# PHA Plans

5 Year Plan for Fiscal Years 2000 - 2004 Annual Plan for Fiscal Year 2004

CONCORD HOUSING AUTHORITY CONCORD, NEW HAMPSHIRE

## PHA Plan Agency Identification

PHA Name:	<b>Concord (NH) Housing Authority</b>
PHA Number:	NH 005
PHA Fiscal Year Beginning:	(10/2004)
<b>Public Access to Information</b>	
Information regarding any activitic contacting: (select all that apply)  Main administrative office of PHA development management PHA local offices	
<b>Display Locations For PHA F</b>	Plans and Supporting Documents
The PHA Plans (including attachment that apply)  Main administrative office of PHA development management PHA local offices  Main administrative office of Main administrative office of Public library  PHA website  Other (list below)	ent offices  The local government The County government
PHA Plan Supporting Documents are Main business office of the P PHA development management Other (list below)	

#### 5-YEAR PLAN PHA FISCAL YEARS 2000 - 2004

[24 CFR Part 903.5]

<u>A.</u>	Mission
	The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
	The PHA's mission is: (state mission here)
	The mission of Concord Housing Authority is to advocate, develop, operate and manage affordable housing programs to provide decent, safe and affordable housing for families in a manner that promotes and improves the economic independence and social well being of its residents.
<u>B.</u>	Goals
	D Strategic Goal: Increase the availability of decent, safe, and affordable using.
	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) 90 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)

		Goal: Increase assisted housing choices
	Object	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	Strateg	gic Goal: Improve community quality of life and economic vitality
		Goal: Provide an improved living environment
	Objec	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)
	Strateş iduals	gic Goal: Promote self-sufficiency and asset development of families and
⊠ house	eholds	Goal: Promote self-sufficiency and asset development of assisted
	Objec	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)

# 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:

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

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)

GOAL 1. Improve the management and operating efficiencies of our current affordable housing unit.

GOAL 2. Raise capital and resources then use to improve the physical needs of our existing housing inventory.

GOAL 3. Encourage partnerships to improve the economic independence and social well being of our residents.

GOAL 4. Advocate "Affordable Housing" in our communities.

## 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)]
The Concord Housing Authority's Annual Plan is based on the premise that, if the Authority accomplishes its goals, it will be working towards the achievement of its mission.
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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FY 2002 Annual Plan - Page 4

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$\boxtimes$	Attachment C: FY 2002 Capital Fund Program Performance and Evaluation Report
	Attachment D: FY 2001 Comprehensive Grant Program Performance and Evaluation Reports
	Attachment E: Capital Fund Program five-year Action Plan.
	Section 8 Homeownership Capacity Statement (Not Applicable)
	Public Housing Drug Elimination Program (PHDEP) Plan (Not Applicable)
$\boxtimes$	Attachment F: Pet Policy
	Attachment G: Resident Membership of the PHA Governing Board
$\boxtimes$	Attachment H: Membership of the Resident Advisory Board
	Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated
	troubled ONLY) (Not Applicable)
O	ptional Attachments:
	PHA Management Organizational Chart
	Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
	Other (List below, providing each attachment name)

## ${\bf Supporting\ Documents\ Available\ for\ Review}$

List of Supporting Documents Available for Review				
Applicable & Supporting Document & Applicable Plan Component				
On Display		•		
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	5 Year and Annual Plans		

List of Supporting Documents Available for Review				
Applicable & On Display	Supporting Document	Applicable Plan Component		
Oli Display	the Consolidated Plan			
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		
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 Quality Housing and Work Responsibility Act Initial Guidance; Notice and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies		

List of Supporting Documents Available for Review					
Applicable & On Display	Supporting Document	Applicable Plan Component			
X	Public housing rent determination policies, including the methodology for setting public housing flat rents  check here if included in the public housing A & O Policy	Annual Plan: Rent Determination			
X	Schedule of flat rents offered at each public housing development  check here if included in the public housing A & O Policy	Annual Plan: Rent Determination			
X	Section 8 rent determination (payment standard) policies  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  check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures			
X	Section 8 informal review and hearing procedures  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			
NA	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			
NA	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		
1 1	approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing			
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition		
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing		
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing		
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership		
NA	Policies governing any Section 8 Homeownership program  check here if included in the Section 8  Administrative Plan	Annual Plan: Homeownership		
NA	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency		
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency		
NA	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		
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs		
	Other supporting documents (optional)	(specify as needed)		

List of Supporting Documents Available for Review						
Applicable & On Display	& Component					
NA	(list individually; use as many lines as necessary)					

# 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

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	541	5	5	NA	NA	NA	NA
Income >30% but							
<=50% of AMI	202	5	5	NA	NA	NA	NA
Income >50% but							
<80% of AMI	342	NA	NA	NA	NA	NA	NA
Elderly	NA	NA	NA	NA	NA	NA	NA
Families with							
Disabilities	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA

What sources of information inspection.)	mation did the PHA use	e to conduct this analys	is? (Check all that appl	y; all materials must be made available for public
Indicat  ☐ U.S. Census do ☐ American Hou ☐ Indicat ☐ Other housing ☐ Indicat	market study	Housing Affordability	Strategy ("CHAS") da	taset
State the housing needs of		vaiting list/s. Complete one	table for each type of PH	at- Based Assistance Waiting Lists A-wide waiting list administered by the PHA. PHAs
Н	ousing Needs of Fami (PUBLIC F	_	st	
Waiting list type: (select one)  Section 8 tenant-based assistance  Public Housing  Combined Section 8 and Public Housing  Public Housing Site-Based or sub-jurisdictional waiting list (optional)  If used, identify which development/subjurisdiction:				
,	# of families	% of total families	Annual Turnover	
Waiting list total	343		87	

Housing Needs of Families on the Waiting List (PUBLIC HOUSING)				
Extremely low	254	74%		
income <=30% AMI				
Very low income	89	24%		
(>30% but <=50%				
AMI)				
		004		
Low income	0	0%		
(>50% but <80%				
AMI)	110	220/		
Families with	110	32%		
children	150	4.40/		
Elderly families	152	44%		
Families with	81	24%		
Disabilities  Description of the control of the con	220	050/		
Race/ethnicity white	329	95%		
Race/ethnicity black	0	3%		
Race/ethnicity	1	2%		
Hispanic		4.1		
Race/ethnicity Other	2	<1%		
Characteristics by				
Bedroom Size				
(Public Housing				
Only)		4.7		
1BR	153	45%	39	
2 BR	141	41%	36	

Housing Needs of Families on the Waiting List (PUBLIC HOUSING)					
3 BR	43	13%	11		
4 BR	3	1%	1		
5 BR	0	0	0		
5+ BR 0 0 0					
Is the waiting list closed (select one)? No Yes If yes:					
How long has it been closed (# of months)?  Does the PHA expect to reopen the list in the PHA Plan year?   No Yes					
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?   No Yes					

Housing Needs of Families on the Waiting List (SECTION 8)					
Waiting list type: (select one)  ☐ Section 8 tenant-based assistance ☐ Public Housing ☐ Combined Section 8 and Public Housing ☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional)					
If used, identify which development/subjurisdiction:  # of families					
Waiting list total	Waiting list total 475 12				
Extremely low income <=30% AMI 94%					
Very low income	19	5%			

Housing Needs of Families on the Waiting List (SECTION 8)				
(>30% but <=50%				
AMI)				
Low income	6	1%		
(>50% but <80%				
AMI)				
Families with	152	32%		
children				
Elderly families	86	18%		
Families with	237	50%		
Disabilities				
Race/ethnicity white	470	96%		
Race/ethnicity black	3	< 1%		
Race/ethnicity	2	< 1%		
Hispanic				
Race/ethnicity Other				
Characteristics by				
Bedroom Size				
(Public Housing				
Only)				
1BR	N/A	N/A	N/A	
2 BR	N/A	N/A	N/A	
3 BR	N/A	N/A	N/A	
4 BR	N/A	N/A	N/A	
5 BR	N/A	N/A	N/A	
5+ BR	N/A	N/A	N/A	

Housing Needs of Families on the Waiting List		
(SECTION 8)		
Is the waiting list closed (select one)? No Yes		
If yes:		
How long has it been closed (# of months)?		
Does the PHA expect to reopen the list in the PHA Plan year? No Yes		
Does the PHA permit specific categories of families onto the waiting list, even if		
generally closed? No Yes		

#### C. Strategy for Addressing Needs

(1) Strategic Need: Shortage of affordable housing for all eligible populations

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

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

$\boxtimes$	Employ effective maintenance and management policies to minimize the number	of public housing units off-line	
	Reduce turnover time for vacated public housing units		
$\boxtimes$	Reduce time to renovate public housing units		
	Seek replacement of public housing units lost to the inventory through mixed fina	ance development	
	Seek replacement of public housing units lost to the inventory through section 8 r	replacement housing resources	
	Maintain or increase section 8 lease-up rates by establishing payment standards the	nat will enable families to rent throughout the	
	jurisdiction		
	Undertake measures to ensure access to affordable housing among families assist	ed by the PHA, regardless of unit size required	
	Maintain or increase section 8 lease-up rates by marketing the program to owners	s, particularly those outside of areas of minority and	
	poverty concentration	•	
$\boxtimes$	Maintain or increase section 8 lease-up rates by effectively screening Section 8 ap	oplicants to increase owner acceptance of program	
	Participate in the Consolidated Plan development process to ensure coordination	with broader community strategies	
	Other (list below)	•	
Strate	gy 2: Increase the number of affordable housing units by:		
$\square$	Apply for additional section 8 units should they become available		
	Leverage affordable housing resources in the community through the creation	of mixed - finance housing	
님	Pursue housing resources other than public housing or Section 8 tenant-based	assistance.	
님	Other: (list below)	assistance.	
	other. (list below)		
Need:	Specific Family Types: Families at or below 30% of median		

	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		
Strate	gy 1: Target available assistance to families at or below 50% of AMI		
	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		
Strate	gy 1: Target available assistance to the elderly:		
	Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below)		
Need:	Specific Family Types: Families with Disabilities		
Strate	trategy 1: Target available assistance to Families with Disabilities:		
	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 ethnicity's with disproportionate housing needs
Strate	gy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:
	Affirmatively market to races/ethnicities shown to have disproportionate housing needs Other: (list below)
Strate	gy 2: Conduct activities to affirmatively further fair housing
	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)
	asons for Selecting Strategies 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

$\boxtimes$	Community priorities regarding housing assistance
$\boxtimes$	Results of consultation with local or state government
	Results of consultation with residents and the Resident Advisory Board
$\boxtimes$	Results of consultation with advocacy groups
	Other: (list below)

# 2. Statement of Financial Resources [24 CFR Part 903.7 9 (b)]

Financial Resources: Planned Sources and Uses				
1. Federal Grants (FY 2004 grants)				
a) Public Housing Operating Fund	\$321,324			
b) Public Housing Capital Fund				
c) HOPE VI Revitalization				
d) HOPE VI Demolition				
e) Annual Contributions for Section				
8 Tenant-Based Assistance	\$1,276,662			
f) Public Housing Drug Elimination				
Program (including any Technical				
Assistance funds)				
g) Resident Opportunity and Self-				
Sufficiency Grants				
h) Community Development Block	\$425,000	Windows		
Grant				
i) HOME				
Other Federal Grants (list below)				

Financial Resources: Planned Sources and Uses			
Sources	Planned \$	Planned Uses	
2. Prior Year Federal Grants			
(unobligated funds only) (list below)			
Capital Fund Program - 2003	\$375,509	See attached plan	
2004	\$363,080	See attached plan	
3. Public Housing Dwelling Rental Income	\$725,000	PHA Operations	
Excess Utilities	\$8,550	PHA Operations	
Interest Income	\$16,000	PHA Operations	
4. Other income (list below)		-	
ESCO	\$696,463	Energy Upgrades	
CFP DEBT SERVICE	\$1,100,000	Property Rehabilitation	
4. Non-federal sources (list below)			
Total resources	\$5,298,908		

3.	<b>PHA</b>	<b>Policies</b>	Governing	Eligibility.	Selection.	and Admissions
<u> </u>	<b>A A A A A</b>	1 Officios	OUT CITIIII		Detections	dila mailibbiolib

[24 CFR Part 903.7 9 (c)]

# A. Public Housing

## (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) <b>Top 10 by bedroom size</b>
When families are within a certain time of being offered a unit: (state time)
When families are within a certain number of being offered a unit: (state number) <b>Top 10 by bedroom size</b> When families are within a certain time of being offered a unit: (state time)  Other: (describe)
b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?
Criminal or Drug-related activity
Rental history
<ul> <li>Criminal or Drug-related activity</li> <li>Rental history</li> <li>Housekeeping</li> <li>Other (describe)</li> </ul>
Other (describe)
c. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes? d. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes? e. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (Either directly or through an NCIC-authorized source)

## (2) Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)	
Community-wide list Sub-jurisdictional lists	
Sub-jurisdictional lists	
Site-based waiting lists Other (describe)	
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 subsection (3) <b>Assignment</b>	to
1. How many site-based waiting lists will the PHA operate in the coming year? 0	
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 previous HUD-approved site based waiting list plan)? If yes, how many lists?	ly-
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	
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oubli

	Resident choice: (state circumstances below) Other: (list below)
	eferences 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)
	hich of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former deral preferences or other preferences)
Forme	er 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
$\boxtimes$	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
Ш	Victims of reprisals or hate crimes
	Other preference(s) (list below)

the box representing	ploy admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once,
1.	Date and Time
2. 3.	Working Wage Resident
3.	Working Non-Resident
Owner, Inacce	isplacement (Disaster, Government Action, Action of Housing essibility, Property Disposition) mestic violence ousing
Veterans and Residents who Those enrolled Households the Households the Those previous Victims of rep	lect all that apply) lies and those unable to work because of age or disability veterans' families o live and/or work in the jurisdiction d currently in educational, training, or upward mobility programs nat contribute to meeting income goals (broad range of incomes) nat contribute to meeting income requirements (targeting) nationally programs orisals or hate crimes nace(s) (list below)

4. Rel	elationship 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) Oc	<u>cupancy</u>				
that	apply)? The PHA-resident The PHA's Address PHA briefing Other source (	dmissions and (Continued) Occupancy policy seminars or written materials list)			
b. How	At an annual r Any time fami	sidents notify the PHA of changes in family composition? (Select all that apply) reexamination and lease renewal rily composition changes rest for revision			
(6) Dec	concentration	and Income Mixing			
a. 🗌 Y	Yes 🔀 No:	Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.			
b. 🗌 🗅	Yes No:	Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.			

If yes, list these developments as follows:

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

Concord Housing Authority has two family developments:

NH005-03 - 50 units NH005-06 - 9 units

NH005-06, Ceriello Apartments, consists of 9 units. Per regulations published in the *Federal Register* on December 22, 2000 (Rule to Deconcentrate Poverty and Promote Integration in Public Housing, Final Rule), a "reasonable explanation" for this development being out of the established income range is the size of a development. Therefore this development is exempt by virtue of its size. There being only one other general occupancy development, Concord Housing Authority is exempt from deconcentration requirements.

#### **B. Section 8**

a. Wh	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)
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. Ind	icate what kinds of information you share with prospective landlords? (Select all that apply) Criminal or drug-related activity Other (describe below)
	aiting List Organization
a. Wir	th 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)

(1) Eligibility

<ul> <li>b. Where may interested persons apply for admission to section 8 tenant-based assistance? (Select all that apply)</li> <li>PHA main administrative office</li> <li>Other (list below)</li> </ul>
(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:
Medical reasons When applicant is actively looking and can't find a unit.
(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?
<ul> <li>b. Preferences</li> <li>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)</li> </ul>
2. Which of the following admission preferences does the PHA plan to employ in the former Federal preferences or other preferences) coming year? (Select all that apply from either
Former Federal preferences  Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

	Victims of domestic v Substandard housing Homelessness High rent burden (ren	violence $t$ is $t$ is $t$ is $t$ in
Other I	Veterans and veterans Residents who live ar Those enrolled curren Households that contri Households that contri	I those unable to work because of age or disability s' families nd/or work in your jurisdiction ntly in educational, training, or upward mobility programs ribute to meeting income goals (broad range of incomes) ribute to meeting income requirements (targeting) colled in educational, training, or upward mobility programs or hate crimes
in the babsolut	oox representing your	missions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" second priority, and so on. If you give equal weight to one or more of these choices (either through an a point system), place the same number next to each. That means you can use "1" more than once, "2"
	Date and Time	1.Residency Preference     2. Non-Resident Working Family Preference
Former	r Federal preferences Involuntary Displacer Victims of domestic v Substandard housing Homelessness High rent burden	ment (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) violence

Other p	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
一	Households that contribute to meeting income goals (broad range of incomes)
同	Households that contribute to meeting income requirements (targeting)
Ħ	Those previously enrolled in educational, training, or upward mobility programs
Ħ	Victims of reprisals or hate crimes
Ħ	Other preference(s) (list below)
	other preference(s) (list below)
4. Amo	ong 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
5. If th	e 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 D 1	
	ationship of preferences to income targeting requirements: (select one)
	The PHA applies preferences within income tiers
$\overline{\boxtimes}$	Not applicable: the pool of applicant families ensures that the PHA will meet income-targeting requirements
(E) C	sial Durmage Coetion & Agrictor of Duramoura
(5) Spe	cial Purpose Section 8 Assistance Programs

<ul> <li>a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (Select all that apply)</li> <li>The Section 8 Administrative Plan</li> <li>Briefing sessions and written materials</li> <li>Other (list below)</li> </ul>
<ul> <li>b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?</li> <li>Through published notices</li> <li>Other (list below)</li> </ul>
4. PHA Rent Determination Policies [24 CFR Part 903.7 9 (d)]
A. Public Housing
(1) Income Based Rent Policies
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 sat the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HU) 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			
	amount best reflects the PHA's minimum rent? (Select one) 50 51-\$25 626-\$50		
2. \( \sum \) Ye	es No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?		
3. If yes to question 2, list these policies below:			
Ability to pay			
c. Rent	s set at less than 30% than adjusted income		
	es No: Does the PHA plan to charge rents at a fixed amount or income?	percentage less than 30% of	
2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:			
<ul> <li>d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)</li> <li>For the earned income of a previously unemployed household member</li> <li>For increases in earned income</li> <li>Fixed amount (other than general rent-setting policy)</li> <li>If yes, state amount/s and circumstances below:</li> </ul>			
F	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 Other (describe below)		
e. Ceiling rents			
1. Do you have ceiling rents? (Rents set at a level lower than 30% of adjusted income) (Select one)			
	Yes for all developments Yes but only for some developments No		
2. For which kinds of developments are ceiling rents in place? (Select all that apply)			
	For all developments For all general occupancy developments (not elderly or disabled or elderly only) For specified general occupancy developments For certain parts of developments; e.g., the high-rise portion For certain size units; e.g., larger bedroom sizes Other (list below)		

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)		
Market comparability study Fair market rents (FMR) 95 <sup>th</sup> percentile rents 75 percent of operating costs 100 percent of operating costs for general occupancy (family) developments Operating costs plus debt service The "rental value" of the unit Other (list below)		
f. Rent re-determinations:		
1. Between income reexaminations, how often must tenants report changes in income changes result in an adjustment to rent? (Select all that apply)  Never  At family option  Any time the family experiences an income increase above a threshold amount or Other (list below)  Other (list below)  or family composition to the PHA such that the original composition to the PHA such that the origi		
Change in family composition		
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) FMRs
B. Se	ection 8 Tenant-Based Assistance
(1) Pa	yment Standards
a. Wha	At or above 90% but below100% 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	ne 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 th	ne 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)

<ul> <li>d. How often are payment standards reevaluated for adequacy? (Select one)</li> <li>Annually</li> <li>Other (list below)</li> <li>Monthly</li> </ul>			
e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (Select all that apply)  Success rates of assisted families  Rent burdens of assisted families  Other (list below)			
(2) Minimum Rent			
a. What amount best reflects the PHA's minimum rent? (Select one)  \$0  \$1-\$25  \$26-\$50			
b. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (If yes, list below)			
If resulting non-payment would result in an eviction.			
5. Operations and Management [24 CFR Part 903.7 9 (e)]			
A. PHA Management Structure  An organization chart showing the PHA's management structure and organization is attached.  A brief description of the management structure and organization of the PHA follows:			

The Authority's CEO is the Executive Director who is answerable to the five-member Board of Commissioners. Under the Executive Director's guidance and supervision, the Authority's management team consists of a Director of administration, Director of Housing and a Leasing Specialist.

#### **B. HUD Programs Under PHA Management**

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	262	80
Section 8 Vouchers	224	12
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section		
8 Certificates/Vouchers	0	0
(list individually)		

#### C. Management and Maintenance Policies

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

**Maintenance Policy (including pest control)** 

**Hazardous Materials Policy** 

**Schedule of Charges to Tenants** 

**PH Admissions and Continued Occupancy Policy** 

**Capitalization Policy** 

**Financial Procedures** 

**Community Space Policy** 

**Disposition Policy** 

**Ethics Policy** 

**Funds Transfer Policy** 

**Investment Policy** 

**Personnel Policy** 

**Sexual Harassment Policy** 

**Unit Transfer Policy** 

**Conflict of Interest Policy** 

Pet Policy (Elderly/Disabled developments)

**Grievance Procedure** 

**Sensitive Records Policy** 

**Travel Policy** 

(Note: The required pest control policy is contained in the Authority's Maintenance Policy.)

(2) Section 8 Management: (list below)

Section 8 Administrative Plan Section 8 Participant Packet **6. PHA Grievance Procedures** [24 CFR Part 903.7 9 (f)] 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? 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? 2. Which PHA office should applicants or assisted family's 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)] A. Capital Fund Activities

Copies of these policies can be found at the Authority's administrative offices located at 15 Pitman Street, Concord

Hampshire and are a part of this Plan.

New

# Select one: $\times$ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan as Attachment B -Or-The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here) (2) Optional 5-Year Action Plan a. X 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: Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment B X -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)

(1) Capital Fund Program Annual Statement

D,	Status of HOPE v1 revitalization grant (complete one set of questions for each grant)
2. Dev	relopment name: relopment (project) number: us 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) do	bes the PHA plan to apply for a HOPE VI Revitalization grants in the Plan year?  If yes, list development name/s below:
Yes No: d) W	Till the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?  If yes, list developments or activities below:
☐ Yes ⊠ No: e) W	ill 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. <u>Demolition an</u> [24 CFR Part 903.7 9 (h)]	
Applicability of compone	nt 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 <b>optional</b> Public Housing Asset Manage Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.)	ment	
Demolition/Disposition Activity Description		
1a. Development name:		
1b. Development (project) number:		
2. Activity type: Demolition		
Disposition		
3. Application status (select one)		
Approved		
Submitted, pending approval		
Planned application		
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)		
5. Number of units affected:		
6. Coverage of action (select one)		
Part of the development		
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 Ele Families and Families with Disabilities [24 CFR Part 903.7 9 (i)]	<u>derly</u>	
EV 2002 Amuel Dien Dece 42		

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 by elderly families and 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	on	
Yes No:	Has the PHA provided all required activity description information f Asset Management Table? If "yes", skip to component 10. If "No",	
Des	ignation of Public Housing Activity Description	
1a. Development nam		
1b. Development (pro		
2. Designation type:	· ·	
• • • • • • • • • • • • • • • • • • • •	only the elderly	
	families with disabilities	
Occupancy by	only elderly families and families with disabilities	
3. Application status	(select one)	
Approved; inc	cluded in the PHA's Designation Plan	
Submitted, pe	nding approval	
Planned appli		
4. Date this designation	on approved, submitted, or planned for submission: (DD/MM/YY)	
	his designation constitute a (select one)	
New Designation		
Revision of a previously approved Designation Plan?		
6. Number of units a	affected:	

7. Coverage of action	on (select one)	
Part of the devel	<u> =</u>	
Total developme	nt	
	f Public Housing to Tenant-Based Assistance	
[24 CFR Part 903.7 9 (j)]		
A. Assessments of l	Reasonable Revitalization Pursuant to section 202 of the HUD F	Y 1996 HUD Appropriations Act
1.  Yes No:	Have any of the PHA's developments or portions of development under section 202 of the HUD FY 1996 HUD Appropriations Accomplete one activity description for each identified development submission. PHAs completing streamlined submissions may skip	t? (If "No", skip to component 11; if "yes", t, unless eligible to complete a streamlined
2. Activity Descripti ☐ Yes ☐ No:	on Has the PHA provided all required activity description informatio Asset Management Table? If "yes", skip to component 11. If "No	· ·
Con	version of Public Housing Activity Description	
1a. Development nar	ne:	
1b. Development (pr		
	of the required assessment?	
<u> </u>	ent underway	
_	ent results submitted to HUD	
question	ent results approved by HUD (if marked, proceed to next	
	plain below)	
	F 0 2 2 0 /	
3. Yes No: Is	a Conversion Plan required? (If ves. go to block 4, if no. go to	

block 5.)	1	
4. Status of Conversion Plan (select the statement that best describes the current	1	
status)		
Conversion Plan in development		
Conversion Plan submitted to HUD on: (DD/MM/YYYY)		
Conversion Plan approved by HUD on: (DD/MM/YYYY)		
Activities pursuant to HUD-approved Conversion Plan underway		
5. Description of how requirements of Section 202 are being satisfied by means other	1	
than conversion (select one)		
Units addressed in a pending or approved demolition application (date submitted or approved:		
Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:		
Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:		
Requirements no longer applicable: vacancy rates are less than 10 percent		
Requirements no longer applicable: site now has less than 300 units		
Other: (describe below)		
Guier. (desertee selow)		
L	<b>_</b>	
B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 193	37	
Component 10 (B) Voluntary Conversion Initial Assessments		
(Per HUD guidance, the following questions are being inserted from HUD's website into this Agency Plan template.)		
a. How many of the PHA's developments are subject to the Required Initial Assessments?		

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b.	How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or
	disabled developments not general occupancy projects)?

3

c. How many Assessments were conducted for the PHA's covered developments?

2

**d.** Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
None*	

<sup>\*</sup>None of the general occupancy developments owned by the Concord Housing Authority have been determined to be appropriate for conversion. The Required Initial Assessment is a Supporting Document to this Annual Plan.

e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: Not Applicable

C. Reserved for Co	nversions pursuant to Section 33 of the U.S. Housing Act of 1937	
11. Homeowners [24 CFR Part 903.7 9 (k)]	ship Programs Administered by the PHA	
A. Public Housing		
1. ☐ Yes ⊠ No:	Does the PHA administer any homeownership programs administere homeownership program (42 U.S.C. 1437c(h)), or an approved HOP applied or plan to apply to administer any homeownership programs section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (I complete one activity description for each applicable program/plan, u submission due to <b>small PHA</b> or <b>high performing PHA</b> status. PHA to component 11B.)	E I program (42 U.S.C. 1437aaa) or has the PHA under section 5(h), the HOPE I program, or if "No", skip to component 11B; if "yes", unless eligible to complete a streamlined
2. Activity Description    ✓ Yes    No:	On  Has the PHA provided all required activity description information for Asset Management Table? (If "yes", skip to component 12. If "No",	
	lic Housing Homeownership Activity Description	
	Complete one for each development affected)	
1a. Development nan		
1b. Development (pro		
2. Federal Program at HOPE I	utnority:	
5(h)		
Turnkey 1	III	

Section 32 of the USHA of 1937 (effective 10/1/99)

3. Application status: (select one)	
Approved; included in the PHA's Homeownership Plan/Program	
Submitted, pending approval	
Planned application	
4. Date Homeownership Plan/Program approved, submitted, or planned for submission:	
(DD/MM/YYYY)	
5. Number of units affected:	
6. Coverage of action: (select one)	
Part of the development	
Total development	
D. Card'an O. Tanana Dana I. Annina	
B. Section 8 Tenant Based Assistance	
1. Yes No: Does the PHA plan to administer a Section 8 Homeownership progra 1937, as implemented by 24 CFR part 982? (If "No", skip to comportable below (copy and complete questions for each program identifies streamlined submission due to high performer status. <b>High perfor</b>	nent 12; if "yes", describe each program using the d), unless the PHA is eligible to complete a
2. Program Description:	
<ul> <li>a. Size of Program</li> <li>Yes No: Will the PHA limit the number of families participating in the section</li> </ul>	n 8 homeownership option?
If the answer to the question above was yes, which statement best describes the nun  25 or fewer participants  26 - 50 participants  51 to 100 participants  More than 100 participants	aber of participants? (Select one)
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 (1)]
A. PHA Coordination with the Welfare (TANF) Agency
<ol> <li>Cooperative agreements:</li> <li>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)?</li> </ol>
If yes, what was the date that agreement was signed? <u>DD/MM/YY</u>
<ul> <li>2. Other coordination efforts between the PHA and TANF agency (select all that apply)</li> <li>Client referrals</li> <li>Information sharing regarding mutual clients (for rent determinations and otherwise)</li> <li>Coordinate the provision of specific social and self-sufficiency services and programs to eligible families</li> <li>Jointly administer programs</li> <li>Partner to administer a HUD Welfare-to-Work voucher program</li> <li>Joint administration of other demonstration program</li> <li>Other (describe)</li> </ul>
B. Services and programs offered to residents and participants
(1) General
a. Self-Sufficiency Policies

n, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of				
ed 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)				
onomic and Social self-sufficiency programs				
es 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	Access (development office /	Eligibility (public housing or
(including location, if appropriate)	Size	(waiting list/random selection/specific criteria/other)	PHA main office / other provider name)	section 8 participants or both)
Merrimack Day Care	15 units	open	on property	PHA resident
Child and Family Services	59 units	open	on property	PHA resident
Senior Partners	203 units	open	on property	PHA resident
Riverbed	262 units	open	Admin. offices	open public

(2) Family Self Sufficion	ency program/s		
a. Participation Descrip	tion		_
	Family Self Sufficiency (FSS) Participa	ation	
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)	
Public Housing			
Section 8			
S	The PHA is not maintaining the min teps the PHA plans to take to achieve The no, list steps the PHA will take belo	e at least the minimum program	es the most recent FSS Action Plan address the m size?
C. Welfare Benefit Re	ductions		
* ·	ng with the statutory requirements of lting from welfare program requirem	3 /	using Act of 1937 (relating to the treatment of
<ul><li>✓ Informing reside</li><li>✓ Actively notifying</li></ul>	ents of new policy on admission and ng residents of new policy at times in pursuing a cooperative agreement wi	reexamination n addition to admission and ree	cies and train staff to carry out those policies examination.  cies regarding the exchange of information and

	Establishing a protocol for exchange of information with all appropriate TANF agencies Other: (list below)
D. Re	eserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937
[24 CF]	PHA Safety and Crime Prevention Measures R Part 903.7 9 (m)]  Red for measures to ensure the safety of public housing residents
1. De	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)
	Crime at the Authority's developments is minimal. The Authority's main concern is implementation of prevention programs to maintain a level of safety for all residents.
2. Wł	nat 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)  Concord Police Department has assigned a liaison officer to the Concord Housing Authority. There is ongoing communication between these two agencies and the residents.
	Which developments are most affected? (List below)
NI	H 005-003 and NH 005-006
B. Cr	ime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year
1. Lis	t 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. Wh	nich developments are most affected? (List below)
	All PHA developments
C. Co	pordination between PHA and the police

	scribe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and les: (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)
	Concord Police Department has assigned a liaison officer to the Concord Housing Authority.
2. Wi	nich developments are most affected? (list below)
	NH05-01 NH05-03 NH05-05
D. Ad	ditional information as required by PHDEP/PHDEP Plan
This se	ection is no longer applicable.
<ul><li> Y€</li><li> Y€</li><li> Y€</li></ul>	es No: Has the PHA included the PHDEP Plan for FY 2001 in this PHA Plan?

# 14. RESERVED FOR PET POLICY FY 2002 Annual Plan - Page 55

[24	CFR	Part	903.7	9	(n)
	~ 11	1 411	, 00.,	_	\ <b>*</b> * /

<b>15.</b> <sup>1</sup>	Civil	<b>Rights</b>	Certifica	tions
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[24 CFR Part 903.7 9 (o)]

16. Fiscal Audit

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

[24 CFR Part 903.7 9 (p	))]		
1. X Yes No: Is	s the PHA required to have	e an audit conducted under section	5(h)(2) of the U.S. Housing
Act of 1937 (42 U S	S.C. 1437c(h))?	(If no, skip to component 17.)	
2. <b>Yes No</b> :	Was the most recent fise	cal audit submitted to HUD?	
3. $\overline{\boxtimes}$ Yes $\overline{\square}$ No:	Were there any findings	s as the result of that audit?	
4. Yes No:	If there were any finding	gs, do any remain unresolved?	
<u> </u>	If yes, how many unreso	olved findings remain?	
5. Yes No:	Have responses to any u	unresolved findings been submitted to HUD?	
	If not, when are they du	e (state below)?	
17. PHA Asset			
[24 CFR Part 903.7 9 (q	[)]		
1.  Yes No: Is		activities that will contribute to the long-term asset in will plan for long-term operating, capital investments	

disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

<ul> <li>2. What types of asset management activities will the PHA undertake? (select all that apply)</li> <li>Not applicable</li> <li>Private management</li> <li>Development-based accounting</li> <li>Comprehensive stock assessment</li> <li>Other: (list below)</li> </ul>
3. Yes No: Has the PHA included descriptions of asset management activities in the <b>optional</b> 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?
<ul> <li>2. If yes, the comments are: (if comments were received, the PHA MUST select one)</li> <li>Attached at Attachment (File name)</li> <li>Provided below:</li> </ul>
<ul> <li>3. In what manner did the PHA address those comments? (Select all that apply)</li> <li>Considered comments, but determined that no changes to the PHA Plan were necessary.</li> <li>The PHA changed portions of the PHA Plan in response to comments List changes below:</li> </ul>
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. Des	scription of Resid	dent Election Process
a. Non	Candidates were Any adult recipi Self-nomination	dates for place on the ballot: (select all that apply) e nominated by resident and assisted family organizations ient of PHA assistance could nominate candidates n: Candidates registered with the PHA and requested a place on ballot unsel elects candidate after an interview process.
b. Eliş	Any head of hor Any adult recipi	(select one)  f PHA assistance usehold receiving PHA assistance ient of PHA assistance ber of a resident or assisted family organization
c. Elig	All adult recipie	ect all that apply) ents of PHA assistance (public housing and section 8 tenant-based assistance) of all PHA resident and assisted family organizations

	C.	Statement of	<b>Consistency</b>	with the	Consolidated	Plan
--	----	--------------	--------------------	----------	--------------	------

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

1. Consolidated Plan jurisdiction: (provide name here)

#### **State of New Hampshire**

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

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

The New Hampshire Consolidated Plan for 2001-2005 points out that the states rental housing vacancy rate five years ago was below 4%, a most unhealthy market. Vacancy rates have now plummeted to a reported 1%, an even worse situation. It is a fact of life that the lack of available rental housing results in increased rental costs.

The Authority commits itself to pursuing avenues open to it that will result in an increase in affordable housing resources.

The New Hampshire Consolidated Plan points out that the new lead paint regulations set forth in 24CFR have had "a chilling effect on owners of pre-1978 rental property." While the regulations have been promulgated to protect young children from lead paint hazards, landlords are now less likely to participate in the Section 8 program. Faced with the cost of renovating their units and the possibility of legal liability, they are drawing back from Section 8 participation. This situation is only exacerbated by the low vacancy rate.

The Authority will increase its outreach efforts to landlords to maximize participation in the Section 8 program.
The Authority will increase its outleach errorts to fandiords to maximize participation in the Section 8 program.
FV 2002 Annual Plan - Page 60

#### D. Other Information Required by HUD

#### A. Substantial Deviation from the 5-year Plan:

A substantial deviation from the 5-year Plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5-year plan.

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

Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.

#### **Attachments**

All attachments are listed in the Table of Contents

Required Attachment A: Statement of Progress in Meeting the 5-Year Plan Mission and Goals

Concord Housing Authority Fiscal Year 2004 Annual Plan

The following table reflects the progress we have made in achieving our goals and objectives:

GOAL 1	GOAL 1. Improve the management and operating efficiencies of our current affordable housing			
unit.	unit.			
	Objective Progress			
	Objective	Progress		

1.2:	To achieve and maintain an occupancy	Still working toward goal. Currently at 96%
rate of	f 98%.	
1.3:	To achieve and maintain an operating	Goal has been reached.
budge	t reserve level of forty-five percent	
(45%)	by 9-30-04	
1.4:	To raise funds to support Authority	Still working on goal.
progra	ams from at least three non-HUD sources	
by 9-30-05		
1.5:	Become the example of effective	New objective – 3 year process
operat	ions in the industry.	

nousi	ng inventory. <b>Objective</b>	Progress
2.1:	Energy Efficiencies	Reviewing Final Report. Expect 2004 funding and 2005 completion.
2.2	Capital Needs Assessment addressed.	Reviewing Final Report. Expect 2004 funding and 2005 startup.

GOAL 3. Encourage partnerships to improve well being of our residents.	ve the economic independence and social
Objective	Progress

3.1: To develop and implement children's	Plan in development.		
programs for the family projects			
3.2: To develop and implement adult	Plan in development.		
independence programs for the family projects.			
3.3: To develop and implement adult	Plan in development		
independence programs for the Elderly and			
Disabled projects			
3.4: To maintain all of the Authority's	Plan in development		
dwelling units in a decent, safe and affordable			
3.6: Create a greening of the building	2 year plan to start in summer of 2004.		
exterior.			

GOAL 4. Advocate "Affordable Housing" in our communities.		
Objective	Progress	
To promote and highlight CHA.	Objective will always be there.	
To promote through local, regional, state and national forums.	Objective will always be there.	

## Attachment A – Fiscal Year 2004 Capital Fund Program Performance & Evaluation Report

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA N	Name:	Grant Type and Number		·	Federal FY of Grant:
Conc	cord Housing Authority	Capital Fund Program Grant No:	NH36P-005-501-04		2004
	,	Replacement Housing Factor Gra			
	iginal Annual Statement Reserve for Disasters/ Emer				
	formance and Evaluation Report for Period Ending:		erformance and Evaluation	•	
Line	Summary by Development Account	Total Estimated Cost Total		Total Ac	tual Cost
No.					
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations	0.00	0.00	0.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration	0.00	0.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	12,500.00	0.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	5,125.00	0.00	0.00	0.00
10	1460 Dwelling Structures	234,955.00	0.00	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	22,500.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collaterization or Debt Service	88,000.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$363,080.00	0.00	0.00	0.00

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary								
PHA N	ame:	Grant Type and Number	Federal FY of Grant:					
Concord Housing Authority		Capital Fund Program Grant		2004				
	,	Replacement Housing Factor	Grant No:					
⊠Ori	ginal Annual Statement Reserve for Disasters/ Emer	gencies Revised Annual	<b>Statement</b> (revision no: )					
Per	Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report							
Line	Summary by Development Account	Total Esti	mated Cost	Total A	<b>Total Actual Cost</b>			
No.								
		Original	Revised	Obligated	Expended			
22	Amount of line 21 Related to LBP Activities							
23	Amount of line 21 Related to Section 504 compliance							
24	Amount of line 21 Related to Security – Soft Costs							
25	Amount of Line 21 Related to Security – Hard Costs							
26	Amount of line 21 Related to Energy Conservation Measures							

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

PHA Name: Concord Housi	ng Authority	Grant Type and Capital Fund Pro	ogram Grant No: N	Federal FY of Grant: 2004				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	using Factor Grant Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
reavines				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Computer Hardware	1475	6	15,000.00	0.00	0.00	0.00	
	Copier	1475	1	7,500.00	0.00	0.00	0.00	
	Debt Service	1501		88,000.00	0.00	0.00	0.00	
5-5	Professional Fees	1430		12,500.00	0.00	0.00	0.00	
	Refurbish central make up air & exhaust	1460		234,955.00	0.00	0.00	0.00	
5-6	Fence	1450		5,125.00	0.00	0.00	0.00	
				, , , , , , ,				

#### **Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages** PHA Name: **Grant Type and Number** Federal FY of Grant: Capital Fund Program Grant No: NH36-P005-501-04 2004 **Concord Housing Authority** Replacement Housing Factor Grant No: General Description of Major Work Development Dev. Acct **Total Estimated Cost Total Actual Cost** Status of **Ouantity** Categories Number Work No. Name/HA-Wide Activities Funds Funds Original Revised Obligated Expended

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part III: Implem	_	-		•		O	,		
PHA Name:		Federal FY of Grant:							
Concord Housing Authority			al Fund Progra cement Housin	m No:NH36-P00 ng Factor No:	5-501-04	2004			
Development Number All Fund Name/HA-Wide (Quarter E Activities					Funds Expended arter Ending Date)		Reasons for Revised Target Dates		
	Original	Revised	Actual	Original	Revised	Actual			
NH 5-1, 2, 3, 5 and 6	09/30/06			09/30/08					
PHA-Wide	09/30/06			09/30/08					

Annual Statement/Performance and Evaluation Report										
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)										
Part III: Implementation Schedule										
PHA Name: Grant Type and Number Federal FY of Grant:										
ority	Capit	al Fund Program	m No:NH36-P00	)5-501-04	2004					
•	Repla	acement Housin	g Factor No:							
Development Number All Fund			Obligated All Funds Expended		Reasons for Revised Target Dates					
Name/HA-Wide (Quarter E		nding Date) (Quarter Ending Date)								
Activities										
Original	Revised	Actual	Original	Revised	Actual					
	gram and ntation Sonority  All	ram and Capital Fortation Schedule  Grant  Ority  All Fund Obligat  (Quarter Ending D	ram and Capital Fund Programation Schedule  Grant Type and Nun Capital Fund Programation Replacement Housin  All Fund Obligated (Quarter Ending Date)	ram and Capital Fund Program Replacementation Schedule  Grant Type and Number Capital Fund Program No:NH36-P00 Replacement Housing Factor No:  All Fund Obligated (Quarter Ending Date)  (Q	ram and Capital Fund Program Replacement House Intation Schedule  Grant Type and Number Capital Fund Program No: NH36-P005-501-04 Replacement Housing Factor No:  All Fund Obligated (Quarter Ending Date)  All Funds Expended (Quarter Ending Date)	ram and Capital Fund Program Replacement Housing Factor Intation Schedule  Grant Type and Number Capital Fund Program No:NH36-P005-501-04 Replacement Housing Factor No:  All Fund Obligated (Quarter Ending Date)  All Funds Expended (Quarter Ending Date)				

## <u>Attachment B – Fiscal Year 2003 Capital Fund Program Performance & Evaluation Report</u>

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary								
PHA N	ame:	Grant Type and Number			Federal FY of Grant:			
Conc	ord Housing Authority	Capital Fund Program Grant N	2003					
		Replacement Housing Factor C						
	ginal Annual Statement $\square$ Reserve for Disasters/ Emer							
	formance and Evaluation Report for Period Ending:		Performance and Evaluation	_				
Line	Summary by Development Account	Total Estin	Total Ac	Total Actual Cost				
No.								
		Original	Revised	Obligated	Expended			
1	Total non-CFP Funds	0.00	0.00	0.00	0.00			
2	1406 Operations	0.00	0.00	0.00	0.00			
3	1408 Management Improvements	0.00	0.00	0.00	0.00			
4	1410 Administration	10,000.00	0.00	0.00	0.00			
5	1411 Audit	0.00	0.00	0.00	0.00			
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00			
7	1430 Fees and Costs	40,000.00	\$9,872.00	0.00	0.00			
8	1440 Site Acquisition	0.00	0.00	0.00	0.00			
9	1450 Site Improvement	0.00	0.00	0.00	0.00			
10	1460 Dwelling Structures	260,276.00	\$212,404.00	0.00	0.00			
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00			
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00			
13	1475 Nondwelling Equipment	0.00	0.00	0.00	0.00			
14	1485 Demolition	0.00	0.00	0.00	0.00			
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00			
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00			
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00			
18	1499 Development Activities	0.00	0.00	0.00	0.00			
19	1501 Collaterization or Debt Service	0.00	\$88,000.00	0.00	0.00			

Ann	ual Statement/Performance and Evalua	ntion Report							
Capi	tal Fund Program and Capital Fund P	rogram Replacemen	nt Housing Factor (	CFP/CFPRHF) Par	t I: Summary				
PHA N	ame:	Grant Type and Number			Federal FY of Grant:				
Conc	ord Housing Authority	Capital Fund Program Grant N	o: NH36-P005-501-03		2003				
		Replacement Housing Factor C							
	Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 1)								
Per	formance and Evaluation Report for Period Ending:		Performance and Evaluation	n Report					
Line	Summary by Development Account	Total Estim	nated Cost	Total Act	ctual Cost				
No.									
		Original	Revised	Obligated	Expended				
20	1502 Contingency	0.00	0.00	11,790.68	1,790.68				
21	Amount of Annual Grant: (sum of lines $2-20$ )	\$310,276.00	\$310,276.00	11,790.68	1,790.68				
22	Amount of line 21 Related to LBP Activities								
23	Amount of line 21 Related to Section 504 compliance								
24	Amount of line 21 Related to Security – Soft Costs								
25	Amount of Line 21 Related to Security – Hard Costs								
26	Amount of line 21 Related to Energy Conservation Measures			·	_				

PHA Name:		Grant Type and	Number		Federal FY of Grant:			
Concord Housi	ng Authority		ogram Grant No: $N$		1-03	2003		
		Replacement Ho	ousing Factor Grant	No:				
Development	General Description of Major Work	Dev. Acct	Quantity	Total Estir	nated Cost	Total Ac	tual Cost	Status of
Number	Categories	No.						Work
Name/HA-Wide								
Activities								
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Administration	1410		\$10,000.00	0.00	0.00	0.00	
	Arch and Engineering Fees	1430		\$40,000.00	\$9,872.00	0.00	0.00	
	Debt Service	1501		0.00	\$88,000.00	0.00	0.00	
	Replace kitchen/bath outlets w/GFCI outlets	1460		\$40,000.00	0.00	0.00	0.00	
5-1	Windows	1460	271	0.00	\$127,446.00	0.00	0.00	
5-2	Windows	1460	76	0.00	\$84,958.00	0.00	0.00	
5.0		1460		Φ.Σ. 0.0.0.0.0	0.00	0.00	0.00	
5-3	Stop all sources of water in crawl space	1460	122	\$5,000.00	0.00	0.00	0.00	
	Replace all windows and frames	1460	423	\$163,676.00	0.00	0.00	0.00	
	Replace all boiler room doors and frames	1460	4000 6	\$12,650.00	0.00	0.00	0.00	
	Drywall underside first floor framing	1460	4000 sf	\$4,000.00	0.00	0.00	0.00	
	Seal gypsum wallboard ceiling in basement	1460		\$2,200.00	0.00	0.00	0.00	
	Clean drains at entrance to boiler room	1460		\$550.00	0.00	0.00	0.00	
	Install sump pumps	1460		\$5,000.00	0.00	0.00	0.00	
	Cap chimneys	1460		\$2,200.00	0.00	0.00	0.00	
	Repair and stabilize chimneys	1460		\$10,000.00	0.00	0.00	0.00	
	Insulate protect insulation in crawl spaces	1460		\$15,000.00	0.00	0.00	0.00	

#### **Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages** PHA Name: **Grant Type and Number** Federal FY of Grant: Capital Fund Program Grant No: NH36-P005-501-03 2003 **Concord Housing Authority** Replacement Housing Factor Grant No: General Description of Major Work Development Dev. Acct **Total Estimated Cost Total Actual Cost** Status of **Ouantity** Categories Number Work No. Name/HA-Wide Activities Funds Funds Original Revised Obligated Expended

<b>Annual Statement</b>	t/Performa	ance and I	Evaluatio	n Report			
<b>Capital Fund Pro</b>	gram and	Capital F	und Prog	gram Replac	ement Housi	ing Factor	· (CFP/CFPRHF)
Part III: Implem	entation S	chedule					
PHA Name:			Type and Nur		05.501.02		Federal FY of Grant:
			al Fund Progra cement Housir	m No: NH36-P00 ng Factor No:	05-501-03		2003
Development Number Name/HA-Wide Activities	Fund Obligate arter Ending Da			ll Funds Expended uarter Ending Date		Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual	
NH 5-1, 2, 3, 5	09/16/05	12/31/04		09/16/07	06/30/05		
PHA-Wide	09/16/05	12/31/04		06/16/07	06/30/05		

<b>Annual Statement</b>	t/Performa	ance and	Evaluatio	n Report							
Capital Fund Prog	gram and	Capital I	<b>Sund Prog</b>	gram Replac	ement Hous	ing Factor	(CFP/CFPRHF)				
Part III: Impleme	Part III: Implementation Schedule										
PHA Name:	Grant	Type and Nur	nber			Federal FY of Grant:					
	Capi	tal Fund Progra	m No: NH36-P0	05-501-03		2003					
Concord Housing Aut	Repl	Replacement Housing Factor No:									
Development Number	All	Fund Obliga	Obligated All Funds Expended			Reasons for Revised Target Dates					
Name/HA-Wide	(Qua	rter Ending D	ding Date) (Quarter Ending Date)								
Activities											
	Original	Revised	Actual	Original	Revised	Actual					

### <u>Attachment B – Fiscal Year 2003 Capital Fund Program Performance & Evaluation Report</u>

Ann	ual Statement/Performance and Evalu	ation Report						
Cap	ital Fund Program and Capital Fund l	Program Replaceme	nt Housing Factor (C	CFP/CFPRHF) Pa	art I: Summary			
PHA N	Name:	Grant Type and Number			Federal FY of Grant:			
Cond	ord Housing Authority	Capital Fund Program Grant	Capital Fund Program Grant No: NH36-P005-502-03					
	•	Replacement Housing Factor						
	iginal Annual Statement Reserve for Disasters/ Em							
Per	formance and Evaluation Report for Period Ending:	<b>3/31/2004                                   </b>	ance and Evaluation Report					
Line	Summary by Development Account	Total Esti	mated Cost	Total A	actual Cost			
No.								
		Original	Revised	Obligated	Expended			
1	Total non-CFP Funds		0.00	0.00	0.00			
2	1406 Operations	0.00	0.00	0.00	0.00			
3	1408 Management Improvements	0.00	0.00	0.00	0.00			
4	1410 Administration	0.00	0.00	0.00	0.00			
5	1411 Audit	0.00	0.00	0.00	0.00			
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00			
7	1430 Fees and Costs	0.00	0.00	0.00	0.00			
8	1440 Site Acquisition	0.00	0.00	0.00	0.00			
9	1450 Site Improvement	0.00	0.00	0.00	0.00			
10	1460 Dwelling Structures	65,533.00	0.00	0.00	0.00			
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00			
12	1470 Non-dwelling Structures	0.00	0.00	0.00	0.00			
13	1475 Non-dwelling Equipment	0.00	0.00	0.00	0.00			
14	1485 Demolition	0.00	0.00	0.00	0.00			
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00			
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00			
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00			
18	1499 Development Activities	0.00	0.00	0.00	0.00			

Ann	Annual Statement/Performance and Evaluation Report									
Cap	ital Fund Program and Capital Fund P	rogram Replaceme	nt Housing Factor (	CFP/CFPRHF) Pa	rt I: Summary					
PHA N	Jame:	Grant Type and Number			Federal FY of Grant:					
Conc	ord Housing Authority	Capital Fund Program Grant	No: NH36-P005-502-03		2003					
		Replacement Housing Factor								
	<b>⊘</b> Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no: 0)									
Per	formance and Evaluation Report for Period Ending: 3	/31/2004 Final Performa	ance and Evaluation Report							
Line	Summary by Development Account	Total Ac	ctual Cost							
No.										
		Original	Revised	Obligated	Expended					
19	1501 Collaterization or Debt Service	0.00	0.00	0.00	0.00					
20	1502 Contingency	0.00	0.00	0.00	0.00					
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$65,533.00	0.00	0.00	0.00					
22	Amount of line 21 Related to LBP Activities									
23	Amount of line 21 Related to Section 504 compliance									
24	Amount of line 21 Related to Security – Soft Costs									
25	Amount of Line 21 Related to Security – Hard Costs									
26	Amount of line 21 Related to Energy Conservation Measures									

PHA Name:	porting ruges	Grant Type and N		Federal FY of Grant:					
Concord Housin	g Authority	Capital Fund Prog Replacement Hou	gram Grant No: NE sing Factor Grant N	03	2003				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estin	nated Cost	Total Ac	Total Actual Cost		
110011000				Original	Revised	Funds Obligated	Funds Expended		
5-1	Windows	1460	271	3,761.00	0.00	0.00	0.00		
5-2	Windows	1460	76	1,054.00	0.00	0.00	0.00		
5-5	Windows	1460	262	3,636.00	0.00	0.00	0.00		
5-3	Structural	1460		57,082.00	0.00	0.00	0.00		

PHA Name: Concord Housing Authority		Grant Type and I	<b>Number</b> gram Grant No: NH	Federal FY of Grant: 2003				
Concord Housing	Authority	Replacement Hou	gram Grant No: 1111 Ising Factor Grant N	2003				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estin	mated Cost	Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

PHA Name:		Grant	Type and Nun	nber		Federal FY of Grant:	
Concord Housing Autl	hority		al Fund Program	m No: NH36-P0 g Factor No:	05-502-03	2003	
Development Number		Fund Obligate	Obligated All Funds Expended			Reasons for Revised Target Dates	
Name/HA-Wide Activities	(Qua	arter Ending Da	ate)	(Q	uarter Ending Date	e)	
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide	02/12/06	12/04		02/12/08	06/05		
NH 5-1	02/12/06	12/04		02/12/08	06/05		
NH 5-2	02/12/06	12/04		02/12/08	06/05		
NH 5-5	02/12/06	12/04		02/12/08	06/05		

### <u>Attachment C – FY 2002 Capital Fund Program Annual Statement</u>

Annual St	atement/Performance and Evaluation R	Report			
Capital F	und Program and Capital Fund Program	n Replacement Hous	sing Factor (CFP/C	FPRHF) Part I: Su	mmary
PHA Name:		Grant Type and Number			Federal FY of
Concord H	ousing Authority	Capital Fund Program Grant N		Grant:	
	v	Replacement Housing Factor C			2002
Original A	nnual Statement Reserve for Disasters/ Emergencies	Revised Annual Statement	t (revision no:)		
Performan	ce and Evaluation Report for Period Ending	oxtimes Final Performance and Ev	valuation Report		
Line No.	Summary by Development Account	Total Estin	nated Cost	Total Actual	Cost
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations	0.00	0.00	0.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration	10,000.00	3,465.93	3,465.93	3,465.93
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	50,000.00	94,197.16	\$95,161.25	94,197.16
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	330,905.00	293,241.91	\$292,277.82	293,241.91
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	0.00	0.00	0.00	0.00
13	1475 Non-dwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collaterization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$390,905.00	\$390,905.00	\$390,905.00	\$390,905.00
22.	Amount of line 21 Related to LBP Activities				

<b>Annual Sta</b>	tement/Performance and Evaluation R	eport			
<b>Capital Fun</b>	nd Program and Capital Fund Progran	n Replacement Hou	sing Factor (CFP/C	<b>EFPRHF)</b> Part I: Su	mmary
PHA Name: Concord Housing Authority		Grant Type and Number Capital Fund Program Grant 1 Replacement Housing Factor		Federal FY of Grant: 2002	
		Revised Annual Statemen Final Performance and E	,		
Line No.	Summary by Development Account	Total Estin	mated Cost	Total Actual	Cost
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

### **Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)** 

**Part II: Supporting Pages** 

PHA Name:	PHA Name:			Grant Type and Number					
Concord Housing Autho	rity		gram Grant No: <b>N</b> F		2	2002			
			sing Factor Grant N						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories			tual Cost	Status of Work				
				Original	Revised	Funds Obligated	Funds Expended		
PHA-Wide	Administration	1410		10,000.00	3,465.93	3465.93	3,465.93		
	Architectural and Engineering Fees	1430		50,000.00	71,443.04	76,840.61	71,443.04		
NH 5-3	Windows	1460	441	330,905.00	137,178.00	310,598.46	137,178.00		
	Structural repairs	1460		0.00	129,367.91	0.00	129,367.91		
	Architectural and Engineering Fees	1430		0.00	22,092.43	0.00	22,092.43		
NH 5-6	Tubliners	1460	5	0.00	5125.00	0.00	5125.00		
	Architectural and Engineering Fees	1430		0.00	661.69	0.00	661.69		
	Windows	1460	69	0.00	21,571.00	0.00	21,571.00		
		+							
		-							

PHA Name:		Type and Nun			Federal FY of Grant:		
Concord Housing Authority			Capital Fund Program No: NH36P005501-02 Replacement Housing Factor No:				2002
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
PHA-Wide	Original 09/30/04	Revised	Actual 03/2004	Original 9/05	Revised 09/30/06	Actual	
NH 5-1	09/30/04		03/2004	9/05	09/30/06		
NH 5-2	09/30/04		03/2004	9/05	09/30/06		
NH 5-3 NH 5-5	09/30/04 09/30/04		03/2004	9/05 9/05	09/30/06 09/30/06		
NH 5-6	09/30/04		03/2004	9/05	09/30/06		

### <u>Attachment D – Fiscal Year 2001 Capital Fund Program Performance & Evaluation Report</u>

Ann	Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA N	lame:	<b>Grant Type and Number</b>			Federal FY of Grant:	
Conc	ord Housing Authority	Capital Fund Program Grant N	o: NH36P005501-01		2001	
		Replacement Housing Factor C	Grant No:			
	iginal Annual Statement $\square$ Reserve for Disasters/ Eme					
⊠Per	formance and Evaluation Report for Period Ending: 3					
Line	Summary by Development Account	Total Estim	nated Cost	Total Act	ual Cost	
No.					T	
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds	12.000.00	10.000.00	40.000.00		
2	1406 Operations	10,000.00	10,000.00	10,000.00	0.00	
3	1408 Management Improvements	15,000.00	15,000.00	15,000.00	10,328.97	
4	1410 Administration	42,340.00	42,340.00	42,340.00	13,906.19	
5	1411 Audit	1,000.00	1,000.00	1,000.00	0.00	
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00	
7	1430 Fees and Costs	61,175.86	61,175.86	61,175.86	105,280.71	
8	1440 Site Acquisition	0.00	0.00	0.00	0.00	
9	1450 Site Improvement	0.00	0.00	0.00	0.00	
10	1460 Dwelling Structures	293,882.14	293,882.14	293,882.14	293,882.13	
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00	
12	1470 Non-dwelling Structures	0.00	0.00	0.00	0.00	
13	1475 Non-dwelling Equipment	0.00	0.00	0.00	0.00	
14	1485 Demolition	0.00	0.00	0.00	0.00	
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00	
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00	
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00	
18	1499 Development Activities	0.00	0.00	0.00	0.00	

Ann	Annual Statement/Performance and Evaluation Report							
Capi	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary							
PHA N	ame:	Grant Type and Number			Federal FY of Grant:			
Conc	ord Housing Authority	Capital Fund Program Grant N	o: NH36P005501-01		2001			
		Replacement Housing Factor C						
	ginal Annual Statement Reserve for Disasters/ Emer							
<b>⊠</b> Per	formance and Evaluation Report for Period Ending: 3/	31/2004 🛛 Final Performai	nce and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost Total Ac			tual Cost			
No.								
		Original	Revised	Obligated	Expended			
19	1501 Collaterization or Debt Service	0.00	0.00	0.00	0.00			
20	1502 Contingency	0.00	0.00	0.00	0.00			
21	Amount of Annual Grant: (sum of lines $2-20$ )	\$423,398.00	\$423,398.00	\$423,398.00	\$423,398.00			
22	Amount of line 21 Related to LBP Activities							
23	Amount of line 21 Related to Section 504 compliance							
24	Amount of line 21 Related to Security – Soft Costs							
25	Amount of Line 21 Related to Security – Hard Costs							
26	Amount of line 21 Related to Energy Conservation Measures	•			<u> </u>			

PHA Name: Concord Housing Authority		Grant Type and N		Federal FY of Grant: 2001				
		Capital Fund Progr Replacement Hous						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	cct. No. Quantity Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	Operations	1406		10,000.00	10,000.00	10,000.00	0.00	
Management	Management Improvements	1408.1		15,000.00	15,000.00	15,000.00	10,328.97	
Improvement	Administration	1410		42,340.00	42,340.00	42,340.00	13,906.19	
-	Audit Costs	1411		1,000.00	1,000.00	1000.00	0.00	
	Architectural and Engineering Fees	1430		61,175.86	61,175.86	61,175.86	105,280.71	
	Non-Dwelling equipment	1475		0.00	0.00	0.00	0.00	
NH 5-1	Paint hallways	1460		21,000.00	21,000.00	21,000.00	20,793.08	
NH 5-1	Renovate public lavatories	1460		87,666.14	87,666.14	87,666.14	87,666.14	
NH 5-1	Replace control valves (water)	1460		0.00	0.00	0.00	0.00	
NH 5-1	Reline water tank	1460		0.00	0.00	0.00	0.00	
NH 5-1	Install protective cover over re-bars	1460		0.00	0.00	0.00	0.00	
NH 5-1	Modify Community Room kitchen	1460		0.00	0.00	0.00	0.00	
NH 5-1	Replace fence	1450		0.00	0.00	0.00	0.00	
NH 5-1	Resurface parking lot	1450		0.00	0.00	0.00	0.00	
NH 5-2	Install Community Room A/C	1460		0.00	0.00	0.00	0.00	
NH 5-2	Resurface parking lot and walkways	1450		0.00	0.00	0.00	0.00	

PHA Name:	PHA Name:		Grant Type and Number					Federal FY of Grant:		
Concord Housin	Concord Housing Authority		Capital Fund Program Grant No: NH36P005501-01							
, , , , , , , , , , , , , , , , , , ,		Replacement Housi	ing Factor Grant N							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work		
				Original	Revised	Funds Obligated	Funds Expended			
NH 5-3	Upgrade heating/hot water system	1460		9,570.00	9,570.00	9,570.00	25,334.60			
NH 5-3	Replace piping/pipe insulation	1460		0.00	0.00	0.00	0.00			
NH 5-3	Erect exterior dividers between units	1460		0.00	0.00	0.00	0.00			
NH 5-3	Paint exterior trim	1460		0.00	0.00	0.00	0.00			
NH 5-3	Seal foundations	1460		0.00	0.00	0.00	0.00			
NH 5-3	Construct new parking area	1450		0.00	0.00	0.00	0.00			
NH 5-3	Replace/repair-Doors/stairs	1460		157.646.00	157,646.00	157,646.00	141,881.39			
NH 5-5	Paint hallways	1460		17,350.00	17,350.00	17,350.00	17,556.92			
NH 5-5	Replace glass	1460		0.00	0.00	0.00	0.00			
NH 5-5	Install Community Room A/C	1460		0.00	0.00	0.00	0.00			
NH 5-5	Retrofit hallway lights	1460		650.00	650.00	650.00	650.00			
NH 5-6	Upgrade heating/hot water system	1460	·	0.00	0.00	0.00	0.00			
NH 5-6	Paint trim	1460		0.00	0.00	0.00	0.00			
NH 5-6	Install add'l fencing & refinish existing	1450		0.00	0.00	0.00	0.00			
	fence									

<b>Annual Statement</b>	t/Performa	ance an	d Evaluatio	n Report					
Capital Fund Pro	gram and	Capital	Fund Prog	gram Replac	ement Hou	sing Factor	· (CFP/CFPRHF)		
Part III: Impleme	Part III: Implementation Schedule								
PHA Name:			ant Type and Nur				Federal FY of Grant:		
Concord Housing Aut	hority		apital Fund Progra eplacement Housir	m No: NH 36P () ng Factor No:	005 501 01		2001		
Development Number Name/HA-Wide	A-Wide (Quarter I		ne/HA-Wide (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
Activities	Original	Revised	l Actual	Original	Revised	Actual			
PHA-Wide	09/30/03	Revised	7 Tetuar	09/30/05	Revised	03/2004			
NH 5-1	09/30/03			09/30/05		03/2004			
NH 5-2	09/30/03			09/30/05		03/2004			
NH 5-3	09/30/03			09/30/05		03/2004			
NH 5-5	09/30/03			09/30/05		03/04			
NH 5-6	09/30/03			09/30/05		03/04			

#### Attachment E - Capital Fund Program Five-Year Action Plan

#### **Capital Fund Program Five-Year Action Plan**

Part I: Summary

CFP Funds Listed for

Replacement Housing

5-year planning

Factor Funds

Original 5-Year Plan PHA Name: Revision No: 1 **Concord Housing** Authority Work Statement for Year 5 Development Year 1 Work Statement for Year 2 Work Statement for Year 3 Work Statement for Year 4 Number/Name/HA-FFY Grant: 2005 FFY Grant: 2006 FFY Grant: 2007 FFY Grant: 2008 PHA FY: 10/1/06 Wide PHA FY: 10/1/05 PHA FY: 10/1/07 PHA FY: 10/1/08 Annual Statemen \$150,000 \$105,000 \$50,000 NH 5-1 \$122,000 NH 5-2 \$8,000 NH 5-3 \$30,000 \$10,000 \$150,000 NH 5-5 \$105,000 \$113,000 \$33,000 NH 5-6 \$12,000 HA-Wide \$123,398 \$125,398 \$318,398 \$205,905

\$423,398

\$423,398

\$423,398

\$390,905

### Capital Fund Program Five-Year Action Plan

**Part II: Supporting Pages—Work Activities** 

I all lie bap	porung ruges	VV OI IX TACH VILLES						
Activities for		Activities for Year: 2			Activities for Year: 3			
Year 1	Year 1 FFY Grant: 2005							
		PHA FY: <b>10/1/05</b>		FFY Grant: <b>2006</b> PHA FY: <b>10/1/06</b>				
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost		
See								
An	NH 5-1	Window	\$100,000	NH 5-1	Upgrade elevators	\$122,000		
nual		Replacement						
Statement								
	NH 5-1	Balcony Door Replacement	\$50,000	NH 5-2	Roofing	\$8,000		
	NH 5-3	Tenant Storage Facilities	\$150,000	NH 5-3	Roofing	\$30,000		
				NH 5-5	Window Replacement	\$105,000		
				NH 5-6	Roofing	\$6,000		
				NH 5-6	Tenant Storage Facilities	\$27,500		
	Total CFP Estima	ted Cost	\$300,000			\$298,000		

#### Capital Fund Program Five-Year Action Plan

### **Part II: Supporting Pages—Work Activities**

	Activities for Year: 4 FFY Grant: 2007 PHA FY: 10/1/07		Activities for Year: 5 FFY Grant: 2008 PHA FY: 10/1/08			
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost	
NH 5-1	Kitchen Renovations	\$105,000	NH 5-1	Utility Separation	\$22,000	
			NH 5-1	Clean Air Ducts	\$28,000	
HA-Wide	Maintenance Facility	\$150,000				
			NH 5-3	Replace Boiler Room Doors	\$10,000	
			NH 5-5	Replace Emergency Generator	\$24,000	
			NH 5-5	Replace Boiler Room Doors	\$3,000	
			NH 5-5	Replace Hot Water System	\$60,000	
			NH 5-5	Clean Air Ducts	\$22,000	
			NH 5-5	Modify Compactor System	\$4,000	
			NH 5-6	Upgrade Hot Water System	\$12,000	
Total CFP	Estimated Cost	\$255,000			\$185,000	

#### **Required Attachment F: Brief Description of Pet Policy**

#### Concord Housing Authority Fiscal Year 2004 Annual Plan

The Concord Housing Authority has developed a written policy for pet ownership in public housing family developments. The following is a summary of requirements outlined in the Pet Policy.

The Authority's policy does not apply to animals that are used to assist persons with disabilities. Assistive animals are allowed in all public housing facilities with proper verification and the same restrictions that are imposed on all tenants to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing their neighbors.

The Authority's Pet Policy has the following basic requirements:

- 1. Only one common household pet per unit, not in excess 20 inches in height at the shoulders.
- 2. Pet owners must have proof of current inoculations, licenses. This information must be updated at every annual reexamination.
- 3. All pets shall be spayed or neutered.
- 4. A Pet Fee in the amount of \$150 must be paid prior to the Authority granting permission to the resident for having a dog or cat. Pet deposit shall be refundable at the removal of pet from the premises or termination of the lease, less charges (if any) for damages to the premises.
- 5. Each dog or cat owner shall pay a non-refundable cleaning fee of \$50 at the time the Authority accepts such pet for occupancy in an Authority development. The same fee may be required of pet owners for other pets that may be expected to create dander within the dwelling unit.
- 6. Residents must identify one emergency caregiver to care for the pet in the event of resident illness or absence from the unit.

The Authority has reviewed the Pet Policy with the Resident Advisory Board and completed the public comment period.

### Required Attachment G: Resident Member on the PHA Governing Board

## Concord Housing Authority Fiscal Year 2004 Annual Plan

1. 🛛 Yes 🗌 No:	Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (If no, skip to #2)						
A. Name of resident	. Name of resident member(s) on the governing board: George Jarrie						
Elec	dent board member selected: (select one)? cted pointed						
C. The term of appoir	ntment is (include the date term expires): May 2004 expires						
2. A. If the PHA go	verning board does not have at least one member who is directly assisted by the PHA, why not?  The PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis  The PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.						
	Other (explain):						
B. Date of next term	n expiration of a governing board member: April 2005						
2. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):							
Duncan Ballantyne, City Manager, City of Concord, New Hampshire							
	FY 2002 Annual Plan - Page 94						

#### Required Attachment H: Membership of the Resident Advisory Board or Boards

#### **Concord Housing Authority Fiscal Year 2004 Annual Plan**

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

George Jarrie Debbie Kinne