

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

Brockton Housing Authority Plans

5 Year Plan for Fiscal Years 2004 - 2008
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**

PHA Plan Agency Identification

PHA Name: Brockton Housing Authority

PHA Number: MA024

PHA Fiscal Year Beginning: 01/2004

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

5-YEAR PLAN
PHA FISCAL YEARS 2004 - 2008
[24 CFR Part 903.5]

A. Mission

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

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: The Brockton Housing Authority mission is to provide decent, safe and affordable housing to low and moderate income residents and provide economic opportunities through self-sufficiency and home ownership programs.

B. Goals

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

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

- PHA Goal: Expand the supply of assisted housing
Objectives:
 - Apply for additional rental vouchers:
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other (list below)
- PHA Goal: Improve the quality of assisted housing
Objectives:
 - Improve public housing management: (PHAS score) 88%
 - Improve voucher management: (SEMAP score)
 - Increase customer satisfaction:

- Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units:
 - Demolish or dispose of obsolete public housing:
 - Provide replacement public housing:
 - Provide replacement vouchers:
 - Other: (list below)
- PHA Goal: Increase assisted housing choices
- Objectives:
- Provide voucher mobility counseling:
 - Conduct outreach efforts to potential voucher landlords
 - Increase voucher payment standards
 - Implement voucher homeownership program:
 - Implement public housing or other homeownership programs:
 - Implement public housing site-based waiting lists:
 - Convert public housing to vouchers:
 - Other: (list below)

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

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

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

- PHA Goal: Promote self-sufficiency and asset development of assisted households
- Objectives:
- Increase the number and percentage of employed persons in assisted families:

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

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

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

Other PHA Goals and Objectives: (list below)

Annual PHA Plan
PHA Fiscal Year 2004
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

Streamlined Plan:

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

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

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

The Brockton Housing Authority has again returned to the status of high performed. This is the result of changes in delivery of services to best meet the more stringent requirements on the Public Housing Assessment System. The Authority continues its efforts in creating affordable housing and homeownership opportunities for low and moderate-income families.

The Authority continues to partner with the Old Colony Y, The City of Brockton, and The Brockton Redevelopment Authority in its Youthbuild program to build homes on vacant lots within the City. This collaborative offers opportunities to young adult to obtain both education and job skills while improving neighborhoods and giving families the opportunity to realize the American Dream of owning a home.

In 2004 the Authority will build two duplexes, which will become part of the State subsidized scattered site program. These units will be affordable in perpetuity. Furthermore the Authority has again partnered with the Brockton Redevelopment Authority and the City to build single family homes in the Pleasant Prospect area. These homes will be sold to low and moderate-income families.

The Authority continues to work with the Resident Advisor Board (RAB) in the Adoption of policies that are compliant with the Quality Housing and Work Responsibility Act. The partnership with the RAB has strengthened throughout the years. Currently Draft Admissions and Continued Occupancy Policy's are being reviewed by the RAB and will be in place prior to January 1, 2004.

The Authority's Rental Assistance program continues to grow. The Authority began the administration of the mobility program on behalf of Stoughton Massachusetts on May 1, 2003.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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Attachments

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

Required Attachments:

- Admissions Policy for Deconcentration ma024e01
- FY 2003 and 2004 Capital Fund Program Annual Statement ma024a01 & ma024b01
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- PHA Management Organizational Chart
- FY 2003 and 2004 Capital Fund Program 5 Year Action Plan ma024c01 & ma024d01
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
 - Community Service Policy ma024f01
 - Resident Advisory Board members ma024g01
 - Pet Policy ma024h02

Supporting Documents Available for Review

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

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
N/A	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent,	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	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)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	3192	5	5	4	N/A	3	N/A
Income >30% but <=50% of AMI	1715	5	5	4	N/A	3	N/A
Income >50% but <80% of AMI	1553	5	5	3	N/A	3	N/A
Elderly	1382	5	3	3	N/A	3	N/A
Families with Disabilities	15581	5	5	5	N/A	4	N/A
Black/Non Hispanic	1214	5	5	4	N/A	3	N/A
Hispanic	9895	5	5	4	N/A	3	N/A
White Non Hispanic	4573	5	5	4	N/A	3	N/A

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

- Consolidated Plan of the Jurisdiction/s
Indicate year: 1998-2002
- U.S. Census data: the Comprehensive Housing Affordability Strategy
("CHAS") dataset
- American Housing Survey data
Indicate year:

- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing Elderly/Disabled			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	300		15%
Extremely low income <=30% AMI	286	95%	
Very low income (>30% but <=50% AMI)	11	4%	
Low income (>50% but <80% AMI)	3	1%	
Families with children	0	0%	
Elderly families	74	25%	
Families with Disabilities	169	56%	
White	204	68%	
Black	91	30%	
American Indian	1	1%	
Asian/Pacific	5	1%	
Characteristics by Bedroom Size			

Housing Needs of Families on the Waiting List			
(Public Housing Only)			
1BR	278	93%	
2 BR	22	7%	
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing General Occupancy (Family) Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	1373		12%
Extremely low income <=30% AMI	1235	90%	
Very low income (>30% but <=50% AMI)	119	7%	
Low income (>50% but <80% AMI)	19	1%	
Families with children	960	70%	
Elderly families	60	4%	
Families with Disabilities	183	13%	
White	650	47%	
Black	663	48%	
American Indian	24	1%	

Housing Needs of Families on the Waiting List			
Asian/Pacific	30	2%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	413	31%	
2 BR	567	41%	
3 BR	341	25%	
4 BR	50	2%	
5 BR	2	1%	
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 52			
Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing Elderly/Disabled			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	1496		10%
Extremely low income <=30% AMI	1305	87%	
Very low income (>30% but <=50% AMI)	165	11%	
Low income (>50% but <80% AMI)	26	2%	
Families with children	1128	75%	
Elderly families	60	4%	
Families with	178	12%	

Housing Needs of Families on the Waiting List			
Disabilities			
White	678	45%	
Black	757	51%	
American Indian	25	2%	
Asian/Pacific	30	2%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	368	25%	
2 BR	636	43%	
3 BR	411	27%	
4 BR	76	5%	
5 BR	5	1%	
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 52			
Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development

- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below) Continue to develop affordable housing for first time home buyers and create additional affordable rental units

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

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below) Collaborate with area agencies and non profit entities to develop home ownership and rental unit development opportunities for low and moderate income families

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

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

Select all that apply

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

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

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

Select all that apply

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- Seek designation of public housing for the elderly The Brockton Housing Authority has a designated housing plan that was granted a two year extension beginning October 27, 2002
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

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

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

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

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

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

(2) Reasons for Selecting Strategies

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

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

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2004 grants) in the absence of 2004 financial data the Authority has provided award amounts from 2003		
a) Public Housing Operating Fund	\$2,418,913	
b) Public Housing Capital Fund	\$2,483,455	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	\$7,530,798	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	0	
g) Resident Opportunity and Self-Sufficiency Grants	\$0	
h) Community Development Block Grant	0	
i) HOME	0	
Other Federal Grants (list below)		
Service Coordinator Gant	\$221,486	Service Coordinators for the Elderly/Disabled Complexes
2. Prior Year Federal Grants (unobligated funds only) (list below)		
Resident Participation Funds	\$30,725	\$25 per unit money to enhance resident participation

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
3. Public Housing Dwelling Rental Income	\$3,962,610	Operating Budget
4. Other income (list below)		
Interest income	\$44,400	Operating Budget
4. Non-federal sources (list below)		
Total resources	\$16,692,387	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

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

(1) Eligibility

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

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (90 days)
- Other: (describe)

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

- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other (describe)

- c. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source) The Authority will access these records if there is a reason to believe the person has lived out of state.

(2)Waiting List Organization

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

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

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

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

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

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

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

3. Yes No: May families be on more than one list simultaneously
If yes, how many lists?

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

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

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- One
- Two
- Three or More

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

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

(4) Admissions Preferences

a. Income targeting:

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

b. Transfer policies:

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

- Emergencies
- Overhoused
- Underhoused
- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)

Resident choice: (state circumstances below)

Other: (list below) The Authority has established a transfer committee, which meets on a monthly basis to consider all transfer request. The purpose of the committee is to hear all request and make determinations on the most urgent without unduly affecting the applicants on each list.

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

1 Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs

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

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

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

- The PHA-resident lease
- The PHA's Admissions and (Continued) Occupancy policy
- PHA briefing seminars or written materials
- Other source (list) BHA Annual Plan

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

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

(6) Deconcentration and Income Mixing

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

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

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

- Adoption of site based waiting lists
If selected, list targeted developments below:

The following two questions have been added as instructed in NOTICE PIH 2001-4 issued January 19, 2001

YES Does the PHA have any general occupancy (family) public housing covered by the deconcentration rule?

NO Do any of these covered developments have incomes above or below 85% to 115% of average incomes of all such developments?

- Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:

- Employing new admission preferences at targeted developments
If selected, list targeted developments below:

- Other (list policies and developments targeted below)

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

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

- Additional affirmative marketing
 Actions to improve the marketability of certain developments
 Adoption or adjustment of ceiling rents for certain developments
 Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
 Other (list below)

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

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

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

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

B. Section 8

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

(1) Eligibility

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

- Criminal or drug-related activity only to the extent required by law or regulation
 Criminal and drug-related activity, more extensively than required by law or regulation
 More general screening than criminal and drug-related activity (list factors below)
 Other (list below) Has the applicant been a past participant in a housing subsidy program and did they leave in good standing

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

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

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

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- Criminal or drug-related activity
 Other (describe below)
We inform prospective landlords that the participants have not been screened for tenancy. The issuance of a voucher simply means they met program qualifications.

(2) Waiting List Organization

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- None
- Federal public housing
- Federal moderate rehabilitation
- Federal project-based certificate program
- Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- PHA main administrative office
- Other (list below)

(3) Search Time

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

If yes, state circumstances below: Due to the shortage of affordable apartments the Authority regularly grants extensions beyond the 60-day period

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

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

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

1 Date and Time The Authority uses a point system. Those with equal points are date and time for list that are opened and remain opened or by lottery for list that are opened for definite period of time (ie. opened for one month only)

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)

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

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

- Date and time of application
- Drawing (lottery) or other random choice technique The Authority uses a point system. Those with equal points are date and time for list that are opened and remain opened or by lottery for list that are opened for definite period of time (ie. opened for one month only)

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

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

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

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

(5) Special Purpose Section 8 Assistance Programs

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

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

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

- Through published notices
- Other (list below) Notices to the Resident Advisor Board, Resident Councils and to area agencies, social service groups, and religious groups

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

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

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

1. The Authority will adopt a flat rent structure at the January 22, 2004 Board meeting. The flat rents will be based on the fair market value of comparable units in the private market. This study is taking place at this time.

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

- For the earned income of a previously unemployed household member
- For increases in earned income
- Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:

- Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:

- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

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

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

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

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

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

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

f. Rent re-determinations:

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

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
- Other (list below) Any time a member is added

g. Yes No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month

disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

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

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

Flat rent is based on the market rent charged for comparable units in the private unassisted rental market in Brockton. It is equal to the estimated rent for which the BHA could promptly lease a unit. (This method is proposed at this time and awaiting adoption by the BHA Board of Commissioners)

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies.

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

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

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

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

- c. If the payment standard is higher than FMR, why has the PHA chosen this level?
(select all that apply)
- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
 - Reflects market or submarket
 - To increase housing options for families
 - Other (list below)
- d. How often are payment standards reevaluated for adequacy? (select one)
- Annually
 - Other (list below)
- e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)
- Success rates of assisted families
 - Rent burdens of assisted families
 - Other (list below) Quality of units and range of market options

(2) Minimum Rent

- a. What amount best reflects the PHA's minimum rent? (select one)
- \$0
 - \$1-\$25
 - \$26-\$50
- b. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)
- The participant is informed of the option to request a waiver.
The waiver request is sent to the attention of the Chief Operating officer for consideration

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows: A five member Board governs the Brockton Housing Authority. The Mayor appoints four of the Members and the Governor appoints one Member. One member is a resident of the Authority and one Member represents labor. An Executive Director and a Chief Operating Officer oversee the day-to-day operations. The Authority has six Directors as follows; Finance, Housing and Facilities Management, Modernization, Management and Information Services, Resident Services and Rental Assistance and Affordable Housing. A 30 person Maintenance staff and a 20 person administrative and clerical staff support the Public Housing program. The Authority also administers approximately two thousand rental assistance vouchers.

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	1253	22%

Section 8 Vouchers	729	2%
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)	100	5%
Public Housing Drug Elimination Program (PHDEP)	1253	NA
Elderly Service Coordinators Programs	1032	

C. Management and Maintenance Policies

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

- (1) Public Housing Maintenance and Management: (list below)
 - Administrative and Continued Occupancy Plan
 - Maintenance Plan
- (2) Section 8 Management: (list below)
 - a. Section 8 Administrative Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

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

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

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office
- Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

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

2003 Annual Statement = ma024a01

2004 Annual Statement = ma024b01

-or-

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

(2) Optional 5-Year Action Plan

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

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

b. If yes to question a, select one:

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

2003 5-Year Action Plan = ma024c01

2004 5-Year Action Plan = ma024d01

-or-

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

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

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

- Yes No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development
- Revitalization Plan submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

Yes No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name/s below:

Yes No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
If yes, list developments or activities below:
The Authority is investigating leveraging its Capital Fund to make improvements to Crescent Court 24-4

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

Demolition/Disposition Activity Description
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

- Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing

Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description	
1a. Development name: Belair Heights, Manning Tower Campello High-rise, Caffrey Towers, Sullivan Tower	
1b. Development (project) number: 24-2, 24-3, 24-6, 24-7, 24-8	
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input checked="" type="checkbox"/>	
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date this designation approved, submitted, or planned for submission: (<u>original approval 10/27/97 extension approved 10/27/2002</u>)	
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?	
6. Number of units affected: 1034	
7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development	

The Authority’s Designation of Public Housing Plan allocated 75% of non accessible units to Elderly and 25% units to younger disabled families. Specially designed accessible units are not included in the plan and are therefore tenanted by priority and date and time of application.

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

completing streamlined submissions may skip to component 11.)

2. Activity Description

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

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

A. Public Housing

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

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

2. Activity Description

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

Public Housing Homeownership Activity Description (Complete one for each development affected)	
1a. Development name:	
1b. Development (project) number:	
2. Federal Program authority:	
<input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)	
3. Application status: (select one)	
<input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program	

<input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

B. Section 8 Tenant Based Assistance

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

2. Program Description: The Authority is currently amending its Section 8 administrative plan to include the Section 8(y) home ownership plan.

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

- Yes No: Has the PHA 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? DD/MM/YY
The Authority has met with the representative from the Office of Transitional Assistance to discuss entering into a cooperative agreement. Although the discussion was fruitful and the Authority has had a long and productive relationship with the Office of Transitional Assistance, we were informed that the Department was unable to sign a formal agreement. We did agree to continue to work together on issues related tour residents. Currently the Authority and the Transitional Services Department are;

- Sharing information regarding mutual clients, such as for rent determination purposes
- The DTA functions as technical advisor to the FSS program in a Program Coordination capacity, coordinating the provisions of specific social and self sufficiency services and programs
- The DTA sits on the BHA's Attire for Hire Board
- The BHA's FSS Coordinator sits on the DTA's Vendor Coordinating Committee
- Both agencies offer client referrals to one another

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 Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
<i>Family Self-sufficiency</i>	65	<i>Random</i>	<i>Development office</i>	<i>Both</i>
Financial Literacy	6-12 per session	Random	Family Development Community Centers	Both
Financial Fair	50 Average	Random	Family Development Community Centers	Both
The more you learn the more you	465 per	Random	Monthly mailings and	Both

earn program	month		displays	
Homeownership classes	12 per year	Random	Neighborhood Housing Services	Both
Referrals to Employment Services	50 per year	Random	Career Works	Both
Budget Repair	48 Average per year	Random	Consumer Credit Counseling	Both

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	0	14 (06/30/30)
Section 8	50	55 (06/30/03)

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

C. Welfare Benefit Reductions

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

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

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

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

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

3. Which developments are most affected? (list below) They are Crescent Court, Hillside Village, Campello High-rise, Caffrey Towers, Manning Tower, Sullivan Tower, Belair Heights. **Those most affected are: Crescent Court, Hillside Village, Manning Tower and Campello High-rise.**

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

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

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

2. Which developments are most affected? (list below) They are Crescent Court, Hillside Village, Campello High-rise, Caffrey Towers, Manning Tower, Sullivan Tower, Belair Heights. **Those most affected are: Crescent Court, Hillside Village, Manning Tower and Campello High-rise.**

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan

- Police provide crime data to housing authority staff for analysis and action
 - Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
 - Police regularly testify in and otherwise support eviction cases
 - Police regularly meet with the PHA management and residents
 - Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
 - Other activities (list below)
2. Which developments are most affected? (list below)

D. Additional information as required by PHDEP/PHDEP Plan

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

The Authority is not completing this section due to the elimination of the PHDEP program.

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

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

- 1. Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))? (If no, skip to component 17.)
- 2. Yes No: Was the most recent fiscal audit submitted to HUD?
- 3. Yes No: Were there any findings as the result of that audit?
- 4. Yes No: If there were any findings, do any remain unresolved? If yes, how many unresolved findings remain?_1____

5. Yes No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

The Brockton Housing Authority is in constant communication with the HUD Boston office regarding the outstanding finding and is working with them to bring this issue to resolution.

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

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

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
The Brockton Housing Authority meets monthly with the RAB and discusses policies an the administration of Authority programs. The plan has no substantial changes from the previous year and therefore has not generated formal comments.

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

- Attached at Attachment (File name)
- Provided below:

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

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

- Other: (list below)

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

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

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

3. Description of Resident Election Process

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

- Candidates were nominated by resident and assisted family organizations
- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- Other: A list of residents nominated by the resident councils and the RAB is submitted to the Mayor for consideration. The Mayor then makes an appointment based on a review of qualifications.

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: (Brockton)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

In 2003 the Authority Partnered with the Brockton Redevelopment Authority to build a duplex on Essex St. in the City and will continue to do so in 2004. The Consolidated Plan has identified a lack of affordable housing in the community in the spirit the Authority continues to explore opportunities to create and improve housing.

- Other: (list below)

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

The Consolidate plan describes the development of infill housing on vacant lots through out disenfranchised neighborhoods. This has been the catalyst of the partnership between the Authority and the Brockton Redevelopment Authority.

D. Other Information Required by HUD

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

Attachments

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

PHA Plan Table Library

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

Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number FFY of Grant Approval: (MM/YYYY)

Original Annual Statement

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

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

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

Annual Statement

Capital Fund Program (CFP) Part III: Implementation Schedule

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

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

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

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cost over next 5 years				

Optional Public Housing Asset Management Table

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

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

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P02450103 Replacement Housing Factor Grant No:		Federal FY of Grant: 2003	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	175,110			
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	148,345			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,544,649			
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P02450103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	10,000			
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines 2-17)	1,928,104			
	Amount of line XX Related to LBP Activities				
	Amount of line 16 Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P02450103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost		Status of Work
BHA Wide	Operations		1406		175,110			
BHA Wide	Modernization Administrative Salaries		1410					
	Director of Modernization		1410	1	58,345			
	Technical Assistant		1410	1	50,000			
	Administrative Aide		1410	1	40,000			
24-7 Caffrey Tower	Supplemental A/E Funds		1430		50,000			
24-6 Campello High Rise	Balcony Repairs		1460		100,000			
24-7 Caffrey Towers	Phase 2 Comp. Mod. Apartments, Kitchens, Baths, Electrical, Plumbing		1460	100	1,444,649			
24-7 Caffrey Towers	Tenant Relocation		1495.1		10,000			

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

PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P02450103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work

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

PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program No: MA06P02450103 Replacement Housing Factor No:					Federal FY of Grant: 2003
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
24-7 Caffrey Towers	9/17/05			9/17/07			

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P02450104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	175,000			
3	1408 Management Improvements Soft Costs	10,000			
	Management Improvements Hard Costs				
4	1410 Administration	192,810			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	100,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,827,528			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	30,000			
18	1499 Development Activities				

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Brockton Housing Authority	Grant Type and Number Capital Fund Program Grant No: MA06P02450104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines 2-17)				
	Amount of line XX Related to LBP Activities	2,335,338			
	Amount of line 16 Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P02450104 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost		Status of Work
BHA Wide	Operations		1406		175,000			
BHA Wide	Management Improvements		1408		10,000			
	Resident Initiatives & Training & Staff Training							
BHA Wide	Modernization Administrative Salaries		1410					
	Director of Modernization		1410		80,000			
	Technical Assistant		1410		65,000			
	Administrative Aide		1410		47,810			
24-4 Crescent Court	Advance A/E for Mod Study – Bond Sale		1430		100,000			
24-7 Caffrey Towers	Phase 2 Comp Mod Continued – Apartments		1460	100	1,827,528			
24-7 Caffrey Tower	Tenant Relocation		1495.1		30,000			

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

PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P02450104 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work

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

PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program No: MA06P02450104 Replacement Housing Factor No:					Federal FY of Grant: 2004
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
24-4 Crescent Court	9/17/06			9/17/08			
24-7 Caffrey Tower	9/17/06			9/17/08			

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Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Brockton Housing Authority		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/H A-Wide	Year 1 03	Work Statement for Year 2 FFY Grant: 04 PHA FY: 04	Work Statement for Year 3 FFY Grant: 05 PHA FY: 05	Work Statement for Year 4 FFY Grant: 06 PHA FY: 06	Work Statement for Year 5 FFY Grant: 07 PHA FY: 07
24-4 Crescent Court	Annual Statement	100,000	500,000	500,000	500,000
24-7 Caffrey Towers		1,828,104	1,428,104	1,428,104	1,428,104
24-6 Campello High Rise					
Total CFP Funds (Est.)		1,928,104	1,928,104	1,928,104	1,928,104
Total Replacement Housing Factor Funds		N/A	N/A	N/A	N/A

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

Activities for Year 1 03	Activities for Year : <u>2</u> FFY Grant: 04 PHA FY: 04			Activities for Year: <u>3</u> FFY Grant: 05 PHA FY:05		
	24-7 Caffrey Tower	Phase 3 Comp Mod Bldg B Apartments	1,828,104	24-7 Caffrey Tower	Phase 2&3 Comp Mod Continued-Common Areas & Exterior Site	1,428,104
		159 apartments – new kit, baths, paint, flooring			Lobbies, corridors, common rooms, lighting, railings	
	24-4 Crescent Court	A/E Services – Multi Year, multi phase, Bond Issue Exploratory	100,000	24-4 Crescent Court-Interior & Exterior Mod.	Apartment heating elements, update kitchen cabinets, new flooring, paint & complete exterior modernization-debt service-bond	500,000

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

Activities for Year 1 03	Activities for Year : <u>4</u> FFY Grant: 06 PHA FY:06			Activities for Year: <u>5</u> FFY Grant: 07 PHA FY:07		
	24-7 Caffrey Tower	Phase 3 Continued Apartment Modernization	1,428,104	24-7 Caffrey Tower	Phase 4 Common areas & exterior site	1,428,104
	24-4 Crescent Court-Interior & Exterior Mod.	Apartment heating elements, update kitchen cabinets, new flooring, paint & complete exterior modernization –debt service – bond	500,000			
				24-4 Crescent Court	Debt Service – Bond	500,000

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Brockton Housing Authority		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1 04	Work Statement for Year 2 FFY Grant: 05 PHA FY: 05	Work Statement for Year 3 FFY Grant: 06 PHA FY: 06	Work Statement for Year 4 FFY Grant: 07 PHA FY: 07	Work Statement for Year 5 FFY Grant: 08 PHA FY: 08
24-4 Crescent Court	Annual Statement	500,000	500,000	500,000	500,000
24-7 Caffrey Towers		1,428,104	1,428,104	1,428,104	
24-6 Campello High Rise					1,428,104
Total CFP Funds (Est.)		1,928,104	1,928,104	1,928,104	1,928,104
Total Replacement Housing Factor Funds		N/A	N/A	N/A	N/A

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

Activities for Year 1 04	Activities for Year <u>2</u> FFY Grant: 05 PHA FY: 05			Activities for Year: <u>3</u> FFY Grant: 06 PHA FY: 06		
	24-7 Caffrey Tower	Phase 2&3 Comp Mod Continued-Common Areas & Exterior Site	1,428,104	24-7 Caffrey Tower	Phase 3 Continued – Apartment Modernization	1,428,104
		Lobbies, corridors, common rooms, lighting, railings				
	24-4 Crescent Court-Interior & Exterior Mod	Apartment heating elements, update kitchen cabinets, new flooring, paint & complete exterior modernization – debt service – bond	500,000	24-4 Crescent Court-Interior & Exterior Mod	Apartment heating elements, update kitchen cabinets, new flooring, paint & complete exterior modernization – debt service – bond	500,000

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

Activities for Year 1 04	Activities for Year <u>4</u> FFY Grant: 07 PHA FY: 07			Activities for Year: <u>5</u> FFY Grant: 08 PHA FY: 08		
	24-7 Caffrey Tower	Phase 4 Common areas & exterior site	1,428,104			
	24-6 Campello High Rise	Phase I Comprehensive Modernization – Building Envelope		24-6 Campello High Rise	Phase I Comprehensive Modernization – Building Envelope	1,428,104
	24-4 Crescent Court	Debt Service – Bond	500,000	24-4 Crescent Court	Debt Service – Bond	500,000

***Brockton Housing Authority
Deconcentration of Poverty Policy***

The Brockton Housing Authority Board of Commissioners hereby adopts that the admissions policy of the Brockton Housing Authority in relation to its federally funded housing programs will consist of the following:

1. The Brockton Housing Authority may not concentrate very low families (or other families with relatively low incomes) in public housing dwelling units in certain public housing projects or certain buildings within projects;
2. The Authority shall annually determine and compare the relative tenant incomes of each development, as well as household incomes of census tracts in which the developments are located;
3. If it appears that one or more development(s) has a higher concentration of lower income families than another or other development(s), the Authority shall attempt to equalize the concentrations through admissions policies designed to achieve such equalization, including the placement of a higher income family in a development which has a high concentration of lower income families or the placement of a lower income family in a development which has a high concentration of higher income families, when such placement is consistent with other applicable law relating to tenant selection and assignment.
4. The Authority shall, when developing its Agency Plan, include an admissions policy designed to provide for deconcentration of poverty and income mixing by bringing its higher income tenants into lower income projects and lower income tenants into higher income projects, consistent with other applicable law. (This may not be construed to require any specific income or racial quota for any project or projects).

COMMUNITY SERVICE AND SELF-SUFFICIENCY POLICY

A. Background

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt (see definitions) public housing adult residents (18 or older) contribute eight (8) hours per month of community service (volunteer work) or participate in eight (8) hours of training, counseling, classes or other activities that help an individual toward self-sufficiency and economic independence.

B. Definitions

Community Service – volunteer work which includes, but is not limited to:

- Work at a local institution including but not limited to: school, child care center, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, indigent feeding program, cooperative food bank, etc.;
- Work with non-profit organization that serves PHA residents or their children such as: Boy Scouts, Girl Scouts, Boys or Girls clubs, 4-H program, PAL, Garden Center, Community clean-up programs, beautification programs, other youth or senior organizations.
- Work at the Authority to help improve physical conditions;
- Work at the Authority to help with children’s programs;
- Work at the Authority to help with senior programs;
- Helping neighborhood groups with special projects;
- Working through resident organizations to help other residents with problems, serving as an officer in a Resident organization, serving on the Resident Advisory Board; and
- Caring for the children of other residents so they may volunteer.

NOTE: **Political activity is excluded.**

Self-Sufficiency Activities – activities that include, but are not limited to:

- Job readiness programs;
- Job training programs;
- GED classes;
- Substance abuse or mental health counseling;
- English proficiency or literacy (reading) classes;
- Apprenticeships;
- Budgeting and credit counseling;
- Any kind of class that helps a person toward economic independence; and
- Full-time student status at any school, college or vocational school.

Exempt Adult – an adult member of the family who

- Is 62 years of age or older;
- Has a disability that prevents him/her from being gainfully employed;
- Is the caretaker of a disabled person;
- Is working at least 20 hours per week; or
- Is participating in a welfare to work program.

C. Requirements of the Program

1. The eight (8) hours per month may be either volunteer work or self-sufficiency program activity, or a combination of the two.
2. At least eight (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration. The Authority will make the determination of whether to allow or disallow a deviation from the schedule.
3. Activities must be Performed within the community and not outside the jurisdictional area of the Authority.
4. Family obligations
 - At lease execution or reexamination, all adult members (18 or older) of a public housing resident family must
 1. provide documentation that they are exempt from Community Service requirement if they qualify for an exemption, and
 2. sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the Community Service requirement will result in nonrenewal of their lease.
 - At each annual reexamination, non-exempt family members must present a completed documentation form (to be provided by the Authority) of activities performed over the previous twelve (12) months. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.
 - If a family member is found to be noncompliant at reexamination, he/she and the Head of Household will sign an agreement with the Authority to make up the deficient hours over the next twelve (12) month period.
5. Change in exempt status:
 - If, during the twelve (12) month period, a non-exempt person becomes exempt, it is his/her responsibility to report this to the Authority and provide documentation of such.
 - If, during the twelve (12) month period, an exempt person becomes non-exempt, it is his/her responsibility to report this to the Authority. The Authority will provide the person with the Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.

D. Authority obligations

1. To the greatest extent possible and practicable, the Authority will:
 - provide names and contacts at agencies that can provide opportunities for residents, including disabled, to fulfill their Community Service obligations. (*According to the Quality Housing and Work Responsibility Act, a disabled person who is otherwise able to be gainfully employed is not necessarily exempt from the Community Service requirement*); and
 - provide in-house opportunities for volunteer work or self-sufficiency programs.
2. The Authority will provide the family with exemption verification forms and Recording/Certification documentation and a copy of this policy at initial application and at lease execution.
3. The Authority will make the final determination as to whether or not a family member is exempt from the Community Service requirement. Residents may use the Authority's Grievance Procedure if they disagree with the Authority's determination.
4. Noncompliance of family member:
 - At least thirty (30) days prior to annual reexamination and/or lease expiration, the Authority will begin reviewing the exempt or non-exempt status and compliance of family members;
 - If the Authority finds a family member to be noncompliant, the Authority will enter into an agreement with the noncompliant member and the Head of Household to make up the deficient hours over the next twelve (12) month period;
 - If, at the next annual reexamination, the family member still is not compliant, the lease will not be renewed and the entire family will have to vacate, unless the noncompliant member agrees to move out of the unit;
 - The family may use the Authority's Grievance Procedure to protest the lease termination.

Attachment 1

Community Service Exemption Certification

I certify that I am eligible for an exemption from the Community Service requirement for the following reason:

- () I am 62 or older

- () I have a disability which prevents me from working
(Certification of Disability Form will serve as documentation)

- () I am working
(Employment Verification form will serve as documentation)

- () I am participating in a Welfare to Work Program
(Must provide verification letter from agency)

- () I am receiving TANF and am participating in a required economic self-sufficiency program or work activity

- () I am a full-time student
(Must provide verification letter from school attended)

Resident

Date

Community Service Compliance Certification

I/We have received a copy of, have read and understand the contents of the Authority's Community Service/Self-Sufficiency Policy.

I/We understand that this is a requirement of the Quality Housing and Work Responsibility Act of 1998 and that if we do not comply with this requirement, our lease will not be renewed.

Resident _____ Date _____

Resident _____ Date _____

Resident _____ Date _____

CURRENT R.A.B. MEMBERSHIP AS OF JULY 14, 2003

ACTIVE MEMBERS

Madeline Greenlaw, 31 Plymouth St., Brockton, MA 02302
Marcia Uzzell, 51A Kennedy Drive, Brockton, MA 02301
Carmen Garcia, 58 Hill Street, Brockton, MA 02302
Rosemary Rittenberg, 68 Hill Street, Brockton, MA 02302
Joseph Sterling, 66A Kennedy Drive, Brockton, MA 02301
Bruce Valade, 1380 Main Street, #304B, Brockton, MA 02301
Kelly Bystrom, 1380 Main Street, #909B, Brockton, MA 02301
Susan Sweeney, 1380 Main Street, #205B, Brockton, MA 02301
Beverly Effner, 25 North Avenue, #220, Brockton, MA 02302
Viola Smith, 25 North Avenue, #207, Brockton, MA 02302
Rose Gabriele, 89C Earle Street, Brockton, MA 02301
Mary Hall, 45 Goddard Road, #301, Brockton, MA 02301
Theresa Dimond, 45 Goddard Road, #506, Brockton, MA 02301

INACTIVE MEMBERS

Norman Gray, 755 Crescent Street, #841A, Brockton, MA 02302
Myrtle (Ellie) Williams, 16 Golden Circle, Brockton, MA 02301
Wally Gagnon, 105 Belair Street, #626, Brockton, MA 02301
Raymond (Ray) Jones, 1380 Main Street, #409A, Brockton, MA 02301
Margaret Lane, 140 Colonel Bell Drive, #508, Brockton, MA 02301

BROCKTON HOUSING AUTHORITY PET POLICY

I. INTRODUCTION

Section 227 of the Housing and Urban-Rural Recovery Act of 1983, to be implemented on or about May 1, 1987, provides that residents of Federally assisted housing for the elderly and handicapped cannot be denied the right to have common household pets in their dwelling unit. To this end, the Authority has adopted the following pet policies and rules **to be implemented in its Federally assisted and State-assisted housing for elderly, consistent with State mandated policies.**

II. PET COMMITTEE

A Pet Committee will be established at each development consisting of the BHA Property Manager responsible for the complex, an assigned maintenance person, and Resident Council representatives designated by the Council. This committee will address issues that arise due to the presence of animals in their developments and to address any disagreements in the application of the Pet Policy.

III. SELECTION CRITERIA

- A. Approval. Prior to accepting a pet for residency in a **BHA property**, the pet owner and BHA must enter into a PET AGREEMENT (attached), which is also a part of the lease addendum. In addition, before a pet is brought onto the premises, the pet owner must register the pet (including a bird or fish) with the Site Manager.

Registration includes the following:

1. **Color photo of pet.** The Authority reserves the right to take additional pictures if it becomes necessary
2. Certificate signed by a licensed veterinarian or local authority that the pet has received all inoculations required in Basic Guidelines below.
3. Certificate signed by a licensed veterinarian or local authority stating that the pet has been spayed or neutered and specifying pet's estimated adult weight.

4. Name, address, phone number, and notarized statement from two (2) non-resident parties who may enter pet owner's apartment and will care for the pet away from the complex in the event that the pet owner is hospitalized, incapacitated, unable to care for the pet, or dies.

Registration must be renewed annually at the pet owner's annual re-certification appointments.

B. Disapproval. Site Manager may refuse to register the pet if one or more of the following conditions exist:

1. Pet is not a common household pet as defined below.
2. Certificate signed by a license veterinarian or local authority that the pet has received all inoculations required in Basic Guidelines below has not been provided.
3. Certificate signed by a licensed veterinarian or local authority stating that the pet has been spayed or neutered and specifying pet's estimated adult weight has not been provided.
4. Name, address, phone number, and notarized statement from two (2) non-resident parties who may enter pet owner's apartment and will care for the pet away from the complex in the event that the pet owner is hospitalized, incapacitated, unable to care for the pet, or dies has not been provided.

Registration must be renewed annually at the pet owner's annual re-certification.

C. Definitions. "Common household pets" are limited to the following categories, and within categories, to the species listed:

1. Four-legged, warm-blooded animals (dogs and cats) kept for pleasure and not for commercial use (e.g., breeding).
2. Birds.
3. Fish.

These pets must also comply with the guidelines listed below.

D. Basic Guidelines.

1. Types of pets.

a. DOMESTIC DOGS

- (1) Maximum number: **one (1)**
- (2) Minimum age: **Elderly: 6 months old
Family: 6-8 weeks old**
- (3) Maximum adult weight: **Elderly/Family: 25 pounds**
- (4) Must be house broken.
- (5) Must be spayed or neutered.
- (6) Must have annual rabies and distemper inoculations as required by licensed veterinarian, as well as infectious hepatitis, leptospirosis, para influenza, and parvo inoculations at intervals recommended by licensed veterinarian.
- (7) Animals deemed to be of a vicious nature are not allowed for safety reasons.

b. DOMESTIC CATS

- (1) Maximum number: **one (1)**
- (2) Minimum age: **Elderly: 6 months old
Family: 6-8 weeks old**
- (3) Maximum adult weight: **Elderly/Family: No weight restriction for domestic cat.**
- (4) Litter must be changed at least twice a week.
- (5) Must be spayed or neutered.
- (6) Must have annual rabies and distemper shots and feline leukemia shots as required by licensed veterinarian.
- (7) Must have scratching post.

c. BIRDS

- (1) Maximum number: **two (2)**
- (2) Must be maintained inside of cage at all times.
- (3) Cage must be cleaned at least twice a week.

d. FISH

- (1) Maximum aquarium size: 20-gallons - **1 aquarium only.**
- (2) Aquarium must be maintained on approved stand.
- (3) Aquarium or fish bowl must be cleaned as needed.

e. SPECIALLY TRAINED ANIMALS

(1) Seeing Eye Dog

(2) Hearing Animal

Animals trained to assist the visually or hearing impaired and other handicapped persons do not come under the limitations regarding size but are required to meet other standards prescribed herein. In no way are these Pet Rules intended to limit or impair the rights of handicapped persons.

2. No other kinds of pets may be kept by residents of this complex.
3. No sick or injured pet will be accepted for occupancy. Pets accepted for residency which become sick or injured must be immediately taken for veterinary care at the pet owner's expense.
4. Any resident residing at this complex prior to the implementation of these policies who has received prior written permission for keeping of more than the allowable number of pets permitted under these rules will be permitted to keep those pets. Any pets exceeding the allowable number, however, cannot be replaced subsequent to the implementation date with these guidelines.

IV. PET FUND

- A. A non-refundable pet fund fee of \$25.00 will be required for all dogs and cats.**

Management reserves the right to change this amount, consistent with Federal and State guidelines, at any time. The Authority must consult the Resident Councils and The Resident Advisory Board as required by Federal and State guidelines.

- B. Resident's liability for damages caused by his or her pet is not limited to the amount of the pet fee. While the resident is in occupancy, he or she will be required to reimburse the complex for the real cost of any and all damages caused by his or her pet. Additional damage discovered at move-out will be charged.**
- C. All units occupied by a dog or cat will be professionally fumigated upon being vacated, and cost of this move-out fumigation will be deducted from the Pet Fund. During occupancy, cost of correcting an infestation of fleas carried by resident's pet shall be the responsibility of the pet owner. Infestation of adjacent units or common areas attributable to a specific pet shall also be the responsibility of the pet owner, who shall be liable for the cost of correcting the infestation. Management will choose the exterminator and shall bill the pet owner for such services.**

The Exterminator will be chosen using the procurement procedure adopted by the Board of Commissioners in its most current Procurement Policy.

- D. Pet owners are encouraged to secure renters' insurance to assist with damages to another resident's property caused by pet or pet apparatus (for example, by a broken aquarium which floods the apartment(s) below).

V. PET RULES

1. **All approved pets** shall be maintained within the resident pet owner's apartment. When outside of the residents unit the pet shall be kept on a leash and under the control of the resident or other adult **AT ALL TIMES**. Under no circumstances shall any cat or dog be permitted to run free. These common areas include, but are not limited to, maintenance closets, hallways, stairways, laundry room, waiting lobby, display room and all grounds. (NOTE: Shopping carts are not permitted on the premises and cannot be used for the purpose of transporting pets on the premises.)
2. **Pet blankets and bedding are not to be cleaned or washed in laundry room for hygienic reasons.**
3. **Pets are not to be tied outside or left unattended on a patio or porch.**
4. **Pet owners will not alter their apartment, patio or other outside areas to create an enclosure for an animal.**
5. Water damage to walls, carpets, flooring or the ceiling of the unit below caused by breakage or spillage or from an aquarium or fish bowl shall be the responsibility of the resident, who shall be billed for the repair costs as required.
6. All animal waste or litter from cat litter box shall be picked up daily by the pet owner and disposed of in sealed plastic bags and placed in the **DUMPSTERS**. It shall **NOT** be placed in the Maintenance closet or down the trash chute.

Cat litter shall not be disposed of by flushing down toilets. Charges for unclogging toilets or cleanup of common area required because of pet nuisance shall be billed to and paid by the resident pet owner.

7. Dogs and cats may be walked only in specified areas. Resident must carry a scoop and plastic bag when walking pet and clean up after the pet by placing waste in tied plastic bag and placing bag in **DUMPSTER**. Under no circumstances will pet be allowed to go near shrubbery and/or trees located on the property.

8. Failure to adhere to waste disposal procedures outlined in rules 6 and 7 above will be considered a violation of the Pet Rules, and at minimum, will result in a fine of \$15.00 per occurrence. Repeated violations may result in termination of pet owner's tenancy.
9. Pet waste dirt cleaned up by staff in common areas or in other areas will be billed to resident at a rate of \$15.00 per occurrence.
10. Resident pet owners agree to control the noise of their pets such that it does not constitute a nuisance to other residents. Failure to control pet noise may result in the removal of the pet from the premises.
11. Pet owners shall keep their pets under control at all times. Pet owners assume sole responsibility for liability arising from any injury by any person attributable to their pet.

ANY PET THAT CAUSES BODILY INJURY TO ANY RESIDENT, GUEST, STAFF MEMBER OR OTHER AUTHORIZED PERSON ON THE PREMISES SHALL BE IMMEDIATELY AND PERMANENTLY REMOVED FROM THE PREMISES WITHOUT PRIOR NOTIFICATION AT THE PET OWNER'S EXPENSE.

12. No pet shall be left unattended in any apartment longer than 12 hours.
13. **Pet owner will agree to quarterly apartment inspections to be sure pets are being cared for properly. These inspections may be reduced or increased in time periods at the Manager's discretion.**
14. All resident pet owners shall provide adequate care, nutrition, exercise, and medical attention for their pet. Pets which appear to be poorly cared for, or which are left unattended for longer than 24 hours, may be reported to the appropriate authority at the pet owner's expense, if any costs are incurred.
15. If the health or safety of a pet is threatened by death, sudden illness, or incapacity of the pet owner, or by other factors that render the pet owner incapable of caring for the pet, and the responsible parties are unavailable or unwilling to care for the pet, Management may contact the appropriate State or local authority to remove the pet. If no State or local authority is authorized to move the pet, Management may enter the pet owner's apartment and place the pet in an appropriate boarding facility until the pet owner or responsible person is able to assume responsibility for the pet - but for no longer than thirty (30) days. The pet owner (or his/her estate) shall be responsible for all obligations, financial, and otherwise, incurred as a result of placing the animal in a boarding facility.

The pet owner absolves Management and/or its agents of any and all liability, financial or otherwise, arising out of actions and taken on behalf of the pet owner or for the well-being of the pet.

16. Unwillingness on the part of the named caretakers of a pet (per **Rule #15** of this section) shall relieve Management of any requirement to adhere to any written instructions with respect to the care or disposal of a pet and shall be considered as authorization to Management to exercise discretion in this regard, consistent with Federal and State guidelines.
17. Resident pet owners acknowledge that other residents may have chemical sensitivities or allergies related to pets and are easily frightened by such animals. The resident pet owner therefore agrees to exercise common sense and common courtesy with respect to such other residents' right to peaceful and quiet enjoyment of the premises.
18. Management may move to require the removal of a pet from the premises on a temporary or permanent basis for the following causes:
 - a. Creation of a nuisance after proper notification.
 - b. Excessive pet noise or odor which would disturb, interfere or diminish the peaceful enjoyment of other residents (with proper notification to tenant of problem).
 - c. Unruly, dangerous, or vicious behavior.
 - d. Excessive damage to the resident's apartment unit and/or complex common areas.
 - e. Repeated problems with vermin or flea infestation.
 - f. Failure of the resident to provide for adequate care of his or her pet.
 - g. Leaving a pet unattended for more than 12 hours.
 - h. Failure of the resident to provide adequate and appropriate vaccination of the pet.
 - i. Resident serious illness and/or death.
 - j. Pet serious illness or injury, if untreated by veterinarian.
 - k. Failure to observe any other rule contained in this section, and not here listed, upon proper notification.

NOTE: The terms "disturb, interfere, and diminish," as used in 18(b) above, shall include but not be limited to barking, howling, chirping, biting, scratching, and other like activities.

19. Residents are prohibited from harboring or feeding stray animals. The feeding of stray animals shall constitute having a pet without the written permission of the BHA.
20. Should any pet housed in a BHA facility under Section 227 give birth to a litter, the resident shall remove from the premises all of said pets. Any exceptions to this rule must be granted by the Authority, in writing.
21. VISITING PETS as well as PETS OF VISITORS are STRICTLY PROHIBITED, WITH THE EXCEPTION OF SEEING EYE DOGS FOR THE BLIND AND HEARING DOGS FOR THE DEAF.

VI. EMERGENCIES

- A. Apartment Emergencies. In the event of an emergency which requires response to a pet owner's apartment by Management or Maintenance staff or by fire or medical staff, responding personnel shall not be responsible for locating or returning pets who escape from the apartment during the emergency.
- B. Building Emergencies. In the event of a building emergency, such as a fire or flood (but not limited to these particular emergencies), responding building personnel or outside building personnel (e.g., fire department, Authority staff, etc.) shall first evacuate residents and guests, and then, if possible, pets. **Property** owner is not responsible for pets unable to be rescued during such an emergency.

VII. VIOLATION AND NOTIFICATION POLICY

If Management determines that a pet owner has violated a pet rule, Management will provide written notice (except in the case of physical harm caused by pet, as stated below) to the pet owner describing the violation and giving the pet owner ten (10) days from the date of the notice to correct the violation (including in appropriate circumstances the removal of the pet). The pet owner may request in writing a meeting in order to discuss the violation. The pet owner's failure to correct the violation, or to request a meeting, or to appear at a requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.

ANY PET WHICH CAUSES PHYSICAL HARM WILL BE REMOVED FROM THE PREMISES IMMEDIATELY IN ACCORDANCE WITH SECTION V. PET RULES, #11.

VIII. COMPLAINTS

All complaints from complex residents concerning pets residing in buildings must be submitted to Management in writing, must be clearly stated in objective terms, and be signed.

IX. REVOCAION OF PET OWNERSHIP PRIVILEGE

The privilege of maintaining a pet in a facility owner and/or operated by the BHA shall be subject to the rules set forth in Section V above. This privilege may be revoked at any time subject to the Authority's Grievance Procedure, if the animal shall become destructive, create a nuisance, represent a threat to the safety and security of other residents, or create a problem in the area of cleanliness and sanitation.

X. APPLICABILITY OF STATE LAW

Should a breach of the rules set forth in Section V, above, occur the BHA may also exercise any remedy granted it in accord with Chapter 140, Section 136A-175 by the General Laws of the Commonwealth of Massachusetts and any amendments thereto.

XI. INCORPORATION INTO THE LEASE

These pet policies and rules, as well as the attached Pet Agreement, are incorporated by reference into the resident's lease. Violation of these policies and rules therefore constitutes violation of resident's lease and may constitute grounds for removal of pet from the premises and/or grounds for eviction of the resident, or both.

XI. CERTIFICATION STATEMENT

"I have read and understand the above pet policies and rules of the Authority and I agree to comply fully with their provisions. I understand that failure to comply may constitute reason for removal of my pet, and may constitute reason for termination of my lease. Where required by Management to remove my pet from the premises, for cause, I agree to affect such removal and understand that my failure to do so shall constitute grounds for eviction."

DATE _____ RESIDENT SIGNATURE _____

DATE _____ RESIDENT SIGNATURE _____

APARTMENT NUMBER _____

WITNESS:

The above-named resident(s) has/have stated they have reviewed and understand these rules in my presence.

BROCKTON HOUSING AUTHORITY as
LANDLORD

DATE _____

BY: _____
(Signature)

Title: _____

BROCKTON HOUSING AUTHORITY PET AGREEMENT LEASE ADDENDUM

THIS AGREEMENT, entered into this _____ day of _____, 200____, by and between the Authority, (as Landlord, and _____, (as Resident), in consideration of their mutual promises, stipulates as follows:

1. Resident desires and has received permission from the BHA to keep the Pet named: _____
2. This Agreement is an Addendum to and part of the Lease between BHA and resident executed on _____, 200____. In the event of default by resident of any of the terms of this Agreement, Resident agrees, upon proper written notice of default from BHA, to cure the default, remove the pet, or vacate the premises. Resident agrees that BHA may revoke permission to keep said Pet on the premises by giving Resident proper written notice, UNLESS PET CAUSES BODILY HARM TO A RESIDENT, GUEST, STAFF MEMBER, OR OTHER AUTHORIZED PERSON UPON THE PREMISES, IN WHICH CASE PET WILL BE IMMEDIATELY AND PERMANENTLY REMOVED FROM THE PREMISES BY OWNER WITHOUT PRIOR OR WRITTEN NOTICE.
3. As a special user's fee, hereinafter called the Pet Fund Fee, Resident agrees to pay BHA the sum of twenty-five dollars (\$25.00). BHA may use from this fee such amount as is reasonably necessary to take care of any damages or cleaning caused by or in connection with said Pet a Move-out. During occupancy, Resident agrees to pay BHA within thirty (30) days of billing the costs of repairs made for damages attributable to Pet. Resident also Agrees to pay BHA for any pet damages or other pet related costs in excess of the Pet Fund Fee which the BHA discovers during the move-out inspection.
4. Resident agrees to comply with:
 - a. Health and Safety Code of City of Brockton, MA.
 - b. Pet Policies and Rules of Brockton Housing Authority.
 - c. All other applicable governmental laws regulations, such as, but not limited to vaccinations and other inoculations, flea and vermin control, etc.

5. Resident represents that the Pet has been spayed or neutered, as well as inoculated in accordance with the Pet Policies, and has furnished BHA proof of same.
6. Resident agrees that the Pet will not be permitted outside the Resident's unit, unless in a portable pet carrier or restrained by leash. Use of the grounds or premises of BHA for sanitary purposes is prohibited except as stated in the Pet Policies.
7. Resident shall not permit the Pet to cause any damage, discomfort, annoyance, nuisance, or in any way inconvenience or cause complaints from any other Resident. Any "mess" created by the Pet shall immediately be cleaned up by the Resident.
8. Resident agrees to remedy any nuisance situations involving Pet (e.g., complaints of noise or fleas, etc.) within ten (10) days of notification. **RESIDENT UNDERSTANDS, HOWEVER, THAT ANY BODILY HARM INFLICTED BY PET ON A RESIDENT, STAFF MEMBER, GUEST, OR OTHER AUTHORIZED PERSON ON THE PREMISES SHALL RESULT IN OWNER'S IMMEDIATELY AND PERMANENTLY REMOVING PET FROM PREMISES WITHOUT PRIOR OR WRITTEN NOTICE.**
9. Resident shall be financially responsible for any flea or other insect infestation that affects his or her own unit or adjacent unit(s) as a result of Resident's pet.
10. Any Pet left unattended for 12 hours or more or whose health is jeopardized by the Resident's neglect, mistreatment, or inability to care for the animal shall be reported to the Brockton Humane Society or other appropriate authority.
11. Resident agrees to maintain Pet in healthy condition and to update Pet **REGISTRATION CARD** on an annual basis, at the BHA's annual rectification. Resident further agrees to license all dogs yearly with the City of Brockton and to provide BHA with a copy of the license.
12. Resident had read and agrees to comply with the **BROCKTON HOUSING AUTHORITY PET AGREEMENT LEASE ADDENDUM POLICIES**, which, along with this **PET AGREEMENT**, are herein incorporated by reference into Resident's lease. Resident also agrees to comply with additional rules as may be reasonably adopted from time to time by BHA.

13. Resident understands that violation of the PET POLICIES or the PET AGREEMENT constitutes violation of Resident's lease, and such violation may constitute grounds for eviction.

BROCKTON HOUSING AUTHORITY as

LANDLORD:_____ RESIDENT NAME:_____

BY:_____ RESIDENT
SIGNATURE:_____

TITLE:_____ APARTMENT #.:_____

DATE:_____ DATE:_____

**BROCKTON HOUSING AUTHORITY PET OWNER'S ABSENCE
AGREEMENT**

I, _____, will assume
(Print non-resident's name above)

immediate and all responsibility for the pet of _____
(Resident)

who resides at _____

during his/her absence from the apartment. I also hereby agree to remove the pet from
BHA's premises in order to properly care for the pet.

Signed this _____ day of _____, 200_____.

Signature: _____

Address: _____

City: _____ Zip _____

Phone: _____

Day: _____ Night: _____

NOTARIZED:

I, the undersigned authority, do hereby certify that I have witnessed the above signatures.

Witness by hand and official seal, this _____ day of _____, 200_____.

(Notary Public)

My commission expires _____

**BROCKTON HOUSING AUTHORITY PET OWNER'S ABSENCE
AGREEMENT**

I, _____, will assume
(Print non-resident's name above)

immediate and all responsibility for the pet of _____
(Resident)

who resides at _____

during his/her absence from the apartment. I also hereby agree to remove the pet from
BHA's premises in order to properly care for the pet.

Signed this _____ day of _____, 200_____.

Signature: _____

Address: _____

City: _____ Zip _____

Phone: _____

Day: _____ Night: _____

NOTARIZED:

I, the undersigned authority, do hereby certify that I have witnessed the above signatures.

Witness by hand and official seal, this _____ day of _____, 200_____.

(Notary Public)

My commission expires _____

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P02450100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/03 <input checked="" type="checkbox"/> Final Performance and Evaluation Report 6/30/03					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs	105,005	96,616.21	96,616.21	96,616.21
	Management Improvements Hard Costs				
4	1410 Administration	219,468.98	210,697.54	210,697.54	210,697.54
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	87,764.87	96,286.19	96,286.19	96,286.19
8	1440 Site Acquisition				
9	1450 Site Improvement	136,604			
10	1460 Dwelling Structures	1,908,000	2,064,843.65	2,064,843.65	2,064,843.65
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	75,360.29	75,610.41	75,610.41	75,610.41
18	1499 Development Activities				

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

PHA Name: Brockton Housing Authority	Grant Type and Number Capital Fund Program Grant No: MA06P02450100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
---------------------------------------------	----------------------------------------------------------------------------------------------------------------------	-------------------------------------

Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:2)
 Performance and Evaluation Report for Period Ending: 6/30/03
 Final Performance and Evaluation Report 6/30/03

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines 2-17)	2,544,054	2,544,054	2,544,054	2,544,045
	Amount of line XX Related to LBP Activities				
	Amount of line 16 Related to Section 504 compliance	150,000			
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P02450100 Replacement Housing Factor Grant No:					Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
BHA Wide	Resident Initiatives, Training, Economic Development	1408		25,000	8,699.58	8,699.58	8,699.58	Complete	
BHA Wide	Administrative Procedures Review & Update	1408		8,500	8,299.07	8,299.07	8,299.07	Complete	
BHA Wide	Computer Upgrades	1408		10,000	4,538.06	4,538.06	4,538.06	Complete	
BHA Wide	Dir. Facilities & Housing Management	1408		70,005	75,079.50	75,079.50	75,079.50	Complete	
	Director of Modernization	1410		96,200	113,909.80	75,079.50	75,079.50	Complete	
	Mod Technical Assistant	1410		66,600	55,817.57	75,079.50	75,079.50	Complete	
	Administrative Aide	1410		59,200	36,647.46	75,079.50	75,079.50	Complete	
	Support Staff	1410		32,445	4,322.71	75,079.50	75,079.50	Complete	
24-3 Manning	A/E Exterior Waterproofing Problems	1430		48,884.46	48,310.32	48,310.32	48,310.32	Complete	
24-8 Sullivan	A/E Fee Amendment / Reimbursables	1430		38,880.41	47,975.87	47,975.87	47,975.87	Complete	
24-3 Manning	Exterior Waterproofing and masonry repairs	1460		200,000	-0-			Postponed	
24-8 Sullivan	Comprehensive Modernization								
	Replace Renovate Kitchens	1460	119	506,896	597,843.65	597,843.65	597,843.65	Complete	
	Renovate Bathrooms	1460	119	357,000	457,000	457,000	457,000	Complete	
	Renovate Hallways & Lobbies	1460	10	78,104	-0-	-0-		Phase 3	
	Repair Spaulding balconies & waterproofing building	1460	122	414,708	-0-	-0-		Phase 2	
	Replace Plumbing Risers	1460		308,000	410,000	410,000	410,000	Complete	

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

PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P02450100 Replacement Housing Factor Grant No:					Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
	Electrical Upgrades		1460		308,000	350,000	350,000	350,000	Complete
24-8 Sullivan Cont'd	Convert 3 One Bedroom Apts to Barrier Free – Section 504		1460	3	150,000	250,000	250,000	250,000	Complete
	Exterior Improvements, Paving, Lighting, & Landscape		1450		136,604	-0-			Phase 3
	Temporary Relocation Services		1495.1		75,360.29	75,610.41	75,610.41	75,610.41	Complete

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

PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program No: MA06P02450100 Replacement Housing Factor No:					Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
24-3 Manning	9/30/02			9/30/03				
24-8 Sullivan	9/30/02			9/30/03				

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P02450101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) a/o 5/15/03 <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	254,445		254,445	254,445
3	1408 Management Improvements Soft Costs	10,000	9,945.00	9,945.00	6,451.50
	Management Improvements Hard Costs				
4	1410 Administration	220,000	209,999	209,999	28,034
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	229,000		229,000	47,537.81
8	1440 Site Acquisition				
9	1450 Site Improvement	253,294			
10	1460 Dwelling Structures		1,888,349	1,888,349	903,450.26
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P02450101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) a/o 5/15/03 <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Orginal	Revised	Obligated	Expended
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines 2-17)	2,591,738		2,591,738	1,239,918.57
	Amount of line XX Related to LBP Activities				
	Amount of line 16 Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P02450101 Replacement Housing Factor Grant No: Budget Rev #2				Federal FY of Grant: 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
BHA Wide	Operations		1406		254,445		254,445	254,445	
BHA Wide	Resident Initiatives & Training		1408		10,000	9,945	9,945	6,451.50	
BHA Wide	Administration Costs								
	Director of Modernization		1410		94,200		94,200	2,670.76	
	Technical Assistant		1410		66,000		66,000	15,820.04	
	Administrative Assistant		1410		59,800	49,799	49,799	9,543.20	
24-6 Campello	A/E Services – Balcony Repairs		1430		82,400		82,400	47,537.81	
24-7 Caffrey	A/E Services – Comp. Mod		1430		146,600		146,600		
24-8 Sullivan	Exterior Landscaping & Paving		1450		253,294	-0-			
24-3 Manning	Exterior Masonry repair & Waterproofing		1460		316,000	396,000	396,000	90,215	
24-6 Campello	Balcony Repairs		1460		488,000	-0-			
24-8 Sullivan	Common Hallways, Lobbies, Carpeting		1460		1,488,000	1,492,349	1,492,349	813,235.26	

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

PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P02450101 Replacement Housing Factor Grant No: Budget Rev #2				Federal FY of Grant: 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
	Painting & Balcony Repairs								

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

PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program No: MA06P02450101 Replacement Housing Factor No: Budget Rev. #2					Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
24-6 Campello	6/30/03			6/30/05				
24-3 Manning	6/30/03			6/30/05				
24-8 Sullivan	6/30/03			6/30/05				

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P02450102 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	100,000			
3	1408 Management Improvements Soft Costs	50,000		2,513	2,513
	Management Improvements Hard Costs				
4	1410 Administration	248,345		269.32	269.32
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	500,000		413,068	18,786.13
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,555,110		893,901.13	
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	10,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	20,000			
18	1499 Development Activities				

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

PHA Name: Brockton Housing Authority	Grant Type and Number Capital Fund Program Grant No: MA06P02450102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 6/30/03
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines 2-17)	2,483,455		1,309,751.45	21,568.45
	Amount of line XX Related to LBP Activities	0			
	Amount of line 16 Related to Section 504 compliance	500,000			
	Amount of line XX Related to Security --Soft Costs	0			
	Amount of Line XX related to Security-- Hard Costs	0			
	Amount of line XX Related to Energy Conservation Measures	100,000			
	Collateralization Expenses or Debt Service				

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

PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P02450102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revision	Obligated	Expended	
BHA Wide	Operations		1406		100,000				
BHA Wide	Staff Training-NAHRO Asset Management Training		1408		35,000		2,513	2,513	
BHA Wide	Resident Initiatives & Training		1408		15,000				
BHA Wide	Modernization Admin. Salaries								
	Director of Modernization		1410		98,345				
	Technical Assistant		1410		85,000		269.32	269.32	
	Administrative Aide		1410		65,000				
24-7 Caffrey	Advance A/E for Multi-Phase Comprehensive Modernization		1430		425,000		385,618		
							27,450	18,786	
24-8 Sullivan	Phase 3 A/E Services & Reimbursable		1430		55,000				
24-6 Campello	A/E Services – Amendment – Phases		1430		20,000				
24-7 Caffrey	Phase 1 – Comp Mod / Barrier Free Unit Conversions – Includes replacment of Plumbing riser & electrical upgrade		1460	9	383,935				

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

PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P02450102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revision	Obligated	Expended	
24-7 Caffrey	Phase 1 – Comp Mod – Roof & Make Up Air Replacement		1460	2 +2	267,110				
24-6 Campello	Balcony Repair		1460		829,065		829,065		
24-8 Sullivan	Phase 3 – Comp Mod – Finish Common Areas		1460		75,000		64,836.13		
BHA Wide	Computers & Equipment – Mod Dept		1475		10,000				
24-7 Caffrey	Relocation Expenses – Phase 1		1495.1		20,000				

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

PHA Name: Brockton Housing Authority		Grant Type and Number Capital Fund Program No: MA06P02450102 Replacement Housing Factor No:				Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
24-7 Caffrey - Phase 1	6/30/04			6/30/06			
24-8 Sullivan - Phase 3	6/30/04			6/30/06			



New England

Mr. Richard J. Sergi Executive Director
Brockton Housing Authority 45 Goddard Road P. O. Box 7070
Brockton, MA 02303-7070

Dear Mr. Sergi:

U.S. Department of Housing and Urban Development
Massachusetts State Office Office of Public Housing
Thomas P. O'Neill, Jr. Federal Building 10 Causeway Street
Boston, Massachusetts 02222-1092

NOV 12 2002

This office has reviewed and approved your "Actual Modernization Cost Certificate" for 1999 Comprehensive Grant Project Number MA06PO247099. Please be advised that you must have the information contained in the AMCC verified by an Independent Public Accountant during the next scheduled audit so we may formally close this grant.

If you have any questions regarding this matter, please contact Juan J. Evereteze Facilities Management Specialist at (617) 994-8428.

COPY TO:		FOR OUR ACTION <input type="checkbox"/>	INFORMATION <input type="checkbox"/>
<input checked="" type="checkbox"/>	EXECUTIVE DIRECTOR		TENANT SELECTION
<input checked="" type="checkbox"/>	CHIEF OPERATING OFFICER		RENTAL ASSISTANCE
<input type="checkbox"/>	DIRECTOR - ADMINISTRATION & FINANCE		RENT DEPARTMENT
<input checked="" type="checkbox"/>	DIRECTOR - FINANCE		RESIDENT SERVICES
<input type="checkbox"/>	MANAGER - FACILITIES & HOUSING MGMT.		SECURITY
<input checked="" type="checkbox"/>	MANAGER - MODERNIZATION		COMMISSIONERS
<input type="checkbox"/>	MANAGER & ASST REGIONAL MANAGERS		LOG <input checked="" type="checkbox"/>
<input type="checkbox"/>	MANAGER, SUPERVISORS, & ASST SUPERVISORS		OTHER

Sincerely yours,
Alan J. Spera

Metro Division Director
Office of Public Housing
New England

FIVE-YEAR PLAN MISSION AND GOALS
Actions to meet stated goals

The Brockton Housing Authority (BHA) continues to make efforts to expand housing opportunities for low- and moderate-income families in the Brockton area. To this end, the BHA has taken the following actions:

1. Partnered with Brockton Area Multi-Services, Inc. (BAMSI), to apply for mainstream Vouchers.
2. Implemented a vacancy preparation team to address vacancies within all developments. This specialized team is developing strategies to reduce vacancy days.
3. Partnered with the YMCA, the Region Banking Partnership and YouthBuild to build homes for first-time homebuyers.
4. Instituted management practices to ensure high PHAS scores. The Authority was rated a High Performer in 2003.
5. The Authority continues to work with the Resident Advisory Board to identify customer needs and improvements. A full-time Resident Services Director works with all Tenant Councils to improve the quality of life for our residents.
6. The Authority has reorganized management functions to bring them closer to our residents. A new Administrative and Continued Occupancy Plan has been adopted to streamline management practices.
7. The Authority has partnered with local banks to provide counseling regarding homeownership. A grant has been obtained by Harbor One Credit Union and the Brockton Housing Authority to further augment the recently adopted Section 8 Homeownership Program.
8. The Authority recently created the position of Security Supervisor. This person will work from 7:00 p.m. to 3:00 a.m., Friday through Tuesday, to provide authority, oversight, and presence during peak security periods. The Authority has also partnered with the Plymouth County District Attorney's Office in the Weed and Seed Program. The Brockton Police Department continues to work with our Resident Services Director in the establishment of crime watches throughout the Authority.

9. The Authority's Family Self-Sufficiency Program was recognized by the National Association of Housing and Redevelopment Officials for "the more you learn the more you earn" program. This program links participants with educational and employment services to overcome the obstacles to self-sufficiency. It is expected that the program will produce its 30th homeowner in 2004.

10. The Authority has developed relationships with the Latino Health Institute, the Cape Verdean Association, and many minority churches to develop outreach strategies for the minority community. The Authority has also worked with the Life Center, Massachusetts Rehabilitation Commission, the Department of Mental Health, the Department of Mental Retardation, and the Brockton Area Multi-Service Center to address the needs of the disabled population.