the responsibility of the family:

Tenant-paid utilities not in service.

Failure to provide or maintain family-supplied appliances.

Damage to the unit or premises caused by a household member or guest beyond normal wear and tear.

"Normal wear and tear" is defined as items which could be charged against the tenant's security deposit under state law or court practice.

The owner is responsible for all other HQS violations.

The owner is responsible for vermin infestation even if caused by the family's living habits. However, if such infestation is serious and repeated, it may be considered a lease violation and the owner may evict for serious or repeated violation of the lease. The PHA may terminate the family's assistance on that basis.

The inspector will make a determination of owner or family responsibility during the inspection. The owner or tenant may appeal this determination to the PHA within 7 business days of the inspection.

If the family is responsible but the owner carries out the repairs, the owner will be encouraged to bill the family for the cost of the repairs and submit a copy to the PHA for the family's file.

# **K. CONSEQUENCES IF FAMILY IS RESPONSIBLE** [24 CFR 982.404(b)]

If emergency or non-emergency violations of HQS are determined to be the responsibility of the family, the PHA will require the family make any repair(s) or corrections within **24 hours for emergency and 30** days for non-emergency violations (same as for owners). If the repair(s) or correction(s) is/are not made in this time period, the PHA will terminate assistance to the family. Extensions in these cases must be approved by **PHA** prior to the deadline for completion of repairs. The owner's rent will not be abated for items which are the family's responsibility.

If the tenant is responsible and corrections are not made, the HAP Contract will terminate when assistance is terminated.

# Chapter 11

#### OWNER RENTS, RENT REASONABLENESS, AND PAYMENT STANDARDS

[24 CFR 982.503, 982.504 982.505]

#### **INTRODUCTION**

The policies in this chapter reflect the amendments to the HUD regulations, which were implemented by the Quality Housing and Work Responsibility Act of 1998 for the Section 8 Tenant-Based Assistance Program. These amendments complete the merging of the Section 8 Certificate and Voucher Programs into one program, called the Housing Choice Voucher Program. **The PHA refers to this program as the Enhanced Voucher Program (EVO).** 

In accordance with regulations, for those Section 8 participant families, where there is a HAP Contract in effect entered into prior to October 1, 1999, the PHA will continue to uphold the rent calculation methods of the premerger Regular Certificate and Voucher tenancies until the 2<sup>nd</sup> regular reexamination of family income and composition following the "merger date." However, all new leases, moves, and new admissions taking effect on or after October 1, 1999, will be subject to the regulations of the new Housing Choice Voucher Program (**EVO**).

The PHA will determine rent reasonableness in accordance with 24 CFR 982.507(a). It is the PHA's responsibility to ensure that the rents charged by owners are reasonable based upon unassisted comparables in the rental market, using the criteria specified in 24 CFR 982.507(b).

This Chapter explains the PHA's procedures for determination of rent reasonableness, payments to owners, adjustments to the Payment Standards, and rent adjustments.

# A. RENT TO OWNER IN THE HOUSING CHOICE VOUCHER PROGRAM (EVO)

The rent to owner is limited only by rent reasonableness. The PHA must demonstrate that the rent to owner is reasonable in comparison to rent for other comparable unassisted units.

The only other limitation on rent to owner is the maximum rent standard at initial occupancy (24 CFR 982.508). At the time a family initially receives tenant-based assistance for occupancy of a dwelling unit, whether it is a new admission or a move to a different unit, the family share may not exceed 40 percent of the family's monthly adjusted income.

During the initial term of the lease, the owner may not raise the rent to owner.

#### B. MAKING PAYMENTS TO OWNERS [24 CFR 982.451]

Once the HAP Contract is executed, the PHA begins processing payments to the landlord. The effective date and the amount of the PHA payment are **entered into the computer HAP processing.** A HAP Register will be used as a basis for monitoring the accuracy and timeliness of payments. Changes are made **automatically** to the HAP Register for the following month. Checks are disbursed by the **Accounting Department** to the owner each month. Checks that are not received will not be replaced until a written request has been received from the payee and a stop payment has been put on the check.

#### **Excess Payments**

The total of rent paid by the tenant plus the PHA housing assistance payment to the owner may not be more than the rent to owner. The owner must immediately return any excess payment to the PHA. Owners who do not return excess payments will be subject to penalties as outlined in the "Owner or Family Debts to the PHA" chapter of this Plan.

#### **Late Payments to Owners**

It is a local business practice in Lorain County for property managers and owners to charge tenants a reasonable late fee for rents not received by the owner or property manager by the due date, not withstanding any grace period which is typically 7 - 10 days past the first of the month.

Therefore, in keeping with generally accepted practices in the local housing market, the PHA must make housing assistance payments to the owner promptly and in accordance with the HAP contract.

The owner may submit a request for payment of a late fee to the PHA. The amount charged must be equivalent to that charged and collected from tenants. Proof of collections may be required. Late fees will not be made for initial contracts where HAP payments were delayed due to owner/tenant timeliness resulting in the PHA to not be able to complete processes prior to the month's cut off for HAP payments. Proof of "Mailed to" date will be (a) the payment listed on the HAP Register, and (b) date the checks were posted. PHA will not be held responsible for delays caused by the Post Office.

The PHA will not be obligated to pay any late payment penalty if HUD determines that late payment is due to factors beyond the PHA's control, such as a delay in the receipt of program funds from HUD. The PHA will use administrative fee income or the administrative fee reserve as its only source for a late payment penalty. The PHA will not use any program funds for the payment of late fee penalties to the owner.

#### C. RENT REASONABLENESS DETERMINATIONS [24 CFR 982.507]

Current SEMAP guidelines require PHAs to have a reasonable written methodology for determining rent reasonableness in the Administration Plan.

The PHA will determine and document on a case-by-case basis that the approved rent is reasonable in comparison to rent for other comparable unassisted units in the market. This applies to all programs.

The PHA will not approve a lease until the PHA determines that the initial rent to owner is a reasonable rent. The PHA must redetermine the reasonable rent before any increase in the rent to owner, and if there is a five percent decrease in the published FMR in effect 60 days before the contract anniversary (for the unit size rented by the family) as compared with the FMR in effect one year before the contract anniversary.

The PHA must redetermine rent reasonableness if directed by HUD and based on a need identified by the PHA's auditing system. The PHA may elect to redetermine rent reasonableness at any other time. At all time during the assisted tenancy, the rent to owner may not exceed the reasonable rent as most recently determined or redetermined by the PHA.

The owner will be advised that by accepting each monthly housing assistance payment, s/he will be certifying that the rent to owner is not more than rent charged by the owner for comparable unassisted units in the premises.

If requested, the owner must give the PHA information on rents charged by the owner for other units in the premises or elsewhere. The PHA will only request information on the owner's units elsewhere if the PHA has cause to demonstrate that the owner has a tendency to charge higher rents to program participants, or if needed for rent reasonableness comparable.

The date for other unassisted units will be gathered from newspapers, realty company magazines, inquiries of owners, market surveys, other available sources.

The market areas for rent reasonableness are **neighborhoods**, **zip codes**, **census tracts** within the PHA jurisdiction. Subject units within a defined housing market area will be compared to similar units within the same area.

The following items will be used for rent reasonableness documentation:

Size (# of Bedrooms/sq. ft.)

Age of unit

Location Unit type

Quality Maintenance

Housing Services Utilities

Amenities (bathrooms, dishwasher, air conditioning, etc.)

### **Rent Reasonable Methodology**

The PHA maintains **files** which include data on unassisted units for use by staff in making rent reasonableness determinations. The data is updated on an ongoing basis and purged when it is more than five **years old.** 

The PHA uses an "appraisal" method and tests the subject unit against selected units in the same area with similar characteristics. Adjustments are made for favorable and unfavorable differences between the subject unit and the comparables. Amenities, services, and facilities are given consideration.

#### D. PAYMENT STANDARDS FOR THE VOUCHER PROGRAM [24 CFR 982.503]

The Payment Standard is used to calculate the housing assistance payment for a family. In accordance with HUD regulation, and at the PHA discretion, the Voucher Payment Standard amount is set by the PHA between 90 - 110 percent of the HUD published FMR. This is considered the basic range. The PHA reviews the appropriateness of the Payment Standard annually when the FMR is published. In determining whether a change is needed, the PHA will ensure that the Payment Standard is always within the range of 90 - 110 percent of the new FMR, unless an exception payment standard has been approved by HUD.

The PHA will establish a single voucher payment standard amount for each FMR area in the PHA jurisdiction. For each FMR area, the PHA will establish payment standard amounts for each "unit size." The PHA may have a higher payment standard within the PHA's jurisdiction if needed to expand housing opportunities outside areas of minority or poverty concentration, as long as the payment standard is within the 90 - 110 percent of FMR range.

The PHA may approve a higher payment standard within the basic range, if required as a reasonable accommodation for a family that includes a person with disabilities.

# E. ADJUSTMENTS TO PAYMENT STANDARDS [24 CFR 982.503]

Payment Standards may be adjusted, within HUD regulatory limitations, to increase Housing Assistance Payments in order to keep families' rents affordable. The PHA will not raise the Payment Standards solely to make "high end" units available to Voucher holders. The PHA may use some or all of the measures below in making its determination whether an adjustment should be made to the Payment Standard.

#### **Assisted Families' Rent Burdens**

The PHA will review its voucher payment standard amounts at least annually to determine whether more than 40 percent of families in a particular unit size are paying more than 30% of their annual adjusted income for rent.

If it is determined that particular unit sizes in the PHA's jurisdiction have payment standard amounts that are creating rent burdens for families, the PHA will modify its payment standards for those particular unit sizes.

The PHA may establish a separate voucher payment standard, within the basic range, for designated parts of its jurisdiction if it determines that a higher payment standard is needed in these designated areas to provide families with quality housing choices and to give families an opportunity to move outside areas of high poverty and low income.

#### **Quality of Units Selected**

The PHA will review the quality of units selected, by participant families, when making a determination of the percent of income the families are paying for housing. This will help ensure that Payment Standard increases are only made when needed to reach the mid-range of the market.

#### **PHA Decision Point**

The PHA will review the average percent of income that families on the program are paying for rent. If **more than 40%** of families are **paying more than 30%** of their monthly adjusted income for a particular unit size, the PHA will determine whether families are renting units larger than their voucher size, and whether families are renting units which exceed HUD's HQS and any additional standards added by the PHA in this Administrative Plan.

If families are paying more than 30% of their income for rent due to the selection of larger bedroom size units or luxury units, the PHA may decline to increase the payment standard. If these are not the primary factors for families paying higher rents, the PHA will continue increasing the payment standard.

#### **Rent to Owner Increases**

The PHA may review a sample of the units to determine how often owners are increasing rents and the average percent of increase by bedroom size.

# **Time to Locate Housing**

The PHA may consider the average time period for families to lease up under the Voucher program. If Voucher holders are unable to locate suitable housing within the term of the voucher, and the PHA determines that this is due to rents in the jurisdiction being unaffordable for families even with the presence of a voucher, the Payment Standard may be adjusted.

# **Lowering of the Payment Standard**

Lowering of the FMR may require an adjustment of the Payment Standard. Additionally, the statistical analysis may reveal that the Payment Standard should be lowered. In any case, the Payment Standard will not be set below 90 percent of the FMR without authorization from HUD.

#### **Financial Feasibility**

Before increasing the Payment Standard, the PHA may review the budget to determine the impact projected subsidy increases would have on funding available for the program and number of families served.

For this purpose, the PHA will compare the number of families who could be served under a higher Payment Standard with the number assisted under current Payment Standards.

#### **File Documentation**

A file will be retained by the PHA for at least three years to document the analysis and findings to justify whether or not the Payment Standard was changed.

#### F. EXCEPTION PAYMENT STANDARDS

If the dwelling unit is located in an exception area, the PHA must use the appropriate payment standard amount established by the PHA for the exception area in accordance with regulation 24 CFR 982.503. **LMHA has not requested an exception from HUD.** 

# G. OWNER PAYMENT IN THE PREMERGER REGULAR CERTIFICATE PROGRAM

[24 CFR 982.502(d)]

The HUD regulations relating to owner rent adjustments applicable to the Regular Tenancy Program will be used until the HAP Contract is no longer effective which will be no later than the second regular reexamination of the family after the merger date. Here is where we insert information about the Rent Adjustments for these contracts.

The PHA will not notify owners of their right to request a rent adjustment.

Owners must request the rent increase in writing on the **Request for Approval of Tenancy** form provided by the PHA. Any increase will be effective the later of:

#1 - the anniversary date of the Contract, **OR** 

#2 - at least 60 days after the owner's request is received

The approval or disapproval decision regarding the adjustment will be based on HUD required calculations and a rent reasonableness determination. The adjustment may be an increase or a decrease.

The notice of rent change does not affect the automatic renewal of the lease and does not require a new lease or contract or even an executed amendment.

For terminations of Premerger Regular Certificate HAPs, see "Contract Terminations" chapter.

#### Chapter 12

#### RECERTIFICATIONS

#### **INTRODUCTION**

HUD requires that the PHA reexamine the income and household composition of all families at least annually. Families will be provided accurate annual and interim rent adjustments. Recertifications and interim examinations will be processed in a manner that ensures families are given reasonable notice of rent increases. All annual activities will be coordinated in accordance with HUD regulation. It is a HUD requirement that families report all changes in household composition. This Chapter defines the PHA's policy for conducting annual recertifications and coordinating annual activities. It also explains the interim reporting requirements for families, and the standards for timely reporting.

# **A. ANNUAL ACTIVITIES** [24 CFR 982.516, 982.405]

There are three activities the PHA must conduct on an annual basis. These activities will be coordinated whenever possible:

- 1. Recertification of Income and Family Composition
- 2. HQS Inspection
- 3. Rent to Owner Adjustment Regular Tenancy Certificate only (following HUD requirements)

The PHA produces a monthly listing of units under contract to ensure that timely reviews of rent to owner, housing quality, and factors related to Total Tenant Payment can be made. Requests for rent adjustments and other monetary changes will be **completed by the Section 8 Occupancy Specialists.** 

Reexamination of the family's income and composition must be conducted at least annually.

Annual inspections: See Chapter 10, "Housing Quality Standards and Inspections"

Rent Adjustments: See Chapter 11, "Owner Rents, Rent Reasonableness and Payment Standards"

# **B. ANNUAL RECERTIFICATION/REEXAMINATION** [24 CFR 982.516]

Families are required to be recertified at least annually. At the first interim or annual certification on or after June 19, 1995, family members must report and verify their U.S. citizenship/eligible immigrant status.

#### **Pre-Merger Reexamination Issues**

For all pre-merger tenancies the rent calculation methods will not change until the effective date of the second regular reexamination of family income and composition, following the merger date, unless the family moves or accepts a new lease from the owner.

If there has been an increase in the payment standard prior to the effective date of the first regular reexamination of a pre-merger Voucher following the merger date, the family will receive the benefit of the higher payment standard, provided there has not been a change in family size or composition that would require the PHA to adjust the family unit size.

#### **Moves Between Reexamination**

When families move to another dwelling unit:

An annual recertification will be scheduled (unless a recertification has occurred in the last 120 days) and the anniversary date will be changed.

Income limits are not used as a test for continued eligibility at recertification.

#### **Reexamination Notice to the Family**

The PHA will maintain a reexamination tracking system and the household will be notified by mail of the date and time for their interview at least **90** days in advance of the anniversary date. If requested as an accommodation by a person with a disability, the PHA will provide the notice in an accessible format. The PHA will also mail the notice to a third party, if requested as reasonable accommodation for a person with disabilities. These accommodations will be granted upon verification that they meet the need presented by the disability.

#### <u>Procedure</u>

The PHA's procedure for conducting annual recertifications will be:

Schedule the date and time of appointments and mail a notification to the family.

#### Persons with Disabilities

Persons with disabilities, who are unable to come to the PHA's office will be granted an accommodation of conducting the interview **by mail** upon verification that the accommodation requested meets the need presented by the disability.

# **Completion of Annual Recertification**

The PHA will have all recertifications for families completed before the anniversary date. This includes notifying the family of any changes in rent at least 30 days before the scheduled date of the change in family rent.

# **Collection of Information** [24 CFR 982.516(f)]

The PHA has established appropriate decertification procedures necessary to ensure that the income data provided by families is complete and accurate.

The PHA will require the family to complete a Personal Declaration Form prior to all recertification interviews.

The PHA representative will interview the family and enter the information provided by the family on the recertification form, review the information with the family, and have them sign the form.

#### **Requirements to Attend**

The following family members will be required to attend the recertification interview:

All adult members

If the head of household is unable to attend the interview:

If requested, the appointment will be rescheduled

The spouse, co-head, or other adult may recertify for the family with a provision that other adult member(s) must come to the office within 7 working days to be interviewed and sign forms

# Failure to Respond to Notification to Recertify

The written notification must state which family members are required to attend the interview. The family may call to request another appointment prior to the interview.

If the family does not appear for the recertification interview, and has not rescheduled or made prior arrangements with the PHA, the PHA will reschedule a second appointment.

If the family fails to appear for the second appointment, and has not rescheduled or made prior arrangements, the PHA will:

Send family notice of termination and offer them an informal hearing.

Exceptions to these policies may be made by the Section 8 Staff if the family is able to document an emergency situation that prevented them from canceling or attending the appointment.

# **Documents Required From the Family**

In the notification letter to the family, the PHA will include instructions for the family to bring the following:

Documentation of income for all family members
Documentation of assets
Documentation of any deductions/allowances
Personal Declaration Form completed by head of household and signed by all adult members

#### **Verification of Information**

The PHA will follow the verification procedures and guidelines described in this Plan. Verifications for reexaminations must be less than 120 days old.

# C. REPORTING INTERIM CHANGES [24 CFR 982.516]

Program participants must report <u>all</u> changes in household composition to the PHA between annual reexaminations. This includes additions due to birth, adoption and court-awarded custody. The family must obtain PHA approval prior to all other additions to the household.

If any new family member is added, family income must include any income of the new family member. The PHA will conduct a reexamination to determine such additional income and will make the appropriate adjustments in the housing assistance payment and family unit size.

The U.S. citizenship/eligible immigrant status of additional family members must be declared and verified as required at the first interim or regular recertification after moving into the unit.

#### **Increases in Income**

HUD permits PHAs to decide if increases in income and assets must be reported by the family, when increases must be reported, and whether or not interim adjustments will be done when there is an increase in income. Even if the PHA does not do interim adjustments when families have an increase in income, the PHA will still require families to report any increases.

Families will be required to report <u>all</u> increases in income/assets of all household members to the HA in writing within 7 business days.

The PHA will review and certify the reported information. An interim rent change will not be processed which results in an increase of monthly gross income of less than \$100 per month.

#### **Decreases in Income**

Participants <u>may</u> report a decrease in income and other changes which would reduce the amount of tenant rent, such as an increase in allowances or deductions. The PHA must calculate the change if a decrease in income is reported.

#### **HA Errors**

If the PHA makes a calculation error at admission to the program or at an annual reexamination, an interim reexamination will be conducted to correct the error, but the family will not be charged retroactively. Families will be given decreases, when applicable, retroactive to when the decrease for the change would have been effective if calculated correctly.

#### D. OTHER INTERIM REPORTING ISSUES

An interim reexamination does not affect the date of the annual recertification.

An interim reexamination will be scheduled for families with unstable income every **90 days** (quarterly).

Zero (0) income families will be required to report monthly.

In the following circumstances, the PHA may conduct the interim recertification by mail:

Changes that will not result in a change in tenant rent or voucher size.

Changes in income that are normal for the family, such as seasonal employment.

As a reasonable accommodation when requested. (See "Statement of Policies and Objectives" chapter.)

# E. INCOME CHANGES RESULTING FROM WELFARE PROGRAM REQUIREMENTS

The QHWRA establishes new requirements for the treatment of income changes resulting from welfare program requirements. These requirements are effective immediately. However, before implementation of the new requirements, the PHA must revise operating procedure to effectuate these provisions.

The PHA <u>will not</u> reduce the family share of rent for families whose welfare assistance is reduced specifically because of:

Fraud, or

Failure to participate in an economic self-sufficiency program, or

Noncompliance with a work activities requirement

However, the PHA will reduce the rent if the welfare assistance reduction is a result of:

The expiration of a lifetime time limit on receiving benefits, or

A situation where the family has complied with welfare program requirements but cannot or has not obtained employment The PHA will notify affected families that they have the right to an informal hearing regarding these requirements. (See "Verification Procedures" chapter.)

# **Cooperation Agreements**

The PHA has taken a proactive approach to culminating an effective working relationship between the PHA and the local welfare agency for the purpose of targeting economic self-sufficiency programs through the community that are available to Section 8 tenant-based assistance families.

### F. NOTIFICATION OF RESULTS OF RECERTIFICATIONS

[HUD Notice PIH 98-6]

The HUD form 50058 will be completed and transmitted as required by HUD.

The Notice of Rent Change is mailed to the owner and the tenant. Tenant signatures **are** required by the PHA. If the family disagrees with the rent adjustment they may request an informal hearing.

# G. TIMELY REPORTING OF CHANGES IN INCOME (AND ASSETS)

[24 CFR 982.516(c)]

# **Standard for Timely Reporting of Changes**

The PHA requires that families report interim changes to the PHA within **7 business** days of when the change occurs. Any information, document or signature needed from the family which is needed to verify the change must be provided within **7 business** days of the change.

If the change is not reported within the required time period, or if the family fails to provide documentation or signatures, it will be considered untimely reporting.

# **Procedures when the Change is Reported in a Timely Manner**

The PHA will notify the family and the owner of any change in the Housing Assistance Payment to be effective according to the following guidelines:

<u>Increases in the Tenant Rent</u> are effective on the first day of the second month in which the increase occurred provided the family complied with PHA requirements in reporting on a timely basis.

An interim rent change will not be processed which results in an increase of monthly gross income of less than \$100.00 per month.

<u>Decreases in the Tenant Rent</u> are effective the first of the month following that in which the change was reported. **However, no rent reductions will be processed until all the facts have been verified, even if a retroactive adjustment results.** 

The change may be implemented based on documentation provided by the family, pending third-party written verification.

#### **Procedures When the Change is Not Reported in a Timely Manner**

If the family does not report the change as described under Timely Reporting, the family will have caused an unreasonable delay in the interim reexamination processing and the following guidelines will apply:

<u>Increase in Tenant Rent</u> will be effective retroactive to the first of the month following that in which the change occurred. The family will be liable for any overpaid housing assistance and **will** be required to **sign a Repayment Agreement or make a lump sum payment.** Failure to enter into a repayment agreement will result in termination.

<u>Decrease in Tenant Rent</u> will be effective on the first of the month following the month the change was reported to the PHA.

#### Procedures when the Change is Not Processed by the PHA in a Timely Manner

"Processed in a timely manner" means that the change goes into effect on the date it should when the family reports the change in a timely manner. If the change cannot be made effective on that date, the PHA did not process in a timely manner.

In this case, an increase will be effective the first of the month after completion of processing by the PHA. If the change resulted in a decrease, the overpayment by the family will be calculated retroactively to the date it should have been effective, and the family will be credited for the amount.

#### Н. **REPORTING OF CHANGES IN FAMILY COMPOSITION** [24 CFR 982.516(c)]

All changes in family composition must be reported within **7 business** days of the occurrence. Increases other than by birth, adoption or court-awarded custody must have the prior approval of the PHA and the owner.

#### **Increases in Family Size**

If an addition would result in overcrowding according to HQS maximum occupancy standards (see chapter 5):

The PHA will issue a larger Voucher for the family to locate a suitable unit.

#### I. **CONTINUANCE OF ASSISTANCE FOR "MIXED" FAMILIES** [24 CFR 5.518]

Under the Noncitizens Rule, "Mixed" families are families that include at least one citizen or eligible immigrant and any number of ineligible members.

The Noncitizens Rule was implemented prior to November 29, 1996, and "mixed" families who were participants as of June 19, 1995, shall continue receiving full assistance if they meet all the following criteria:

- 1. The head of household or spouse is a U.S. citizen or has eligible immigrant status; AND
- 2. All members of the family other than the head, the spouse, parents of the head, parents of the spouse, and children of the head or spouse are citizens or eligible immigrants. The family may change the head of household to qualify under this provision.

#### <u>J</u>. MISREPRESENTATION OF FAMILY CIRCUMSTANCES

If any participant deliberately misrepresents the information on which eligibility or tenant rent is established, the PHA may terminate assistance and may refer the family file/record to the proper authorities for appropriate disposition. (See Program Integrity Addendum.)

Chapter 13

#### MOVES WITH CONTINUED ASSISTANCE/PORTABILITY

[24 CFR 982.314, 982.353, 982.355(a)]

#### **INTRODUCTION**

HUD regulations permit families to move with continued assistance to another unit within the PHA's jurisdiction, or to a unit outside of the PHA's jurisdiction under Portability procedures. The regulations also allow the PHA the discretion to develop policies which define any limitations or restrictions on moves. This Chapter defines the procedures for moves, both within and outside of, the PHA's jurisdiction, and the policies for restriction and limitations on moves.

#### A. ALLOWABLE MOVES

A family may move to a new unit with continued assistance if:

- 1. The assisted lease for the old unit has terminated because the PHA has terminated the HAP contract for owner breach, or the lease was terminated by mutual agreement of the owner and the family.
- 2. The owner has given the family a notice to vacate, or has commenced an action to evict the tenant, or has obtained a court judgment or other process allowing the owner to evict the family (unless assistance to the family will be terminated).
- 3. The family has given proper notice of lease termination (if the family has a right to terminate the lease on notice to owner).

**B. RESTRICTIONS ON MOVES** [24 CFR 982.314, 982.552(a)]

Families will not be permitted to move within the PHA's jurisdiction during the initial year of assisted occupancy.

Families will not be permitted to move outside the PHA's jurisdiction under portability procedures during the initial year of assisted occupancy.

Families will not be permitted to move more than once in a 12-month period.

The PHA will deny permission to move if there is insufficient funding for continued assistance. The PHA will deny permission to move to if:

- \* The family has violated a Family Obligation.
- \* The family owes the PHA money.
- \* The family has moved or been issued a Voucher within the last twelve months.

The PHA may make exceptions to these restrictions if there is an emergency reason for the move over which the participant has no control.

# C. PROCEDURE FOR MOVES [24 CFR 982.314]

#### **Issuance of Voucher**

Subject to the restrictions on moves, if the family has not been recertified within the last 120 days, the PHA will issue the voucher to move **after conducting the recertification** interview.

If the family does not locate a new unit, they may remain in the current unit so long as the owner permits.

The annual recertification date will be changed to coincide with the new lease-up date.

#### **Notice Requirements**

Briefing sessions emphasize the family's responsibility to give the owner and the PHA proper written notice of any intent to move.

The family must give the owner the required number of days written notice of intent to vacate specified in the lease and must give a copy to the PHA simultaneously.

For units under a Certificate HAP contract effective before October 2, 1995, if the family vacates the unit without proper notice in writing to the owner, the family will be responsible for any vacancy loss paid by the PHA.

# **Time of Contract Change**

A move within the same building or development, or between buildings owned by the same owner, will be processed like any other move **except that there will be no overlapping assistance**.

In a move, assistance stops at the old unit at the end of the month in which the tenant ceased to occupy, unless proper notice was given to end a lease midmonth. Assistance will start on the new unit on the effective date of the lease and contract. Assistance payments may overlap for the month in which the family moves.

# **D. PORTABILITY** [24 CFR 982.353]

Portability applies to families moving out of or into the PHA's jurisdiction within the United States and its territories.

# **E. OUTGOING PORTABILITY** [24 CFR 982.353, 982.355]

Within the limitations of the regulations and this policy, a participant family has the right to receive tenant-based voucher assistance to lease a unit outside the PHA's jurisdiction, anywhere in the United States, in the jurisdiction of a PHA with a tenant-based program. When a family requests to move outside of the PHA's jurisdiction, the request must specify the area to which the family wants to move.

If there is more than one PHA in the area in which the family has selected a unit, the PHA will choose the receiving PHA.

#### **Restrictions on Portability**

#### **Applicants**

If neither the head nor spouse had a domicile (legal residence) in the PHA's jurisdiction at the date of their initial application for assistance, the family **will not** be permitted to exercise portability upon initial issuance of a voucher, unless the PHA approves such move. (NOTE: Legal domicile is defined by local government.)

Upon initial issuance of a voucher the family must be income eligible under the receiving PHA income limits during the initial 12-month period after admission to the program.

## **Participants**

After an applicant has leased up in the jurisdiction of the initial housing agency, they cannot exercise portability during the first year of assisted occupancy, except in the following circumstances:

The receiving and initial PHA agree to allow the move

The lease is terminated between the tenant and owner

The PHA will not permit families to exercise portability if:

The family is in violation of a family obligation

The family owes money to the PHA

The family has moved out of its assisted unit in violation of the lease

# **F. INCOMING PORTABILITY** [24 CFR 982.354, 982.355]

## **Absorption or Administration**

The PHA will accept a family with a valid Voucher from another jurisdiction and administer or absorb the Voucher. If administering, the family will be issued a "Portable" Voucher by the PHA. The term of the voucher will not expire before the expiration date of any initial PHA voucher. The family must submit a request for approval of tenancy for an eligible unit to the receiving PHA during the term of the receiving PHA Voucher. The receiving PHA may grant extensions in accordance with this Administrative Plan.

However, if the Family decides not to lease up in the PHA's jurisdiction, they must contact the initial PHA to request an extension.

The PHA may absorb Vouchers if such absorption does not exceed **10 percent** of households assisted.

#### The PHA will absorb all incoming portable families provided that there is funding available.

When the PHA does not absorb the incoming Voucher, it will administer the Initial PHA's Voucher and the receiving PHA's policies will prevail.

For admission to the program a family must be income eligible in the area where the family initially leases a unit with assistance under the program.

The receiving PHA does not redetermine eligibility for a portable family that was already receiving assistance in the initial PHA Section 8 tenant-based program.

The PHA will issue a "Portability Voucher" according to its own Subsidy Standards. If the Family has a change in family composition which would change the Voucher size, the PHA will change to the proper size based on its own Subsidy Standards.

# **Income and TTP of Incoming Portables** [982.353(d)]

As Receiving PHA, the PHA will conduct a recertification interview but only verify the information provided if the documents are missing or are over 120 days old, whichever is applicable, or there has been a change in the family's circumstances.

If the family's income exceeds the income limit of the PHA, the family will not be denied assistance unless the family is an applicant (and over the Very-Low Income Limit).

If the family's income is such that a \$0 subsidy amount is determined prior to lease-up in the PHA's jurisdiction, the PHA will refuse to enter into a contract on behalf of the family at \$0 assistance.

## **Requests for Approval of Tenancy**

## A briefing will be mandatory for all portability families when the Voucher is issued.

When the Family submits a Request for Tenancy Approval, it will be processed using the PHA's policies. If the Family does not submit a Request for Tenancy Approval or does not execute a lease, the Initial PHA will be notified within **10 business days** by the PHA.

If the Family leases up successfully, the PHA will notify the Initial PHA within **10 business** days, and the billing process will commence.

The PHA will notify the initial PHA if the family fails to submit a request for approval of tenancy for an eligible unit within the term of the Voucher.

If the PHA denies assistance to the family, the PHA will notify the Initial PHA within **10 business days** and the family will be offered a review or hearing.

The PHA will notify the Family of its responsibility to contact the Initial PHA if the Family wishes to move outside the PHA's jurisdiction under continued portability.

# **Regular Program Functions**

The PHA will perform all program functions applicable to the tenant-based program such as:

Annual reexam of family income and composition

Annual inspection of the unit

Interim Examinations when requested or deemed necessary

## **Terminations**

The PHA will notify the Initial PHA in writing of any termination of assistance within **10 business** days of the termination. If an Informal Hearing is required and requested by the Family, the hearing will be conducted by the PHA, using the regular hearing procedures included in this Plan. A copy of the hearing decision will be furnished to the Initial PHA.

The Initial PHA will be responsible for collecting amounts owed by the Family for claims paid and for monitoring repayment. If the Initial PHA notifies the PHA that the Family is in arrears or the Family has refused to sign a Repayment Agreement, the PHA will terminate assistance to the family.

## **Required Documents**

As Receiving PHA, the PHA will require the following documents from the Initial PHA:

- 1. A copy of the family's Voucher, with issue and expiration dates, formally acknowledging the family ability to move under portability.
- 2. The most recent HUD 50058 form and verifications.
- 3. The Portability Form-52665, with Part 1 completed.

# **Billing Procedures**

As Receiving PHA, the PHA will bill the Initial PHA **monthly** for Housing Assistance Payments. The billing cycle for other amounts, including Administrative Fees and Special Claims will be **monthly** unless requested otherwise by the Initial PHA.

The PHA will bill 100% of the Housing Assistance Payment, 100% of Special Claims and 80% of the Administrative Fee (at the Initial PHA's rate) and any other HUD-approved fees, for each "Portability" Voucher leased as of the first day of the month.

The PHA will notify the Initial PHA of changes in subsidy amounts and will expect the Initial PHA to notify the PHA of changes in the Administrative Fee amount to be billed.

# Chapter 14

**CONTRACT TERMINATIONS** [24 CFR 982.311, 982.314]

#### INTRODUCTION

The Housing Assistance Payments (HAP) Contract is the contract between the owner and the PHA which defines the responsibilities of both parties. This Chapter describes the circumstances under which the contract can be terminated by the PHA and the owner, and the policies and procedures for such terminations.

# **A. CONTRACT TERMINATION** [24 CFR 982.311]

The term of the HAP Contract is the same as the term of the lease. The Contract between the owner and the PHA may be terminated by the PHA, or by the owner or tenant terminating the lease.

No future subsidy payments on behalf of the family will be made by the PHA to the owner after the month in which the Contract is terminated. The owner must reimburse the PHA for any subsidies paid by the PHA for any period after the contract termination date.

If the family continues to occupy the unit after the Section 8 contract is terminated, the family is responsible for the total amount of rent due to the owner. The owner will have no right to claim compensation from the PHA for vacancy loss under the provisions of Certificate contracts effective on or after October 2, 1995.

After a contract termination, if the family meets the criteria for a move with continued assistance, the family may be lease-up in another unit. The contract for the new unit may begin during the month in which the family moved from the old unit.

#### **B.** TERMINATION BY THE FAMILY: MOVES [24 CFR 982.314 (c)(2)]

Family termination of the lease must be in accordance with the terms of the lease.

## C. TERMINATION BY THE OWNER: EVICTIONS [24 CFR 982.310, 982.455]

If the owner wishes to terminate the lease, the owner is required under the lease, to provide proper notice as stated in the lease. During the term of the lease, the owner may not terminate the tenancy except for the grounds stated in the HUD regulations.

During the term of the lease the owner may only evict for:

Serious or repeated violation of the lease, including but not limited to failure to pay rent or other amounts due under the lease, or repeated violation of the terms and conditions of the lease

Violation of Federal, State, or local law that imposes obligations on the tenant in connection with the occupancy or use of the premises; or Criminal activity by the tenant, any member of the household, a guest or another person under the tenant's control that threatens the health, safety, or right to peaceful enjoyment of the premises by the other residents, or persons residing in immediate vicinity of the premises or any drug related criminal activity on or near the premises

Other good cause

During the initial term of the lease, the owner may not terminate the tenancy for "other cause" unless the owner is terminating the tenancy because of something the family did or failed to do (see 982.310).

The owner must provide the tenant a written notice specifying the grounds for termination of tenancy, at or before the commencement of the eviction action. The notice may be included in, or may be combined with, any owner eviction notice to the tenant.

The owner must provide the tenant a written notice specifying the grounds for termination of tenancy, at or before the commencement of the eviction action. The notice may be included in, or may be combined with, any owner eviction notices to the tenant.

The owner's eviction notice means a notice to vacate, or a complaint, or other initial pleading used under State or Local law to commence an eviction action.

The PHA will continue housing assistance payments until the family moves or is evicted from the unit.

The owner should specify the section of the lease that has been violated and cite some or all of the ways in which the tenant has violated that section as documentation for the PHA's decision regarding termination of assistance.

Housing assistance payments are paid to the owner under the terms of the HAP Contract. If the owner has begun eviction and the family continues to reside in the unit, the PHA must continue to make housing assistance payments to the owner until the owner has obtained a court judgement or other process allowing the owner to evict the tenant.

The PHA will continue housing assistance payments until the family moves or is evicted from the unit.

If the action is finalized in court, the owner must provide the PHA with the documentation, including notice of the lock out date.

The PHA must continue making housing assistance payments to the owner in accordance with the Contract as long as the tenant continues to occupy the unit and the Contract is not violated. By

endorsing the monthly check from the PHA, the owner certifies that the tenant is still in the unit and s/he is in compliance with the contract.

If the eviction is not due to a serious or repeated violation of the lease, and if the PHA has no other grounds for termination of assistance, the PHA will issue a new certificate or voucher so that the family can move with continued assistance.

## D. TERMINATION OF THE CONTRACT BY PHA

[24 CFR 982.404 (a), 982.453, 982.454, 982.552 (a)(3)]

The term of the HAP contract terminates when the lease terminates, when the PHA terminates program assistance for the family, and when the owner has breached the HAP contract. (See "Owner Disapproval and Restriction" chapter).

## The PHA may also terminate the contract if:

The PHA terminates assistance to the family.

The family is required to move from a unit when the subsidy is too big for the family size (premerger Certificate Program) or the unit does not meet the HQ space standards because of an increase in family size or a change in family composition (Certificate and Voucher Programs).

Funding is no longer available under the ACT.

The contract will terminate automatically if 180 days have passed since the last housing assistance payment to the owner.

## <u>Termination of Premerger Certificate HAPS</u> [24 CFR 982.502(d)]

The PHA must terminate program assistance under any outstanding HAP contract for a regular tenancy under the premerger certificate program at the effective date of the second regular reexamination of family income and composition on or after the merger date. At such termination of assistance, the HAP contract will automatically terminate. The PHA will give the owner and family at least 120 days written notice of such termination. The PHA will offer the family the opportunity for continued tenant-based assistance under the voucher program.

## **Notice of Termination**

When the PHA terminates the HAP contract under the violation of HQ space standards, the PHA will provide the owner and family written notice of termination of the contract, and the HAP contract

| terminates at the end of the calendar month that follows the calendar month in which the PHA gives such notice to the owner. |
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| Chapter 15   |
| DENIAL OR TERMINATION OF ASSISTANCE [24 CFR 982.552, 982.553]  |
|  |
| INTRODUCTION   |

The PHA may deny or terminate assistance for a family because of the family's action or failure to act. The PHA will provide families with a written description of the Family Obligations under the program, the grounds under which the PHA can deny or terminate assistance, and the PHA's informal hearing procedures. This Chapter describes when the PHA

is required to deny or terminate assistance, and the PHA's policies for the denial of a new commitment of assistance and the grounds for termination of assistance under an outstanding HAP contract.

## A. GROUNDS FOR DENIAL/TERMINATION [24 CFR 982.552, 982.553]

If denial or termination is based upon behavior resulting from a disability, the PHA will delay the denial or termination in order to determine if there is an accommodation which would negate the behavior resulting from the disability.

#### Form of Denial/Termination

Denial of assistance for an applicant may include any or all of the following:

Denial for placement on the PHA waiting list

Denying a voucher, or withdrawing a certificate or voucher

Refusing to enter into a HAP contract or approve a lease

Refusing to process or provide assistance under portability procedures

Termination of assistance for a participant may include any or all of the following:

Refusing to enter into a HAP contract or approve a lease

Terminating housing assistance payments under an outstanding HAP contract

Refusing to process or provide assistance under portability procedures

## Mandatory Denial and Termination [24 CFR 982.552 (10)(d)]

The PHA must deny assistance to applicants, and terminate assistance for participants:

If any member of the family fails to sign and submit HUD or PHA required consent forms for obtaining information.

If no member of the family is a U.S. citizen or eligible immigrant (Section D).

If the family is under contract and 180 days have elapsed since the PHA's last housing assistance payment was made (see "Contract Terminations" chapter).

The PHA must permanently deny assistance to applicants and terminate the assistance of persons convicted of manufacturing or producing methamphetamine in violation of any Federal or State law.

If any member of the family has been evicted from federally assisted housing for a serious violation of the lease, the PHA must deny admission for three (3) years after the eviction occurred.

The PHA must terminate program assistance for a family evicted from housing assisted under the program for serious violation of the lease.

The PHA must deny admission to the program for an applicant or terminate program assistance for a participant if any member of the family fails to sign and submit consent forms for obtaining information in accordance with Part 5, subpart B and F.

The PHA must deny admission or terminate assistance when required under the regulations to establish citizenship or eligible immigration status.

## **Grounds for Denial or Termination of Assistance** [24 CFR 982.552 (c)]

The PHA will deny program assistance for an applicant, or terminate program assistance for a participant, for any of the following reasons:

The family violates any family obligation under the program as listed in 24 CFR 982.551.

Any member of the family has ever been evicted from public housing.

If any PHA has ever terminated assistance under the program for any member of the family.

If any member of the family commits fraud, bribery or any other corrupt or criminal act in connection with any federal housing program.

If any member of the family is a convicted sexual offender under the state sex offender registration program.

The family currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act.

Solely at LMHA's discretion, an individual may enter the Section 8 program owing LMHA money if LMHA determines the applicant merits another chance to participate in the Section 8 Program. An applicant owing money must provide documentation to the Housing Authority which the Housing Authority shall use to determine if the applicant merits receiving rental assistance prior to payment of the balance to LMHA. The applicant shall be required to sign a repayment agreement indicating payment on the balance will begin the month following admission into the Section 8 rental assistance program. Failure to comply with the agreement shall result in immediate termination of Section 8 rental assistance. (1/03)

The family has not reimbursed any PHA for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease.

The family breaches an agreement with a PHA to pay amounts owed to a PHA, or amounts paid to an owner by a PHA.

The family has engaged in or threatened abusive or violent behavior toward PHA personnel.

"Abusive or violent behavior toward PHA personnel" includes verbal as well as physical abuse or violence. Use of expletives that are generally considered insulting, racial epithets, or other language, written or oral, that is customarily used to insult or intimidate, may be cause for termination or denial.

"Threatening" refers to oral or written threats or physical gestures that communicate an intent to abuse or commit violence.

Actual physical abuse or violence will always be cause for termination.

If any member of the family commits drug-related criminal activity or violent criminal activity, or whose drug or alcohol abuse interferes with the health, safety, or peaceful enjoyment of other residents.

#### **B.** "ONE STRIKE" POLICY

### **Purpose**

All federally assisted housing is intended to provide a place to live and raise families, not a place to commit crime, to use or sell drugs or terrorize neighbors. It is the intention of LMHA to fully endorse and implement a policy designed to:

Help create and maintain a safe and drug-free community

Keep our program participants free from threats to their personal and family safety

Support parental efforts to instill values of personal responsibility and hard work

Help maintain an environment where children can live safely, learn and grow up to be productive citizens

Assist families in their vocation/education goals in the pursuit of self-sufficiency

## **Administration**

All screening and termination of assistance procedures will be administered fairly and in such a way as not to violate rights to privacy or discriminate on the basis of race, color, nationality, religion, familial status, disability, or other legally protected groups.

To the maximum extent possible, the PHA will involve other community and governmental entities in the promotion and enforcement of this policy.

#### **Screening of Applicants**

In an effort to prevent future drug-related and other criminal activity, as well as other patterns of behavior that pose a threat to the health, safety or right to peaceful enjoyment of the premises by other residents, and as required by the Notice 96-27, the PHA will endeavor to screen applicants as thoroughly and fairly as possible for drug-related and violent criminal behavior.

#### **HUD Definitions**

*Drug-related criminal activity* is the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute or use a controlled substance. Drug related criminal activity means *on or off* the premises not just *on or near*.

Violent criminal activity includes any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against a person or property, and the activity is being engaged in by any family member.

## **Standard for Violation**

The PHA will deny participation in the program to applicants and terminate assistance to participants in cases where the PHA determines there is reasonable cause to believe that the person is illegally using a controlled substance or if the person abuses alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents, including cases where the PHA determines that there is a pattern of illegal use of a controlled substance or pattern of alcohol abuse.

The PHA will consider the use of a controlled substance or alcohol to be a pattern if there is more than one incident during the previous three months.

"Engaged in or engaging in" violent criminal activity means any act within the past three years by applicants or participants, household members or guests which involved criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against the person of another, which did or did not result in the arrest and/or conviction of the applicant or participant, household members, or guests.

The activity is being engaged in by any family member.

The existence of the above-referenced behavior by any household member or guest, regardless of the applicant or participant's knowledge of the behavior, will be grounds for denial or termination of assistance.

In evaluating evidence of negative past behavior, the PHA will give fair consideration to the seriousness of the activity with respect to how it would affect other residents, and/or likelihood of favorable conduct in the future which could be supported by evidence of rehabilitation.

#### **Drug Related and Violent Criminal Activity**

<u>Ineligibility if Evicted for Drug-Related Activity:</u> Persons evicted from public housing, Indian Housing, Section 23, or any Section 8 program because of drug-related criminal activity are ineligible for admission to the Section 8 program for a three-year period beginning on the date of such eviction.

Applicants will be denied assistance if they have been:

Arrested, convicted, evicted from a unit assisted under the Housing Act of 1937 due to violent criminal activity within the last three years prior to the date of the certification interview.

Participants will be terminated who have been:

Arrested, convicted, evicted from a unit assisted under the Housing Act of 1937 due to drug-related or violent criminal activity within the last three years prior to the date of the notice to terminate assistance, and whose activities have created a disturbance in the building or neighborhood.

If the family violates the lease for drug-related or violent criminal activity, the PHA will terminate assistance.

In appropriate cases, the PHA may permit the family to continue receiving assistance provided that family members determined to have engaged in the proscribed activities will not reside in the unit. If the violating member is a minor, the PHA may consider individual circumstances with the advice of Juvenile Court officials.

The PHA will waive the requirement regarding drug-related criminal activity if:

The person demonstrates successful completion of a credible rehabilitation program approved by the PHA, or

The circumstances leading to the eviction no longer exist.

**Termination of Assistance for Participants** 

If the family violates the lease for drug-related or violent criminal activity, the PHA will terminate assistance.

In appropriate cases, the PHA may permit the family to continue receiving assistance provided that family members determined to have engaged in the proscribed activities will not reside in the unit. If the violating member is a minor, the PHA may consider individual circumstances with the advice of Juvenile Court officials.

#### **Notice of Termination of Assistance**

In any case where the PHA decides to terminate assistance to the family, the PHA must give family written notice which states:

The reason(s) for the proposed termination,

The effective date of the proposed termination,

The family's right to request an Informal Hearing,

The date by which a request for an informal hearing must be received.

The PHA will simultaneously provide written notice of the contract termination to the owner so that it will coincide with the Termination of Assistance. The Notice to the owner will not include any details regarding the reason for termination of assistance.

#### **Required Evidence**

Preponderance of evidence is defined as evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact sought to be proved is more probable than not. The intent is not to prove criminal liability, but to establish that the act(s) occurred. Preponderance of evidence may not be determined by the number of witnesses, but by the greater weight of all evidence.

Credible evidence may be obtained from police and/or court records. Testimony from neighbors, when combined with other factual evidence can be considered credible evidence. Other credible evidence includes documentation of drug raids or arrest warrants.

The PHA will pursue fact-finding efforts as needed to obtain credible evidence.

#### **Confidentiality of Criminal Records**

The PHA will ensure that any criminal record received is maintained confidentially, not misused or improperly disseminated, and destroyed once the purpose for which it was requested is accomplished.

Misuse of the above information by any employee will be grounds for termination of employment. Legal penalties for misuses are contained in the state code.

## C. FAMILY OBLIGATIONS [24 CFR 982.551]

The family must supply any information that the PHA or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status. "Information" includes any requested certification, release or other documentation.

The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.

The family must disclose and verify Social Security Numbers (as provided by 24 CFR 5.216) and must sign and submit consent forms for obtaining information in accordance with 24 CFR 5.230.

All information supplied by the family must be true and complete.

The family is responsible for an HQS breach caused by the family as described in 982.404(b).

The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice.

The family may not commit any serious or repeated violation of the lease.

The family must notify the owner and, at the same time, notify the PHA before the family moves out of the unit or terminates the lease on notice to the owner.

The family must promptly give the PHA a copy of any owner eviction notice.

The family must use the assisted unit for residence by the PHA approved family. The unit must be the family's only residence.

The composition of the assisted family residing in the unit must be approved by the PHA. The family must promptly inform the PHA of the birth, adoption or court-awarded custody of a child. The family must request PHA approval to add any other family member as an occupant of the unit.

The family must promptly notify the PHA if any family member no longer resides in the unit.

If the PHA has given approval, a foster child or a live-in aide may reside in the unit. If the family does not request approval or PHA approval is denied, the family may not allow a foster child or live-in aide to reside with the assisted family.

Members of the household may engage in legal profit-making activities in the unit, but only if such activities are incidental to primary use of the unit as a residence by members of the family.

The family must not sublease or let the unit.

The family must not assign the lease or transfer the unit.

The family must supply any information or certification requested by the PHA to verify that the family is living in the unit, or relating to family absence from the unit, including any PHA-requested information or certification on the purposes of family absences. The family must cooperate with the PHA for this purpose. The family must promptly notify the PHA of absence from the unit.

The family must not own or have any interest in the unit.

The members of the family must not commit fraud, bribery or any other corrupt or criminal act in connection with the programs.

The members of the family may not engage in drug-related criminal activity or violent criminal activity. (See PHA One Strike Policy)

An assisted family, or members of the family, may not receive Section 8 tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative (as determined by HUD or in accordance with HUD requirements) Federal, State, or local housing assistance program.

#### **Housing Authority Discretion**

In deciding whether to deny or terminate assistance because of action or failure to act by members of the family, the PHA has discretion to consider all of the circumstances in each case, including the seriousness of the case. The PHA will use its discretion in reviewing the extent of participation or culpability of individual family members and the length of time since the violation occurred. The PHA may also review the family's history and records of compliance, and the effects that denial or termination of assistance may have on other family members who were not involved in the action or failure to act.

The PHA may impose, as a condition of continued assistance for other family members, a requirement those family members who participated in, or were culpable for the action or failure to act, will not reside in the unit. The PHA may permit the other members of a family to continue in the program.

## **Enforcing Family Obligations**

#### **Explanations and Terms**

The term "Promptly" when used with the Family Obligations always means "within 7 business days." Denial or termination of assistance is always optional except where this Plan or the regulations state otherwise.

## **HQS Breach:**

The inspector will determine if a HQS breach as identified in 24 CFR 982.404 (b) is the responsibility of the family. Families may request and may be approved for an extension to cure HQS breaches by the Section 8 Manager or Assistant Manager. Requests must be made prior to the date repairs are due.

## **Lease Violations:**

The following criteria will be used to decide if a serious or repeated violation of the lease will result in termination of assistance:

If the owner terminates tenancy through court action for serious or repeated violation of the lease.

If the owner notifies the family of termination of assistance for serious or repeated lease violations, and the family moves from the unit prior to the completion of court action, and the PHA determines that the cause is a serious or repeated violation of the lease based on available evidence.

If the owner notifies the family of termination of assistance for serious or repeated lease violations, and the family moves from the unit prior to the completion of court action.

If there are police reports, neighborhood complaints or other third-party information, and the PHA has verified the information.

## **Notification of Eviction:**

If the family requests assistance to move and they did not notify the PHA of an eviction within 7 business days of receiving the Notice of Lease Termination, the move will be denied.

## **Proposed Additions to the Family:**

The PHA will deny a family's request to add additional family members who are:

Persons who have been evicted from public housing.

Persons who have previously violated a family obligation listed in 24 CFR 982.51 of the HUD regulations.

Persons who have been part of a family whose assistance has been terminated under the Certificate or Voucher program.

Persons who commit drug-related criminal activity or violent criminal activity.

Persons who do not meet the PHA's definition of family.

Persons who commit fraud, bribery or any other corrupt or criminal act in connection with any federal housing program.

Persons who currently owe rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act.

Persons who have engaged in or threatened abusive or violent behavior toward PHA personnel.

## **Family Member Moves Out:**

Families are required to notify the PHA if any family member leaves the assisted household. When the family notifies the PHA, they must complete an "out-of-household" affidavit certifying:

The date the family member moved out,

The new address, if known, of the family member,

A statement as to whether the family member is temporarily or permanently absent.

## **Limitation on Profit-making Activity in Unit:**

If the business activity area results in the inability of the family to use any of the critical living areas, such as a bedroom utilized for a business which is not available for sleeping, it will be considered a violation.

If the PHA determines that the use of the unit as a business is not incidental to its use as a dwelling unit, it will be considered a program violation.

If the PHA determines that the business is not legal, it will be considered a program violation.

#### **Interest in Unit:**

The owner may not reside in the assisted unit regardless of whether (s)he is a member of the assisted family, unless the family owns the mobile home and rents the pad under the Certificate Program.

#### Fraud:

In each case, the PHA will consider which family members were involved, the circumstances, and any hardship that might be caused to innocent members.

In the event of false citizenship claims, see Section below.

## **D. PROCEDURES FOR NON-CITIZENS** [24 CFR 5.514, 5.516, 5.518]

#### **Denial or Termination Due to Ineligible Immigrant Status**

Applicant or participant families in which all members are neither U. S. citizens nor eligible immigrants are not eligible for assistance and must have their assistance terminated. The PHA must offer the family an opportunity for a hearing. (See "Eligibility for Admission" chapter, section on Citizenship/Eligible Immigration Status.)

Assistance may not be terminated while verification of the participant family's eligible immigration status is pending.

## **False or Incomplete Information**

When the PHA has clear, concrete, or substantial documentation (such as a permanent resident card or information from another agency) that contradicts the declaration of citizenship made by an applicant or participant, an investigation will be conducted and the individual will be given an opportunity to present relevant information.

If the individual is unable to verify their citizenship, the PHA will give him/her an opportunity to provide a new declaration as an eligible immigrant or an opportunity to elect not to contend their status.

The PHA will then verify eligible status, deny, terminate, or prorate as applicable.

The PHA will deny or terminate assistance based on the submission of false information or misrepresentation.

## **Procedure for Denial or Termination**

If the family (or any member) claimed eligible immigrant status and the INS primary and secondary verifications failed to document the status, the family may make an appeal to the INS and request a hearing with the PHA either after the INS appeal or in lieu of the INS appeal.

After the PHA has made a determination of ineligibility, the family will be notified of the determination and the reasons and informed of the option for prorated assistance (if applicable).

## **E ZERO** (\$-0-) **ASSISTANCE TENANCIES**

#### Hap Contracts Prior to 10/2/95

For contacts which were effective prior to 10/2/95, the PHA is liable for unpaid rent and damages if the family vacates during the allowable 12 months after the last HAP payment. The PHA must perform all of the functions normally required, such as reexaminations and inspections.

The participant will be notified of the right to remain on the program at \$0 assistance for 12 months. If the family is still in the unit after 12 months, the assistance will be terminated.

In order for a family to move to another unit during the 12 months, the rent for the new unit would have to be high enough to necessitate a housing assistance payment.

## **HAP Contracts On or After 10/2/95** [24 CFR 982.455(a)]

For contracts effective after 10/2/95, the PHA has no liability for unpaid rent or damages, and the family may remain in the unit at \$0 assistance for up to 180 days after the last HAP payment. If the family is still in the unit after 180 days, the assistance will be terminated. If within the 180-day time frame an owner rent increase or a decrease in the Total Tenant Payment causes the family to be eligible for a housing assistance payment, the PHA will resume assistance payments for the family.

In order for a family to move to another unit during the 180 days, the rent for the new unit would have to be high enough to necessitate a housing assistance payment.

# F. OPTION NOT TO TERMINATE FOR MISREPRESENTATION [24 CFR 982.551, 982.552(c)]

If the family has misrepresented any facts that caused the PHA to overpay assistance, the PHA may choose not to terminate and may offer to continue assistance provided that the family executes a Repayment Agreement and makes payments in accordance with the agreement, or reimburses the PHA in full.

# G. MISREPRESENTATION IN COLLUSION WITH OWNER [24 CFR 982.551, 982.552(c)]

If the family intentionally, willingly, and/or knowingly commits fraud or is involved in any other illegal scheme with the owner, the PHA will deny or terminate assistance.

In making this determination, the PHA will carefully consider the possibility of overt or implied intimidation of the family by the owner and the family's understanding of the events.

## H. MISSED APPOINTMENTS AND DEADLINES [24 CFR 982.551, 982.552(c)]

It is a Family Obligation to supply information, documentation, and certification as needed for the PHA to fulfill its responsibilities. The PHA schedules appointments and sets deadlines in order to obtain the required information. The Obligations also require that the family allow the PHA to inspect the unit and appointments are made for this purpose.

An applicant or participant who fails to keep an appointment or to supply information required by a deadline, without notifying the PHA, may be sent a Notice of Denial or Termination of Assistance for failure to provide required information, or for failure to allow the PHA to inspect the unit.

The family will be given information about the requirement to keep appointments, and the number of times appointments will be rescheduled as specified in this Plan.

Appointments will be scheduled and time requirements will be imposed for the following events and circumstances:

| Eligibility for Admissions                       |
|--|
| Verification Procedures                          |
| Certificate/Voucher Issuance and Briefings       |
| <b>Housing Quality Standards and Inspections</b> |
| Recertifications                                 |
| Appeals  |

Acceptable reasons for missing appointments or failing to provide information by deadlines are:

**Medical emergency** 

Family emergency

## Procedure when Appointments are Missed or Information is not Provided

For most purposes in this Plan, the family will be given two opportunities before being issued a notice of termination or denial for breach of a family obligation.

After issuance of the termination notice, if the family offers to correct the breach within the time allowed to request a hearing:

The termination will be rescinded after the family cures the breach.

The notice will be rescinded if the family offers to cure and the family does not have a history of noncompliance.

Chapter 16

OWNER DISAPPROVAL AND RESTRICTION

[24 CFR 982.54, 982.306, 982.453]

## **INTRODUCTION**

It is the policy of the PHA to recruit owners to participate in the voucher program. The PHA will provide owners with prompt and professional service in order to maintain an adequate supply of available housing throughout the jurisdiction of the PHA. The regulations define when the PHA must disallow an owner participation in the program, and they provide the PHA discretion to disapprove or otherwise restrict the participation of owners in certain categories. This Chapter describes the criteria for owner disapproval, and the various penalties for owner violations.

## **A. DISAPPROVAL OF OWNER** [24 CFR 982.306, 982.54 (d)(8)]

The owner does not have a right to participate in the program. For purposes of this section, "owner" includes a principal or other interested party.

The PHA will disapprove the owner for the following reasons:

HUD or **other agency directly related** has informed the PHA that the owner has been disbarred, suspended, or subject to a limited denial of participation under 24 CFR part 24.

HUD has informed the PHA that the federal government has instituted an administrative or judicial action against the owner for violation of the Fair Housing Act or other federal equal opportunity requirements and such action is pending.

HUD has informed the PHA that a court or administrative agency has determined that the owner has violated the Fair Housing Act or other federal equal opportunity requirements.

Unless their lease was effective prior to June 17, 1998, the owner may not be a parent, child, grandparent, grandchild, sister or brother of any family member. The PHA may waive this restriction if proven the arrangement is necessary as a reasonable accommodation for a family member who is a person with a disability.

In cases where the owner and tenant bear the same last name, or the PHA has reason to believe a family relationship exists, the PHA may, at its discretion, require the family and/or owner to certify whether they are related to each other in any way.

The owner has violated obligations under a housing assistance payment's contract under Section 8 of the 1937 Act (42 U.S.C. 1437f).

The owner has committed fraud, bribery or any other corrupt act in connection with any federal housing program.

The owner has engaged in drug-related criminal activity or violent criminal activity.

The owner has a history or practice of noncompliance with the HQS for units leased under the tenant-based programs or with applicable housing standards for units leased with project-based Section 8 assistance or leased under any other federal housing program.

The owner has a history or practice of renting units that fail to meet State or local housing codes.

The owner has a history or practice of failing to terminate tenancy of tenants of units assisted under Section 8 or any other federally assisted housing program for activity by the tenant, any member of the household, a guest or another person under the control of any member of the household that:

Threatens the right to peaceful enjoyment of the premises by other residents;

Threatens the health or safety of other residents, of employees of the PHA, or of owner employees or other persons engaged in management of the housing;

Threatens the health or safety of, or the right to peaceful enjoyment of their residences, by persons residing in the immediate vicinity of the premises; or

Is drug-related criminal activity or violent criminal activity.

The owner has failed to comply with regulations, the mortgage or note, or the regulatory agreement for projects with mortgages insured by HUD or loans made by HUD.

## **B. OWNER RESTRICTIONS AND PENALTIES** [24 CFR 982.453]

If an owner commits fraud or abuse or is guilty of frequent or serious contract violations, the PHA will restrict the owner from future participation in the program for a period of time commensurate with the seriousness of the offense. The PHA may also terminate some or all contracts with the owner.

Before imposing any penalty against an owner the PHA will review all relevant factors pertaining to the case, and will consider such factors as the owner? record of compliance and the number of violations.

See Program Integrity Addendum for guidance as to how owner fraud will be handled.

# C. CHANGE IN OWNERSHIP

The current owner (seller) must notify the Section 8 office advising the anticipated sale of a property. When there is a purchase agreement, and settlement looks promising, the new owner should contact the Section 8 department.

The PHA will process a change of ownership only upon the request of the new owner and only if accompanied by a copy of the document showing the purchase agreement, transfer of title, or recorded deed. The new owner must also provide Social Security number or Federal ID for tax reporting.

Upon approval of the documents, the PHA will prepare a contract assignment for the balance of the existing term of the HAP Contract. When the Contract term is due to expire, the new owner will be given opportunity to enter into a new lease and contract. The family may elect to enter into the new lease, or move to another unit.

## Chapter 17

# CLAIMS, MOVE-OUT AND CLOSE-OUT INSPECTIONS (For Contracts Effective Before October 2, 1995)

## **INTRODUCTION**

This Chapter describes the PHA's policies, procedures and standards for servicing Contracts which were effective before October 2, 1995. Certificate and Voucher contracts in this category have provisions for the PHA's liability to owners when families move out. Vouchers and Certificates have a provision for damages, and Certificates, in addition, have a provision for vacancy loss.

## A. OWNER CLAIMS

Under HAP Contracts effective prior to October 2, 1995, owners may make "special claims" for damages, unpaid rent, and vacancy loss (vacancy loss cannot be claimed in the Voucher Program) after the tenant has vacated the unit.

Owner claims for payment for unpaid rent, damages, or vacancy loss will be reviewed for accuracy and completeness and compared with records in the file. The PHA establishes standards by which to evaluate claims, but the burden of proof rests with the owner.

No claims will be paid for a unit which is vacant as the result of the landlord voluntarily moving a family to another unit owned by the same landlord.

If vacancy loss is claimed, the PHA will ascertain whether or not the family gave proper notice of its intent to move. The file will also be reviewed to verify owner compliance at the time the contract was terminated.

All unpaid rent, damage, and vacancy loss claim forms must be fully complete when they are submitted, and they must be submitted within  $\underline{sixty}$  (60)  $\underline{days}$  of the date of the move-out inspection.

The PHA will pay properly filed claims to the owner as a function of the contract; the tenant is ultimately responsible for reimbursing the PHA for claims paid to the owner.

## **B.** UNPAID RENT

Unpaid rent only applies to the tenant's portion of rent while the tenant is in residence under the assisted lease. It does not include the tenant's obligation for rent beyond the termination date of the HAP Contract. Separate agreements are not considered a tenant obligation under the lease and the PHA will not reimburse the owner for any claims under these agreements.

## C. DAMAGES

The owner must be present during the move-out inspection and only damages claimed by the owner are reimbursable. (See Processing Claims - this chapter)

All claims for damages must be supported by the actual bills or estimates for materials and labor.

Invoices or bills from individuals who provided labor must include their name, address and telephone number.

#### D. VACANCY LOSS IN THE CERTIFICATE PROGRAM

Vacancy Loss is applicable to the Certificate Program <u>only</u>. Vacancy loss is paid if the move was in violation of the notice requirements in the lease, or the result of an eviction.

In order to claim vacancy loss, the unit must be available for lease and the landlord must:

Notify the PHA within **three days** upon learning of the vacancy, or prospective vacancy, <u>and</u>

Pursue all possible activities to fill the vacancy, including, but not limited to:

Contacting applicants on the owner's waiting list, if any;

Seeking eligible applicants by listing the unit with the PHA,

Advertising the availability of the unit, and

Not rejecting potentially eligible applicants except for good cause.

In the event that a unit becomes vacant because of death, the PHA will permit the owner to keep the HAP for the month in which the tenant died.

If the tenant moves *after* the date given on their notice of intent to vacate, the landlord may claim vacancy loss by providing acceptable documentation that there was a bona fide prospective tenant to whom the unit could have been rented.

#### E. MOVE-OUT AND CLOSE-OUT INSPECTIONS

There will be no move-out inspections of units with contracts effective on or after October 2, 1995.

Move-out inspections are performed after the tenant has vacated the unit. These inspections are performed to assess the condition of the unit, not to evaluate the HQS. Vacate inspections will be conducted by the inspectors.

If the contract was terminated due to owner breach, or the owner was in violation of the contract at the time that it was terminated, there will be no entitlement to claims and therefore no inspection.

The owner must notify the PHA of the move-out and request an inspection within three days of learning of the move-out in order to submit a claim for damages.

The **owner and tenant** will be notified of the date and time of the inspection.

The owner/agent must be present during the move-out inspection; if not, the inspection will not be rescheduled.

A damage claim will not be approved <u>unless</u> the move-out inspection is requested and completed prior to any work being done.

In the event that the PHA is unable to inspect the unit within 7 business days, the owner will be permitted to use date-stamped photographs to substantiate the claim.

The PHA may conduct a move-out inspection on tenant's request if the owner does not also request an inspection.

#### F. PROCESSING CLAIMS

Any amount owed by the tenant to the owner for unpaid rent or damages will first be deducted from the maximum security deposit which the owner could have collected under the program rules. If the maximum allowable security deposit is insufficient to reimburse the owner for the unpaid tenant rent or other amounts which the family owes under the lease, the owner may request reimbursement from the PHA up to the limits for each program.

If the owner claims vacancy loss, the security deposit that s/he collected or could have collected **will** be deducted from the vacancy loss claim.

The PHA's initial, annual or special inspection records may be compared to the conditions found during the move-out inspection.

All claims for damages must be supported by the actual bills for materials and labor, a copy of purchase receipts, or other documents showing payment. Estimates are acceptable.

Bills from individuals who provided labor must include their name, address and phone number.

Reasonableness of costs will be based on the Means/Home Tech Cost Estimating Guide and other gathered information. Reimbursement for replacement of items such as carpets, drapes, or appliances, are based on depreciation schedules in general use by the PHA.

The PHA may require verification of purchase date, quality, and price of replaced items in order to calculate depreciation.

Damages, which were caused during tenancy, were repaired and <u>billed</u>, but remain unpaid at move-out, can be considered "other items due under the lease" and included in the claim.

Eligible items to be included on the damage claim must have been a tenant responsibility under the lease or State law. Costs of filing eviction to remove the tenant or any other legal fees, may be expenses submitted with the claim. An unpaid water bill (if tenant responsibility under the lease) may be submitted as part of the claim.

Claims for normal wear and tear, previously existing conditions, routine turnover preparation, **cyclical interior painting** is not paid.

The PHA may request to inspect the unit to verify that repairs were made.

The PHA reviews claims for unpaid rent, damages, or vacancy loss and makes a preliminary determination of an amount payable. The family is informed that a claim is pending (notice sent to last known address). The notification will state the preliminarily determined amount, the type of claim, and describe the procedure for contesting the claim.

The PHA will offer the family 10 business days to contest the claim. If the family disputes the claim, the PHA will schedule an informal meeting with the owner and tenant in order to resolve the differences.

If the owner fails to attend the meeting, the PHA will consider this prima facie evidence of validity of the tenant's position.

If the tenant fails to attend the meeting, the PHA will proceed with its original determination.

Meetings will not be rescheduled if neither party attends.

Meetings will not be rescheduled if either party fails to attend.

After a determination has been made, the PHA will notify the family in writing of the decision. If it has been determined that the family owes money, the PHA will pursue collection to repay either in a lump sum or through a payment agreement. The notice will warn the family that their assistance may be terminated and/or they may be denied future participation in the program if they do not reimburse the PHA as required.

## OWNER OR FAMILY DEBTS TO THE PHA [24 CFR 982.552]

#### **INTRODUCTION**

This Chapter describes the PHA's policies for the recovery of monies which have been overpaid for families, and to owners. It describes the methods that will be utilized for collection of monies and the guidelines for different types of debts. It is the PHA's policy to meet the informational needs of owners and families, and to communicate the program rules in order to avoid owner and family debts. Before a debt is assessed against a family or owner, the file must contain documentation to support the PHA's claim that the debt is owed. The file must further contain written documentation of the method of calculation, in a clear format for review by the owner, the family or other interested parties.

When families or owners owe money to the PHA, the PHA will make every effort to collect it. The PHA will use a variety of collection tools to recover debts including, but not limited to:

Requests for lump sum payments

Civil suits

Repayment agreements

Abatements

Reductions in HAP to owners

Collection agencies

Credit bureaus

**Income Tax set-off programs** 

## A. REPAYMENT AGREEMENT FOR FAMILIES [24 CFR 982.552(b)(6-8)]

The use of a repayment agreement for PHAs is optional.

A Repayment Agreement as used in this Plan is a document entered into between the PHA and a person who owes a debt to the PHA. It is similar to a promissory note, but contains more details regarding the nature of the debt, the terms of repayment, any special provisions of the agreement, and the remedies available to the PHA upon default of the agreement.

The PHA will prescribe the terms of the payment agreement, including determining whether to enter into a payment agreement with the family based on the circumstances surrounding the debt to the PHA.

A family who has been terminated from a program of the PHA may enter into a repayment agreement, but will not be eligible for application of future assistance until the debt is paid in full.

## Repayment Schedule for Monies Owed to the PHA

| Initial Payment Due (% of Total Amount) | Amount Owed     | Maximum Term |
|---|-----------------|--------------|
| 0 down                                  | 0 - \$500       | 3 - 6 months |
| 0 down                                  | \$501 - \$1,000 | 12 months    |
| 1/4 down                                | \$1,001 +       | 12 months    |

LMHA reserves the right and has the sole discretion to vary from the above-mentioned repayment schedule.

#### **B. DEBTS OWED FOR CLAIMS** [24 CFR 982.552(b)(6-8)]

If a family owes money to the PHA for claims paid to an owner:

The PHA will offer to enter into a Repayment Agreement.

# C. DEBTS DUE TO MISREPRESENTATIONS (FRAUD) OR NON-REPORTING OF INFORMATION [24 CFR 982.163]

HUD's definition of program fraud and abuse is a single act or pattern of actions that:

Constitutes false statement, omission, or concealment of a substantive fact, made with intent to deceive or mislead, and that results in payment of Section 8 program funds in violation of Section 8 program requirements.

## **Family Error/Late Reporting**

Families who owe money to the PHA due to the family's failure to report increases in income will be required to repay in accordance with the guidelines in the Repayment Agreement Section of this Chapter.

More than three occurrences will be considered repetitive violation and cause for termination.

## Program Fraud

Families who owe money to the PHA, due to program fraud, will be required to repay in accordance with the guidelines in the Repayment Section of this Chapter. Termination may occur depending on circumstances such as length of time, amount owed, willful intent.

If a family owes an amount which equals or exceeds \$10,000 as a result of program fraud, the case will be referred to the Inspector General. Where appropriate, the PHA will refer the case for criminal prosecution.

## D. DEBTS DUE TO MINIMUM RENT TEMPORARY HARDSHIP

If the family owes the PHA money for rent arrears incurred during the minimum rent period, the PHA will calculate the total amount owed and enter into a repayment agreement in accordance with the guidelines in the Repayment Section of this Chapter.

#### E. GUIDELINES FOR REPAYMENT AGREEMENTS

Repayment Agreements will be executed between the PHA and the head of household, spouse and co-head. Other adults may also be held responsible if they were part of the cause of the repayment agreement.

LMHA will send monthly statements showing the amount due and payable at the LMHA-DESIGNATED bank (currently Lorain National Bank). All payments must be received no later than the 8<sup>th</sup> of the month for accounts to be considered current.

Monthly payments may be decreased in cases of family hardship and if requested with reasonable notice by the family. The family must provide verification of the hardship and receive approval of the Section 8 Manager or LMHA executive.

No move will be approved until the debt is paid in full unless the move is the result of the following causes, and the Repayment Agreement is current:

Family size exceeds the HQS maximum occupancy standards.

The HAP contract is terminated due to owner noncompliance.

A natural disaster.

#### **Additional Monies Owed**

If the family has a Repayment Agreement in place and incurs an additional debt to the PHA:

The PHA will not enter into more than three Repayment Agreements with the same family. A fourth occurrence will be cause for termination from the program for repeated violation of family obligations.

Additional amounts owed by the family will be added to the existing repayment agreement and the family will be required to sign a new repayment agreement in accordance with the Repayment Agreement Section of this Chapter.

If a Repayment Agreement is in arrears more than sixty (60) days, any new debts must be paid in full.

#### **Late Payments**

A payment will be considered to be in arrears if:

The payment is not received by the close of the business day ten (7) days after the due date. If the due date is on a weekend or holiday, the due date will be at the close of the next business day.

If the family 3 repayment agreement is in arrears, and the family has not contacted or made arrangements with the PHA, the PHA will:

Require the family to pay the balance in full;

Pursue civil collection of the balance due;

**Terminate the housing assistance**;

Grant an extension of no more than thirty (30) days.

If the family requests a move to another unit and has a repayment agreement in place:

The family will be required to pay the balance in full prior to the issuance of a voucher.

#### F. OWNER DEBTS TO THE PHA

If the PHA determines that the owner has retained Housing Assistance or Claim Payments the owner is not entitled to, the PHA may reclaim the amounts from future Housing Assistance or Claim Payments owed the owner for any units under contract.

If future Housing Assistance or Claim Payments are insufficient to reclaim the amounts owed, the PHA will:

Require the owner to pay the amount in full within 30 days.

Pursue collections through the local court system.

Restrict the owner from future participation.

Offer a repayment agreement to the owner for the amount owed.

# **G.** WRITING OFF DEBTS

Debts will be written off if:

The debtor is deceased.

The amount is less than \$25.00 and the debtor cannot be located.

A determination is made that the debtor is judgment proof.

## H. SENDING DEBT TO COLLECTION AGENCY

Debts will be sent to the collection agency for future collection and reporting to credit bureaus when:

The debtor is no longer a participant in a LMHA program and the debt is more than 60 days in arrears.

## Chapter 19

#### COMPLAINTS AND APPEALS

#### **INTRODUCTION**

The Informal Hearing requirements defined in HUD regulation are applicable to participating families who disagree with an action, decision, or inaction of the PHA. This Chapter describes the policies, procedures and standards to be used when families disagree with a PHA decision. The procedures and requirements are explained for preference denial meetings, Informal Reviews and Hearings. It is the policy of the PHA to ensure that all families have the benefit of all protections due to them under the law.

## A. COMPLAINTS TO THE PHA

The PHA will respond promptly to complaints from families, owners, employees, and members of the public. All complaints will be documented. The PHA may require that complaints other than HQS violations be put in writing. HQS complaints may be reported by telephone. All complaints will be referred to the Section 8 department to arrange meetings, informal hearings, informal reviews, special inspections, investigations.

## **Categories of Complaints**

**Complaints from families**: If a family disagrees with an action or inaction of the PHA or owner

**Complaints from owners**: If an owner disagrees with an action or inaction of the PHA or a family

**Complaints from staff**: If a staff person reports an owner or family either violating or not complying with program rules

**Complaints from the general public**: Complaints or referrals from persons in the community in regard to the PHA, a family or an owner

## **B. PREFERENCE DENIALS** [24 CFR 5.415]

When the PHA denies a preference to an applicant, the family will be notified in writing of the specific reason for the denial and offered the opportunity for a meeting (not an Informal Review or Hearing) with PHA staff (person who made the decision or any other PHA representative may conduct the meeting) to discuss the reasons for the denial and to dispute the PHA? decision.

#### C. INFORMAL REVIEW PROCEDURES FOR APPLICANTS

[24 CFR 982.54 (d)(12), 982.554]

Reviews are provided for applicants who are denied assistance before the effective date of the HAP Contract. The exception is that when an applicant is denied assistance for citizen or eligible immigrant status, the applicant is entitled to an Informal Hearing.

When the PHA determines that an applicant is ineligible for the program, the family must be notified of their ineligibility in writing. The notice must contain:

The reason(s) they are ineligible,

The procedure for requesting a review, and

The time limit for requesting a review.

The PHA must provide applicants with the opportunity for an Informal Review of decisions denying:

Listing on the PHA's waiting list

Issuance of a Voucher

Participation in the program

Informal Reviews are not required for established policies and procedures and PHA determinations such as:

Discretionary administrative determinations by the PHA

General policy issues or class grievances

A determination of the family unit size under the PHA subsidy standards

Refusal to extend or suspend a Voucher

PHA determination not to grant approval of tenancy

Determination that unit is not in compliance with HQS

Determination that unit is not in accordance with HQS due to family size or composition

#### **Procedure for Review**

A request for an Informal Review must be received **in writing** by the close of the business day, no later than **10 business** days from the date of the PHA's notification of denial of assistance. The informal review will be scheduled within **10 business** days from the date the request is received.

The Informal Review may not be conducted by the person who made or approved the decision under review, nor a subordinate of such person.

## The Review may be conducted by:

Any person or persons designated by the PHA Executive Director, other than a person who made or approved the decision under review or a subordinate of this person.

The applicant will be given the option of presenting oral or written objections to the decision. Both the PHA and the family may present evidence and witnesses. The family may use an attorney or other representative to assist them at their own expense.

A Notice of the Review findings will be provided in writing to the applicant within **ten** to fifteen days after the review. It will include the decision of the review officer, and an explanation of the reasons for the decision.

All requests for a review, supporting documentation, and a copy of the final decision will be retained in the family's file.

## **D. INFORMAL HEARING PROCEDURES** [24 CFR 982.555 (a-f), 982.54(d)(13)]

The PHA will provide a copy of the hearing procedures in the family briefing packet.

When the PHA makes a decision regarding the eligibility and/or the amount of assistance, applicants and participants must be notified in writing. The PHA will give the family prompt notice of such determinations which will include:

The proposed action or decision of the PHA;

The date the proposed action or decision will take place;

The family's right to an explanation of the basis for the PHA's decision;

The procedures for requesting a hearing if the family disputes the action or decision; and

The time limit for requesting the hearing.

The PHA must provide participants with the opportunity for an Informal Hearing for decisions related to any of the following PHA determinations:

Determination of the family's annual or adjusted income and the computation of the housing assistance payment

Appropriate utility allowance used from schedule

Family unit size determination under PHA subsidy standards

Family breach of HQS that is a family obligation determination

Determination that premerger Certificate program family is under occupied in their current unit and a request for exception is denied

Determination to terminate assistance for any reason

Determination to terminate a family's FSS Contract, withhold supportive services, or propose forfeiture of the family's escrow account

Determination to pay an owner claim for damages, unpaid rent or vacancy loss

The PHA must always provide the opportunity for an Informal Hearing before termination of assistance.

Informal Hearings **are not required** for established policies and procedures and PHA determinations such as:

Discretionary administrative determinations by the PHA

General policy issues or class grievances

Establishment of the PHA schedule of utility allowances for families in the program

A PHA determination not to approve an extension or suspension of a voucher term

A PHA determination not to approve a unit or lease

A PHA determination that an assisted unit is not in compliance with HQS (PHA must provide hearing for family breach of HQS because that is a family obligation determination)

A PHA determination that the unit is not in accordance with HQS because of the family size

A PHA determination to exercise or not exercise any right or remedy against the owner under a HAP contract

## **Notification of Hearing**

It is the PHA's objective to resolve disputes at the lowest level possible, and to make every effort to avoid the most severe remedies. However, if this is not possible, the PHA will ensure that applicants and participants will receive all of the protections and rights afforded by the law and the regulations.

When the PHA receives a request for an informal hearing, a hearing will be scheduled within **10 business days**. The notification of hearing will contain:

The date and time of the hearing.

The location where the hearing will be held.

The family's right to bring evidence, witnesses, legal or other representation at the family's expense.

The right to view any documents or evidence in the possession of the PHA upon which the PHA based the proposed action and, at the family's expense, to obtain a copy of such documents prior to the hearing.

#### **The PHA's Hearing Procedures**

After a hearing date is scheduled, the family may request to reschedule only upon showing "good cause," which is defined as an unavoidable conflict which seriously affects the health, safety or welfare of the family.

If a family does not appear at a scheduled hearing and has not rescheduled the hearing in advance, the family will not be rescheduled unless the family can show "good cause."

Families have the right to:

Present written or oral objections to the PHA's determination;

Examine the documents in the file which are the basis for the PHA? action, and all documents submitted to the Hearing Officer;

Request copies of any relevant documents at their expense;

Present any information or witnesses pertinent to the issue of the hearing;

Request that PHA staff be available or present at the hearing to answer questions pertinent to the case; and

Be represented by legal counsel, advocate, or other designated representative at their own expense.

If the family requests copies of documents relevant to the hearing, the PHA will make the copies for the family. The PHA has the right to assess the family a per copy charge. In no case will the family be allowed to remove the file from the PHA's office.

If family/landlord is more than 15 minutes late for the scheduled appointment, the hearing will be ruled in favor of the PHA. No further hearing will be granted.

In addition to other rights contained in this Chapter, the PHA has a right to:

Present evidence and any information pertinent to the issue of the hearing;

Be notified if the family intends to be represented by legal counsel, advocate, or another party;

Examine and copy any documents to be used by the family prior to the hearing;

Have its attorney present; and

Have staff persons and other witnesses familiar with the case present.

The Informal Hearing will be conducted by the Hearing Officer appointed by the PHA who is neither the person who made nor approved the decision, nor a subordinate of that person. The PHA Executive Director appoints a LMHA employee from a department other than Section 8 as the hearing officer.

The hearing will concern only the issues for which the family has received the opportunity for hearing. Evidence presented at the hearing may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings.

No documents may be presented which have not been provided to the other party before the hearing, if requested by the other party. "Documents" includes records and regulations.

The hearing officer will tape the proceedings and swear in all persons testifying or submitting information at the hearing. The tape is used for assistance in preparing the final decision and would be used for further legal proceedings.

The Hearing Officer may ask the family for additional information and/or might adjourn the Hearing in order to reconvene at a later date, before reaching a decision.

If the family misses an appointment or deadline ordered by the Hearing Officer, the action of the PHA will take effect and another hearing will not be granted. The Hearing Officer will determine whether the action, inaction or decision of the PHA is legal in accordance with HUD regulations and this Administrative Plan based upon the evidence and testimony provided at the hearing. Factual determinations relating to the individual circumstances of the family will be based on a preponderance of the evidence presented at the hearing.

A notice of the Hearing Findings will be provided in writing to the Section 8 Manager and the family within **ten to fifteen business** days and will include:

A clear summary of the decision and reasons for the decision;

If the decision involves money owed, the amount owed; and

The date the decision goes into effect.

The PHA is not bound by hearing decisions:

Which concern matters in which the PHA is not required to provide an opportunity for a hearing;

Which conflict with or contradict HUD regulations or requirements;

Which conflict with or contradict Federal. State or local laws; or

Which exceed the authority of the person conducting the hearing.

The PHA will send a letter to the participant if it determines the PHA is not bound by the Hearing Officer's determination within **ten business** days. The letter will include the PHA's reasons for the decision.

All requests for a hearing, supporting documentation, and a copy of the final decision will be retained in the family's file.

# E. HEARING AND APPEAL PROVISIONS FOR "RESTRICTIONS ON ASSISTANCE TO NON-CITIZENS" [24 CFR Part 5, Subpart E]

Assistance to the family may not be delayed, denied or terminated on the basis of immigration status at any time prior to the receipt of the decision on the INS appeal.

Assistance to a family may not be terminated or denied while the PHA hearing is pending, but assistance to an applicant may be delayed pending the PHA hearing.

## **INS Determination of Ineligibility**

If a family member claims to be an eligible immigrant and the INS SAVE system and manual search do not verify the claim, the PHA notifies the applicant or participant within ten days of their right to appeal to the INS within thirty days or to request an informal hearing with the PHA, either in lieu of or subsequent to the INS appeal.

If the family appeals to the INS, they must give the PHA a copy of the appeal and proof of mailing or the PHA may proceed to deny or terminate. The time period to request an appeal may be extended by the PHA for good cause.

The request for a PHA hearing must be made within fourteen days of receipt of the notice offering the hearing or, if an appeal was made to the INS, within fourteen days of receipt of that notice.

After receipt of a request for an informal hearing, the hearing is conducted as described in this chapter for both applicants and participants. If the hearing officer decides that the individual is not eligible, and there are no other eligible family members the PHA will:

Deny the applicant family,

Defer termination if the family is a participant and qualifies for deferral, or

Terminate the participant if the family does not qualify for deferral.

If there are eligible members in the family, the PHA will offer to prorate assistance or give the family the option to remove the ineligible members.

All other complaints related to eligible citizen/immigrant status:

If any family member fails to provide documentation or certification as required by the regulation, that member is treated as ineligible. If all family members fail to provide, the family will be denied or terminated for failure to provide.

Participants whose termination is carried out after temporary deferral may not request a hearing since they had an opportunity for a hearing prior to the termination.

Participants whose assistance is prorated (either based on their statement that some members are ineligible or due to failure to verify eligible immigration status for some members after exercising their appeal and hearing rights described above) are entitled to a hearing based on the right to a hearing regarding determinations of Tenant Rent and Total Tenant Payment.

Families denied or terminated for fraud in connection with the non-citizens rule are entitled to a review or hearing in the same way as terminations for any other type of fraud.

# F. MITIGATING CIRCUMSTANCES FOR APPLICANTS/PARTICIPANTS WITH DISABILITIES [982.204, 982.552(c)]

When applicants are denied placement on the waiting list, or the PHA is terminating assistance, the family will be informed that presence of a disability may be considered as a mitigating circumstance during the informal review process.

Examples of mitigating circumstances are:

- a) A person with a cognitive disorder may not have understood the requirement to report increases in income,
- b) A person may not understand the need to make regular repayments on a promissory note,
- c) Minor criminal records for public drunkenness may be due to medication; prior incarcerations for being disorderly may be emotional disorder.

## Chapter 20

## SPECIAL HOUSING TYPES [24 CFR 982.601]

HUD now requires PHAs to describe their policies regarding Special Housing Types in the Administrative Plan. With one exception, HUD does not require PHAs to use any of the Special Housing Types. However, the PHA must permit use of any Special Housing Type if it is needed as a reasonable accommodation to make the program readily accessible to and usable by persons with disabilities.

In accordance with the requirements of the program, the PHA may permit a family to use any of the following Special Housing Types:

Manufactured Homes
Single Room Occupancy
Congregate Housing
Group Home
Shared Housing
Cooperative Housing

Although manufactured homes are listed as a Special Housing Type by HUD, the PHA must allow a family to lease a manufactured home and space with assistance under the program. However HUD does not require the PHA to provide assistance to a family that **owns** a manufactured home but **rents** the space.

#### INTRODUCTION

The PHA permits the use of Manufactured Home Space in its program. Other special housing will only be permitted when requested and needed as a reasonable accommodation for persons with disabilities.

The PHA will not set aside any program funding for special housing types.

The PHA has not found a demand for Single Room Occupancy, Congregate Housing, Group Home, Shared Housing or Cooperative Housing in the PHA jurisdiction.

#### **Verification of Need for Reasonable Accommodation**

Acceptable documentation as verification of the need for reasonable accommodation would be a written letter to the PHA describing how the special housing type requested provides the accommodation of which the person is in need from one or more knowledgeable professionals who are familiar with the applicant/participant and/or the type of special housing requested. The request and documentation will be reviewed and a written response stating approval or disapproval will be sent to the applicant/participant within 10 days of receipt of the request.

A copy of the PHA's response with supporting documentation will be maintained in the applicant/participant's file. The requested housing type must be approvable by all other HUD standards and HOS requirements in accordance with 24 CFR 982 Section M - Special Housing Types.

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## **A. MANUFACTURED HOMES** [24 CFR 982.620]

The PHA will permit a family to lease a manufactured home and space with assistance under the program. The PHA will provide assistance for a family that owns the manufactured home and leases only the space if it meets the regulations.

The PHA may approve a live-in aide to reside with a family to care for a person with disabilities if needed as a reasonable accommodation so that the program is accessible to and usable by persons with disabilities. If the PHA approves a live-in aide, the live-in aide must be counted when determining the family unit size.

## **Housing Quality Standards** [24 CFR 982.621]

A manufactured home must meet all the HQS requirements outlined in the "Housing Quality Standards and Inspections" chapter and regulated by 24 CFR 982.401. In addition the manufactured home also must meet the following requirements:

A manufactured home must be placed on the site in a stable manner, and must be free from hazards such as sliding or wind damage.

A manufactured home must be securely anchored by a tie-down device that distributes and transfers the loads imposed by the unit to appropriate ground anchors to resist wind overturning and sliding.

#### Manufactured Home Space Rental [24 CFR 982.622]

Rent to owner for a manufactured home space will include payment for maintenance services that the owner must provide to the tenant under the lease.

Rent to owner does not include the cost of utilities and trash collection for the manufactured home. However, the owner may charge the family a separate fee for the cost of utilities or trash collection provided by the owner.

#### **Reasonable Rent**

During the assisted tenancy, the rent to owner for the manufactured home space may not exceed a reasonable rent as determined by the PHA. The PHA will not approve a lease until the PHA has determined that the initial rent to owner for the space is reasonable rent. The PHA will redetermine that the rent is reasonable annually.

The PHA will determine whether the rent to owner for a manufactured home space is a reasonable rent in comparison to rents for other comparable manufactured home spaces. The PHA will consider the size and location of the space and any services and maintenance provided by the owner in accordance with the lease.

By accepting each monthly housing assistance payment from the PHA, the owner of the manufactured home space certifies that the rent to owner for the space is not more than rent charged by the owner for unassisted rental of comparable spaces in the same manufactured home park or elsewhere. If requested by the PHA, the owner must provide the PHA information on rents for other manufactured home space.

## **Housing Assistance Payments for Manufactured Home Space** [24 CFR 982.623]

The FMR for a manufactured home space will be determined by HUD.

#### **Hap for the Regular Tenancy Program**

For the Regular Tenancy Program, the initial rent to owner for leasing a manufactured home space may not exceed the published FMR for a manufactured home space.

During the term of a certificate tenancy, entered prior to the merger date, the amount of the monthly housing assistance payment equals the lesser of:

The manufactured home space cost minus the:

Total Tenant Payment, OR

Rent to owner for the manufactured home space

"Manufactured home space cost" means the sum of: the amortization cost, the utility allowance, and the rent to owner for the manufactured home space.

The amortization cost may include debt service to amortize costs (other than furniture costs) included in the purchase price of the manufactured home. The debt service includes the payment for principal and interest on the loan. The debt service amount will be reduced by 15 percent to exclude debt service to amortize the cost of furniture, unless the PHA determines that furniture was not included in the purchase price. Any debt service due to refinancing the manufactured home after purchase of the home is not included in the amortization costs.

The PHA will approve as part of the monthly amortization payment, set-up charges to be included in the debt service incurred by a family that relocates its home. The PHA will include, as part of the monthly amortization payment, set-up charges incurred before the family became an assisted family, if monthly payments are still being made to amortize such charges.

#### **HAP for the Voucher Tenancy**

There is a separate FMR for a family renting a manufactured home space. The payment standard is used to calculate the monthly housing assistance payment for a family. The FMR for rental of a manufactured home space is 40 percent (effective 10/1/99) of the published FMR for a two-bedroom unit.

#### **Subsidy Calculation for the Voucher Program**

During the term of a Voucher tenancy, the amount of the monthly housing assistance payment for a family will equal the lesser of:

The payment standard minus the TTP, or the space rent paid minus the TTP.

The space rent is the sum of the following as determined by the PHA:

Rent to owner for the manufactured home space Owner maintenance and management charges for the space The utility allowance for tenant paid utilities

#### **<u>Utility Allowance Schedule</u>** [24 CFR 982.624]

The PHA will establish utility allowances for manufactured home space rental. For the first twelve months of the initial lease term only, the allowances will include a reasonable amount for utility hook-up charges payable by the family, if the family actually incurs the expenses because of a move. Allowances for hook-up charges do not apply to a family that leases a manufacture home. Allowances will not be applied to cover the costs of digging a well or installation of a septic system.

## B. SINGLE ROOM OCCUPANCY [24 CFR 982.602]

It has not been determined that there is a demand for SROs in the PHA's jurisdiction, therefore a single person may not reside in an SRO housing unit.

#### SRO Rent, Housing Assistance Payment, Housing Quality Standards:

The PHA must use a separate lease and HAP contract for each assisted person residing in a SRO. The PHA SRO payment standard is 75 percent of the zero bedroom payment standard schedule. For a person residing in an exception area, the payment standard is 75 percent of the HUD approved zero bedroom exception payment standard amount. While an assisted person resides in SRO housing, the SRO payment standard must be used to calculate the housing assistance payment.

The utility allowance for an assisted person residing in SRO housing is 75 percent of the zero bedroom utility allowance.

The PHA must ensure that all SRO units approved for the program are in compliance with all of the Housing Quality Standards for SROs as regulated in 24 CFR 982.605.

## C. CONGREGATE HOUSING [24 CFR 982.606]

#### A demand for Congregate Housing has not been proven in the PHA jurisdiction.

An elderly person or a person with disabilities may reside in a congregate housing unit. The PHA will approve a live-in aide if needed as a reasonable accommodation so that the program is readily accessible to and usable by a person with disabilities.

#### Congregate Housing Lease, HAP Contract, Housing Quality Standards:

For congregate housing there will be a separate lease and HAP contract for each assisted family. Unless there is a live-in aide, the payment standard for a family that resides in a congregate housing unit is the zero-bedroom payment standard on the PHA payment standard schedule. However, if there are two or more rooms in the unit (not including kitchen or sanitary facilities), the payment standard for a family that resides in a congregate housing unit is the one-bedroom payment standard amount.

A live-in aide will be counted in determining the family unit size.

The PHA will ensure that all congregate housing units approved for the program are in compliance with all of the HQS for congregate housing as regulated in 24 CFR 982.609.

#### **D. GROUP HOMES** [24 CFR 982.610, 982.612]

A demand for Group Homes has not been proven in the PHA jurisdiction.

A group home must be licensed, certified, or otherwise approved in writing by the State or the State's licensing department. An elderly person or a person with disabilities may reside in a State-approved group home. A live-in aide may be approved to reside with a person with disabilities as a reasonable accommodation.

The PHA will not approve assistance for a person to live in a group home if file documentation indicates that the person is in need of continual medical or nursing care.

No more than twelve (12) persons may reside in a group home. This limit covers all persons who reside in the unit, including assisted and unassisted residents and any live-in aide.

## Group Home Rent, HAP Contract, HQS

There will be a separate HAP Contract and lease for each assisted person living in a group home. For a group home, the term "pro-rata portion" means that which is derived by dividing the number of persons in the assisted household by the total number of residents (assisted and unassisted) residing in the group home. The number of persons in the assisted household equals one assisted person plus any PHA-approved live-in aide.

The rent to owner for an assisted person may not exceed the pro-rata portion of the reasonable rent for the group home. Reasonable rent is determined in accordance with 982.503. In determining reasonable rent, the PHA will consider whether sanitary facilities and facilities for food preparation and service are common facilities or private.

Unless there is a live-in aide, the family unit size is zero bedroom. If there is a live-in aide, s/he will be counted in determining the family unit size. The payment standard for a person who resides in a group home is the lower of the payment standard for the family unit size or the pro-rata portion of the payment standard amount on the PHA payment standard schedule for the group home size.

The utility allowance for each assisted person residing in a group home is the pro-rata portion of the utility allowance for the group home unit size.

The PHA will ensure compliance with HQS as regulated in 24 CFR 982.614.

## **E. SHARED HOUSING** [24 CFR 982.615]

#### A demand for Shared Housing has not been proven in the PHA jurisdiction.

An assisted family may reside in shared housing. In shared housing, an assisted family may share a unit with another resident or residents of a unit. The unit may be a house or an apartment. The PHA may

approve a live-in aide to reside with a family in order to care for a person with a disability as a reasonable accommodation.

Other persons who are assisted or not assisted under the tenant-based program may reside in a shared housing unit. The owner of a shared housing unit may reside in the unit. A resident owner may enter into a HAP contract with the PHA. However, housing assistance may not be paid on behalf of the owner. The PHA will not approve assistance for a person or family that is related by blood or marriage to a resident owner.

There will be a separate housing assistance payment contract and lease for each assisted family residing in a shared housing unit.

#### Rent, HAP contract, HQS

For shared housing, the term "pro-rata portion" means the ratio derived by dividing the number of bedrooms in the private space available for occupancy by a family by the total number of bedrooms in the unit. For example, for a family entitled to occupy three bedrooms in a five-bedroom unit, the ratio would be 3/5. The rent to the owner for the family may not exceed the pro rata portion of the reasonable rent for the shared housing dwelling. The reasonable rent must be in accordance with the guidelines set in the "Owner Rents, Rent Reasonableness, and Payment Standards" chapter.

For a family that resides in a shared housing unit, the payment standard is the lower of the payment standard amount on the PHA payment standard schedule for the family unit size or the pro-rata portion of the payment standard amount on the PHA payment standard for the shared housing unit size. If the PHA approves a live-in aide, the live-in aide will be counted in determining the family unit size.

The utility allowance for an assisted family living in shared housing is the pro-rata portion of the utility allowance for the shared housing unit.

The PHA will ensure that all shared housing units approved for the program are in compliance with all of the Housing Quality Standards for shared housing as regulated in 24 CFR 982.618.

## **F. COOPERATIVE HOUSING** [24 CFR 982.619]

#### A demand for shared housing has not been proven in the PHA jurisdiction.

The PHA will approve a family living in cooperative housing if it is determined that assistance under the program will help maintain affordability of the cooperative unit for low-income families. The PHA will not approve assistance for a family in cooperative housing until the PHA has also determined that the cooperative has adopted requirements to maintain continued <u>affordability</u> for low-income families after

transfer of a cooperative member's interest in a cooperative unit (such as a sale of the resident's share in a cooperative corporation).

The reasonable rent in cooperative housing is determined in accordance with "Owner Rents, Rent Reasonableness and Payment Standards" chapter. For cooperative housing, the rent to owner is the monthly carrying charge under the occupancy agreement/lease between the member and the cooperative.

The carrying charge consists of the amount assessed to the member by the cooperative for occupancy of the housing. It includes the member's share of the cooperative's debt service, operating expenses, and necessary payments to cooperative reserve funds. However, the carrying charge does not include down-payments or other payments to purchase the cooperative unit, or to amortize a loan to the family for this purpose. Gross rent is the carrying charge plus utilities.

For a cooperative, rent adjustments are applied to the carrying charge as determined in "Owner Rents, Rent Reasonableness, and Payment Standards" chapter.

The lease and other appropriate documents will stipulate that the monthly carrying charge is subject to Section 8 limitations on rent to owner. The housing assistance payment will be determined in accordance with the guidelines in "Owner Rents, Rent Reasonableness and Payment Standards" chapter.

The PHA may approve a live-in aide to reside with the family to care for a person with disabilities. The PHA will approve a live-in aide if needed as a reasonable accommodation so that the program is readily accessible to and usable by a person with disabilities. If the PHA approves a live-in aide, the live-in aide will be counted when determining the family unit size.

#### HQS

The PHA will ensure that all cooperative housing units are in compliance with HQS regulated by 24 CFR 982.401.

#### **GLOSSARY**

#### A. ACRONYMS USED IN SUBSIDIZED HOUSING

**AAF** Annual Adjustment Factor. A factor published by HUD in the Federal Register which is used to compute annual rent adjustments.

**ACC** Annual Contributions Contract

**BR** Bedroom

**CDBG** Community Development Block Grant

**CFR** Code of Federal Regulations. Commonly referred to as "the regulations." The CFR is

the compilation of Federal rules which are first published in the Federal Register and

define and implement a statute.

**CPI** Consumer Price Index. CPI is published monthly by the Department of Labor as an

inflation indicator.

**CR** Contract Rent

**ELI** Extremely Low Income

**FDIC** Federal Deposit Insurance Corporation

**FHA** Federal Housing Administration

FICA Federal Insurance Contributions Act - Social Security taxes

**FmHA** Farmers Home Administration

**FMR** Fair Market Rent

**FY** Fiscal Year

**FYE** Fiscal Year End

**GAO** Government Accounting Office

**GFC** Gross Family Contribution – Has been replaced by the term Total Tenant Payment

(TTP)

**GR** Gross Rent

**HAP** Housing Assistance Payment

**PHA Plan** Housing Assistance Plan

**HCDA** Housing and Community Development Act

**HQS** Housing Quality Standards

**HUD** The Department of Housing and Urban Development or its designee.

**HURRA** Housing and Urban/Rural Recovery Act of 1983; resulted in most of the 1984 HUD

regulation changes to definition of income, allowances, and rent calculations

**HV** Housing Voucher

**IG** Inspector General

**IGR** Independent Group Residence

**IPA** Independent Public Accountant

**IRA** Individual Retirement Account

MSA Metropolitan Statistical Area established by the U.S. Census Bureau

**PHA** Public Housing Agency

**PMSA** A Primary Metropolitan Statistical Area established by the U.S. Census Bureau

**PS** Payment Standard

**QC** Quality Control

**RFAT** Request for Approval of Tenancy (previously RLA or RFLA)

**RLA** Request for Lease Approval -- Replaced with RFAT

**RFLA** Request for Lease Approval -- Replaced with RFAT

**RFP** Request for Proposals

**RRP** Rental Rehabilitation Program

**SRO** Single Room Occupancy

**SSMA.** Standard Statistical Metropolitan Area. Has been replaced by MSA, Metropolitan

Statistical Area.

**TR** Tenant Rent

**TTP** Total Tenant Payment

**UA** Utility Allowance

**URP** Utility Reimbursement Payment

## B. GLOSSARY OF TERMS IN SUBSIDIZED HOUSING

**ABSORPTION.** In portability, the point at which a receiving PHA stops billing the initial PHA for assistance on behalf of a portability family. The receiving PHA uses funds available under the receiving PHA consolidated ACC.

ACC RESERVE ACCOUNT (FORMERLY "PROJECT RESERVE"). Account established by HUD from amounts by which the maximum payment to the PHA under the consolidated ACC (during a PHA fiscal year) exceeds the amount actually approved and paid. This account is used as the source of additional payments for the program.

**ADJUSTED INCOME.** Annual income, less allowable HUD deductions.

**ADMINISTRATIVE FEE.** Fee paid by HUD to the PHA for administration of the program.

**ADMINISTRATIVE FEE RESERVE** (Formerly "Operating reserve"). Account established by PHA from excess administrative fee income. The administrative fee reserve must be used for housing purposes.

ADMINISTRATIVE PLAN. The HUD required written policy of the PHA governing its administration of the Section 8 Certificate and Voucher program. The Administrative Plan and any revisions must be approved by the PHA's Board and a copy submitted to HUD.

**ADMISSION**. The effective date of the first HAP contract for a family (first day of initial lease term) in a tenant-based program. This is the point when the family becomes a participant in the program.

**ANNUAL BUDGET AUTHORITY.** The maximum annual payment by HUD to a PHA for a funding increment.

**ANNUAL CONTRIBUTIONS CONTRACT (ACC).** A written contract between HUD and a PHA. Under the contract HUD agrees to provide funding for operation of the program, and the PHA agrees to comply with HUD requirements for the program

**ANNUAL INCOME.** The anticipated total Annual Income of an eligible family from all sources for the 12-month period following the date of determination of income, computed in accordance with the regulations.

**ANNUAL INCOME AFTER ALLOWANCES.** The Annual Income (described above) less the HUD-approved allowances.

**APPLICANT** (or applicant family). A family that has applied for admission to a program, but is not yet a participant in the program.

**AREA EXCEPTION RENTS.** Rent based on HUD-approved payment standard amount that is higher than the basic range for a designated part of the fair market rent area ("exception area").

"AS-PAID" STATES. States where the welfare agency adjusts the shelter and utility component of the welfare grant in accordance with actual housing costs.

**ASSETS.** (See Net Family Assets.)

**ASSISTED TENANT.** A tenant who pays less than the market rent as defined in the regulations. Includes tenants receiving rent supplement, Rental Assistance Payments, or Section 8 assistance and all other 236 and 221 (d)(3) BMIR tenants, except those paying the 236 market rent or 120% of the BMIR rent, respectively.

**BUDGET AUTHORITY.** An amount authorized and appropriated by the Congress for payment to PHAs under the program. For each funding increment in a PHA program, budget authority is the maximum amount that may be paid by HUD to the PHA over the ACC term of the funding increment.

**CERTIFICATE.** A Certificate issued by the PHA under the premerger Rental Certificate Assistance Program, declaring a family to be eligible for participation in this program and stating the terms and conditions for such participation. Certificates will no longer be issued after October 1, 1999.

**CERTIFICATE OR VOUCHER HOLDER.** A family holding a voucher or premerger certificate with unexpired search time.

**CERTIFICATE PROGRAM.** Premerger Rental certificate program.

**CHILD CARE EXPENSES.** Amounts paid by the family for the care of minors under 13 years of age where such care is necessary to enable a family member to be employed or for a household member to further his/her education.

**CO-HEAD.** An individual in the household who is equally responsible for the lease with the Head of Household. (A family never has a Co-head and a Spouse and a Co-head is never a Dependent.)

**CONGREGATE HOUSING.** Housing for elderly persons or persons with disabilities that meets the HQS for congregate housing.

**COOPERATIVE.** A dwelling unit owned and/or share by a group of individuals who have individual sleeping quarters and share common facilities such as kitchen, living room and some bathrooms.

**CONSOLIDATED ANNUAL CONTRIBUTIONS CONTRACT** (Consolidated ACC). See 24 CFR 982.151.

**CONTIGUOUS MSA.** In portability, an MSA that shares a common boundary with the MSA in which the jurisdiction of the initial PHA is located.

**CONTINUOUSLY ASSISTED.** An applicant is continuously assisted under the 1937 Housing Act if the family is already receiving assistance under any 1937 Housing Act program when the family is admitted to the certificate or voucher program.

**CONTRACT.** (See Housing Assistance Payments Contract.)

**DEPENDENT.** A member of the family household (excluding foster children) other than the family head or spouse, who is under 18 years of age or is a Disabled Person or Handicapped Person, or is a full-time student 18 years of age or over.

DISABILITY ASSISTANCE EXPENSE. Anticipated costs for care attendants and auxiliary apparatus for disabled family members which enable a family member (including the disabled family member) to work.

**DISABLED PERSON.** A person who is any of the following:

A person who has a disability as defined in section 223 of the Social Security Act. (42 U.S.C.423).

A person who has a physical, mental, or emotional impairment that:

Is expected to be of long-continued and indefinite duration;

Substantially impedes his or her ability to live independently; and

Is of such a nature that ability to live independently could be improved by more suitable housing conditions.

A person who has a developmental disability as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act [42 U.S.C. 6001(7)].

**DISABLED FAMILY.** A family where the head or spouse meets any of the above criteria for disabled person.

**DISPLACED PERSON/FAMILY.** A person or family displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized under federal disaster relief laws.

**DOMICILE.** The legal residence of the household head or spouse as determined in accordance with State and local law.

**DRUG-RELATED CRIMINAL ACTIVITY.** The illegal manufacture, sale, distribution, use, or the possession with intent to manufacture, sell, distribute, or use, of a controlled substance (as defined in Section 102 of the Controlled Substance Act 21 U.S.C. 802).

**DRUG TRAFFICKING.** The illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute or use, of a controlled substance (as defined in section 102 of the Controlled Substances Act 21 U.S.C. 802).

**ELDERLY HOUSEHOLD.** A family whose head or spouse or whose sole member is at least 62 years of age – may include two or more elderly persons living together or one or more such persons living with another person who is determined to be essential to his/her care and wellbeing.

**ELDERLY PERSON.** A person who is at least 62 years old.

**ELIGIBILITY INCOME.** May 10, 1984, regulations deleted Eligibility Income, per se, because Annual Income is now for eligibility determination to compare to income limits.

**ELIGIBLE FAMILY** (Family). A family is defined by the PHA in the administrative Plan, which is approved by HUD.

**EXCEPTIONAL MEDICAL OR OTHER EXPENSES.** Prior to the regulation change in 1982, this meant medical and/or unusual expenses as defined in Part 889 which exceeded 25% of the Annual Income. It is no longer used.

**EXCEPTION RENT.** In the premerger certificate program, an initial rent (contract rent plus any utility allowance) in excess of the published FMR.

**EXCESS MEDICAL EXPENSES.** Any medical expenses incurred by elderly families only in excess of 3% of Annual Income which is not reimbursable from any other source.

**EXTREMELY LOW INCOME FAMILY.** A family whose annual income does not exceed 30 percent of the median income for the area, as determined by HUD, with adjustments for smaller and larger families.

**FAIR MARKET RENT (FMR).** The rent including the cost of utilities (except telephone) that would be required to be paid in the housing market area to obtain privately owned existing decent, safe and sanitary rental housing of modest (non-luxury) nature with suitable amenities. Fair market rents for existing housing are established by HUD for housing units of varying sizes (number of bedrooms) and are published in the *Federal Register*.

**FAMILY.** "Family" includes but is not limited to:

An elderly family or single person as defined in 24 CFR 5.403(b)

The remaining member of a tenant family

A displaced person

**FAMILY OF VETERAN OR SERVICE PERSON.** A family is a "family of veteran or service person" when:

The veteran or service person (a) is either the head of household or related to the head of the household; or (b) is deceased and was related to the head of the household, and was a family member at the time of death.

The veteran or service person, unless deceased, is living with the family or is only temporarily absent unless s/he was (a) formerly the head of the household and is permanently absent because of hospitalization, separation, or desertion, or is divorced; provided, the family contains one or more persons for whose support s/he is legally responsible and the spouse has not remarried; or (b) not the head of the household but is permanently hospitalized; provided, that s/he was a family member at the time of hospitalization and there remain in the family at least two related persons.

**FAMILY SELF-SUFFICIENCY PROGRAM (FSS PROGRAM).** The program established by a PHA to promote self-sufficiency of assisted families, including the provision of supportive services.

**FAMILY SHARE.** The amount calculated by subtracting the housing assistance payment from the gross rent.

**FAMILY UNIT SIZE.** The size of the premerger Certificate or Voucher issued to the family based on the PHA's subsidy standards.

**FMR/EXCEPTION RENT LIMIT.** The fair market rent published by HUD headquarters. In the premerger certificate program the initial contract rent for a dwelling unit plus any utility allowance may not exceed the FMR/exception rent limit (for the dwelling unit or for the family unit size). In the voucher program the PHA may adopt a payment standard up to the FMR/exception rent limit.

**FOSTER CHILD CARE PAYMENT.** Payment to eligible households by state, local, or private agencies appointed by the State, to administer payments for the care of foster children.

**FULL-TIME STUDENT.** A person who is carrying a subject load that is considered full time for day students under the standards and practices of the educational institution attended. An educational institution includes a vocational school with a diploma or certificate program, as well as an institution offering a college degree.

**FUNDING INCREMENT.** Each commitment of budget authority by HUD to a PHA under the consolidated annual contributions contract for the PHA program.

**GROSS FAMILY CONTRIBUTION.** Changed to Total Tenant Payment.

**GROSS RENT.** The sum of the Rent to Owner plus the utility allowance.

**GROUP HOME.** A dwelling unit that is licensed by a State as a group home for the exclusive residential use of two to twelve persons who are elderly or persons with disabilities (including any live-in aide).

**HAP CONTRACT.** (See Housing Assistance Payments contract.)

**HEAD OF HOUSEHOLD.** The head of household is the person who assumes legal and financial responsibility for the household and is listed on the application as head.

**HOUSING AGENCY.** A state, country, municipality or other governmental entity or public body authorized to administer the program. The term "PHA" includes an Indian housing authority (IHA). ("PHA" and "HA" mean the same thing.)

**HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1974**. Act in which the U.S. Housing Act of 1937 (sometimes referred to as the Act) was recodified, and which added the Section 8 Programs.

**HOUSING ASSISTANCE PAYMENT.** The monthly assistance payment by a PHA. The total assistance payment consists of:

A payment to the owner for rent to owner under the family? lease.

An additional payment to the family if the total assistance payment exceeds the rent to owner. The additional payment is called a "utility reimbursement" payment.

**HOUSING ASSISTANCE PAYMENTS CONTRACT** (HAP contract). A written contract between a PHA and an owner in the form prescribed by HUD headquarters, in which the PHA agrees to make housing assistance payments to the owner on behalf of an eligible family.

**HOUSING ASSISTANCE PLAN.** (1) A Housing Assistance Plan submitted by a local government participating in the Community Development Block Program as part of the block grant application, in accordance with the requirements of 570.303(c) submitted by a local government not participating in the Community Development Block Grant Program and approved by HUD. (2) A Housing Assistance Plan meeting the requirements of 570.303(c) submitted by a local government not participating in the Community Development Block Grant Program and approved by HUD.

**HOUSING QUALITY STANDARDS (HQS).** The HUD minimum quality standards for housing assisted under the tenant-based programs.

**HUD REQUIREMENTS.** HUD requirements for the Section 8 programs. HUD requirements are issued by HUD headquarters as regulations. Federal Register notices or other binding program directives.

**IMPUTED ASSET.** Asset disposed of for less than Fair Market Value during two years preceding examination or reexamination.

**IMPUTED INCOME.** HUD passbook rate x total cash value of assets. Calculation used when assets exceed \$5,000.

**INCOME.** Income from all sources of each member of the household as determined in accordance with criteria established by HUD.

**INCOME FOR ELIGIBILITY.** Annual Income.

**INDIAN.** Any person recognized as an Indian or Alaska Native by an Indian Tribe, the federal government, or any State.

**INDIAN HOUSING AUTHORITY (IHA).** A housing agency established either:

By exercise of the power of self-government of an Indian Tribe, independent of State law, or

By operation of State law providing specifically for housing authorities for Indians.

**INITIAL PHA.** In portability, the term refers to both:

A PHA that originally selected a family that later decides to move out of the jurisdiction of the selecting PHA; and

A PHA that absorbed a family that later decides to move out of the jurisdiction of the absorbing PHA.

**INITIAL PAYMENT STANDARD.** The payment standard at the beginning of the HAP contract term.

**INITIAL RENT TO OWNER.** The rent to owner at the beginning of the HAP contract term.

**INTEREST REDUCTION SUBSIDIES.** The monthly payments or discounts made by HUD to reduce the debt service payments and, hence, rents required on Section 236 and 221 (d)(3) BMIR

projects. Includes monthly interest reduction payments made to mortgagees of Section 236 projects and front-end loan discounts paid on BMIR projects.

**JURISDICTION.** The area in which the PHA has authority under State and local law to administer the program.

**LANDLORD.** This term means either the owner of the property or his/her representative or the managing agent or his/her representative, as shall be designated by the owner.

**LARGE VERY LOW INCOME FAMILY.** Prior to the 1982 regulations, this meant a very low income family which included six or more minors. This term is no longer used.

**LEASE.** A written agreement between an owner and a tenant for the leasing of a dwelling unit to the tenant. The lease establishes the conditions for occupancy of the dwelling unit by a family with housing assistance payments under a HAP contract between the owner and the PHA. In cooperative housing, a written agreement between a cooperative and a member of the cooperative. The agreement establishes the conditions for occupancy of the member's family with housing assistance payments to the cooperative under a HAP contract between the cooperative and the PHA.

**LEASE ADDENDUM.** See Tenancy Addendum.

**LIVE-IN AIDE.** A person who resides with an elderly or disabled person and who:

Is determined to be essential to the care and well-being of the person

Is not obligated for the support of the person

Would not be living in the unit except to provide necessary supportive services

**LOCAL PREFERENCE.** A preference used by the PHA to select among applicant families without regard to their federal preference status.

**LOW-INCOME FAMILY.** A family whose annual income does not exceed 80 percent of the median income for the area, as determined by HUD, with adjustments for smaller and larger families. For admission to the certificate program, HUD may establish income limits higher or lower than 80 percent of the median income for the area on the basis of its finding that such variations are necessary because of the prevailing levels of construction costs or unusually high or low family incomes.

**MANUFACTURED HOME.** A manufactured structure that is on a permanent chassis, is designed for use as a principal place of residence, and meets the HQS. A special housing type. See 24 CFR 982.620 to 982.621.

MANUFACTURED HOME SPACE. In manufactured home space rental: A space leased by an owner to a family. A manufactured home owned and occupied by the family is located on the space. See 24 CFR 982.622 to 982.624.

**MARKET RENT.** The rent HUD authorizes the owner of FHA insured/subsidized multi-family housing to collect from families ineligible for assistance. For unsubsidized units in a FHA-insured multi-family project in which a portion of the total units receive project-based rental assistance, under the Rental Supplement or Section 202/Section 8 Programs, the Market Rate Rent is that rent approved by HUD and is the Contract Rent for a Section 8 Certificate holder. For BMIR units, Market Rent varies by whether the project is a rental or cooperative.

**MEDICAL EXPENSES.** Those total medical expenses, including medical insurance premiums, that are anticipated during the period for which Annual Income is computed, and that are not covered by insurance. A deduction for Elderly Households only. These allowances are given when calculating adjusted income for medical expenses in excess of 3% of Annual Income.

**MINOR.** A member of the family household (excluding foster children) other than the family head or spouse who is under 18 years of age.

**MIXED FAMILY.** A family with citizens and eligible immigration status and without citizens and eligible immigration status as defined in 24 CFR 5.504(b)(3).

**MONTHLY ADJUSTED INCOME.** 1/12 of the Annual Income after Allowances or Adjusted Income.

**MONTHLY INCOME.** 1/12 of the Annual Income.

**NATIONAL.** A person who owes permanent allegiance to the United States, for example, as a result of birth in a United States territory or possession.

**NEGATIVE RENT.** Now called Utility Reimbursement. A negative Tenant Rent results in a Utility Reimbursement Payment (URP).

**NET FAMILY ASSETS.** Value of equity in savings, checking, IRA and Keogh accounts, real property, stocks, bonds, and other forms of capital investment. The value of necessary items of personal property such as furniture and automobiles is excluded from the definition.

**NET FAMILY CONTRIBUTION.** Former name for Tenant Rent.

**NON-CITIZEN.** A person who is neither a citizen nor a national of the United States.

**OCCUPANCY STANDARDS.** [Now referred to as Subsidy Standards] Standards established by a PHA to determine the appropriate number of bedrooms for families of different sizes and compositions.

**OWNER.** Any persons or entity having the legal right to lease or sublease housing.

**PARTICIPANT.** A family that has been admitted to the PHA? certificate program or voucher program. The family becomes a participant on the effective date of the first HAP contract executed by the PHA for the family (First day of initial lease term).

**PAYMENT STANDARD.** The maximum subsidy payment for a family (before deducting the family contribution). The PHA sets a payment standard in the range from 90 - 110 percent of the current FMR/exception rent limit.

**PERSONS WITH DISABILITIES.** Individuals with any condition or characteristic that renders a person an individual with a handicap as defined in 24 CFR 8.2.

**PHA PLAN.** The annual plan and the 5-year plan as adopted by the PHA and approved by HUD in accordance with part 903 of this chapter.

**PORTABILITY.** Renting a dwelling unit with Section 8 tenant-based assistance outside the jurisdiction of the initial PHA.

**PREMISES.** The building or complex in which the dwelling unit is located, including common areas and grounds.

**PRIVATE SPACE.** In shared housing: The portion of a contract unit that is for the exclusive use of an assisted family.

**PROGRAM.** The Section 8 tenant-based assistance program under this part.

**PROGRAM RECEIPTS.** HUD payments to the PHA under the consolidated ACC, and any other amounts received by the PHA in connection with the program.

**PUBLIC ASSISTANCE.** Welfare or other payments to families or individuals, based on need, which are made under programs funded, separately or jointly, by Federal, state, or local governments.

**PUBLIC HOUSING AGENCY (PHA).** Any state, county, municipality, or other governmental entity or public body authorized to administer the program (or an agency or instrumentality of such an entity), or any of the following:

A consortium of housing agencies, each of which meets the qualifications of this definition, that HUD determines has the capacity and capability to efficiently administer the program (in which case, HUD may enter into a consolidated ACC with any legal entity authorized to act as the legal representative of the consortia members):

Any other public or private non-profit entity that was administering a Section 8 tenant-based assistance program pursuant to a contract with the contract administrator of such program (HUD or PHA) on October 21, 1998; or

For any area outside the jurisdiction of a PHA that is administering a tenant-based program, or where HUD determines that such PHA is not administering the program effectively, a private non-profit entity or a governmental entity or public body that would otherwise lack jurisdiction to administer the program in such area.

**REASONABLE RENT.** A rent to owner that is not more than rent charged for comparable units in the private unassisted market, and not more than the rent charged for comparable unassisted units in the premises.

**RECEIVING PHA.** In portability: A PHA that receives a family selected for participation in the tenant-based program of another PHA. The receiving PHA issues a certificate or voucher and provides program assistance to the family.

**RECERTIFICATION.** Sometimes called reexamination. The process of securing documentation of total family income used to determine the rent the tenant will pay for the next 12 months if there are no additional changes to be reported. There are annual and interim recertifications.

**REGULAR TENANCY.** In the pre-merger Certificate program: A tenancy other than an over-FMR tenancy.

**REMAINING MEMBER OF TENANT FAMILY.** Person left in assisted housing after other family members have left and become unassisted.

**RENT TO OWNER.** The total monthly rent payable to the owner under the lease for the unit. Rent to owner covers payment for any housing services, maintenance and utilities that the owner is required to provide and pay for.

**RESIDENCY PREFERENCE.** A PHA preference for admission of families that reside anywhere in a specified area, including families with a member who works or has been hired to work in the area ("residency preference area").

**RESIDENCY PREFERENCE AREA.** The specified area where families must reside to qualify for a residency preference.

**RESIDENT ASSISTANT.** A person who lives in an Independent Group Residence and provides on a daily basis some or all of the necessary services to elderly, handicapped, and disabled individuals receiving Section 8 housing assistance and who is essential to these individuals?care or wellbeing. A Resident Assistant shall not be related by blood, marriage or operation of law to individuals receiving Section 8 assistance nor contribute to a portion of his/her income or resources towards the expenses of these individuals.

**RESPONSIBLE ENTITY.** For the public housing and Section 8 tenant-based assistance, project-based certificate assistance and moderate rehabilitation program, the responsible entity means the PHA administering the program under an ACC with HUD. For all other Section 8 programs, the responsible entity means the Section 8 owner.

**SECRETARY.** The Secretary of Housing and Urban Development.

**SECURITY DEPOSIT.** A dollar amount which can be applied to unpaid rent, damages or other amounts to the owner under the lease.

**SERVICE PERSON.** A person in the active military or naval service (including the active reserve) of the United States.

**SINGLE PERSON.** A person living alone or intending to live alone.

**SPECIAL ADMISSION.** Admission of an applicant that is not on the PHA waiting list or without considering the applicant's waiting list position.

**SPECIAL HOUSING TYPES.** See Subpart M of 24 CFR 982, which states the special regulatory requirements for SRO housing, congregate housing, group homes, shared housing, cooperatives (including mutual housing), and manufactured homes (including manufactured home space rental).

**SPOUSE.** The husband or wife of the head of the household.

**SUBSIDIZED PROJECT.** A multi-family housing project (with the exception of a project owned by a cooperative housing mortgage corporation or association) which receives the benefit of subsidy in the form of:

Below-market interest rates pursuant to Section 221(d)(3) and (5) or interest reduction payments pursuant to Section 236 of the National Housing Act; or

Rent supplement payments under Section 101 of the Housing and Urban Development Act of 1965; or

Direct loans pursuant to Section 202 of the Housing Act of 1959; or

Payments under the Section 23 Housing Assistance Payments Program pursuant to Section 23 of the United States Housing Act of 1937 prior to amendment by the Housing and Community Development Act of 1974;

Payments under the Section 8 Housing Assistance Payments Program pursuant to Section 8 of the United States Housing Act after amendment by the Housing and Community Development Act unless the project is owned by a Public Housing Agency;

A Public Housing Project.

**SUBSIDY STANDARD.** Standards established by a PHA to determine the appropriate number of bedrooms and amount of subsidy for families of different sizes and compositions.

**SUBSTANDARD UNIT.** Substandard housing is defined by HUD for use as a federal preference.

**SUSPENSION/TOLLING.** Stopping the clock on the term of a family's voucher, for such period as determined by the PHA, from the time when the family submits a request for PHA approval to lease a unit, until the time when the PHA approves or denies the request. If the PHA decides to allow extensions or suspensions of the voucher term, the PHA administrative plan must describe how the PHA determines whether to grant extensions or suspensions, and how the PHA determines the length of any extension or suspension.

**TENANCY ADDENDUM.** In the lease between the tenant and the owner, the lease language required by HUD.

**TENANT.** The person or persons who executes the lease as lessee of the dwelling unit (cannot be a live-in aide).

**TENANT RENT.** The amount payable monthly by the family as rent to the unit owner.

**TOTAL TENANT PAYMENT (TTP).** The total amount the HUD rent formula requires the tenant to pay toward rent and utilities.

**UNIT.** Residential space for the private use of a family.

**UNUSUAL EXPENSES.** Prior to the change in the 1982 regulations, this was the term applied to the amounts paid by the family for the care of minors under 13 years of age or for the care of disabled or handicapped family household members, but only where such care was necessary to enable a family member to be gainfully employed.

**UTILITIES.** Utilities means water, electricity, gas, other heating, refrigeration, cooking fuels, trash collection and sewage services. Telephone service is not included as a utility.

**UTILITY ALLOWANCE.** If the cost of utilities (except telephone) including range and refrigerator, and other housing services for an assisted unit is not included in the Contract Rent but is the responsibility of the family occupying the unit, an amount equal to the estimate made or approved by a PHA or HUD of a reasonable consumption of such utilities and other services for the unit by an energy conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthy living environment.

**UTILITY REIMBURSEMENT PAYMENT.** The amount, if any, by which the Utility Allowance for the unit, if applicable, exceeds the Total Tenant Payment for the family occupying the unit.

**VACANCY LOSS PAYMENTS.** (For contracts effective prior to 10/2/95) When a family vacates its unit in violation of its lease, the owner is eligible for 80% of the Contract Rent for a vacancy period of up to one additional month, (beyond the month in which the vacancy occurred) if s/he notifies the PHA as soon as s/he learns of the vacancy, makes an effort to advertise the unit, and does not reject any eligible applicant except for good cause.

**VERY LARGE LOWER-INCOME FAMILY.** Prior to the change in the 1982 regulations this was described as a lower-income family which included eight or more minors. This term is no longer used.

**VERY LOW INCOME FAMILY.** A Lower-Income Family whose Annual Income does not exceed 50% of the median income for the area, as determined by HUD, with adjustments for smaller and larger families. HUD may establish income limits higher or lower than 50% of the median income for the area on the basis of its finding that such variations are necessary because of unusually high or low family incomes. This is the income limit for the Certificate and Voucher Programs.

**VETERAN.** A person who has served a minimum of 6 months in the active U. S. military or naval service and has been discharged or released therefrom under honorable conditions. "Other than honorable" is considered a negative discharge.

**VIOLENT CRIMINAL ACTIVITY.** Any illegal criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against the person or property of another.

**VOUCHER HOLDER.** A family holding a voucher with an unexpired term.

**VOUCHER PROGRAM.** The Housing Choice Voucher Program (Enhanced Voucher).

**WAITING LIST.** A list of families organized according to HUD regulations and PHA policy who are waiting for subsidy to become available.

**WAITING LIST ADMISSION.** An admission from the PHA waiting list.

**WELFARE ASSISTANCE.** Income assistance from Federal or State welfare programs, including assistance provided under TANF and general assistance. Does not include assistance directed solely to meeting housing expenses, nor programs that provide health care, child care or other services for working families.

**WELFARE RENT.** This concept is used ONLY for premerger Certificate tenants who receive welfare assistance on an "AS-PAID" basis. It is not used for the Housing Voucher Program.

If the agency does NOT apply a ratable reduction, this is the maximum a public assistance agency COULD give a family for shelter and utilities, NOT the amount the family is receiving at the time the certification or recertification is being processed.

If the agency applies a ratable reduction, welfare rent is a percentage of the maximum the agency could allow.

### C. GLOSSARY OF TERMS USED IN THE NONCITIZENS RULE

**CHILD.** A member of the family other than the family head or spouse who is under 18 years of age.

**CITIZEN.** A citizen or national of the United States.

**EVIDENCE.** Evidence of citizenship or eligible immigration status means the documents which must be submitted to evidence citizenship or eligible immigration status.

**HEAD OF HOUSEHOLD.** The adult member of the family who is the head of the household for purpose of determining income eligibility and rent.

**HUD.** Department of Housing and Urban Development.

**INS.** The U.S. Immigration and Naturalization Service.

**MIXED FAMILY.** A family whose members include those with citizenship or eligible immigration status and those without citizenship or eligible immigration status.

**NATIONAL.** A person who owes permanent allegiance to the United States, for example, as a result of birth in a United States territory or possession.

**NONCITIZEN.** A person who is neither a citizen nor nation of the United States.

**PHA.** A housing authority--either a public housing agency or an Indian housing authority or both.

**RESPONSIBLE ENTITY.** The person or entity responsible for administering the restrictions on providing assistance to noncitizens with ineligible immigration status (the PHA).

**SECTION 214.** Section 214 restricts HUD from making financial assistance available for noncitizens unless they meet one of the categories of eligible immigration status specified in Section 214.

**SPOUSE.** Spouse refers to the marriage partner, either a husband or wife, who is someone you need to divorce in order to dissolve the relationship. It includes the partner in a common-law marriage. It does not cover boyfriends, girlfriends, significant others, or "co-heads." "Co-head" is a term recognized by some HUD programs, but not by public and Indian housing programs.

### PROGRAM INTEGRITY ADDENDUM

[24 CFR 792.101 to 792.204, 982.54]

### **INTRODUCTION**

The U.S. Department of HUD conservatively estimates that 200 million dollars is paid annually to program participants who falsify or omit material facts in order to gain more rental assistance than they are entitled to under the law. HUD further estimates that 12% of all HUD-assisted families are either totally ineligible, or are receiving benefits which exceed their legal entitlement.

The PHA is committed to assuring that the proper level of benefits is paid to all participating families, and that housing resources reach only income-eligible families so that program integrity can be maintained.

The PHA will take all steps necessary to prevent fraud, waste, and mismanagement so that program resources are utilized judiciously.

This Chapter outlines the PHA's policies for the prevention, detection and investigation of program abuse and fraud.

### A. CRITERIA FOR INVESTIGATION OF SUSPECTED ABUSE AND FRAUD

Under no circumstances will the PHA undertake an inquiry or an audit of a participating family arbitrarily. The PHA's expectation is that participating families will comply with HUD requirements,

provisions of the certificate or voucher, and other program rules. The PHA staff will make every effort (formally and informally) to orient and educate all families in order to avoid unintentional violations. However, the PHA has a responsibility to HUD, to the Community, and to eligible families in need of housing assistance, to monitor participants and owners for compliance and, when indicators of possible abuse come to the PHA's attention, to investigate such claims.

The PHA will initiate an investigation of a participating family only in the event of one or more of the following circumstances:

Referrals, Complaints, or Tips. The PHA will follow up on referrals from other agencies, companies or persons which are received by mail, by telephone or in person, which allege that a family is in non-compliance with, or otherwise violating the family obligations or any other program rules. Such follow-up will be made providing that the referral contains at least one item of information that is independently verifiable. A copy of the allegation will be retained in the family's file.

Internal File Review. A follow-up will be made if PHA staff discovers (as a function of a certification or recertification, an interim redetermination, or a quality control review), information or facts which conflict with previous file data, the PHA's knowledge of the family, or is discrepant with statements made by the family.

Verification of Documentation. A follow-up will be made if the PHA receives independent verification or documentation which conflicts with representations in the family's file (such as public record information, credit bureau reports, or reports from other agencies).

### B. STEPS THE PHA WILL TAKE TO PREVENT PROGRAM ABUSE AND FRAUD

The PHA management and staff will utilize various methods and practices (listed below) to prevent program abuse, non-compliance, and willful violations of program rules by applicants and participating

families. This policy objective is to establish confidence and trust in the management by emphasizing education as the primary means to obtain compliance by families.

Things You Should Know. This program integrity bulletin (created by HUD's Inspector General) will be furnished and explained to all applicants to promote an understanding of program rules, and to clarify the PHA's expectations for cooperation and compliance.

Program Orientation Session. Mandatory orientation sessions will be conducted by the PHA staff for all prospective program participants, either prior to or upon issuance of a voucher. At the end of the briefing session, each family is interviewed by LMHA staff to personalize the questions and needs of that family.

Resident Counseling. The PHA will routinely provide participant counseling as a part of every recertification interview in order to clarify any confusion pertaining to program rules and requirements.

Review and Explanation of Forms. Staff will explain all required forms and review the contents of all certification and recertification documents prior to signature.

Use of Instructive Signs and Warnings. Instructive signs will be conspicuously posted in common areas and interview areas to reinforce compliance with program rules and to warn about penalties for fraud and abuse.

Participant Certification. All adult family members will be required to sign the appropriate forms at each decertification, along with one that reads: "I must report in writing within 7 days any changes in my household income or family composition."

### C. STEPS THE PHAS WILL TAKE TO DETECT PROGRAM ABUSE AND FRAUD

The PHA Staff will maintain a high level of awareness to indicators of possible abuse and fraud by assisted families.

Quality Control File Reviews. Prior to initial certification, and at the completion of all subsequent recertifications, at least 3% of the participants' files will be reviewed. Such reviews shall include, but are not limited to:

Assurance that verification of all income and deductions is present

Changes in reported Social Security Numbers or dates of birth

**Authenticity of file documents** 

Ratio between reported income and expenditures

Review of signatures for consistency with previously signed file documents

All forms are correctly dated and signed

Observation. The PHA Management and Occupancy Staff (to include inspection personnel) will maintain high awareness of circumstances which may indicate program abuse or fraud, such as unauthorized persons residing in the household and unreported income.

Observations will be documented in the family's file and a meeting scheduled to discuss the possible abuse or fraud.

Public Record Bulletins may be reviewed by Management and Staff.

State Wage Data Record Keepers. Inquiries to State Wage and Employment record keeping agencies as authorized under Public Law 100-628, the Stewart B. McKinley Homeless Assistance Amendments Act of 1988, may be made in order to detect unreported wages or unemployment compensation benefits.

Credit Bureau Inquiries. Credit Bureau inquiries may be made (with proper authorization by the participant) in the following circumstances:

When an allegation is received by the PHA wherein unreported income sources are disclosed;

When a participant's expenditures exceed his/her reported income, and no plausible explanation is given.

### D. THE PHA'S HANDLING OF ALLEGATIONS OF POSSIBLE ABUSE AND FRAUD

The PHA Staff will encourage all participating families to report suspected abuse to the Section 8 office or any other LMHA employee. All such referrals, as well as referrals from community members and other agencies, will be thoroughly documented and placed in the participant's file. All allegations, complaints, and tips will be carefully evaluated in order to determine if they warrant follow-up. The PHA will not follow up on allegations which are vague or otherwise non-specific. They will only review allegations which contain one or more independently verifiable facts.

### File Review. An internal file review will be conducted to determine:

If the subject of the allegation is a client of the PHA and, if so, to determine whether or not the information reported has been previously disclosed by the family.

It will then be determined if the PHA is the most appropriate authority to do a follow-up (more so than police or social services). Any file documentation of past behavior as well as corroborating complaints will be evaluated.

Conclusion of Preliminary Review. If at the conclusion of the preliminary file review there is/are fact(s) contained in the allegation which conflict with the file data, and the fact(s) are independently verifiable, the PHA will initiate an investigation to determine if the allegation is true or false.

### **E.** OVERPAYMENT TO OWNERS

If the landlord has been overpaid as a result of fraud, misrepresentation or violation of the Contract, the PHA may terminate the Contract and arrange for restitution to the PHA and/or family as appropriate.

The PHA will make every effort to recover any overpayment made as a result of landlord fraud or abuse. Payment otherwise due to the owner may be debited in order to repay the PHA or the tenant, as applicable.

### F. HOW THE PHA WILL INVESTIGATE ALLEGATIONS OF ABUSE AND FRAUD

If the PHA determines that an allegation or referral warrants follow-up, the PHA designated person(s) to monitor the program compliance will conduct the investigation. The steps taken will depend upon the nature of the allegation and may include, but are not limited to, the items listed below. The PHA will use signed authorizations by the program participant for the release of information.

Credit Bureau Inquiries. In cases involving previously unreported income sources, a CBI inquiry may be made to determine if there is financial activity that conflicts with the unreported income of the family.

Verification of Credit. In cases where the financial activity conflicts with file data, a Verification of Credit form may be mailed to the creditor in order to determine the unreported income source.

Employers and Ex-Employers. **Employers or ex-employers may be contacted to verify wages** which may have been previously undisclosed or misreported.

Neighbors/Witnesses. Neighbors and/or other witnesses may be interviewed who are believed to have direct or indirect knowledge of facts pertaining to the PHA's review.

Other Agencies. Investigators, case workers or representatives of other benefit agencies may be contacted.

Public Records. If relevant, the PHA will review public records kept in any jurisdictional courthouse. Examples of public records which may be checked are: real estate, marriage, divorce, uniform commercial code financing statements, voter registration, judgments, court or police records, state wage records, utility records, and postal records.

Interviews with Head of Household or Family Members. The PHA will discuss the allegation (or details thereof) with the Head of Household or family member by scheduling an appointment at the PHA office. A high standard of courtesy and professionalism will be maintained by the PHA staff person who conducts such interviews. Under no circumstances will inflammatory language, accusation, or any unprofessional conduct or language be tolerated by the management. If possible, an additional staff person will attend such interviews.

### G. PLACEMENT OF DOCUMENTS, EVIDENCE AND STATEMENTS OBTAINED BY THE PHA

Documents and other evidence obtained by the PHA during the course of an investigation will be considered "work product" and will be kept in the participant's file. Such cases under review will not be discussed among PHA staff unless they are involved in the process, or have information which may assist in the investigation.

### H. CONCLUSION OF THE PHA'S INVESTIGATIVE REVIEW

At the conclusion of the investigative review, it will then be determined whether a violation has occurred, a violation has not occurred, or if the facts are inconclusive.

### I. EVALUATION OF THE FINDINGS

If it is determined that a program violation has occurred, the PHA will review the facts to determine:

The type of violation (procedural, non-compliance, fraud)

Whether the violation was intentional or not

What amount of money, if any, is owed by the family

If the family is eligible for continued occupancy

\_\_\_\_

### J. ACTION PROCEDURES FOR VIOLATIONS WHICH HAVE BEEN DOCUMENTED

Once a program violation has been documented, the PHA will propose the most appropriate remedy based upon the type and severity of the violation.

**1. Procedural Non-compliance.** This category applies when the family "fails to" observe a procedure or requirement of the PHA, but does not misrepresent a material fact, and there is no retroactive assistance payment owed by the family.

Examples of non-compliance violations are:

Failure to appear at a pre-scheduled appointment

Failure to return verification in time period specified

Warning Notice to the Family: In such cases a notice will be sent to the family which contains the following:

A description of the non-compliance and the procedure, policy or obligation which was violated.

The date by which the violation must be corrected, or the procedure complied with.

The action which will be taken by the PHA if the procedure or obligation is not complied with by the date specified by the PHA.

The consequences of repeated (similar) violations.

<u>2. Procedural Non-compliance - Overpaid Assistance.</u> When the family owes money to the PHA for failure to report changes in income or assets, the PHA will issue a Notification of Overpayment of Assistance. This Notice will contain the following:

A description of the violation and the date(s)

Any amount owed to the PHA

A 10-day response period

The right to disagree and to request an informal hearing with instructions for the request of such hearing.

(a) Participant Fails to Comply with PHA's Notice.

If the Participant fails to comply with the PHA's notice, and a family obligation has been violated, the PHA will initiate termination of assistance.

(b) Participant Complies with PHA's Notice.

When a family complies with the PHA's notice, the staff person responsible will meet with him/her to discuss and explain the Family Obligation or program rule which was violated. The staff person will note the discussion in the file.

3. Intentional Misrepresentations. When a participant falsifies, misstates, omits or otherwise misrepresents a material fact which results (or would have resulted) in an overpayment of housing assistance by the PHA, the PHA will evaluate whether or not:

the participant had knowledge that his/her actions were wrong;

the participant willfully violated the family obligations or the law

Knowledge that the action or inaction was wrong. This will be evaluated by determining if the participant was made aware of program requirements and prohibitions. The participant's signature on various certification and Personal Declaration are adequate to establish knowledge of wrong-doing.

The participant willfully violated the law. Any of the following circumstances will be considered adequate to demonstrate willful intent:

An admission by the participant of the misrepresentation

The act was done repeatedly

A false name or Social Security Number was used

There were admissions to others of the illegal action or omission

The participant omitted material facts which were known to him/her (e.g., employment of self or other household member)

The participant falsified, forged or altered documents

The participant uttered and certified to statements an interim determination which were later independently verified to be false

- **4. Dispositions of Cases Involving Misrepresentations.** In all cases of misrepresentation involving efforts to recover monies owed, the PHA may pursue, depending upon its evaluation of the criteria stated above, one or more of the following actions:
  - (a) <u>Criminal Prosecution:</u> If the PHA has established criminal intent, and the case meets the criteria for prosecution, the PHA may:

Refer the case to the PHA Legal Counsel, District Attorney, and/or HUD's RIGI, and terminate rental assistance

(b) Administrative Remedies: The PHA may:

Terminate assistance and demand payment of restitution in full;

Terminate assistance and execute an administrative repayment agreement in accordance with the PHA's Repayment Policy;

Terminate assistance and pursue restitution through civil litigation;

Permit continued assistance at the correct level and execute an administrative repayment agreement in accordance with the PHA's repayment policy

<u>5.</u> <u>Determining Course of Action.</u> Prior to the final determination of the proposed action, the PHA will consider:

The duration of the violation and number of false statements

The family's ability to understand the rules

The family's willingness to cooperate, and to accept responsibility for his/her actions

The amount of money involved

The family's past history

Whether or not criminal intent has been established

<u>6. Notification to Participant of Proposed Action.</u> The PHA will notify the family by mail of the final determination and offer an Informal Hearing opportunity.

# LORAIN METROPOLITAN HOUSING AUTHORITY MAINTENANCE DEPARTMENT POLICIES

August 2, 1999 Revised April 12, 2000

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### MAINTENANCE DRESS CODE POLICY

- ! It is the policy of the Lorain Metropolitan Housing Authority to have all of its Maintenance personnel maintain a neat and clean appearance at all times.
- ! Issued uniforms must be worn at all times unless special conditions exist that would require a temporary change in policy. The Executive Director or Assistant Director must approve any Dress Code Policy change other than the standard uniform.
- ! LMHA approved shorts may be purchased by the employee and worn during extreme heat conditions. Management will decide when it is appropriate to wear shorts.
- ! Work shoes must be worn at all times.
- ! Safety glasses and other equipment, to suit the assigned job, must be worn/used at all times.

### ATTENDANCE POLICY

- ! LMHA Maintenance hours are from 8:00 a.m. to 4:30 p.m., Monday thru Friday with a thirty (30) minute lunch period. Any travel time for lunch is deducted from the thirty minutes.
- ! All times are scheduled by LMHA Management and may be altered, all or in part, to suit the needs of the Housing Authority.
- ! All Maintenance Staff are required to report to work on time and are required to punch in and out on a time clock. If a time clock is unavailable at the assigned location a Supervisor must verify the time entered and initial the card.
- ! Time cards are an official document. Any falsification of this record will be cause for disciplinary action or dismissal.
- ! An employee who cannot report to work due to illness or accident is required to notify the Maintenance Manager or the Assistant Maintenance Manager one hour (60 minutes) before the scheduled starting time and each morning thereafter unless other arrangements have been made with the Maintenance Manager.
- ! Any employee that fails to report off within one hour of the starting time will not be paid for the absence.
- ! If an employee does not report off it will be considered job abandonment and disciplinary action or dismissal could result.
- ! Employees that show a pattern of repeated tardiness will be disciplined. If such discipline is not effective in correcting the employees tardiness, termination will result.

### **COMMUNICATIONS POLICY**

- ! Radios are assigned to Maintenance employees for communication and safety.
- ! These radios are licensed by the FCC and all regulations must be followed.
- ! No abusive language will be tolerated by the Housing Authority or the FCC.
- ! No interference of other transmissions is allowed.
- ! Radios are for business use only. Anyone interfering with the normal operation of LMHA business will be subject to discipline or dismissal.
- ! A false emergency call is illegal and subject to prosecution and immediate dismissal.
- ! Distribution of radios will be determined by Management and assigned to the employee. Care of the radio is the responsibility of the employee to whom it is assigned.
- ! Loss or damage to a radio may be cause for disciplinary action.

### INVENTORY POLICY

- ! It is the policy of the Lorain Metropolitan Housing Authority to maintain an accurate accounting of all inventory.
- ! Inventory will be controlled by assigning Maintenance Mechanics to distribute and track all materials delivered and used in their Zones. All items must be accounted for on Work Orders.
- ! The Materials Manager will be in charge of all movement and tracking of inventory. No materials, other than minor petty cash, will be purchased or assigned without going through the Purchasing Department.
- ! Inventory will be taken a minimum of once a year, with spot checks on a random basis throughout the year. The Director or Assistant Director will set the date and the type of inventory count.
- ! Possible disciplinary action will be taken against any employee that repeatedly violates policy set by the Materials Manager.

### PEST CONTROL POLICY

The Lorain Metropolitan Housing Authority recognizes the importance of pest and vermin control in providing a living environment of adequate health and safety for it's residents. To achieve this control the Authority has adopted a control policy that will be implemented by the Maintenance Manager. LMHA will make all efforts to provide a healthy and pest free environment for its residents.

- ! The Authority will determine which, if any, treatment for the eradication of those pests which infest its properties and will then provide the best possible treatment for the eradication of those pests.
- ! The Maintenance Manager will determine the most cost-effective way of delivering the treatments--whether by contractor or licensed Authority personnel.
- ! The Authority will analyze the current condition of each property by either inspection or tenant requests. Each site will be treated at least monthly in order to adequately address any existing infestations. Special attention will be paid to the control of cockroaches. Schedules may vary according to the severity or type of infestation.
- ! Resident cooperation with the extermination plan is essential. All scheduled apartments must be treated. Residents will be sent a written notice at least forty-eight (48) hours prior to an extermination. This notice will include instructions that describe how to prepare the unit for treatment and be considered a mandatory entry notice.

## THE LORAIN METROPOLITAN HOUSING AUTHORITY MAINTENANCE PLAN

The goals and objectives of the LMHA Maintenance Department are to maintain each and every development in a condition equal to or greater than Housing Quality Standards (HQS) and local building code requirements, to meet and exceed all maintenance related PHMAP indicators and to properly utilize the existing staff in an efficient and cost effective manner.

- ! Preventative Maintenance minimizes the need for regular maintenance and extraordinary repairs, and extends the life of sites, equipment and systems. Therefore, it should not be considered an extra load on the Maintenance Staff.
- ! A good Preventative Maintenance Program will allow the Maintenance Department to be pro active rather than just reacting to emergencies and resident requests. This reduces the number of work orders, which results in a smaller work load on the Maintenance Staff and more satisfaction among residents.

### STAFFING PLAN

- ! The Director is responsible to ensure Maintenance Procedures are in place to provide safe and sanitary housing.
- ! The Assistant Director is to approve Maintenance Procedures and Policies.
- ! The Maintenance Manager is responsible for the general day-to-day operation of the Maintenance Department, developing Maintenance Procedures and Policies as per HUD standards.
- ! The Maintenance Foremen are responsible for scheduling and supervising all Maintenance activities and to ensure that equipment and materials are available to complete the activities with quality workmanship and within the time restraints of PHMAP Indicator #4.
- ! The Construction Manager is responsible for overseeing all construction and major rehab projects.

### SCHEDULING

- ! The LMHA strategy for day-to-day maintenance needs of the properties is to schedule and assign Work Orders to the Maintenance Staff according to priority, development and season.
- ! The assignment of foreman and Maintenance Staff to specific sites and special projects will be at the discretion of the Maintenance Manager, with the approval of the Director.
- ! Foremen and Supervisors will schedule all routine site, monthly and seasonal Work Orders based on an average flow of approximately 30 Work Orders per day. Work Orders should be distributed based on skills/type to the Maintenance Staff and working Foremen.
- ! All Work Orders will be scheduled according to priority and time received.
- ! Priority Work Orders will always be scheduled evenly and finished before any other work is started.
- ! In order to schedule priority work properly, it is necessary to hold all priority Work Orders (except emergency situations) until the start of the Second Shift on Monday only. The Second Shift (1:00 p.m. 9:30 p.m.) employee will start the shift doing all priority work in the order they were received from 8:00 a.m. until 12:00 p.m. Monday.

All priorities received after 12:00 p.m. Monday will be done by the regular Maintenance staff on Tuesday morning.

-8-

Tuesday thru Thursday priority Work Orders will be scheduled for the regular staff with the Second Shift back to regular assigned duties.

! Friday will be the catch up day. All priority Work Orders (including Friday) must be done by the end of the regular shift. Any Work Orders not completed may be given to the Second Shift employee but after 4:30 p.m. priorities called in through the Answering Service must be considered. Care must be taken not to overload this shift. The Second Shift staff shall respond to emergency calls until the start of the next regular work day.

### MONTHLY PROCEDURES

- ! Preventative Maintenance and Safety Inspections will be issued the first of each month and will be scheduled throughout the month by the Foreman in charge, with the exception of Safety Inspections which must be done the first week of each month.
- ! Any hazardous conditions listed on the inspection must be corrected as soon as possible with the date of abatement noted on the Inspection Form. A copy of all inspections and abated hazards will be sent to the Health and Safety officer to be filed and distributed.

### **SEASONAL PROCEDURES**

- ! Work Orders will be issued in order to prepare for the approaching weather change. (I.e. February all lawn equipment inspected and serviced, all air conditioning units inspected and cleaned, etc.).
- ! A seasonal Work Schedule will be given to the Foremen so materials and manpower will be available when the Work Order is issued.

-11-

# **ТТІЯОНТОА БИІЗООН ИАТІЛОЧОЯТЭМ ИІАЯО**

# ОРСАИІЗАПОИАС СНАЯТ

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Chaliperson Effore Januzzi introduced the following resolution, read in full, and considered on April 16, 2003:

RESOLUTION: 9006-03

Be it resolved by the Lorein Metropoliten Housing Authority that the Board hereby approves the Armust Plan for Fiscal Year 2004.

Member France moved the foregoing resolution be adopted as introduced and read, which was supported by Member Kelleher, and upon roll call the ayes and nays were as follows:

<u>AYES</u> NAYS

Eltore Januzzi None

Michael Kelleher

Evelyn France

Drake Hopewell

The Chairperson hereupon declared said motion carried and said motion

Ethnifampy

adopted.

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# **Lorain Metropolitan Housing Authority Family Self-Sufficiency Action Plan**

### I. Demographic Data

The Family Self-Sufficiency (FSS) Program was established in 1994. All Section 8 participants were mailed letters briefly describing the Family Self-Sufficiency (FSS) Program. All interested parties were instructed to return the enclosed information form to be scheduled for an orientation. Approximately 9.7% of the total respondents are interested in the FSS program. Lorain Metropolitan Housing Authority (LMHA) targeted forty-five (45) families for FSS Program.

Lorain county has 2639 participating in the LMHA Section 8 program. This population consists of families, elderly families, disabled and/or physically challenged participants.

| Section 8 Vo | ucher & Bedroom Size |
|--------------|----------------------|
| 628          | 1 bedroom            |
| 892          | 2 bedroom            |
| 893          | 3 bedroom            |
| 190          | 4 bedroom            |
| 33           | 5 bedroom            |
| 2            | 6 bedroom            |
| 1            | 7 bedroom            |
| 2639         | Vouchers             |

In 1995 Lorain Metropolitan Housing Authority afforded the opportunity of the FSS program to the Public Housing sector. The initial program was implemented for twenty-five (25) slots. A solicitation was made to all public housing residents through bulk mail. The Public Housing population of 1460 consists of families, elderly families, and disabled and/or physically challenged individuals.

The FSS Program will not be required to replace any participant who completes their goals toward self-sufficiency after 10/98. The LMHA will maintain a minimum program that will reflect this reduction for both the Section 8 and Public Housing FSS programs.

### **II. Program Description**

The LMHA FSS Program will strive to promote and encourage the coordination of public and private resources to enable families to achieve independence and self sufficiency. Forty-five families in the Section 8 sector and twenty-five families in the Public Housing Sector are targeted for this program.

The goal for the program and the goal of the family is to achieve self-sufficiency by the status of employment and being welfare free for twelve consecutive months. Welfare free is described as not receiving any cash benefits. An individual achieving total self-sufficiency may receive medical and/or food stamp assistance. LMHA Objectives

- # To collaborate with Lorain County agencies to provide resources for the best delivery possible to benefit each family to lead toward self-sufficiency.
  - # To develop a program that is specific to each family's needs, eliminating barriers and achieving the goals of the family
  - # To document the achievement of each family
  - # To evaluate the program maintaining flexibility in its implementation

### Case Management/Assessment

All FSS participants will be assessed by an LMHA FSS Coordinator. The needs for families will be determined by the FSS Coordinator and the head of household for the family. Documentation of goals and objectives should confirm the desires of the family member toward realistic goals which can ultimately be achieved producing a totally self-sufficient participant.

Because FSS family members identified as JOBS/Pathways participants will receive assessment, case management, child care, transportation reimbursements, educational counseling, and job experience opportunities through Lorain County Job and Family Services, LMHA will incorporate the activities and goals in the FSS plan there keeping the participant in compliance with the required activities and goals which can affect the receipt of assistance. LCJ&FS services approximately 220 through referrals, case management, and counseling services

### **Education and Training**

Adult Basic Education is provided at eight Able sites in the community of Lorain. There are ten sites in Elyria and four sites in the Oberlin Area. LMHA has an active collaboration with Lorain City Schools to provide supportive services for the dissemination of information regarding all the programs provided through LMHA.

If a need exists for Adult Basic Education or GED preparation for an FSS Participant, there are may sites available throughout the county.

### Lorain County Joint Vocational School

The Lorain County Joint Vocational School (LCJVS) is centrally located among the cities of Lorain, Elyria, and Oberlin. The school offers many vocational studies, such as carpentry, refrigeration, electronics, as well as computer skills, auto mechanics, and machine shop. This program helps students to pursue non-traditional careers. Placement and counseling are available.

### **Lorain County Community College**

LCCC has many services that may assist FSS families. It has a continuing education program that allows students to receive their Associate Degree and/or Bachelor Degree through the Partnership Program from various surrounding four year colleges while remaining on the LCCC campus.

Besides the educational services LCCC also includes programs that can assist with other issues.

### They are:

Women's Link Program helps women who are displaced homemakers or who are re-entering students. The program offers support to women such as counseling, career information and one-on-one support that will aid women in achieving their goals.

Yes, I Can Program is a human services initiative that assists TANF recipients in pursuing higher education. They provide grant and loan information; and career counseling.

COMPASS-Computer Adaptive Placement Assessment and Supportive Services to assist the new student in establishing placement in class study.

Tutoring-individualized tutoring provided to any student in need at no cost.

English as a Second Language-Further assistance to the student who has a language barrier. A free service to the community.

GED classes-an established General Education Class for the Lorain community providing assistance in the attainment certification. GED testing is provided on site on scheduled dated.

In addition LCCC has a variety of programs that assist with the major needs of any student which include on site childcare, financial aid, and groups designated to assist students in specific fields educationally and culturally.

### **Employment Services**

Lorain Metropolitan Housing Authority maintains a presence in Lorain County because its large population. This has developed into a variety of contacts with employment agencies. In addition LMHA receives solicitations from various agencies of available employment positions which are offered for advertisement at all LMHA sites. When an employment solicitation is received, the FSS Coordinator will contact all program participants who would qualify for the position.

### Home Ownership/Money Management

In the past LMHA partnered with banks and agencies to provide a Money Management and/or Home Ownership program. Since the implementation of the Housing Choice Voucher, Lorain Metropolitan

Housing Authority has introduced a Home Ownership program. This new program provides home ownership expenses assistance to the qualified Section 8 participant.

The Section 8 FSS Coordinator solicits for participants twice a year. Section 8 participants must meet the criteria for the Home Ownership program for consideration in the program. The criteria necessary to participate in the Home Ownership Program is specified in the Section 8 Administration Policy. The Section 8 FSS Coordinator has been certified by HUD to present this program which requires the selected individual to attend a fifteen (15) hours intensive budget management seminar. The result is an individual prepared for home ownership. A Section 8 participant who has accomplished the criteria required for the Home Ownership will proceed to status of an assisted home owner.

The Money Management/Home Ownership program is also offered to any individual of the public housing sector. No home ownership expenses assistance is provided to the public housing participant through the Section 8 program.

### III. The FSS program will use several methods to identify needs and deliver services or activities

Prospective participants will be provided information about the FSS program through personal one-on-one contact, group orientation of the program, application, bulk mail solicitation, intake interview and referral from an agency employee and/or another agency.

### Goal setting/Personal Action Plan

The Applicant and the FSS Coordinator will develop and an Individual Training and Services Plan (ITSP) together to overcome needs and barriers identified. Both long and short range goals will be developed. Participants will be referred to appropriate agencies for services based upon needs identified.

The ITSP will reflect a progression of steps that will lead to milestones.

There will be follow-up reports submitted by the applicants which will establish and document the progress and needs. When a participant is referred to a specific agency program, monthly reports submitted by the agencies will document progress of the individual.

The outreach efforts for the FSS Program is provided fairly and equally to all Section 8 Program and Public Housing participants.

### Method of Selection

Referrals will be accepted by the FSS Coordinator. The referral will be invited to an orientation to advise the applicant of the program operation. The referral will then have an opportunity to enroll voluntarily. Referrals are accepted from LMHA personnel and any other agency.

When the program is fully enrolled, a referral will be placed on a waiting list for consideration for future openings. When there is a vacancy, the selection will be made from the established waiting giving consideration based on the date of interest was established.

### <u>Termination of the Contract of Participation</u>

- 1. Mutual consent of the parties;
- 2. Failure of the family, or a member of the family to honor the terms of the contract;
- 3. Achievement of Self-sufficiency by the family;
- 4. Expiration of the contract term and extension thereof;
- 5. The family's withdrawal from the program;
- 6. By such other act as is deemed inconsistent with the FSS program or:
- 7. By operation of law.

Hearing/Grievance Procedures for Section 8 are stated in CFS 882.216 and CFR 887.405.

### Barriers to Self-Sufficiency

The barriers in Lorain County have been identified and remain as the following:

- 1. Lake of transportation
- 2. Unemployment
- 3. Lack of childcare
- 4. Inadequate systems to a multi-cultural population

The cycle of poverty can be stopped, one family at a time, one problem at a time.

### **Coordinating Committee**

The committee is composed of representatives from the following Lorain County agencies and/or programs and has been extended for the final selection of individuals for the Housing Choice Home Ownership Option. Those agencies serving on this committee are

Lorain County Joint Vocational School
Lorain County Urban League
Women's Development Center
First Merit Bank
Lorain National Bank
Lorain Metropolitan Housing Authority Board Chairperson

This committee is appraised of the progress of the program and its participants.

U.S. Department of Housing and Urban Development

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Program/Activity Pressiving Federal Sand-Yacing LORAIN METROPOLITAN HOUSING AUTHORITY

### ANNUAL AND CAPITAL FUND PROGRAM

the Department of Housing and Urban Development (HUD) regarding the sites Mased below: Acting on behalf of the above named Applicant as its Authorized Official, I make the following conditiondons and agreements to

to provide a daug-free workplace by: Lectrify that the above named Applicant will or will continue

- employees for violation of such probabilion. place and specifying the actions that will be taken against of a controlled substance is prohibited in the Applicant's worklewful manufacure, diemibration, dispossing, possession, or use a. Publishing a statement notifying employees that the un-
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- (1) Abide by the terms of the statement, and
- workplace no later than five colender days after such conviction; tion for a violation of a criminal drug starms monarring in the · (2) · Notify the complayer in writing of the or her convio-
- number(s) of each affected grant; receipt of such notices. Notice shall include the identification unless the Federalagency has designated a central paint for the whose grant autivity the convicted employee was working, ling precition title, to every grant officer or other designee on Surplayers of convicted employees must provide notice, includpluyee or otherwise receiving actual notice of such conviction. after receiving motive moder subparagraph d.(2) from an eme. Metifying the agrancy in writing, within ten calendar days
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- requirements of the Relabilitation Act of 1973, as amended; or employee, up to and including termination, consistent with the Taking appropriate personnel action against such an
- enforcement, or other appropriate agency; proved for such purposes by a Federal, State, or local health, law mly in a drug shows assistance or rehabilitation program ap-(2) Requiring such complayed to penticipate astisfacto-
- free workplace through implementation of paragraphs a first  $\hat{E}$ g. Making a good faith effort to continue to maintain a deng-
- 2. Sizes for Work Performance. The Applicant simil firs (on separate pages) the site (s) for the performance of work done in connection with the HUD familing of the proposantestivity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Metalify each sheet with the Applicant name and address and the program/sertaky receiving grant funding.)

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| Name of Authorized Official  |                                       |                                  |          |  |  |  |
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# Disclosure of Lobbying Activities

. Approved by OMB 0248-0848

Complete this form to decline activities pursuant to \$1 U.S.C. 1842

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### the Conselidated Plan Certification by State or Local Official of PHA Plans Consistency with

| I, Craig Fostin (be                       | Mayor of Larata                       | certify  |
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| that the Five Year and Annual PHA Plan of | the Lurais Metagolina Housing Authori | p is     |
| consistent with the Consolidated Plan of  | City of Lore in                       | prepared |
| pagement to 24 CFK Part 91.               |                                       |          |

Signed / Dated by Appropriate State or Local Official

# LORAIN METROPOLITAN HOUSING AUTHORITY PET POLICY

When an LMHA resident applies to keep a household pet, the LMHA "Pet Policy" becomes an addendum to the resident's LMHA lease. Any violation of the Pet Policy becomes a material violation of the lease and the resident may be subject to eviction proceedings. The LMHA resident will be supplied with a copy of the Pet Policy for the resident's records and the resident's signature on the LMHA Pet Application will acknowledge his/her awareness that the Pet Policy is an addendum to the lease and any material violation of the Pet Policy may result in eviction from LMHA housing.

The Department of Housing and Urban Development requires that common household pets be permitted in public housing units. The following policy sets forth reasonable procedures and requirements enabling select pets to reside in public housing units. This policy is applicable to common household "pets" and does not apply to assistance animals for disabled individuals.

### STATE AND LOCAL LAWS AND ORDINANCES

Notwithstanding any provision set forth in these Rules to the contrary, the LMHA Resident shall first comply with all State Laws and Local Ordinances governing pet(s) within their respective jurisdiction.

### APPLICATION FOR PET REGISTRATION

Prior to obtaining a pet, the resident must complete and submit to LMHA, the Application for Pet Registration (Attachment I).

The following documentation must accompany the Application for Pet Registration: Documentation from a Veterinarian regarding inoculation for rabies, parvo, distemper, heartworm and other inoculations as required by State Law or Local Ordinance.

The dog must be licensed by the State of Ohio annually with a copy of the current license provided to LMHA.

Two (2) pet sponsors (named on the LMHA Pet Application) must be designated by the resident. These individuals agree to remove the pet from the premises should the resident become incapable of caring for the pet.

### PROHIBITED PET DEVELOPMENTS

LMHA will prohibit dogs and cats, with the exception of service animals, at the following LMHA owned properties (aquariums, birds and caged rodents are permitted):

Leavitt Homes Westview Terrace Wilkes Villa Southside Gardens

A resident residing in any of the above listed Developments who is found to have an unauthorized pet(s) will be considered in violation of their LMHA lease agreement and subject to lease termination if, after notification by LMHA, the pet is not removed within 48 hours..

### **DEPOSITS/FEES**

A pet deposit of \$300.00 in elderly/disabled buildings and a pet deposit of \$400.00 in family units is required. Payment of this pet deposit may be handled in one (1) of the following options:

- 1. Payment in full
- 2. \$50.00 initial amount and \$25.00 a month thereafter until payment is made in full

A default on the pet deposit shall be considered a material violation of the pet policy which is an addendum to the lease, therefore, an eviction action could result from failure to adhere to the pet deposit payment agreement.

Service animals are not subject to the required Pet Deposit or Annual Fee.

In addition to the pet deposit, an annual fee will be imposed by LMHA. The annual fee is non-refundable. The annual fee will be billed on the anniversary date LMHA approved the pet. The non-refundable annual fee will not be pro-rated in the event the tenant vacates prior to the annual anniversary date of the pet.

Type of Pet Dog Annual Fee

\$50.00

Upon move-out, the unit will be inspected for pet caused damage. The pet deposit will be returned minus any charges for damage caused by the pet. If the pet no longer resides in the unit but the resident remains in the unit, the unit will be inspected for damage and the pet deposit returned minus any charges for damage caused by the pet. If the amount of damages caused by the pet, exceeds the deposit, the resident is liable for the

remainder.

After initial approval of the pet, the resident must provide updated pet shot records and verify current information on the pet sponsors at Annual Review .

All pet agreements signed by residents prior to the adoption/approval of this policy are not subject to the annual fee requirements.

### **DEFINITIONS**

For the purpose of the LMHA Pet Policy, "common household pet" is defined as a domesticated animal traditionally kept in the home for pleasure. "Pet" is limited to cats, dogs, birds (parakeets, canaries, parrots, & cockatiels), caged rodents (hamsters, gerbils, &guinea pigs), turtles and fish.

Ferrets, iguanas, snakes, komono dragons, exotic birds, rabbits, rats, mice, farm animals, or wild animals are not permitted. <u>ONE</u> pet is permitted per household, with the exception of birds, hamsters, gerbils and guinea pigs where no more than **two** of the aforementioned pets are permitted.

**Service or Assistance Animal** is defined as an animal trained to provide services to a individual with a disability.

#### PROHIBITED BREEDS

LMHA will prohibit the following breeds of dogs from residing on LMHA property: Pitbull, Rottweiler, German Shepherd, Chow, Doberman Pinscher, and any other breed determined to pose a threat to the health and safety of LMHA residents.

### PET RULES

### A. Pet Size Limitation

An adult dog at maturity may weigh no more than 20 pounds and the height at the shoulder shall be no more than 15 inches. An adult cat may weigh no more than 15 pounds and must have their front paws declawed by the age of 6 months. Verifications of declawing must be provided to LMHA. A trained "service animal" is not subject to the weight and height limitation.

Aquariums shall not exceed a 20 gallon capacity.

#### **B.** Sanitation

Dogs are required to be "house-broken".

Cats must be litter-box trained. Litter boxes must be maintained to the extent that odors are not emitting from the unit. Cardboard boxes are not permitted to be used as litter boxes. Kitty litter shall be bagged, secured properly, and disposed of into trash receptacles. The resident shall not permit refuse from litter boxes to accumulate, become odorous, unsightly, or unsanitary.

Dogs must be able to relieve themselves outside the leased unit. Management may designate a space or spaces to be used exclusively for the purpose of exercising pets. Pet owners shall be responsible for the immediate clean up of pet feces (dog or cat) after the exercise of their pet. Failure to clean up pet feces is determined to be a material violation of the pet policy, which is an addendum to the lease; therefore an eviction action may be initiated against a pet owner failing to clean up after their pet. Pet owners are responsible to ensure the unit is flea free. If LMHA determines fleas are present as a result of their pet, the resident shall bear the expense to have the unit sprayed for fleas by an accredited exterminator.

### C. Noise

Disruptive animal noises shall not be tolerated. A pet shall not be permitted to make noise which disrupts the peaceful enjoyment of other residents. . Management will encourage any resident being disturbed by pets that are barking or engaging in other noise making (whining, howling, caterwauling) to contact the local police department to file a complaint in addition to submitting a written complaint to LMHA Management. Should the noise complaints continue, Management will request the pet be removed from the leased unit. Failure to remove the pet within 48 hours of LMHA notification, may result in a termination of lease for failure to adhere to the LMHA Pet Policy.

### **D.** Unattended Pets

A pet may not be left unattended for more than twelve (12) consecutive hours. If it is reported to LMHA staff that a pet has been left unattended for more than a twelve (12) hour period, LMHA may request the proper Authorities remove the animal. Any expense incurred for removal of the pet shall be the responsibility of the resident.

### E. Use of Pets

Pets are for companionship. The breeding of pets is prohibited. Pets may not be trained as fighting animals.

As soon as age permits, pets must be spayed or neutered. Documentation must be provided to LMHA indicating the procedure has taken place.

### F. Identification

All dogs must wear collars with identifying tags (license & rabies). All pets will be photographed with the photo being placed in the resident's folder.

### **G.** Pets in LMHA Common Areas

Common areas are areas outside of the resident's individual leased premises. Pets in high rise buildings must be transported in pet carriers or muzzled while in common areas, i.e. elevators, hallways, etc. Dogs in family units (other than scattered site units with fenced in yards) must be leashed and muzzled at all times while outside the leased unit. Pets are not permitted to loiter in common areas. Pets may not be tied outdoors. Outdoor dog houses are prohibited. Pets must be on a leash, muzzled and accompanied by a resident at all times. Children ten (10) years of age or older may exercise the pet.

### H. Pet Removal

Management reserves the right to require immediate removal of an animal deemed by the Authorities to be a vicious and/or a nuisance animal. Management will also contact the necessary Authorities and request removal of a pet when it is observed the pet is not receiving proper care and/or feeding. Additionally, LMHA will request the removal of a pet when it is determined the pet is causing damage to the leased unit.

### I. Pet Disposal

In the event of the death of the pet, the resident shall properly dispose of the pet. Under no circumstances, shall a pet be buried on LMHA property or disposed of on the premises or in trash containers or dumpsters.

### J. Visiting Animals

The pet policy pertains to LMHA resident's pets. Visiting animals are not permitted. "Pet Sitting" on LMHA property is prohibited.

### K. Stray Animals

LMHA discourages the feeding and watering of stray/wild animals.

### LIABILITY

Residents owning pets shall be liable for the entire amount of all damages caused by their pet which shall include but shall not be limited to, necessary repairs, cleaning, defleaing and deodorizing as a result of their pet ownership. Pet owners may also be liable for injuries occurring to another individual or pet as a result of their pet's aggressive behavior.

### ENTRY OF UNIT LMHA PERSONNEL

LMHA Personnel will not enter a unit inhabited by a pet without a member of the household being present to restrain the pet. If a repair is required and the resident is unable to be home, the pet must be restrained in a cage in order for LMHA personnel to perform the necessary work. Each LMHA leased unit housing a pet, will be issued a sticker which must be placed on the door or window of the unit, indicating a pet is present in the unit.

### PHA Certifications of Compliance with the PHA Plans and Related Regulations Board Resolution to Accompany the PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the <u>5-Year Plan and Annual Plan</u> for PHA fiscal year beginning 7-01-2003, bereinafter referred to as the Plan of which this document is a part and make the following certifications and agreements with the Department of Housing Development (HUD) in connection with the submission of the Plan and implementation thereof:

- The Plan is consistent with the applicable comprehensive bousing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
- 2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
- 3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 93.1.3). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
- 4. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be field and conducted a hearing to discuss the Plan and invited public comment.
- The PHA will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Pair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
- 6. The PHA will affirmatively further flair bousing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
- 7. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's MTCS in an accurate, complete and timely marner (as specified in PHI Notice 99-2);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection
    of the development in which to reside, including basic information about available sites; and an
    estimate of the period of time the applicant would likely have to wait to be admitted to units of
    different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair boosing;
  - The PHA provides for review of its sits-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).

- The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
- The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
- The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low- or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
- The PHA has submitted with the Plan n certification with regard to a drug free workplace required by 24 CFR Part 24, Subpart F.
- 12. The PHA has submitted with the Plan a certification with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.
- 13. Per PHA Plan that includes a PHDEP Plan as specified in 24 CFR 761.21: The PHDEP Plan is consistent with and conforms to the "Plan Requirements" and "Grantee Performance Requirements" as specified in 24 CFR 761.21 and 761.23 respectively and the PHA will maintain and have available for review/inspection (at all times), records or documentation of the following:
  - Baseline law enforcement services for public bousing developments assisted under the PHDEP plan:
  - Consortium agreement/s between the PHAs participating in the consortium and a copy of the
    payment agreement between the consortium and HUD (applicable only to PHAs participating in a
    consortium as specified under 24 CFR 761.15);
  - Partnership agreements (indicating specific leveraged support) with agencies/organizations
    providing funding, services or other in-kind resources for PHDEP-funded activities;
  - · Coordination with other law enforcement efforts;
  - Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and
  - All crime statistics and other relevant data (including Part I and specified Part II crimes) that
    establish need for the public housing sites assisted under the PHDEP Plan.
- 14. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR. Part 24 as applicable.
- The PHA will take appropriate affirmative action to award contracts to minority and women's business coterprises under 24 CFR 5.105(a).
- 16. The PHA will provide HUD or the responsible entity any documentation that the Department needs to carry out its review under the National Bavironmental Policy Act and other related authorities in accordance with 24 CFR Part 58.
- With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate
  requirements under section 12 of the United States Housing Act of 1937 and the Contract Work Hours
  and Safety Standards Act.
- 18. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
- 19. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act and 24 CFR Part 35.
- The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87, (Cost Principles for State, Local and Indian Tribal Governments) and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments.).
- 21. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.

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

Lorain Hetropolitan Housing Authority OHO12

22. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and attachments at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.

| PHA Name     | PHA Number                            |         |
|--------------|---------------------------------------|---------|
| Ethno Janung | Chaumon<br>er authorized PHA official | 4-16-03 |

### Lorain Area Resident Council

Resident Advisory Board

**Officers:** 

President: Kay Marley-JF Oberlin Homes,

138 South Main Street, Apt. 103, Oberlin, Ohio 44074

Vice President:Norma Emery, Riverview Plaza

310 East Avenue, Apt. 802, Elyria, Ohio 44035

Secretary: Bonnie Romes, Albright Terrace

129 Milan Avenue, Apt. B-3, Amherst, Ohio 44001

Treasurer: Barbara Uzan,JFK Plaza

1730 Broadway, Apt. 507, Lorain, Ohio 44052

### Members Location

Betty Buehler Riverview Plaza Tyjuanna Cuellar Westview Terrace Riverview Plaza Norma Emery Irene Flowers JF Oberlin Homes Bonnie Fort Southside Gardens Valerie Hardnett Southside Gardens Donald Hill JF Oberlin Homes Westview Terrace Mariam Ramos Rev. Johnny Gray Riverview Plaza Donna Riddle Albright Terrace JF Oberlin Homes Lois Rogers **Bob Schneider** Riverview Plaza Carol Schrader Riverview Plaza Shirley Stalnaker Lakeview Plaza Irene Henderson Lakeview Plaza Barb Uzan JFK Plaza Donna Wade **Leavitt Homes** Ivy Wilsey Albright Terrace Southside Gardens Barbara Wright Marilyn Silva Westview Terrace Wendy Taylor Southside Gardens Westview Terrace Selena Espitia Juanita Perez Westview Terrace

### 5-YEAR PLAN: PROGRESS STATEMENT FY 2004

### Mission:

LMHA is meeting it's mission in providing decent, safe, and affordable housing.

### Goals:

LMHA has applied for and received special use vouchers in Mainstream. During fiscal year 2003, LMHA applied for additional Mainstream vouchers but were unsuccessful in the lottery drawing to receive them.

LMHA continues to advertise in local papers and speciality papers of the availability of affordable, safe living conditions free from discrimination.

LMHA continues to be a High Performer in the PHAS reporting. The Authority works toward maintaining the quality performance it has displayed in the past.

LMHA has also received the status of high performer in the SEMAP scoring.

LMHA is using it's Capital Funds to continually update the Developments in ensuring residents are afforded housing comparable to housing in the private sector. During the coming fiscal year two (2) family developments will have energy efficient furnaces installed. Two high rise buildings will have complete plumbing and kitchen renovations. The residents in the high rises have given kudos to the installation of air conditioners in their apartments. LMHA believes this improvement will make our PHA apartments competitive with the private sector.

In order to market the voucher program, LMHA has created a new position of FSS Coordinator/Marketing Specialist. This individual has been contacting potential new landlords to participate in the Section 8 Program. In addition, to performing the marketing and FSS position, this individual is also responsible for the Home ownership Program under the Section 8 Housing Choice Voucher Program. LMHA has 15 participants who are currently being assisted with mortgage payments under this program and are now "Homeowners". We anticipate continuing to add "homeowners" each year.

LMHA has expanded the RAW (Resident Assistance Watch) program to all LMHA high rise buildings. Residents are willing to participate and have taken ownership of their space.

Due to the lack of elderly/disabled applicants, LMHA has not designated any buildings for a particular group at this time.

LMHA is continuing to employ residents or assisted residents where applicable.

LMHA does not tolerate harassment of residents for any reason. Residents have lost their housing for such behavior.

# **DECONCENTRATION AND INCOME MIXING**

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

If yes, list these developments as follows:

| Development<br>Name | Number of<br>Units | Explanation (if any) [see step 4 @903.2 (c)(1)(iv)] | Average income for Development | Deconcentration policy (if no explanation) [see step 5 @903.2(c)(1)(v)] |
|---------------------|--------------------|---|--------------------------------|---|
| Leavitt Homes       | 194 occupied       | Within E I R  | \$8717.19                      |   |
| Westview Terr.      | 145 occupied       | Within E I R  | \$8052.52                      |   |

| Wilkes Villa | 175 occupied | Wilkes Villa is located in an area within the city limits and offers few amenities. There are no jobs in the area and little shopping. Public transportation is limited in that area.  Only 8.5% of the residents at Wilkes Villa are employed.  | \$5262.45 |  |
|--------------|--------------|--|-----------|--|
|              |              | This Development experiences the most vacancies. During FY 2002 Wilkes Villa had a turnover rate of 38%. To date for FY 2003 the turnover rate has already reached 32%. It is very hard to convince residents who do not live in Elyria to move there. Past records reflect applicants accept units close to their family support system. Only 5 % of the families on the current waiting list who would qualify for Wilkes Villa currently reside in Elyria.  30% of the residents at Wilkes Villa are at zero income. Many of the zero income residents have exhausted their ADC benefits. Lorain County's unemployment rate is above the Ohio rate and the U.S. rate. |           |  |

| Oberlin Homes   | 105 Occupied | John Frederick Oberlin Homes is a combination development with 54 family scattered site units and a 51 unit high rise building.  This development is located in a college town (Oberlin College) and offers many job opportunities for residents. 43% of Oberlin Homes residents are employed. 48% of Oberlin Homes residents are above the average PHA wide income.  The family units are scattered throughout the city of Oberlin and are not your "typical" concentrated development. | \$10,023.58 |  |
|-----------------|--------------|--|-------------|--|
| Kennedy Plaza   | 176 Occupied | Within E I R   | \$7116.49   |  |
| Riverview Plaza | 174 Occupied | Within E I R   | \$7805.76   |  |
| Lakeview Plaza  | 201 Occupied | Within E I R   | \$7517.10   |  |

| Albright Terrace       | 49 Occupied | Albright Terrace is located within Amherst city limits. Amherst is one of the more affluent cities in Lorain County.   | \$10348.55 |  |
|------------------------|-------------|--|------------|--|
|                        |             | The residents living in Albright are residents who waited years to live there as they were from the area. Currently there are 2 applicants on the 1 bedroom waiting list with applications dated as far back as 4/2000 who will only accept Albright Terrace. They have been offered every other high rise LMHA has to offer but they have refused them. |            |  |
|                        |             | The residents of Albright Terrace are residents who receive social security and pensions. Very few of the residents are the minimum SSI recipients. 18% receive pensions in addition to social security and 10% are employed. 57% of the residents have income above the PHA average income with 14% having incomes above \$15,000 annually.             |            |  |
| Westgate<br>Apartments | 9 occupied  | Within E I R   | \$7784.00  |  |

| Southside<br>Gardens 12-13 | 49 occupied | Southside Gardens is a scattered site development with 50 units. The units are scattered over 4 streets and are duplexes, fourplexes, and single units. They do not give the appearance of your "typical" development due to their being scattered among other non-traditional subsidized housing.  41% of the residents are employed with 16% earning over \$20,000 annually. | \$10,674.51 |  |
|----------------------------|-------------|--|-------------|--|
| Southside<br>Gardens 12-14 | 64 Occupied | Within E I R   | \$9022.00   |  |
| Scattered Sites 12-20      | 50 Occupied | These units are single houses and or duplexes scattered among the more desirable housing areas of the cities. The residents in the scattered sites had to pass stringent scattered site criteria. They were LMHA's "cream of the crop" residents. 82% of these residents are employed. These residents participate in or have completed the FSS program also.                  | \$16,015.24 |  |
| Scattered Site<br>12-21    | 25 Occupied | These are single houses located in the more desirable housing areas of the cities. The residents in the scattered sites had to pass stringent scattered site criteria. They were LMHA's "cream of the crop". 52% of these residents are employed.  | \$11,607.00 |  |

| Total Occupied 1415 | Total Income of Residents<br>\$11,713,377.00<br>Average income = \$8278.00 |  |
|---------------------|--|--|
|                     | 85% of Average income = \$7036.00<br>115% of Average income = \$9520.00    |  |

Lorain Metropolitan Housing Authority

Consideration to of Voluntary Conversion of Developments from Public Housing Stock

Leavitt Homes

Factors of Consideration

#### \* Cost

The Lorain Metropolitan Housing Authority receives \$209 subsidy per unit per month for administration of the 200 family units. The development has one, two, three and four bedroom units. The development provided safe, decent and sanitary housing to families in need of larger units. The 50-year-old units are in excellent condition due to annual inspections and maintenance. A manager, secretary and maintenance that respond to work orders staff the development. The Authority has operated with the funds provided by HUD. There has been an investment of HUD modernization dollars that will ensure the viability of the development for at least 20 years.

- \* Ability to occupy the development The development has sustained an occupancy rate more than 98% for the last twenty years.
- \* Cost and/or workability of vouchers in the community
  The communities of Lorain County have been distressed by the out migration of
  homeowners due in part to loss of industrial employers in the community. In some
  areas of Lorain 65% of the units are rental properties. The cities are
  developing standards for rental property and developing units for homeownership.
  Increasing the demand for low cost affordable housing would negatively affect
  the community by increasing demand for larger units that do not exist and
  increase rents. The conversion to vouchers would distress the development
  residents, as many would not meet the affordability test.

Westview Terrace

Factors of Consideration

#### \* Cost

The Lorain Metropolitan Housing Authority receives \$209 per unit per month for administration of the 132 family units and 18 elderly units. The development was built shortly after Leavitt Homes and has one, two, three and four bedroom units. The development provided safe, decent and sanitary housing to families in need of larger units. The 50-year-old units are in excellent condition due to annual inspections and maintenance. A manager, secretary and maintenance that respond to work orders staff the development. The Authority has operated with the funds provided by HUD.

\* Ability to occupy the development The development has sustained an occupancy rate more than 98% for the last twenty years.

\* Cost and/or workability of vouchers in the community

The communities of Lorain County have been distressed by the out migration of homeowners due in part to loss of industrial employers in the community. In some areas of Lorain 65% of the housing units are rental properties. The cities are developing standards for rental property and developing units for homeownership. Increasing the demand for low cost affordable housing would negatively affect the community by increasing demand for larger units that do not exist and increase rents. The conversion would distress residents who could not meet the voucher affordability test.

Wilkes Villa Factors of Consideration

#### \* Cost

The Lorain Metropolitan Housing Authority receives \$173 per unit per month for administration of the 182 family units. The development was built in 1972 and has one, two, three, four, five and six bedroom units. The development provided safe, decent and sanitary housing to families in need of larger units. The units are in excellent condition due to annual inspections and maintenance. A manager, secretary and maintenance that respond to work orders staff the development. The Authority has operated with the funds provided by HUD.

- \* Ability to occupy the development The development has sustained an occupancy rate more than 92%-96% for the last twenty years.
- \* Cost and/or workability of vouchers in the community
  The communities of Lorain County have been distressed by the out migration of
  homeowners due in part to loss of industrial employers in the community. The
  city of Elyria does not have the units to meet the demand. Increasing the demand
  for low cost affordable housing would negatively affect the community by
  increasing demand for larger units that do not exist and increase rents. The
  conversion to vouchers would distress the majority of residents that could not
  meet the affordability test.

Oberlin Homes
Factors of Consideration

### \* Cost

The Lorain Metropolitan Housing Authority receives 209 per unit per month for administration of the 54 elderly and 51 family units. The development was built in 1970and has one, two, three, and four bedroom units. The development is located in the City of Oberlin, Ohio. The development provided safe, decent and sanitary housing to families in need of larger units and elderly units for the residents. The units are in excellent condition due to annual inspections and maintenance. A manager and maintenance that respond to work orders staff the development. The Authority has operated with the funds provided by HUD.

- \* Ability to occupy the development The development has sustained an occupancy rate more than 99% for the last twenty years.
- \* Cost and/or workability of vouchers in the community
  The communities of Lorain County have been distressed by the out migration of
  homeowners due in part to loss of industrial employers in the community. The
  city of Oberlin does not have the units to meet the demand. Increasing the
  demand for low cost affordable housing would negatively affect the community by
  increasing demand for larger units that do not exist. Oberlin is a college town
  and the majority of the rental property is leased to students. The conversion
  would distress residents that could not meet the affordability test.

Kennedy Plaza Factors of Consideration

#### \* Cost

The Lorain Metropolitan Housing Authority receives \$209 per unit per month for administration of the 177 high rise units. The development was built in 1960's and has one, and two, bedroom units. The development is located in the City of Lorain, Ohio. The development provided safe, decent and sanitary housing to persons in need of housing. 20% of the units house non-elderly. The units are in excellent condition due to annual inspections and maintenance. A manager, secretary and maintenance that respond to work orders staff the development. The Authority has operated with the funds provided by HUD.

- \* Ability to occupy the development The development has sustained an occupancy rate more than 98% for the last twenty years.
- \* Cost and/or workability of vouchers in the community
  The communities of Lorain County have been distressed by the out migration of homeowners due in part lost of industrial employers in the community. In some areas of Lorain there 65% of the units are rental properties. The cities are developing standards for rental property and developing units for homeownership. Increasing the demand for low cost affordable housing would negatively affect the community by increasing demand for larger units that do not exist and increase rents. The Kennedy units contain disabled and singles that would have a difficult time finding units in the community. Many residents would not meet the HUD affordability test for vouchers.

Riverview Plaza Factors of Consideration

#### \* Cost

The Lorain Metropolitan Housing Authority receives \$209 per unit per month for administration of the 181 high rise units. The development was built in 1970's

and has 180 one bedroom units and 1 two, bedroom unit. The development is located in the City of Elyria, Ohio The development provided safe, decent and sanitary housing to persons in need of housing. 28% of the units house non-elderly. The units are in excellent condition due to annual inspections and maintenance. A manager, secretary and maintenance that respond to work orders staff the development. The Authority has operated with the funds provided by HUD.

- \* Ability to occupy the development The development has sustained an occupancy rate more than 98% for the last twenty years.
- \* Cost and/or workability of vouchers in the community
  The units provide safe, decent and sanitary to residents of Elyria, Ohio. Many
  of the residents are very low-income and would be distressed by the voucher
  affordability test to find affordable housing. The supply of affordable housing
  is limited in the community.

Lakeview Plaza Factors of Consideration

#### \* Cost

The Lorain Metropolitan Housing Authority receives \$210 per unit per month for administration of the 204 high rise units. The development was built in 1970's and has efficiency and one-bedroom units. The development is located in the City of Lorain, Ohio The development provided safe, decent and sanitary housing to persons in need of housing. 22% of the units house non-elderly. The units are in excellent condition due to annual inspections and maintenance. A manager, secretary and maintenance that respond to work orders staff the development. The Authority has operated with the funds provided by HUD.

- \* Ability to occupy the development The development has sustained an occupancy rate more than 99% for the last twenty years.
- \* Cost and/or workability of vouchers in the community
  In addition to regular public housing residents, the development houses the
  assisted living center. The conversion to vouchers would distress many residents
  who would not meet the affordability test. The supply of affordable low-cost
  housing is not available. Present development cost limited the ability to create
  new housing to meet the demand.

Albright Terrace Factors of Consideration

#### \* Cost

The Lorain Metropolitan Housing Authority receives \$210 per unit per month for administration of the 50 low-rise units. The development was built in 1970's and has efficiency and one-bedroom units. The development is located in the City of Amherst, Ohio The development provided safe, decent and sanitary housing to persons in need of housing. The units are in excellent condition due to annual inspections and maintenance. A manager and maintenance that respond to work orders staff the development. The Authority has operated with the funds provided by HUD.

\* Ability to occupy the development

The development has sustained an occupancy rate more than 99% for the last twenty years. The development is one of the most popular with the residents. Many wait on the waiting list for years to get a unit.

\* Cost and/or workability of vouchers in the community The community does not contain many affordable housing alternatives. The affordability test would distress many tenants.

#### Westgate Apartments

#### \* Cost

The Lorain Metropolitan Housing Authority receives \$210 per unit per month for administration of the 12 units. The development was built in 1970's and has one and two bedroom units. The development is located in the City of Lorain, Ohio The development provided safe, decent and sanitary housing to persons in need of housing. 33% of the units house non-elderly. The units are in excellent condition due to annual inspections and maintenance. A manager and maintenance that respond to work orders staff the development. The Authority has operated with the funds provided by HUD.

- \* Ability to occupy the development
- The development has sustained an occupancy rate more than 99% for the last twenty years. The development has many long-term residents who like the size and location of the units.
- \* Cost and/or workability of vouchers in the community The community does not contain many affordable housing alternatives. The affordability test would distress many tenants.

### Southside Gardens

#### \* Cost

The Lorain Metropolitan Housing Authority receives \$209 subsidy per unit per month for administration of the 114family units. The development has two, three, four, five, and six bedroom units. The development provided safe, decent and sanitary housing to families in need of larger units. The unit 30-year-old units are in excellent condition due to annual inspections and maintenance. A manager, secretary and maintenance that respond to work orders staff the development. The Authority has operated with the funds provided by HUD. There has been an investment of HUD modernization dollars that will ensure the viability of the development for a least 20 years.

- \* Ability to occupy the development The development has sustained an occupancy rate more than 98% for the last twenty years.
- \* Cost and/or workability of vouchers in the community
  The communities of Lorain County have been distress by the out migration of
  homeowners due in part to loss of industrial employers in the community. In some
  areas of Lorain 65% of the units are rental properties. The cities are
  developing standards for rental property and developing units for homeownership.
  Increasing the demand for low cost affordable housing would negatively affect
  the community by increasing demand for larger units that do not exist and
  increase rents. The conversion to vouchers would distress the development
  residents, as many would not meet the affordability test.

Scattered Site Units

Factors of Consideration

#### Cost

The Lorain Metropolitan Housing Authority receives \$210 per unit per month for administration of the 75 units of family housing. The scattered site developments were built the 1990's. They are located in Lorain, Elyria and Sheffield Township. The development provided safe, decent and sanitary housing to persons in need of housing. The units are in excellent condition due to annual inspections and maintenance. A manager and maintenance that respond to work orders staff the development. The Authority has operated with the funds provided by HUD. The scattered site concept is an alternative to conventional public housing.

- \* Ability to occupy the development The development has sustained an occupancy rate more than 99% for the last four years.
- \* Cost and/or workability of vouchers in the community
  The communities of Lorain County have been distressed by the out migration of
  homeowners due in part to loss of industrial employers in the community. In some
  areas of Lorain 65% of the units are rental properties. The cities are
  developing standards for rental property and developing units for homeownership.
  Increasing the demand for low cost affordable housing would negatively affect
  the community by increasing demand for larger units that do not exist and
  increase rents. The residents that do not meet the voucher affordability test
  will be distressed to find comparable housing.

## **Voluntary Conversion Initial Assessments-A**

- a. How many of the PHA's developments are subject to the Required Initial Assessments?
  - 13 of the PHA's developments are subject to the Required Initial Assessments.
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions?
  - None of the PHA's developments are not subject to the Required Initial Assessments based on exemptions.
- c. How many Assessments were conducted for the PHA's covered developments?
  - 13 Assessments were conducted on the PHA's covered developments.
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments.
  - The PHA did not determine any of the developments would be appropriate for conversion. The listing by development and the factors contributing to the PHA's decision follow.