

# PHA Plans

5 Year Plan for Fiscal Years 2000 - 2004

Annual Plan for Fiscal Year 2004

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

**PHA Plan  
Agency Identification**

**PHA Name:**    Northeast Oregon Housing Authority

**PHA Number:**    OR032

**PHA Fiscal Year Beginning: (mm/yyyy)**    04/2004

**Public Access to Information**

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

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

**Display Locations For PHA Plans and Supporting Documents**

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

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

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

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

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2000 - 2004**  
 [24 CFR Part 903.5]

**A. Mission**

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

\_\_\_\_\_ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

\_\_X\_\_ The PHA's mission is: (state mission here)

The Core Purpose of Northeast Oregon Housing Authority is to provide safe, decent, sanitary, and affordable housing to the low income of Northeast Oregon.  
 The Core Values of Northeast Oregon Housing Authority are:  
 To provide housing for the elderly and disabled  
 To encourage Family Self Sufficiency  
 To provide home ownership opportunities  
 To work with other agencies to support Welfare to Work families by providing Housing Vouchers

**B. Goals**

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

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

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

- PHA Goal: Expand the supply of assisted housing
- Objectives:
  - Apply for additional rental vouchers:
  - Reduce public housing vacancies:
- Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)

PHA Goal: Improve the quality of assisted housing

- Objectives:
  - Improve public housing management: (PHAS score)
  - Improve voucher management: (SEMAP score)
  - Increase customer satisfaction:
  - Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)
  - Renovate or modernize public housing units:
  - Demolish or dispose of obsolete public housing:
  - Provide replacement public housing:
  - Provide replacement vouchers:
  - Other: (list below)

PHA Goal: Increase assisted housing choices

- Objectives:
  - Provide voucher mobility counseling:
  - Conduct outreach efforts to potential voucher landlords
  - Increase voucher payment standards
  - Implement voucher homeownership program:
  - Implement public housing or other homeownership programs:
  - Implement public housing site-based waiting lists:
  - Convert public housing to vouchers:
  - Other: (list below)

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

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

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

- PHA Goal: Promote self-sufficiency and asset development of assisted households
- Objectives:
  - Increase the number and percentage of employed persons in assisted families:
- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

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

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

**Other PHA Goals and Objectives: (list below)**

- Apply for HUD Grant for Public Housing Drug Elimination Program
- Develop a plan to acquire \$1.00 HUD Homes for Sale
- Review Resident Advisory Board Suggestions

# PHA Fiscal Year 2004

[24 CFR Part 903.7]

## Annual Plan Type:

Select which type of Annual Plan the PHA will submit

-----Standard Plan

Streamlined Plan:

High Performing PHA

Small Agency (,250 Public Housing Units)

Administering Section 8 Only

Troubled Agency Plan

## EXECUTIVE SUMMARY OF THE ANNUAL PHA PLAN

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

- 1) **Northeast Oregon Housing Authority achieved the PHAS high performer designation,**
- 2) **Northeast Oregon Housing Authority has received a FT 2002 Public Housing DETAP Grant in the amount of \$15,000. The DETAP funds are addressing Drug and Alcohol issues for Public Housing residents in Grant County**
- 3) **Northeast Oregon Housing Authority is operating a Section 8 Housing Choice Voucher Homeownership Program**

## Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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**Attachments**

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

Required Attachments:

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

Optional Attachments:

- PHA Management Organizational Chart
- FY 2004 Capital Fund Program 5 Year Action Plan - Attachment III
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

**Supporting Documents Available for Review**

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

<b>List of Supporting Documents Available for Review</b>
--

Applicable & On Display	Supporting Document	Applicable Plan Component

Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
	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: PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 18. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents 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



Applicable & On Display	Supporting Document	Applicable Plan Component
X	Section 8 rent determination (payment standard) policies X 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
	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
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program X check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention

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

## **1. Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

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

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

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### **Housing Needs of Families in the Jurisdiction by Family Type**

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Family Type	Overall	Afford-ability	Supply	Quality	Access-ability	Size	Location
Income <= 30% of AMI	358	4	1	2	2	2	Baker,
Income >30% but <=50% of AMI	296	3	1	2	2	2	County
Income >50% but <80% of AMI	425	2	1	1	2	2	
Elderly	279	4	1	2	2	1	
Families with Disabilities	N/A						
Race/Ethnicity 1	16018						
Race/Ethnicity 2	39						
Race/Ethnicity 3	182						
Race/Ethnicity 4	64						
Race/Ethnicity 5	7						

**Housing Needs of Families in the Jurisdiction  
by Family Type**

Family Type	Overall	Afford-ability	Supply	Quality	Access-ability	Size	Location
Income <= 30% of AMI	153	4	1	3	3	3	Grant
Income >30% but <=50% of AMI	136	3	1	2	3	3	County
Income >50% but <80% of AMI	162	2	2	2	2	2	
Elderly	103	3	2	2	2	2	
Families with Disabilities	N/A						
Race/Ethnicity 1	7593						
Race/Ethnicity 2	8						
Race/Ethnicity 3	127						
Race/Ethnicity 4	15						
Race/Ethnicity 5	3						

**Housing Needs of Families in the Jurisdiction  
by Family Type**

Family Type	Overall	Afford-ability	Supply	Quality	Access-ability	Size	Location
Income <= 30% of AMI	724	4	1	1	1	1	Union
Income >30% but <=50% of AMI	582	4	1	1	1	1	County
Income >50% but <80% of AMI	666	2	1	1	1	1	
Elderly	317	3	1	1	1	1	
Families with Disabilities	N/A						
Race/Ethnicity 1	23129						
Race/Ethnicity 2	124						
Race/Ethnicity 3	208						
Race/Ethnicity 4	209						
Race/Ethnicity 5	151						

**Housing Needs of Families in the Jurisdiction  
by Family Type**

Family Type	Overall	Afford-ability	Supply	Quality	Access-ability	Size	Location
Income <= 30% of AMI	135	4	1	1	1	1	Wallowa
Income >30% but <=50% of AMI	153	3	1	1	1	1	County
Income >50% but <80% of AMI	179	2	1	1	1	1	
Elderly	99	2	1	1	1	1	

Family Type	Overall	Affordability	Supply	Quality	Accessability	Size	Location
Families with Disabilities	N/A						
Race/Ethnicity 1	6973						
Race/Ethnicity 2	2						
Race/Ethnicity 3	51						
Race/Ethnicity 4	17						
Race/Ethnicity 5	3						

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

- Consolidated Plan of the Jurisdiction/s  
Indicate year: \_\_\_\_\_
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data  
Indicate year: \_\_\_\_\_
- Other housing market study  
Indicate year: \_\_\_\_\_
- Other sources: (list and indicate year of information)

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

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

<b>Housing Needs of Families on the Waiting List</b>	
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:	

	# of families	% of total families	Annual Turnover
Waiting list total	178		33
Extremely low income <=30% AMI	136	76%	
Very low income (>30% but <=50% AMI)	30	17%	
Low income (>50% but <80% AMI)	12	7%	
Families with children	96	54%	
Elderly families	20	11%	

Families with Disabilities		49	28%	
Race/ethnicity 1		167	94%	
Race/ethnicity 2		2	1%	
Race/ethnicity 3		7	4%	
Race/ethnicity 4		2	1%	

Characteristics by Bedroom Size (Public Housing Only)				
1BR		81	46%	7
2 BR		61	34%	6
3 BR		34	19%	17
4 BR		2	1%	3
5 BR		0	0	
5+ BR				

Is the waiting list closed (select one)?  No  Yes  
 If yes:  
**B.** 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

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	501		145
Extremely low income <=30% AMI	346	69%	
Very low income (>30% but <=50% AMI)	129	26%	
Low income (>50% but <80% AMI)	26	5%	
Families with children	244	49%	
Elderly families	42	8%	

Families with Disabilities		98	20%	
Race/ethnicity 1		475	95%	
Race/ethnicity 2		8	2%	
Race/ethnicity 3		13	2%	
Race/ethnicity 4		5	1%	
Characteristics by Bedroom Size (Public Housing Only)				
1BR				
2 BR				
3 BR				
4 BR				
5 BR				
5+ BR				

Is the waiting list closed (select one)?  No  Yes

If yes:

**B.** 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**

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and

**(1) Strategies**

**Need: Shortage of affordable housing for all eligible populations**

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

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

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

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

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

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

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

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

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

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

**B. Need: Specific Family Types: The Elderly**

**Strategy 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**

**Strategy 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 ethnicities with disproportionate housing needs**

**Strategy 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)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

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

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

**(2) Reasons for Selecting Strategies**

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

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

Resident Advisory Board identified housing for released convicts and drug and alcohol treatment persons as having unmet housing needs

**Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

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

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**Financial Resources:  
Planned Sources and Uses**

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<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2002 grants)</b>		Technical Assistance
Public Housing Operating Fund	399,858	
Public Housing Capital Fund	203,609	
HOPE VI Revitalization	0	
HOPE VI Demolition	0	
Annual Contributions for Section 8 Tenant-Based Assistance	3,379,866	
Public Housing Drug Elimination Program (including any Technical Assistance funds)	0	
Resident Opportunity and Self- Sufficiency Grants	78,500	
Community Development Block Grant	0	
HOME	0	
Other Federal Grants (list below)	0	
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>3. Public Housing Dwelling Rental Income</b>	149,805	
<b>4. Other income (list below)</b>		
Interest	3,815	
Other	23,426	
<b>5. Non-federal sources (list below)</b>		

Sources	Planned \$	Planned Uses
<b>Total resources</b>	4,238,879	

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

[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) Three (3)

When families are within a certain time of being offered a unit: (state time)

Other: (describe)

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

Criminal or Drug-related activity

Rental history

Housekeeping

Other (describe)

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

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

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

**(2)Waiting List Organization**

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

Community-wide list

Sub-jurisdictional lists

Site-based waiting lists

\_\_\_\_\_ Other (describe)

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

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

- 1) by mail
- 2) application forms available at social services offices
- 3) application forms available at apartments offices

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

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

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

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

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

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

### **(3) Assignment**

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

- One  
\_\_\_\_\_ Two  
\_ \_ Three or More

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

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

**(4) Admissions Preferences**

a. Income targeting:

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

b. Transfer policies:

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

Emergencies

Overhoused

Underhoused

Medical justification

Administrative reasons determined by the PHA (e.g., to permit modernization work)

Resident choice: (state circumstances below)

Other: (list below)

c. Preferences

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

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

Former Federal preferences:

Involuntary Displacement (Disaster, Government Action, Action of Housing

Owner, Inaccessibility, Property Disposition)

Victims of domestic violence

Substandard housing

Homelessness

High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

Working families and those unable to work because of age or disability

Veterans and veterans’ families

Residents who live and/or work in the jurisdiction

Those enrolled currently in educational, training, or upward mobility programs

Households that contribute to meeting income goals (broad range of incomes)

Households that contribute to meeting income requirements (targeting)

Those previously enrolled in educational, training, or upward mobility

programs

- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

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

**(5) Occupancy**

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

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

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

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

**(6) Deconcentration and Income Mixing**

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

Family developments not covered

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

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

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

Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments

If selected, list targeted developments below:

Employing new admission preferences at targeted developments

If selected, list targeted developments below:

Other (list policies and developments targeted below)

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

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

Additional affirmative marketing

Actions to improve the marketability of certain developments

Adoption or adjustment of ceiling rents for certain developments

Adoption of rent incentives to encourage deconcentration of poverty and income-mixing

Other (list below)

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

Not applicable: results of analysis did not indicate a need for such efforts

List (any applicable) developments below:

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

Not applicable: results of analysis did not indicate a need for such efforts

List (any applicable) developments below:

## **B. Section 8**

**(1) Eligibility**

- a. What is the extent of screening conducted by the PHA? (select all that apply)  
 Criminal or drug-related activity only to the extent required by law or regulation  
 Criminal and drug-related activity, more extensively than required by law or regulation  
 More general screening than criminal and drug-related activity (list factors below)  
 Other (list below)
- b.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)  
 Criminal or drug-related activity  
 Other (describe below)  
History of, and/or ability to, comply with material standard lease terms

**(2) Waiting List Organization**

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged (Select all that apply)
- None  
 Federal public housing  
 Federal moderate rehabilitation  
 Federal project-based certificate program  
 Other federal or local program (list below)
- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
- PHA main administrative office  
 Other (list below)
- 1) by mail
  - 2) application forms available at social services offices
  - 3) application forms available at apartments offices

**(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:

- 1) If family has been seeking housing and has not been successful in finding housing
- 2) As reasonable accommodation to a person with disabilities

#### **(4) Admissions Preferences**

- a. Income targeting

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

- b. Preferences

1.  Yes  No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent (5) Special purpose section 8 assistance programs)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)
1. Whose head or spouse or sole member is an elderly person or disabled person over a single person that is not elderly, disabled, or displaced.
  2. Homeless persons going into Transitional Housing.

- 3. Housing designated for Severely Mentally Ill persons which provides services for their illness on site.
- 4. Homeownership - Families interested in participating in the Housing Authority's Rent to Own Homeownership Program.
- 5. Participants in the Community Connections HOME Tenant Based Assistance (TBA) Program.

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

  2   Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

- 1. Whose head or spouse or sole member is an elderly person or disabled person over a single person that is not elderly, disabled, or displaced.
- 2. Homeless persons going into Transitional Housing.
- 3. Housing designated for Severely Mentally Ill persons which provides services for their illness on site.
- 4. Homeownership - Families interested in participating in the Housing Authority's Homeownership Program.
- 5. Participants in the Community Connections Tenant Based Assistance (TBA)

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

- Date and time of application  
 Drawing (lottery) or other random choice technique

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

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

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

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

**(5) Special Purpose Section 8 Assistance Programs**

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

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

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

- Through published notices  
 Other (list below)  
Outreach efforts

**4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

**A. Public Housing**

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

**(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

- a. when the family has lost eligibility for or is waiting an eligibility determination for a Federal, State, or local assistance program;
- b. when the family would be evicted as a result of the imposition of the minimum rent requirement;
- c. when the income of the family has decreased because of changed circumstances, including loss of employment;
- d. when the family has an increase in expenses because of changed circumstances, for medical costs, childcare, transportation, education, or similar items.
- e. when a death has occurred in the family.

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

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

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

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

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

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

e. Ceiling rents

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

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

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

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

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

- Market comparability study
- Fair market rents (FMR)
- 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 or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

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

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)

## **B. Section 8 Tenant-Based Assistance**

### **(1) Payment Standards**

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

At or above 90% but below 100% of FMR

100% of FMR

Above 100% but at or below 110% of FMR

Above 110% of FMR (if HUD approved; describe circumstances below)

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

FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area

The PHA has chosen to serve additional families by lowering the payment standard

Reflects market or submarket

Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area

Reflects market or submarket

To increase housing options for families

Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

Annually

Other (list below)

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

Success rates of assisted families

Rent burdens of assisted families

Other (list below)

### **(2) Minimum Rent**

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

\$0

\$1-\$25

\$26-\$50

b. \_\_\_\_ Yes X No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

**5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

**A. PHA Management Structure**

(select one)

\_\_\_\_ An organization chart showing the PHA’s management structure and organization is attached.

\_\_\_\_ A brief description of the management structure and organization of the PHA follows:

**B. HUD Programs Under PHA Management**

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing		
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		
<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing		
Section 8 Vouchers		
Section 8 Certificates		

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

**C. Management and Maintenance Policies**

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

- (1) Public Housing Maintenance and Management: (list below)
- (2) Section 8 Management: (list below)

**6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

**A. Public Housing**

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

If yes, list additions to federal requirements below:

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

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

**B. Section 8 Tenant-Based Assistance**

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

If yes, list additions to federal requirements below:

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

- 3,  PHA main administrative office
- Other (list below)

**7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

**A. Capital Fund Activities**

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

**(1) Capital Fund Program Annual Statement**

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

Select one:

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

or-



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

**(2) Optional 5-Year Action Plan**

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

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

b. If yes to question a, select one:

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

-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,

\_\_\_\_\_ 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 copying and completing as many times as necessary)

b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

\_\_\_\_\_ Revitalization Plan under development

\_\_\_\_\_ Revitalization Plan submitted, pending approval

\_\_\_\_\_ Revitalization Plan approved

\_\_\_\_\_ Activities pursuant to an approved Revitalization Plan underway

\_\_\_\_\_ Yes  No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?

If yes, list development name/s below:

Yes  No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?

If yes, list developments or activities below:

Yes  No: e) Will the PHA be conducting any other public housing development or \_\_\_\_\_ replace  
\_\_\_\_\_ ment activities not discussed in the Capital Fund Program Annual  
Statement?

If yes, list developments or activities below:

### **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

#### **2. Activity Description**

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

<b>Demolition/Disposition Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: <input type="checkbox"/> Demolition <input type="checkbox"/> Disposition
3. Application status (select one) <input type="checkbox"/> Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)

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

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

[24 CFR Part 903.7 9 (i)]

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

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

**2. Activity Description**

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

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

## 10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

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

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

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

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

**11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

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

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>	
a. Development name:	
b. Development (project) number:	
. Federal Program authority:	
<input type="checkbox"/> HOPE I	
<input type="checkbox"/> 5(h)	
<input type="checkbox"/> Turnkey III	
<input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)	
. Application status: (select one)	
<input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program	
<input type="checkbox"/> Submitted, pending approval	
<input type="checkbox"/> Planned application	
. Date Homeownership Plan/Program approved, submitted, or planned for submission:	
<u>DD/MM/YYYY</u>	
umber of units affected:	
. Coverage of action: (select one)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	

**B. Section 8 Tenant Based Assistance**

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

**High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

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

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

25 or fewer participants

26 - 50 participants

51 to 100 participants

more than 100 participants

b. PHA-established eligibility criteria

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

If yes, list criteria below:

**12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (1)]

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

**A. PHA Coordination with the Welfare (TANF) Agency**

1. Cooperative agreements:

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

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

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

Client referrals

Information sharing regarding mutual clients (for rent determinations and otherwise)

Coordinate the provision of specific social and self-sufficiency services and programs to eligible families

Jointly administer programs

Partner to administer a HUD Welfare-to-Work voucher program

Joint administration of other demonstration program

Other (describe)

**B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

Public housing rent determination policies

Public housing admissions policies

Section 8 admissions policies

Preference in admission to section 8 for certain public housing families

Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA

Preference/eligibility for public housing homeownership option participation

Preference/eligibility for section 8 homeownership option participation

Other policies (list below)

b. Economic and Social self-sufficiency programs

Yes  No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs.



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

**13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

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

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

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

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

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

**C. Coordination between PHA and the police**

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

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- Other activities (list below)

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

**D. Additional information as required by PHDEP/PHDEP Plan**

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



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

Yes  No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?

Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename:)

## **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

## **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

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

If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)] Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

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

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

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

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

**18. Other Information**

[24 CFR Part 903.7 9 (r)]

**A. Resident Advisory Board Recommendations**

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

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

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

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

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

Other: (list below)

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

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

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

3. Description of Resident Election Process

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

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

All Residents were notified and given an application. The Resident Advisory Board interviewed and selected a tenant commissioner.

b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

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

**C. Statement of Consistency with the Consolidated Plan**

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

1. Consolidated Plan jurisdiction: (provide name here)

State of Oregon

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

The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

Other: (list below)

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

None

**D. Other Information Required by HUD**

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

**ATTACHMENTS**

ATTACHMENT I

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Northeast Oregon Housing Authority  NEOHA		Grant Type and Number Capital Fund Program Grant No: OR16PO32-501-04 Replacement Housing Factor Grant No:		Federal FY of Grant:  2004	
<input checked="" type="checkbox"/> Original Annual Statement		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no: )	
Performance and Evaluation Report for Period Ending:		Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	90,102			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	37,200			
10	1460 Dwelling Structures	88,233			
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Nondwelling Structures	3,000			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
7	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

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

<b>PHA Name: <u>Northeast Oregon Housing Authority</u></b>	<b>Grant Type and Number</b>	<b>Federal FY of Grant:</b>
	Capital Fund Program Grant No:OR16PO32-501-04	2004
	Replacement Housing Factor Grant No:	

<input checked="" type="checkbox"/> <b>X Original Annual Statement</b>	<b>Reserve for Disasters/Emergencies</b>	<b>Revised Annual Statement (revision no: )</b>
<input type="checkbox"/>	<b>Performance and Evaluation Report for Period Ending:</b>	<b>Final Performance and Evaluation Report</b>

Line No.	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2-20)	218,535			
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**

<b>PHA Name:</b> Northeast Oregon Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16PO32-501-04 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	OPERATIONS	1406		90,102				
	TOTAL HA WIDE			90,102				
OR32-1	SITE IMPROVEMENTS	1450						
	Concrete Replacement Baker Family		1500 sq ft	10,000				

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Northeast Oregon Housing Authority			Grant Type and Number Capital Fund Program Grant No: OR16PO32-501-04 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
OR32-1	DWELLING STRUCTURES	1460						
	Paint Units, La Grande, Baker Elderly		15 Units	10,000				
	Re-Roof PH		25 Bldgs	67,000				
OR32-1	Tile Family Units-Baker Family	1460	4 Units.	11,233				
OR32-1	Re-Roof Community Room/office	1470	2 Bldgs.	3,000				
	SUB TOTAL			91,233				
	TOTAL OR32-1			101,233				
OR32-7	Retaining wall Hunington	1450	4 units	27,200				
	Total OR32-7			27,200				
	TOTAL GRANT AMOUNT			218,535.00				

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

<b>PHA Name:</b> Northeast Oregon Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16PO32-501-04 Replacement Housing Factor Grant No:						<b>Federal FY of Grant:</b>  2004
<b>Development Number</b> <b>Name/HA-Wide</b> <b>Activities</b>	<b>All Funds Obligated</b> <b>(Quarter Ending Date)</b>			<b>All Funds Expended</b> <b>(Quarter Ending Date)</b>			<b>Reasons for Revised Target Dates</b>
	<b>Original</b>	<b>Revised</b>	<b>Actual</b>	<b>Original</b>	<b>Revised</b>	<b>Actual</b>	
HA Wide	01/31/06			07/31/06			
OR32-1	01/31/06			07/31/06			
OR32-7	01/31/06			07/31/06			



ATTACHMENT II

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Northeast Oregon Housing Authority		Grant Type and Number Capital Fund Program Grant No: OR16PO32-501-03 Replacement Housing Factor Grant No:		Federal FY of Grant:2003	
<input type="checkbox"/> Original Annual Statement      Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9-30-03      Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	88,021		0	0
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	20,716		0	0
10	1460 Dwelling Structures	79,134		0	0
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	30,664		0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Northeast Oregon Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No:OR16PO32-501-03 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:2003</b>	
<input type="checkbox"/> <b>Original Annual Statement</b> Reserve for Disasters/Emergencies      Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> <b>x Performance and Evaluation Report for Period Ending: 9-30-03</b> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2-20)	218,535		0	0
22	Amount of Line 21 Related to LBP Activities				
23	Amount of Line 21 Related to Section 504 compliance				
24	Amount of Line 21 Related to Security - Soft Costs				
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**

<b>PHA Name:</b> Northeast Oregon Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16PO32-501-03 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	Operations	1406		88,021		0	0	
HA WIDE	Non-Dwelling Equipment	1475						
	Replace maintenance vehicle		2 Trucks	30,664		0	0	
	<b>TOTAL HA WIDE</b>			118,685		0	0	

**Annual Statement/Performance and Evaluation Report**

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

**Part II: Supporting Pages**

<b>PHA Name:</b> Northeast Oregon Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16PO32-501-03 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
OR32-1	Site Improvements	1450						
	Concrete replacement Elgin		1500sf	6,516		0	0	
	Repair Parking Lot - Baker Elderly		30,000 sq ft	14,200		0	0	
	<b>Sub Total</b>	<b>1450</b>		<b>20,716.00</b>		<b>0</b>	<b>0</b>	
	Dwelling Structures	1460						
	Replace OH , interior Lights La Grande, baker Elderly		92 units	25,000.00		0	0	
	Replace Tile (VCT) 15 Family Units		15 units	39,134.00		0	0	
	Replace Vertical Blinds Union Co.		92 units	15,000.00		0	0	
	<b>Sub Total</b>	<b>1460</b>		<b>79,134.00</b>		<b>0</b>	<b>0</b>	
	<b>TOTAL OR32-1</b>			<b>99,850.00</b>		<b>0</b>	<b>0</b>	

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

<b>PHA Name:</b> Northeast Oregon Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16PO32-501-02 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<b>TOTAL GRANT AMOUNT</b>			<b>218,535.00</b>		<b>0</b>	<b>0</b>	

Annual Statement/Performance and Evaluation Report							
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implementation Schedule							
<b>PHA Name:</b> Northeast Oregon Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16PO32-501-02 Replacement Housing Factor Grant No:						<b>Federal FY of Grant:</b> 2003
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	01/31/05			07/31/05			
OR032-1	01/31/05			07/31/05			
OR032-4	01/31/05			07/31/05			

ATTACHMENT III

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Northeast Oregon Housing Authority		Grant Type and Number Capital Fund Program Grant No: OR16PO32-501-02 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input type="checkbox"/> Original Annual Statement      Reserve for Disasters/Emergencies      X Revised Annual Statement (revision no: 4 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/03      Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$140,242.00	138,467.00	132,300.76	132,300.76
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		50.00	50.00	50.00
8	1440 Site Acquisition				
9	1450 Site Improvement	84,000.00	84,000.00	9,128.75	8,928.75
10	1460 Dwelling Structures	5,399.00	5,399.00	0	0
11	1465.1 Dwelling Equipment – Nonexpendable				
12	1470 Nondwelling Structures	19,050.00	19,000.00	0	0
13	1475 Nondwelling Equipment	16,909.00	18,684.00	18,684.00	18,683.74
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Northeast Oregon Housing Authority		Grant Type and Number Capital Fund Program Grant No:OR16PO32-501-02 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Original Annual Statement      Reserve for Disasters/Emergencies      Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> x Performance and Evaluation Report for Period Ending:9/30/03      Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2-20)	265,600.00	265,600.00	160,163.51	159,963.25
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**

<b>PHA Name:</b> Northeast Oregon Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16PO32-501-02 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	Operations	1406		140,242.00	138,467.00	132,300.76	132,300.76	
OR32-4	Permit Fees	1430			50.00	50.00	50.00	
HA WIDE	Non-Dwelling Equipment	1475						
	Replace Maintenance vehicle		1	16,909.00	18,684.00	18,684.00	18,683.74	
	<b>TOTAL HA WIDE</b>			<b>157,151.00</b>	<b>157,201.00</b>	<b>151,034.76</b>	<b>151,034.50</b>	

**Annual Statement/Performance and Evaluation Report**

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

**Part II: Supporting Pages**

<b>PHA Name:</b> Northeast Oregon Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16PO32-501-02 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
OR 32-1	SITE IMPROVEMENTS	1450						
	Replace broken sidewalks in La Grande Elderly , Union Family 2% of Project		1000sf	10,000.00	10,000.00	0	0	Pending
	Repair Parking lot La Grande Elderly		30,000 sf	30,000.00	30,000.00	0	0	Pending
	Replace walk lights La Grande, Baker Elderly		125	24,000.00	24,000.00	2,668.75	2,468.75	95% Complete
	Sub Total	1450		64,000.00	64,000.00	2,668.75	2,468.75	

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Northeast Oregon Housing Authority			Grant Type and Number Capital Fund Program Grant No: OR16PO32-501-02 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
OR32-1	DWELLING STRUCTURES	1460						
	Replace VCT in La Grande and Rehab		1	5,399.00	5,399.00	0	0	Pending
	Sub Total	1460		5,399.00	5,399.00	0	0	Pending
	Total OR32-1			69,399.00	69,399.00	2,668.75	2,468.75	
OR32-7	Site Improvement	1450						
	Install one 175' Retaining wall Mt Vernon		175 ft	20,000.00	20,000.00	6,460.00	6,460.00	32% Complete
OR32-4	NON-Dwelling Structure	1470						
	Maintenance shop Canyon City		1	19,050.00	19,000.00	0	0	Pending
	TOTAL GRANT AMOUNT			\$265,600.00	265,600.00	160,163.51	159,963.25	

**Annual Statement/Performance and Evaluation Report**

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

**Part III: Implementation Schedule**

<b>PHA Name:</b> Northeast Oregon Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16PO32-501-02 Replacement Housing Factor Grant No:						<b>Federal FY of Grant:</b>  2002
<b>Development Number</b> Name/HA-Wide Activities	<b>All Funds Obligated</b> (Quarter Ending Date)			<b>All Funds Expended</b> (Quarter Ending Date)			<b>Reasons for Revised Target Dates</b>
	<b>Original</b>	<b>Revised</b>	<b>Actual</b>	<b>Original</b>	<b>Revised</b>	<b>Actual</b>	
HA Wide	01/31/04			07/31/04			
OR032-1	01/31/04			07/31/04			
OR032-4	01/31/04			07/31/04			
OR032-7	01/31/04			07/31/04			

ATTACHMENT IV

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Northeast Oregon Housing Authority					
Development Number/Name/HA-Wide	Year 1 2004	Work Statement for Year 2 FFY Grant: 2005 PHA FY: 2006	Work Statement for Year 3 FFY Grant: 2006 PHA FY: 2007	Work Statement for Year 4 FFY Grant: 2007 PHA FY: 2008	Work Statement for Year 5 FFY Grant: 2008 PHA FY: 2009
	Annual Statement				
OR32-1		101,121.00	50,935.00	20,000.00	12,935.00
HA Wide		97,414.00	147,600.00	198,535.00	205,600.00
OR32-2					
OR32-3					
OR32-4		20,000.00			
OR32-7			20,000.00		
CFP Funds Listed for 5 - Year Planning		218,535.00	\$218,535.00	\$218,535.00	\$218,535.00
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages – Work Activities						
Activities for Year 1	Activities for Year : 2			Activities for Year : 3		
	FFY Grant: 2005			FFY Grant: 2006		
					PHA FY: 2007	
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	OR32-1	Install playground equipment in Baker Family and Elgin Family	30,186.00	OR32-1	Trees & shrub new & replace dead - Elgin, Union, La Grande, Haines, and Baker City	20,000.00
Annual		Replace kitchen cabinets doors, drawers & guides in 8 PH Baker , Union Family & 8 in Haines	43,935.00		Replace Office Carpet La Grande	10,935.00
Statement					Replace 2600 sf of concrete Elgin, Union Family	20,000.00
		Replace 2000 sq ft Concrete Haines, Baker family	15,000.00			
		Replace 2 lawn mowers LG & Baker	12,000.00	OR32-2		
				OR32-7	2 Retaining Walls in Huntington	20,000.00
	OR32-4	AC units in Grant Co. Canyon City	20,000.00			
	HA Wide	Operations	97,414.00	HA Wide	Operations	147,600.00
CFP	Estimated Cost	Total	\$218,535.00			\$ 218,535.00

Capital Fund Program Five-Year Action Plan					
Part II: SPart II: Supporting Pages – Work Activities					
Activities for Year : <u>4</u>			Activities for Year : <u>5</u>		
FFY Grant: 2007			FFY Grant: 2008		
PHA FY: 2008			PHA FY: 2009		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
OR32-1	Replace 2600 sf of concrete LG, Baker Elderly	20,000.00	OR32-1	20 La Grande Elderly Tub Surrounds	12,935.00
			HA Wide	Operations	205,600.00
HA Wide	Operations	178,535.00			
	Replace Maintenance Vehicle	20,000.00			
Total CFP Estimated Cost		\$ 218,535.00			\$218,535.00

## **Attachment V**

### **Section 8 Homeownership Program Capacity Statement**

**Northeast Oregon Housing Authority has the capacity to operate a Homeownership Program.**

**Northeast Oregon Housing Authority has been operating a Homeownership Rent to Own Program since January 26, 1996. Northeast Oregon Housing Authority received an Opportunity Purchase Program grant to purchase ten (10) lots and install manufactured homes on the sites.**

**The families have 5 years to improve their income through NEOHA's Family Self Sufficiency Program and purchase the homes.**

**The families use their Section 8 assistance to rent the homes. Of the six homes that were occupied in 1996, one (1) has already purchased the home and one (1) is in the process. The other four units have families that left the units and have new participants.**

**Northeast Oregon Housing Authority developed the Section 8 Homeownership Program off the proposed regulations and have had one family who has purchased their home. Upon approval to implement the program NEOHA will market the program to Voucher Holders and NEOHA's current Homeownership tenants.**



## **Attachment VI**

### **Progress Made In Meeting Missions and Goals**

- **Received funding through the State to purchase and rehab a HUD 221 (d) 3 Project in Enterprise, Oregon.**
- **Two families purchased their Rent To Own Homeownership Units in the last year, and two Section 8 Voucher Homeownership, with six in the process of purchasing.**
- **Staff attended training on Reasonable Accommodations.**
- **Completed Public Housing Drug Elimination Technical Assistance Program Grant to look at Drug and Alcohol problems in Grant County Public Housing units and Community.**
- **Provided accessible housing to a large family living in Northeast Oregon Housing Authority's Transitional Housing who cannot find an accessible unit.**
- **Leased up Housing Choice Voucher Program 100%.**

**Attachment VII**

**List of Resident Advisory Board**

<b>NAME</b>	<b>PROGRAM</b>	<b>CITY</b>
<b>Teresa Duffy</b>	<b>Section 8</b>	<b>La Grande, Oregon</b>
<b>Dee (Slim) Olsen</b>	<b>Section 8</b>	<b>Baker City, Oregon</b>
<b>Jeff Corum</b>	<b>Section 8</b>	<b>La Grande, Oregon</b>
<b>Ed Klimchuck</b>	<b>Section 8</b>	<b>La Grande, Oregon</b>
<b>Traci Murry</b>	<b>Section 8</b>	<b>La Grande, Oregon</b>
<b>Beverly Mathena, Tenant Commissioner</b>	<b>Section 8</b>	<b>Elgin, Oregon</b>
<b>Joseph Scott</b>	<b>Public Housing</b>	<b>La Grande, Oregon</b>

## **Attachment VIII**

### **NORTHEAST OREGON HOUSING AUTHORITY**

#### **PUBLIC HOUSING**

#### **DECONCENTRATION POLICY**

**It is the Northeast Oregon Housing Authority's policy to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments. Toward this end, families will be skipped on the waiting list to reach other families with a lower or higher income. The selection will be accomplished in a uniform and non-discrimination manner.**

**The Northeast Oregon Housing Authority staff will affirmatively market it's Public Housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.**

**Prior to the beginning of each fiscal year, Northeast Oregon Housing Authority staff will analyze the income levels of families residing in each of the developments, the income levels of census tracts in which the developments are located, and the income levels of the families on the waiting list. Based on this analysis, Northeast Oregon Housing Authority staff will determine the level of marketing strategies and deconcentration incentive to implement.**

**The Northeast Oregon Housing Authority may offer one or more incentives to encourage applicant families whose income classification would help to meet the deconcentration goals of a particular development.**

**Various incentives may be used at different times, under different conditions, but will always be provided in a consistent and nondiscriminatory manner.**

**Approved by the Board of Commissioners  
Resolution # 240  
November 10, 1999**

# **NORTHEAST OREGON HOUSING AUTHORITY**

## **AGENCY PLAN AMENDMENT OR MODIFICATION POLICY**

Listed below are the criteria Northeast Oregon Housing Authority will use to determine when to amend or modify the Agency Plan.

### **Substantial Deviation:**

- 2) **Any changes in goals and objectives that are not to address specific local emergencies or changes required for reasonable accommodations.**

### **Significant Amendment or Modification:**

- 1) **Changes to rent or admissions policies or organization of the waiting list.**
- 2) **Additions of non-emergency work items, or change in use of replacement reserves fund under the Capital Fund in excess of \$20,000.**
- 3) **Any changes with regard to demolition or disposition, designation, homeownership programs, or conversion activities.**

**Approved by the NEOHA Board of Commissioners**

**May 22, 2001**

**Resolution # 265**

**Table Library**

# FAMILY DWELLING PET RULES

**Domestic pets MUST BE PRE-APPROVED by the PROGRAM MANAGER**

**PRIOR TO MOVE-IN or PRIOR TO OBTAINING THE PET.**

1. Families wanting to have a pet , meaning *ONE DOG* or *ONE CAT*, will agree to be personally responsible, for any aggressive action taken by a neighbor or guest for damages caused by the pet, and to not hold NEOHA, its employees or its agents liable. The purpose of this agreement is to allow individual tenants to benefit from the pleasure of having a common household pet, while at the same time ensuring that pet ownership does not interfere with the rights of ALL TENANTS to clean, quiet, safe surroundings.
2. The pet deposit will be **\$300 per pet.** *Pet Deposit is refundable (all or partial) pending a final inspection of unit for any pet caused damage, flea infestation and providing the carpets are cleaned and odor-free.*
3. Only *ONE PET* per apartment will be acceptable.  
All male dogs or cats **MUST** be neutered. All female dogs or cats **MUST** be spayed.
4. Only breeds of dogs that are suitable to be around children will be permitted.  
***“DANGEROUS BREEDS”*** of pets will not be allowed. ***“DANGEROUS BREEDS”*** includes but is not limited to any breed that is described as territorial or aggressive or has a known history of such behavior.
5. A history of destructive behavior or damage to the premises will be grounds for denial of authorization. Management must approve each type of pet and a limit on the number of pets per dwelling will be imposed at management’s discretion.

***ABSOLUTELY NO PIT BULLS, ROTTWEILERS, GERMAN SHEPHERDS, DOBERMAN PINCHERS, CHOWS, OR SPITZ DOGS ARE ALLOWED AND THERE ARE NO EXCEPTIONS.***

6. Your pet cannot be a *nuisance* which is complained about by project tenants, project neighbors, or NEOHA staff.

Nuisance considerations will include: barking dogs, howling cats, biting cats, or biting dogs, aggressive dogs which intimidate tenants and/or visitors.

If NEOHA has reasonable grounds to believe, or has a written complaint, alleging that the conduct or condition of a pet constitutes, under applicable state or local law, a nuisance or threat to the health or safety of the project or other persons in the community where the project is located, *you will be given 3 choices of action:*

*1- Immediate correction of the violation circumstances.*

*2- Permanent removal of the pet from the unit.*

*3- Give a 30 day notice to move.*

7. You will be responsible for caring for your own pet. This includes cleanup of your pet's waste in your assigned yard area or any area of the complex or surrounding grounds.

Cats must be trained to use a litter box.

8. Only small domestic pets are approved - dogs and cats, limited to 30 pounds when full grown are desirable or reasonable within the complex. Exceptions for larger dogs will only be considered in complexes with large enough yard areas to accommodate larger dogs on a case by case decision.

9. Traditional farm animals are not permitted to be retained as 'domestic' pets, i.e.: chickens, pot belly pigs, ducks.

**No vicious, dangerous or poisonous animals are allowed.**  
**ABSOLUTELY - NO SNAKES.**

10. You must meet local pet licensing requirements including inoculations.

11. Tags identifying the pet owner should be worn by dogs (and cats, if possible).

12. Dogs will not be allowed to roam free. Roaming animals will be referred to the local Animal Control Authority. *Dogs must be on a leash at all times or in a veterinary approved kennel.* Only units with adequate yard areas will be allowed to have pets tied up outside their unit, in the tenants assigned yard area, which does not extend into the neighbors area, i.e. single family and duplexes only. Animals may only be tied to an augured stake, not to the unit buildings, trees or scrubs.

13. Dogs and cats cannot be left unattended for an unreasonable period of time. What is "unreasonable" will depend on the circumstances of each case and nature of the pet. If NEOHA determines that a problem exists, either with regard to the animal's safety or because of complaints, the owner will be notified of the violation.

14. If an animal becomes vicious, displays symptoms of severe illness, or demonstrates other behavior that constitutes an immediate threat to the health and safety of other tenants and the owner is not available or an emergency contact person cannot be reached, NEOHA MAY CONTACT ANY LOCAL OR STATE AGENCY TO TAKE THE PET.

In the event that there is no one to remove the pet, NEOHA will place the pet in a facility that will provide care or shelter for a period of one week at the owners expense.

15. You are responsible for both indoor and outdoor damage to NEOHA property caused by your pet; this includes elimination of possible flea infestation your pet introduces to your apartment. You will also be liable for your pet's damage to other tenant's property.
16. No tenant will be cruel to another tenant's pet. Children shall not be allowed to bother or provoke other tenants pets.
17. No tenant will feed or water pets other than their own. Tenants may not leave food outside their unit for other animals.
18. ***NO PET SITTING.*** Visiting pets must meet type and size as outlined in this policy and may visit for up to two weeks. The owner and tenant will be responsible for any damages or liability incurred by the visiting pet.
19. The tenant will understand the responsibilities & obligations connected with keeping a pet, and will be held responsible for any damage, mess, complaints, injury or property loss caused by the pet.
20. A pet owner will be liable for any injury or damage his or her pet caused to persons or property of another resident, or housing visitor.

*It is strongly recommended that residents who own a dog or cat purchase a personal liability insurance policy ( RENTERS INSURANCE ).*

***Failure to meet ANY of these obligations will be cause to find another home for your pet, a lease termination or eviction, if necessary.***

# elderly / disabled DWELLING PET RULES

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MANAGER**

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2. The pet deposit will be **\$100 per pet.**  
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14. If an animal becomes vicious, displays symptoms of severe illness, or demonstrates other behavior that constitutes an immediate threat to the health and safety of other tenants and the owner is not available or an emergency contact person cannot be reached, NEOHA MAY CONTACT ANY LOCAL OR STATE AGENCY TO TAKE THE PET.

In the event that there is no one to remove the pet, NEOHA will place the pet in a facility that will provide care or shelter for a period of one week at the owners expense.

15. You are responsible for both indoor and outdoor damage to NEOHA property caused by your pet; this includes elimination of possible flea infestation your pet introduces to your apartment. You will also be liable for your pet's damage to other tenant's property.
16. No tenant will be cruel to another tenant's pet. Children shall not be allowed to bother or provoke other tenants pets.
17. No tenant will feed or water pets other than their own. Tenants may not leave food outside their unit for other animals.
18. ***NO PET SITTING.*** Visiting pets must meet type and size as outlined in this policy and may visit for up to two weeks. The owner and tenant will be responsible for any damages or liability incurred by the visiting pet.
19. The tenant will understand the responsibilities & obligations connected with keeping a pet, and will be held responsible for any damage, mess, complaints, injury or property loss caused by the pet.
20. A pet owner will be liable for any injury or damage his or her pet caused to persons or property of another resident, or housing visitor.

*It is strongly recommended that residents who own a dog or cat purchase a personal liability insurance policy ( RENTERS INSURANCE ).*

***Failure to meet ANY of these obligations will be cause to find another home for your pet, a lease termination or eviction, if necessary.***

## ATTACHMENT XI

### VOLUNTARY CONVERSION

#### PHA Plan - Desk Guide questions regarding Voluntary Conversion

a) How Many of the PHA's developments are subject to the Required Initial Assessment?

**ALL OF THE HOUSING AUTHORITY FIVE DEVELOPMENTS ARE SUBJECT TO THE INITIAL ASSESSMENT.**

b) How many of the PHA's developments are not subject to Required Initial Assessments based on exemptions.

**NONE OF THE DEVELOPMENTS ARE NOT SUBJECT TO INITIAL ASSESSMENT.**

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

**AN ASSESSMENT WAS DONE FOR ALL FIVE DEVELOPMENTS AS ONE DEVELOPMENT BECAUSE OUR SMALL DEVELOPMENTS OF DAYVILLE (5 UNITS), MT. VERNON (8 UNITS), CANYON CITY (12 UNITS), AND HUNTINGTON (12 UNITS) DO NOT HAVE SEPARATE ACCOUNTING RECORDS. WE COULD NOT BREAK OUT THE EXPENSES FOR THE SMALL DEVELOPMENTS.**

d) Identify PHA development that may be appropriate for conversion based on the Required Initial Assessments:

**NONE OF THE DEVELOPMENTS WERE IDENTIFIED AS APPROPRIATE FOR CONVERSION.**

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

**THE ASSESSMENT HAS BEEN COMPLETED.**

**ATTACHMENT XII**

**RESIDENT SURVEY FOLLOW-UP PLAN**

**A Resident Survey Follow-up Plan was not required for FY 2003.**