

PHA Plans

5 Year Plan for Fiscal Years 2005 - 2008
Annual Plan for Fiscal Year 2004

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

PHA Plan Agency Identification

PHA Name: Elizabethton Housing and Development Agency, Inc.

PHA Number: TN076

PHA Fiscal Year Beginning: (mm/yyyy) 01/2004

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

5-YEAR PLAN
PHA FISCAL YEARS 2005 - 2008
[24 CFR Part 903.5]

A. Mission

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

- ☐ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- X The PHA's mission is to provide drug free, decent, safe and sanitary housing for families and to provide opportunities, promote self-sufficiency and economic independence for our residents.

We plan to achieve our missions by respecting our residents and providing better service through highly trained, effective and efficient employees. We plan to jointly solve problems with our residents, community and government officials. We will apply all of our available resources to provide the best possible services to our public housing community. We continue to treat our residents with dignity and respect.

B. Goals

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

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

- X PHA Goal: Expand the supply of assisted housing
Objectives:
- ☐ Apply for additional rental vouchers:
- X Reduce public housing vacancies: From 10 to less than 5 monthly.
- ☐ Leverage private or other public funds to create additional housing opportunities:
- ☐ Acquire or build units or developments
- ☐ Other (list below)
- X PHA Goal: Improve the quality of assisted housing

Objectives:

- X Improve public housing management: (PHAS score) A minimum of 90% on the Physical Inspection.
 - X Improve voucher management: (SEMAP score)
 - X Increase customer satisfaction: Responding to every request and providing ample meeting dates; new move-in visits and visit those that have not paid their rent.
 - X Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) Coffee/donuts with the Executive Director.
 - X Renovate or modernize public housing units: CFP work items.
 - ☐ Demolish or dispose of obsolete public housing:
 - ☐ Provide replacement public housing:
 - ☐ Provide replacement vouchers:
 - ☐ Other: (list below)
- X PHA Goal: Increase assisted housing choices
- Objectives:
- ☐ Provide voucher mobility counseling:
 - X Conduct outreach efforts to potential voucher landlords: Brochures, owner packets, and newspaper advertisements.
 - ☐ 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

- X PHA Goal: Provide an improved living environment
- Objectives:
- ☐ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
 - X Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: Deconcentration policy.
 - X Implement public housing security improvements: crime prevention through environmental design; page for after hour emergencies.
 - ☐ 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

X PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- X Increase the number and percentage of employed persons in assisted families: Grounds maintenance and maintenance positions; provide information on job opportunities.
- X Provide or attract supportive services to improve assistance recipients' employability: Computer training lab.
- ☐ 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

X PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- X Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: Public Housing ACOP
- X Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability: Public Housing ACOP
- X Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: Handicap accessible units
- ☐ Other: (list below)

Other PHA Goals and Objectives: (list below)

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

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

☒ **Standard Plan**

Streamlined Plan:

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

☐ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Our goals and objectives are outlined in the Five Year Plan, the ACOP and the Section 8 Administration Plan. All were developed to comply with HUD guidelines, rules, regulations and Federal law. Our basic goals and objectives are:

- 1) To increase the availability of decent, safe and affordable housing in Elizabethton, Tennessee.**
- 2) The EHDA will ensure equal opportunity for housing for all Americans.**
- 3) The EHDA will promote self sufficiency and asset development for families and individuals.**
- 4) The EHDA will take steps to help improve the quality of life and economic development in our community.**

The EHDA plans to achieve our plan goals by maintaining our existing programs and establishing new programs. We do not anticipate deviating from the Five Year Plan and hope to chart the progress in the seeking of these goals and objectives.

Progress made - Increased the Physical Inspection Score; decreased vacancy rate. Strengthened management functions by visiting new move-ins and visiting those residents that have not paid their rent to help them avoid lease termination.

This plan is written after the consultation and guidance issued by HUD, residents of the public housing community and the approval of the EHDA Board of Commissioners.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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Attachments

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

Required Attachments:

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

Optional Attachments:

Xc.PHA Management Organizational Chart

Xh.FY 2004 Capital Fund Program 5 Year Action Plan

☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)

X Other (List below, providing each attachment name)

d. Progress of Missions and Goals

e. Substantial Deviation

f. Resident Member and Resident Advisory Board (RAB)

g. Voluntary Conversion

h. Capital Fund Program TN37P07650104

i. P&E Report Capital Fund Program TN37P07650101

j. P&E Report Capital Fund Program TN37P07650102

k. P&E Report Capital Fund Program TN37P07650103

l. Pet Policy

m. Community Service Work Requirement Policy

Supporting Documents Available for Review

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

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents X 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 X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
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 X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures X 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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	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
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	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
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	816	N/A	N/A	N/A	N/A	N/A	N/A
Income >30% but <=50% of AMI	151	N/A	N/A	N/A	N/A	N/A	N/A

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income >50% but <80% of AMI	19	N/A	N/A	N/A	N/A	N/A	N/A
Elderly	45	N/A	N/A	N/A	N/A	N/A	N/A
Families with Disabilities	181	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity 1/1	1	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity 1/2	973	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity 2/2	22	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity 2/1	1	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity 4/2	1	N/A	N/A	N/A	N/A	N/A	N/A

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

- ☒ Consolidated Plan of the Jurisdiction/s
Indicate year: 2000
- ☐ 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) 4/1/02 – 3/31/03 Public Housing Waiting and Section 8 Waiting Lists

NOTE FOR RACIAL/ETHNIC DATA:

1/1 = white, Hispanic
1/2 = white, non-Hispanic
2/1 = black, Hispanic
2/2 = black, non-Hispanic
4/2 = Asian, non-Hispanic

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<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	438		124
Extremely low income <=30% AMI	346	79%	
Very low income (>30% but <=50% AMI)	72	16%	
Low income (>50% but <80% AMI)	19	4%	
Families with children	215	49%	
Elderly families	28	6%	
Families with Disabilities	97	22%	
Race/ethnicity 1/1	1	.33%	
Race/ethnicity 1/2	423	97%	
Race/ethnicity 2/1	1	.33%	
Race/ethnicity 2/2	12	2%	
Race/ethnicity 4/2	1	.33%	
Characteristics by Bedroom Size (Public Housing Only)			

Housing Needs of Families on the Waiting List			
0/1BR	207	47%	87
2 BR	126	29%	31
3 BR	88	20%	29
4 BR	14	3%	4
5 BR	3	1%	4
5+ BR	N/A	N/A	N/A
Is the waiting list closed (select one)? X No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Waiting list type: (select one)			
X Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	560		146
Extremely low income <=30% AMI	470	84%	
Very low income (>30% but <=50% AMI)	79	14%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	362	65%	
Elderly families	17	3%	
Families with Disabilities	84	15%	
Race/ethnicity 1/2	550	98%	
Race/ethnicity 2/2	10	2%	
Race/ethnicity 3/2	0	0	
Race/ethnicity 4/2	0	0	

Is the waiting list closed (select one)? X No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

- X Employ effective maintenance and management policies to minimize the number of public housing units off-line
- X Reduce turnover time for vacated public housing units
- X Reduce time to renovate public housing units
- ☐ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☐ 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:

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- ☐ Seek designation of public housing for the elderly
- ☐ Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☐ Other: (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

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

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

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

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

Other Housing Needs & Strategies: (list needs and strategies below)**(2) Reasons for Selecting Strategies**

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

- ☐ Funding constraints
- ☐ Staffing constraints
- ☐ Limited availability of sites for assisted housing
- ☐ Extent to which particular housing needs are met by other organizations in the community
- X Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☐ Influence of the housing market on PHA programs

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

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year.

Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2004 grants)		
a) Public Housing Operating Fund	593,820	
b) Public Housing Capital Fund	448,868	
c) HOPE VI Revitalization	-	
d) HOPE VI Demolition	-	
e) Annual Contributions for Section 8 Tenant-Based Assistance	501,873	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants	-	
h) Community Development Block Grant	-	
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
CFP 50102	212,023	Capital Improvements, safety security

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
CFP 50103	448,868	Capital Improvements, safety/security
3. Public Housing Dwelling Rental Income	549,730	PH Operations, capital improvements, safety/security
4. Other income (list below)		
Sales/service, court costs, late fees	18,410	PH Operations
4. Non-federal sources (list below)		
Total resources	2,773,592	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

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

(1) Eligibility

- a. When does the PHA verify eligibility for admission to public housing? (select all that apply)
- ☐ When families are within a certain number of being offered a unit: (state number)
- X When families are within a certain time of being offered a unit: (At the time of apartment offer)
- X Other: (describe) Initially, at the time of application for admission.
- b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?
- X Criminal or Drug-related activity
- X Rental history
- X Housekeeping
- X Other (describe) credit history if the applicant has no rental history.

- 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)

- 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

X Other preference(s) (list below) We offer to elderly applicants before single applicants.

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

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

X Other preference(s) (list below) We offer to elderly applicants before single.

4. Relationship of preferences to income targeting requirements:

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

(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)

- X The PHA-resident lease
X The PHA's Admissions and (Continued) Occupancy policy
X 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)

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

(6) Deconcentration and Income Mixing *See Attachment 'A'*

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

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

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

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

☐ Other (list policies and developments targeted below)

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

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

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

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

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

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

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

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Eligibility

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

- ☐ Criminal or drug-related activity only to the extent required by law or regulation
- ☐ Criminal and drug-related activity, more extensively than required by law or regulation
- ☐ More general screening than criminal and drug-related activity (list factors below)
- ☐ Other (list below)

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

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

(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
- X Federal moderate rehabilitation*
- ☐ Federal project-based certificate program
- ☐ Other federal or local program (list below)

*We maintain one waiting list for the Housing Choice Voucher Program and one waiting list for Housing Choice Voucher and Federal Moderate Rehab merged.

- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
- X PHA main administrative office
- ☐ Other (list below)

(3) Search Time

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

If yes, state circumstances below:

When housing market has limited available units or tenant has trouble finding a unit that will pass HQS and to provide reasonable accommodation for a household to find handicap accessible housing.

(4) Admissions Preferences

- a. Income targeting

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

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

Former Federal preferences

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

Other preferences (select all that apply)

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

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

Date and Time

Former Federal preferences

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

Victims of domestic violence
Substandard housing
Homelessness
High rent burden

Other preferences (select all that apply)

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

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

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

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

X Other (list below)

Related agencies such as DHS, Red Cross, and Health Department.

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---

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

b. Minimum Rent

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

☐ \$0

X \$1-\$25

☐ \$26-\$50

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

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

Because of : 1) the family lost eligibility or is awaiting an eligibility determination for a Federal, State or local assistance program, 2) the family would be evicted as a result of the imposition of the minimum rent, 3) the income of the family has decreased, and, 4) a death in the family.

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

1. ☐ Yes X 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)

- X For the earned income of a previously unemployed household member
- X 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
 - X No
2. For which kinds of developments are ceiling rents in place? (select all that apply)

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

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

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

f. Rent re-determinations:

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

- ☐ Never
- ☐ At family option
- ☐ Any time the family experiences an income increase
- ☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
- X Other (list below)
Within ten (10) days of the change.

g. ☐ Yes X 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.)

- X The section 8 rent reasonableness study of comparable housing
- X Survey of rents listed in local newspaper
- ☐ Survey of similar unassisted units in the neighborhood

- X Other (list/describe below)
The HUD Fair Market Rents for our jurisdiction were used.

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies.

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

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

Asked for and received EHDA Board approval for 120% of FMR because applicants were having trouble finding housing due to the higher market value in our area.

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)

- X 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 ☒ 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)]

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

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- ☒ An organization chart showing the PHA's management structure and organization is attached.
☐ A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	326	124
Section 8 Vouchers	201	67
Section 8 Certificates	N/A	

Section 8 Mod Rehab	135	79
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	
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)

EHDA Public Housing Admissions and Continued Occupancy Policy
EHDA Maintenance Manual

Prevention and eradication of infestation - For prevention, the EHDA conducts monthly inspections and ninety-day inspections. The Housekeeping Policy outlines good housekeeping and what action to take should a resident fail housekeeping. Based on inspections conducted by the EHDA staff and an EHDA contractor, monthly extermination is provided to help eradicate infestation. Also, extermination can be provided within forty-eight hours notice if necessary.

- (2) Section 8 Management: (list below)

EHDA Section 8 Administrative Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

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

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

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

- ☒ PHA main administrative office
☐ Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

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

-or-

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

b. If yes to question a, select one:

- X The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) CFP 50104 Attachment h

-or-

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

1. Development name:

2. Development (project) number:

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

☐

Revitalization Plan under development

☐

Revitalization Plan submitted, pending approval

☐

Revitalization Plan approved

☐ Activities pursuant to an approved Revitalization Plan underway

☐ Yes X 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 X 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 X No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?

If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

Demolition/Disposition Activity Description
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>

4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

Designation of Public Housing Activity Description
1a. Development name:
1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)

Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

Conversion of Public Housing Activity Description
1a. Development name:
1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to

block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <div> <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 </div>
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <div> <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) </div>

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

1. ☐ Yes X No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to

component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

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

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

B. Section 8 Tenant Based Assistance

1. ☐ Yes X 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 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

X 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? 04-03-02

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

- X Client referrals
- X Information sharing regarding mutual clients (for rent determinations and otherwise)
- ☐ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- ☐ Jointly administer programs
- ☐ Partner to administer a HUD Welfare-to-Work voucher program
- ☐ Joint administration of other demonstration program
- ☐ Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

- ☒ Public housing rent determination policies
- ☒ Public housing admissions policies
- ☐ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families
- ☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing homeownership option participation
- ☐ Preference/eligibility for section 8 homeownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

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

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

Table Library

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2004 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

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

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- ☐ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
 - X Informing residents of new policy on admission and reexamination
 - X Actively notifying residents of new policy at times in addition to admission and reexamination.
 - X Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
 - X Establishing a protocol for exchange of information with all appropriate TANF agencies
 - ☐ Other: (list below)

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

See attachment 'M' for Community Service Work Requirement Policy.

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
- X Residents fearful for their safety and/or the safety of their children
- X 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).

- X Safety and security survey of residents
- X 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
- X Resident reports
- X PHA employee reports
- X Police reports
- X Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- ☐ Other (describe below)

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

TN 76-1, Rolling Hills Estates

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

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

- X Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities

- X Crime Prevention Through Environmental Design
- X Activities targeted to at-risk youth, adults, or seniors
- X Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (describe below)

2. Which developments are most affected? (list below) TN 76-1, Rolling Hills Estates

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)

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

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

TN 76-1, Rolling Hills Estates

TN 76-2 South Hills Estates, Walnut/Hemlock Manor

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2004 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- ☐ Yes X No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- ☐ Yes X No: Has the PHA included the PHDEP Plan for FY 2004 in this PHA Plan?
- ☐ Yes X 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 X 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:
- X Other: (list below) No comments were received before or after the Public Hearing.

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

1. ☐ Yes X 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 X 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
X Other: (describe) Residents that serve on the Board of Commissioners is appointed by the Mayor of the City of Elizabethton; residents that serve on the RAB Board are volunteers.
- b. Eligible candidates: (select one)
☐ Any recipient of PHA assistance
☐ Any head of household receiving PHA assistance
☐ Any adult recipient of PHA assistance
☐ Any adult member of a resident or assisted family organization
☐ Other (list)
- c. Eligible voters: (select all that apply)

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

C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here) Tennessee State Consolidated Plan.
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- X Other: (list below) Self-assessment
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

Please refer to the Executive Summary of the State of Tennessee Consolidated Plan.

D. Other Information Required by HUD

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

Attachments

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

TN076a01 – Deconcentration Policy
TN076b01 – Last approved Operating Budget
TN076c01 - Organizational Chart
TN076d01 - Progress of Goals and Mission
TN076e01 - Substantial Deviation
TN076f01 - Resident Member and RAB
TN076g01 – Voluntary Conversion
TN076h01 – CFP TN37P07650104 Annual Statement/Five Year Plan
TN076i01 – CFP TN37P07650101 P/E Report
TN076j01 – CFP TN37P07650102 P/E Report
TN076k01 – CFP TN37P07650103 P/E Report
TN076l01 – Pet Policy
TN076m01 – Community Service Work Requirement Policy

PHA Plan Table Library

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

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

Capital Fund Grant Number 50104 FFY of Grant Approval: (2004)

X Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	\$ 1,000.00
3	1408 Management Improvements	\$ 82,100.00
4	1410 Administration	\$ 2,000.00
5	1411 Audit	0.00
6	1415 Liquidated Damages	0.00
7	1430 Fees and Costs	\$ 35,000.00
8	1440 Site Acquisition	0.00
9	1450 Site Improvement	0.00
10	1460 Dwelling Structures	\$328,768.00
11	1465.1 Dwelling Equipment-Nonexpendable	0.00
12	1470 Nondwelling Structures	0.00
13	1475 Nondwelling Equipment	0.00
14	1485 Demolition	0.00
15	1490 Replacement Reserve	0.00
16	1492 Moving to Work Demonstration	0.00
17	1495.1 Relocation Costs	0.00
18	1498 Mod Used for Development	0.00
19	1502 Contingency	0.00
20	Amount of Annual Grant (Sum of lines 2-19)	\$448,868.00
21	Amount of line 20 Related to LBP Activities	0.00
22	Amount of line 20 Related to Section 504 Compliance	0.00
23	Amount of line 20 Related to Security	0.00
24	Amount of line 20 Related to Energy Conservation Measures	0.00

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
HA Wide	Operations	1406	\$ 1,000.00
HA-Wide	Resident Init. Coordinators	1408	\$ 80,100.00
HA-Wide	Alcohol/Drug Program	1408	\$ 2,000.00
HA-Wide	Clerk of Works	1410	\$ 2,000.00
HA-Wide	A/E Environmental Review	1430	\$1,000.00
HA-Wide	A/E Construction	1430	\$ 34,000.00
HA-Wide	Attic Louvers	1460	\$ 19,474.00
HA-Wide	Kitchen exhaust	1460	\$37,526.00
HA-Wide	Upgrade electrical/stair lighting	1460	\$ 100,657.00
HA Wide	Building settlement	1460	5,320.00
HA Wide	Water Heaters	1460	\$ 35,474.00
HA Wide	Washer Boxes	1460	\$110,317.00
HA Wide	Termite Treatment	1460	\$ 20,000.00

Annual Statement

Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
HA-Wide	6/30/05	12/31/06

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

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

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
PHA Wide	Rolling Hills Estates, South Hills Estates, Walnut/Hemlock Manor	9	3%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Resident Services Manager/Assistant		353,522.00	2005-2008
Clerk of Works truck		20,000.00	2005
Update Agency policies		2,000.00	2005
Community Center		473,762.00	2005-2006
Exterior painting		40,000.00	2005
Parking Lot Renovations		50,000.00	2006
HVAC installation		50,000.00	2006
Drainage/building settlement problems		12,000.00	2006
Renovate Administration Building		252,000.00	2007
Vinyl Siding Replacement		70,094.00	2007
Bath Renovations		105,094.00	2008
Kitchen Renovations		175,000.00	2008
Enclose Dumpsters		42,000.00	2008
Total estimated cost over next 5 years		1,645,472.00	

Optional Public Housing Asset Management Table

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

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

Component 3, (6) Deconcentration and Income Mixing

- a. ☒ Yes No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. Yes ☒ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments

Development Name	Number of Units	Explanation
TN 76-1 Rolling Hills Estates	200	The covered development's size, location and/or configuration promote income deconcentration, such as scattered site or small developments
TN 76-2 South Hills Estates, Walnut/Hemlock Manor	126	The covered development's size, location and/or configuration promote income deconcentration, such as scattered site or small developments

The average family income in both of our developments are below the extremely low income guidelines.

NAHRO

Budget Assistant ©

I n s t r u c t i o n s

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

Introduction

NAHRO, together with Mobley & Associates, is pleased to provide its *BUDGET ASSISTANT Operating Budget Software* for local housing authorities (LHAs), both public and Indian. This product is designed to be used with Excel for Windows, (Version 5 or higher), and Lotus 1-2-3 (Release 3 or higher).

The purpose of this manual is NOT to teach users how to use Excel or other spreadsheet products, although we will provide a few helpful hints here and there. Instead, we provide to the Excel and other users the basic knowledge about this product which will allow you to gain maximum time-savings and accuracy in preparing operating budgets.

Just as importantly, we believe you will derive great value from this product when used as a planning tool, e.g., "WHAT IF" you made such-and-such a change in your budget, what would the ramifications be? In just a few keystrokes, you can "try on" various versions of your operating budget, whether you're preparing a future budget, revising a current one, or engaging in long-range financial planning.

The product has been sold with a full year's technical support included. For help in using this product or other technical support, call:

TECHNICAL SUPPORT:	Mobley & Associates
--------------------	---------------------

Cell: (678) 612-3286
Pager: (800) 317-8579
Voice: (404) 584-7985
Fax: (404) 584-7786

After your first year, technical support AND product enhancement (new forms and/or changes in forms or instructions) will be provided by Mobley & Associates for a nominal fee which will include unlimited telephone support.

To Install

- 1) GET YOUR EXCEL, LOTUS, OR QUATTRO PROGRAM UP AND RUNNING.
- 2) DOWNLOAD THE *NAHRO BUDGET ASSISTANT* FILE.
- 3) CLICK ON "FILE", "OPEN", SELECT THE FOLDER IN WHICH YOU DOWNLOADED THE FILE. THE FILE NAME IS NBUDG204.XLS FOR EXCEL USERS.
- 4) CLICK ON "FILE", "SAVE AS", AND GIVE YOUR FIRST WORKING FILE A DIFFERENT NAME FROM THE ORIGINAL. YOU MAY WANT TO FILE YOUR WORKING FILES IN "MY DOCUMENTS" OR A FOLDER

ORIGINAL. YOU MAY WANT TO FILE YOUR WORKING FILES IN "MY DOCUMENTS" OR A FOLDER DIFFERENT THAN THE ORIGINAL DOWNLOADED FILE.

This product has been designed as one (1) Excel file (NBUDG204.XLS) with multiple worksheets. **For best results, begin with the Initial Data Worksheet (the first sheet in the file), proceed to the HUD-52566 page 1, and so on, on through to the last sheet in the file.**

This is done by clicking on the labelled "file folders" at the bottom of the screen, beginning with the one that says Start!

1

1

NAHRO

Budget Assistant ©

I n s t r u c t i o n s (c o n t ' d .)

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

screen, beginning with the one that says Start!

As you complete each worksheet, you will note that much of the information carries forward to succeeding worksheets so that you don't have to re-enter the same information over and over. By the time you get to the HUD-52564, there's not a whole lot of information left for you to key.

For those with color monitors, we have used BLUE to indicate cells where users should enter information. We have used RED for cells which generally shouldn't be disturbed.

For best printing results, use a LASER printer, and print each worksheet separately. On "Page Setup", use "Fit to 1 Page Wide by 1 Tall", and use the orientations shown below. Then, "Set Print Area" each time, using the following ranges.

Title	Print Range	Orientation
Initial Data Worksheet	A1..L79	Portrait
52566 (Admin. Salaries)	A1..W71	Landscape
52566 (Maint. Salaries)	A1..W71	"
52567 (Nonroutine Expenses)	A1..U69	"
52571 (Admin Other)	A1..Q56	Portrait
Interest Worksheet	A1..T49	Landscape
52573 (Justification) pg. 1	A1..P98	Portrait
52573 (") pg. 2	A1..G68	"
52573 (") pg. 3	A1..H89	"
52573 (") pg. 4	A1..K79	"
52722A (Utilities Expense)	A1..S67	Landscape
Add-ons Worksheet	A1..K52	Portrait
52723 (PFS Subsidy) pg. 1	A1..N69	"
52723 (" ") pg. 2	A1..L61	"
52723 (" ") pg. 3	A1..L65	"
52564 (Operating Budget) pg. 1	A1..Q74	"
52564 (" ") pg. 2	A1..Q67	"
52564 (" ") pg. 3	A1..J70	"
52728 (Occupancy Percentage) pg. 1	A1..R67	"
52728 (Occupancy Percentage) pg. 2	A1..Q65	"

Source (Occupancy Percentage) pg. 1	Images	
52728 (Occupancy Percentage) pg. 3	A1..N62	"
50070 (Drug-Free Workplace)	A1..T74	"

Submission
[X] Original

NAHRO BUDGET ASSISTANT
LHA Operating Budget Software
INITIAL DATA WORKSHEET

VERSION 3.01 (5/2001)

[] Revision No. : _____

\\\\\\NAME OF LOCAL AUTHORITY: **Elizabethton Housing & Development Agency, Inc.** AC Contract No.: A-2772

\\\\\\LOCALITY: **Elizabethton, TN 37643** Project Number(s): TN07600103D

1) Ending Date for: Month (spell out), date and year: 1a) Ending Date for: Month (spell out), date and year:

REQUESTED BUDGET YEAR..... December 31, 2003 CURRENT BUDGET YEAR..... December 31, 2002

[EXAMPLE]: September 30, 1995 1b) Ending Date for: Month (spell out), date and year:

2) Ending Date for: (Year only): PREVIOUS BUDGET YEAR..... December 31, 2001

REQUESTED BUDGET YEAR..... 2003

[EXAMPLE]: 1995

3) No. of Units for Requested B. Y..... 325 325 listed in the past=actual dwelling units=326
[EXAMPLE]: 500 are approved to receive subsidy for only the substation.

4) No. of Unit Months Available for the Requested Budget Year: 3,900

[EXAMPLE]: 6,000

5) Reserves at the end of fiscal year 2001 equalled \$ \$635,311

6) Provision for reserve for fiscal yr 2002 equalled \$ (\$232,581) from Sept'02 BV report, printed 10/14
Obtain from Line 810, HUD-52564 for 2002 to be more realistic for board presentation purposes.

7) Tenant Services (Line 230) for 2003 will be \$ \$15,500
[Recreation, etc.]

8) Tenant Services (Line 240) for 2003 will be \$ \$0
[Contract Costs, training and other]

9) Protective Services (Line 380) for 2003 will be \$ \$0
[Materials]

10) Protective Services (Line 390) for 2003 will be \$ \$32,270
[Contracts]

11) Terminal Leave Payments for 2003 will be \$ \$2,000
[Line 430]

12) Other General Exp. (Line 460) for 2003 will be \$ \$0

13) Prior Yr Adjustmnts (Line 560) for 2003 will be \$ \$0 (in dollars)

14) Prior Yr Adjustmnts (Line 560) for 2002 were \$ \$0.00 (PUM)

15) Prior Yr Adjustmnts (Line 560) for 2001 were \$ \$0.00 (PUM)

16) Other Expenditures (Line 570) for 2003 will be \$ \$0 (in dollars)

17) Other Expenditures (Line 570) for 2002 were \$ \$0.00 (PUM)

18) Other Expenditures (Line 570) for 2001 were \$ \$0.00 (PUM)

19) Operating Subsidy (Line 680) for 2002 was \$ \$152.26 (PUM)

20) Operating Subsidy (Line 680) for 2001 was \$ \$159.97 (PUM)

Operating Budget
Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0026 (Exp. 6/30/01)

Name of Housing Authority			Locality								Fiscal Year End	
Elizabethton Housing & Development Agency, Inc.			Elizabethton, TN 37643								December 31, 2003	
Position Title By Organizational Unit and Function	Present Salary Rate As of (date) 12/31/02	Requested Budget Year			Allocation of Salaries by Program							
		Salary Rate	No. Months	Estimated Payment Amount	Management	Modernization	Development	Section 8 Programs	Other Programs	Longevity	Method of Allocation	
(1)	(1a)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
ADMINISTRATION:												
1) Executive Director	kg	\$53,743	\$57,462	12	\$57,462	\$51,716			\$5,746			Mgmt. = 90% Sec. 8 = 10%
2) Assistant Executive Director	sdr	\$44,168	\$49,328	12	\$49,328	\$49,328						
3) Accountant	mak	\$38,232	\$43,024	12	\$43,024	\$36,570			\$6,454			Mgmt. = 85% Sec. 8 = 15%
4) Accounts Receivable Clerk	jg	\$26,412	\$28,749	12	\$28,749	\$28,749			\$0			
5) Occupancy Specialist	rw	\$30,591	\$33,139	12	\$33,139	\$33,139			\$0			
6) Secretary	bs	\$23,113	\$25,282	12	\$25,282	\$25,282			\$0			
7) Inspector	gp	\$23,113	\$27,265	12	\$27,265	\$20,449			\$6,816			Mgmt. = 75% Sec. 8 = 25%
8) Part-Time Accounting Assistant (\$6.83*25 hrs * 52 wks)	th	\$11,648	\$14,871	6	\$14,871	\$14,871						
9) Purchaser	rl	\$33,107	\$37,771	12	\$24,551	\$24,551						Admin Mgmt=65%, Maint Mgmt=35%
10) Section 8 Coordinator	pn	\$32,537	\$37,771	12	\$37,771	\$0			\$37,771			Sec. 8 = 100%
11) Section 8 Housing Specialist	bl	\$27,710	\$30,112	12	\$30,112	\$0			\$30,112			Sec. 8 = 100%
12) Resident Services Manager	vm	\$32,536	\$35,183	12	\$35,183		\$35,183					Mod= 100%
13) Asst. Resident Services Manager	jgv	\$21,100	\$23,168	12	\$23,168		\$23,168					Mod= 100%
TOTAL ADMINISTRATION					\$429,905	\$284,655	\$58,351	\$0	\$86,899	\$0	\$0	
TENANT SERVICES												
1)												Calculation of Equivalent Full-Time Positions 90%*12mos. = 10.80 Executive Director 85%*12mos. = 10.20 Accountant 75%*12mos. = 9.00 Inspector 100%*6mos. = 6.00 Accounting Assistant 65%*12mos. = <u>7.80</u> Purchaser 43.80
2)												
3)												
TOTAL TENANT SERVICES					\$0	\$0						43.80 divided by 12 mos. = 3.65 Full Time Mgmt. Positions = <u>4.00</u>
UTILITY LABOR												
1)												Equivalent Full Time Positions 7.65 (col. 2, form 52573) NO HOUSING AUTHORITY EMPLOYEE IS SERVING IN A VARIETY OF POSITIONS WHICH EXCEED 100% OF HIS/HER TIME.
2)												
3)												
TOTAL UTILITY LABOR					\$0	\$0						
To the best of my knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729,3802)								Executive Director or Designated Official		Date 12/17/2002		

Operating Budget
Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0026 (Exp. 6/30/01)

Name of Housing Authority			Locality								Fiscal Year End	
Elizabethton Housing & Development Agency, Inc.			Elizabethton, TN 37643								December 31, 2003	
Position Title By Organizational Unit and Function	(1a)	Present Salary Rate As of (date) 12/31/02	Requested Budget Year			Allocation of Salaries by Program						
			Salary Rate	Estimated Payment		Management	Modernization	Development	Section 8 Programs	Other Programs	Longevity	Method of Allocation
				No. Months	Amount							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
MAINTENANCE STAFF:												
1) Maintenance Supervisor	jm	\$40,622	\$43,678	12	\$43,678	\$43,678						
2) Maintenance Mech "A"/Purchaser/COW	rl	\$33,107	\$33,771	12	\$13,220	\$13,220					Admin Mgmt =65%, Maint Mgmt =35%	
3) Maintenance Mechanic "A"	sb	\$26,270	\$28,600	12	\$28,600	\$28,600						
4) Maintenance Mechanic "A"	bv	\$28,365	\$30,800	12	\$30,800	\$30,800						
5) Maintenance Mechanic "B"	cw	\$23,629	\$25,824	12	\$25,824	\$25,824						
6) Maintenance Mechanic "B"	tm	\$16,931	\$19,911	12	\$19,911	\$19,911						
7) Maintenance Mechanic "B"	dt	\$20,545	\$22,585	12	\$22,585	\$22,585						
8) Maintenance Mechanic "B", Part-time (32 hrs/wk * \$8.55/hr * 52 wks)	tt	\$14,227	\$15,947	6	\$15,947	\$15,947						
9) Part-time Seasonal Mowers (3) (Three @ \$7.00/hr*32 hrs* 30wks)		\$20,160	\$20,160	20.77	\$20,160	\$20,160						
10) Overtime (based on FY02 YTD average)		\$5,800	\$5,800	n/a	\$5,800	\$5,800						
				110.77								
TOTAL MAINTENANCE LABOR					\$226,525	\$226,525	\$0	\$0	\$0	\$0	\$0	
											Calculation of Full-Time Equivalent Positions Sum of col. 4, divided by 12 mos. = 110.77/12 = 9.23 Col. 1, form 5:	
											Calculation of col. 4, part-time mowers: (30 wks/52wks)*12 mos*3 mowers = 20.77	
											NO HOUSING AUTHORITY EMPLOYEE IS SERVING IN A VARIETY OF POSITIONS WHICH EXCEED 100% OF HIS/HER TIME.	

To the best of my knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729,3802)

Executive Director or Designated Official

Date 12/17/2002

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

Public Reporting Burden for this collection of information is estimated to average 0.75 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

Fiscal Year Ending

December 31, 2003

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802) facsimile form HUD-52567 (3/95)
ref. Handbook 7475.1

Operating Budget
Schedule of Administration
Expenses Other Than Salary

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

OMB Approval No. 2577-0026 (exp. 6/30/2001)

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. This information is required by Section 604(4) of the Housing Act of 1937. The information is the operating budget for the low-income housing program and provides a summary of proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the PHA and the amounts are reasonable and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality.

Name of Housing Authority: Elizabethton Housing & Development Agency, Inc.		Locality: Elizabethton, TN 37643		Fiscal Year End: December 31, 2003		
(1) Description		(2) Total	(3) Management	(4) Development	(5) Section 8	(6) Other
1	Legal Expense (see Special Note in Instructions)	\$4,000	\$4,000	\$0	\$0	\$0
2	Training (list and provide justification)	\$0	\$0	\$0	\$0	\$0
3	Travel					
	Trips to Conventions and Meetings (list and provide just.)	\$10,670	\$10,670	\$0	\$0	\$0
4	Other Travel:					
	Outside Area of Jurisdiction	\$0	\$0	\$0	\$0	\$0
5	Within Area of Jurisdiction	\$0	\$0	\$0	\$0	\$0
6	Total Travel	\$10,670	\$10,670	\$0	\$0	\$0
7	Accounting	\$6,325	\$1,600	\$0	\$4,725	\$0
8	Auditing	\$5,520	\$2,429	\$0	\$3,091	\$0
9	Sundry					
	Rental of Office Space	\$0	\$0	\$0	\$360	\$0
10	Publications	\$1,756	\$750	\$0	\$1,006	\$0
11	Membership Dues and Fees (list orgn. and amount)	\$4,025	\$2,850	\$0	\$1,175	\$0
12	Telephone, Fax, Electronic Communications	\$7,582	\$3,000	\$0	\$4,582	\$0
13	Collection Agent Fees and Court Costs	\$0	\$0	\$0	\$0	\$0
14	Administrative Services Contracts (list and provide just.)	\$9,492	\$6,500	\$0	\$2,992	\$0
15	Forms, Stationary and Office Supplies (includes postage)	\$30,506	\$14,290	\$0	\$16,216	\$0
16	Other Sundry Expense (provide breakdown)	\$10,250	\$10,250	\$0	\$0	\$0
17	Total Sundry	\$63,611	\$37,640	\$0	\$26,331	\$0
18	Total Administration Expense Other Than Salaries	\$90,126	\$56,339	\$0	\$34,147	\$0

Breakdown of Other Sundry Expenses (PH only):

1. Equipment Maintenance	\$4,000
2. Miscellaneous--a. Advertising	\$1,200
b. Miscellaneous	\$4,050
c. Printing	<u>\$1,000</u>
	\$10,250

To the best of my knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of authorized representative and Date:

12/17/2002

X

INTEREST ON GENERAL FUND INVESTMENTS															
SCHEDULE OF CASH BALANCE FOR FYE: December 31, 2003 COMPUTATION OF ESTIMATED INVESTMENT INCOME FUNDS AVAILABLE AFTER EIOP															
Note: HUD has eliminated this as a budget item. However, we still provide you the form in case conditions change again!															
Contract # <u>A-2772</u>			<u>Elizabethton Housing & Development Agency, Inc.</u>				Project(s) # <u>TN07600103D</u>								
			PHA NAME												
LINE NUMBER	ACCOUNT NUMBER	ACCOUNT TITLE	Oct 00 Yr	Nov 00 Yr	Dec 00 Yr	Jan 01 Yr	Feb 01 Yr	Mar 01 Yr	Apr 01 Yr	May 01 Yr	Jun 01 Yr	Jul 01 Yr	Aug 01 Yr	Sep 01 Yr	Total
1.	1111.1	Cash-General Fund													0
2.	1111.3	General Fund(Mod.)													0
3.	1117	Petty Cash Fund													0
4.	1118	Change Fund	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	1162	Investments General Fund													0
6.	End of the Month Cash Balances (sum of Lines 1, 2, 3, 4, 5)		0	0	0	0	0	0	0	0	0	0	0	0	0
7.--> Sum of the End of the Month Cash Balances														\$0
8.--> Average End of the Month Cash Balance (Line 7 divided by 12)														\$0
9.--> Less: \$10,000 or \$10 times total number of units, whichever is greater (not to exceed \$250,000)														\$10,000
10.--> Estimated or Actual Cash Available for Investment (Line 8 minus Line 9)														(\$10,000)
11.--> FYE Estimated or Actual Average.														0.00%
12.--> 91-DAY TREASURY BILL RATE Estimated/Target Investment Income (line 10 times Line 11)														\$0
13.--> PUM, Interest on General Fund Investments, Line 19, Form HUD-52723, (Line 12 divided by UMA: 3,900)														\$0.00

Note: HUD has eliminated this as a budget item. However, we still provide you the form in case conditions change again!

Project(s) # TN07600103D

LINE NUMBER	ACCOUNT NUMBER	ACCOUNT TITLE	Oct 00 Yr	Nov 00 Yr	Dec 00 Yr	Jan 01 Yr	Feb 01 Yr	Mar 01 Yr	Apr 01 Yr	May 01 Yr	Jun 01 Yr	Jul 01 Yr	Aug 01 Yr	Sep 01 Yr	Total
1.	1111.1	Cash-General Fund													0
2.	1111.3	General Fund(Mod.)													0
3.	1117	Petty Cash Fund													0
4.	1118	Change Fund	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	1162	Investments General Fund													0
6.	End of the Month Cash Balances (sum of Lines 1, 2, 3, 4, 5)		0	0	0	0	0	0	0	0	0	0	0	0	0
7.	----->		Sum of the End of the Month Cash Balances												\$0
8.	----->		Average End of the Month Cash Balance (Line 7 divided by 12)												\$0
9.	----->		Less: \$10,000 or \$10 times total number of units, whichever is greater (not to exceed \$250,000)												\$10,000
10.	----->		Estimated or Actual Cash Available for Investment (Line 8 minus Line 9)												(\$10,000)
11.	----->		FYE Estimated or Actual Average. 91-DAY TREASURY BILL RATE												0.00%
12.	----->		Estimated/Target Investment Income (line 10 times Line 11)												\$0
13.	----->		PUM, Interest on General Fund Investments, Line 19, Form HUD-52723, (Line 12 divided by UMA: 3,900)												\$0.00

Operating Budget

Summary of Budget Data and Justifications

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0026 (exp. 6/30/2001)

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. This information is required by Section 604 of the Housing Act of 1937. The information is the operating budget for the low-income housing program and provides a summary of proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the PHA and the amounts are reasonable and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. The information does not lend itself to confidentiality.

Name of Local Housing Authority	Locality	Fiscal Year Ending:
Elizabethton Housing & Development Agency, Inc.	Elizabethton, TN 37643	December 31, 2003

Operating Receipts

Dwelling Rental: Explain basis for estimate. For HUD-aided low-rent housing, other than Section 23 Leased housing, state amount of latest available total HA monthly rent roll, the number the number of dwelling units available for occupancy and the number accepted for the same month end. Cite HA policy revisions and economic and other factors which may result in a greater or lesser average monthly rent roll during the Requested Budget Year. For Section 23 Leased housing, state the number of units under lease, the PUM lease price, and whether or not the cost of utilities is included. If not included, explain method for payment at utility costs by HA and/or tenant.

Monthly Rent Roll as of: 10/1/2002 equals 47,916 divided by 317 occupied units = \$151.15 Avg. Monthly Dwelling Rental (AMDR)

times 1.03 Change Factor, X 98% Occupancy Rate, equals \$ 152.6 times 3,900 Unit Months Available

equals \$595,062

NOTE: HUD eliminates the Change Factor from time to time. We currently default this to 1.00 but check with your Field Office each year.

Excess Utilities: (NOT for Section 23 Leased housing.) Check appropriate spaces in item 1, and explain "Other". Under item 2, explain basis for determining excess utility consumption. For example: Gas; individual check meters at OH-100-1, proration of excess over allowances at OH-100-2, etc. Cite effective date of present utility allowances. Explain anticipated changes in allowances or other factors which will cause a significant change in the total amount of excess utility charges during the Requested Budget Year.

1. Utility Services Surcharged: Gas [] Electricity [X] Other [] (Specify) _____

2. Comments:

Excess Utility Income estimated in the amount of: \$19,570

Nondwelling Rent: (NOT for Section 23 Leased housing.) Complete Item 1, specifying each space rented, to whom, and the rental terms. For example, Community Building Space - Nursery School - \$50 per month, etc. Cite changes anticipated during the Requested Budget Year affecting estimated Non-dwelling Rental Income.

1.	Space Rented	To Whom	Rental Terms
	Administrative Offices	Section 8 and Mod Rehab Programs	\$30.00/mo = \$360.00
	920-B Pine Ridge Circle	ETSU Community Partnership	\$ 1.00/yr = \$ 1.00
	210 South Hills Drive	Community Day Care Center	\$ 1.00/mo = \$ 12.00
	820 Hemlock Street	Community Day Care Center	\$ 1.00/mo = \$ 12.00

2. Comments

Nondwelling Rent estimated in the amount of: \$385

Interest on General Fund Investments: State the amount of present General Fund investment and the percentage of the General Fund it represents. Explain circumstances such as increased or decreased operating reserves, dwelling rent, operating expenditures, etc., which will affect estimated average monthly total investments in the Requested Budget Year. Explain basis for distribution of interest income between housing programs.

Estimated Cash Avail. for Investment of N/A times Estimated Average T-Bill Rate of N/A

equals N/A which is N/A PUM times 3,900 Unit Months Available

equals \$8,500

Other Comments on Estimates of Oper. Receipts: Give comments on all other significant sources of income which will present a clear understanding of the HA's prospective Operating Receipts situation during the Requested Budget Year. For Section 23 Leased housing explain basis for estimate of utility charges to tenants.

	<u>Gross Amt.</u>				<u>Net Amt.</u>
Sales and Services to Residents of:	\$11,000	minus pass-throughs of:	\$11,000	equals	\$0
Court Costs	\$5,730	minus pass-throughs of:	\$5,730	equals	\$0
Laundry & Vending in the amount of:	\$0	N/A, as long as Notice PIH 96-24 in effect		equals	\$0
Late Charges in the amount of:	\$5,000	minus pass-throughs of:	\$0	equals	\$5,000
Charges to Other Programs (Section 8, etc.)	\$0	(CARRIED OVER)		equals	\$0
	=====				=====
	\$21,730				\$5,000
				PUM equals	\$1.28

Operating Expenditures

Summary of Staffing and Salary Data

Complete the summary below on the basis of information shown on form HUD-52566, Schedule of All Positions and Salaries, as follows:

Column (1) Enter the total number of positions designated with the corresponding account line symbol as shown in Column (1), form HUD-52566.

Column (2) Enter the number of equivalent full-time positions allocable to HUD-aided housing in management. For example: A HA has three "A-NT" positions allocable to mgmt. at the rate of 80%, 70%, and 50% respectively. Thus, the equivalent full-time positions is two. (8/10 + 7/10 + 5/10).

Column (3) Enter the portion of total salary expense shown in Column (5) or (6), form HUD-52566, allocable to HUD-aided housing in management, other than Section 23 Leased housing.

Column (4) Enter the portion of total salary expense shown in Column (5) or (10), form HUD-52566, allocable to Section 23 Leased housing in management.

Column (5) Enter the portion of total salary expense shown in Column (5) or (7), form HUD-52566, allocable to Modernization programs (Comprehensive Improvement Assistance Program or Comprehensive Grant Program).

Column (6) Enter the portion of total salary expense shown in Column (5) or (9), form HUD-52566, allocable to Section 8 programs.

Note: The number of equivalent full-time positions and the amount of salary expense for all positions designated "M" on form HUD-52566 must be equitably distributed to account lines **Ordinary Maintenance and Operation--Labor, Extraordinary Maintenance Work Projects, and Betterments and Additions Work Projects.**

Account Line	Total Number of Positions (1)	Equivalent Full-Time Positions (2)	HUD-Aided Management Program			
			Salary Expense			
			Management (3)	Section 23 Leased Hsg. (4)	Modernization Programs (5)	Section 8 Program (6)
Administration--Nontechnical Salaries (1)	13	7.65	\$284,655		\$58,351	\$86,899
Administration--Technical Salaries (1)						
Ordinary Maintenance and Operation--Labor (1)	11	9.23	\$226,525			
Utilities--Labor (1)			\$0			
Other (Specify) (Tenant Services, Legal, etc.) (1)			\$0			
Extraordinary Maintenance Work Projects (2)						
Betterments and Additions Work Projects (2)						

1 Carry forward to the appropriate line on HUD-52564, the amount of salary expense shown in Column (3) on the corresponding line above. Carry forward to the appropriate line on HUD-52564 (Section 23 Leased Housing Budget) the amount of salary expense shown in Column (4) on the corresponding line above.

2 The amount of salary expense distributed to Extraordinary Maintenance Work Projects and to Betterments and Additions Work Projects is to be included in the cost of each individual project to be performed by the HA Staff, as shown on HUD-52567.

Specify all proposed new positions and all present positions to be abolished in the Requested Budget Year. Cite prior HUD concurrence in proposed staffing changes or present justification for such changes. Cite prior HUD concurrence in proposed salary increases for Administration Staff or give justification and pertinent comparability information. Cite effective date for current approved wage rates (form HUD-52158) and justify all deviations from these rates.

Salary Schedules reflect Cost of Living Adjustment (COLA) of 2.00%
All employees are eligible for up to an additional 3% merit increase depending on the individual evaluation.
The estimate for budget purposes assumes 5% for all, since evaluation results are unknown at this time.

Travel, Publications, Membership Dues and Fees, Telephone and Telegraph and Sundry: In addition to "Justification for Travel to Conventions and Meetings" shown on form HUD-52571, give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for these accounts in the Current Budget Year. Explain basis for allocation of each element of these expenses.

Refer to HUD-52571 (Administrative Expenses Other Than Salaries)

Utilities: Give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for each utility service in the Current Budget Year. Describe and state estimated cost of each element of "Other Utilities Expense".

Refer to HUD-52722A (Calculation of Allowable Utilities Expense Level)

Ordinary Maintenance and Operation -- Materials: Give an explanation of substantial Requested Budget Year estimated PUM increases over the PUM rate of expenditures for materials in the Current Budget Year.

Materials Estimated at: \$60,700

Ordinary Maintenance and Operation -- Contract Costs: List each ordinary maintenance and operation service contracted for and give the estimated cost for each. Cite and justify new contract services proposed for the Requested Budget Year. Explain substantial Requested Budget Year increases over the PUM rate of expenditure for Contract Services in the Current Budget Year. If LHA has contract for maintenance of elevator cabs, give contract cost per cab.

Pest Control (contract + extra treatment)	\$7,200	Equipment Rentals	\$500
Apartment Painting-5-year	\$15,000		
Garbage Pickup	\$45,600	TOTAL CONTRACTS:	===== \$68,300

Insurance Give an explanation of substantial Requested Budget Year estimated increases in the PUM rate of expenditures for insurance over the Current Budget Year. Cite changes in coverage, premium rates, etc.

Fire and Extended Coverage (property)	\$14,500	PH only
General Liability	\$6,200	PH only
Automobile	\$1,500	PH = 44%, Section 8 = 56%
Workman's Compensation	\$9,500	PH = 44%, Section 8 = 56%
Fidelity Bond	\$598	PH = 44%, Section 8 = 56%
ERISA Fidelity	\$66	\$198/3 year period- - 44%, 56%

=====

TOTAL INSURANCE:	\$32,364
Total Public Housing Expense	<u>\$25,832</u>

Employee Benefit Contributions: List all Employee Benefit plans participated in. Give justification for all plans to be instituted in the Requested Budget Year for which prior HUD concurrence has not been given.

FICA:	7.65% X Total Payroll of	\$511,180	equals:	\$39,105 per year
	=====			
Medical/Dental/Life	75% of \$6,345.49/mthly premium*12 mos.		equals	\$57,110 per year
Disability	50% of \$700/mthly premium*12 mos.		equals	\$4,200 per year
Retirement:	7.50% X Total Payroll of	\$454,402	equals:	\$34,080 per year
	=====			
Unemployment:	0.80% times 1st	\$7,000 /person \$ 118,160	equals	\$945 per year
	=====	(8 admin mgmt + 8 maint mgmt + mowers @6720+6720+6720)		
Retirement Fees	Administrator fees, etc. for reconciliation process			\$4,620
	(based on FY01 experience)			=====
		TOTAL BENEFITS:		\$140,060

Collection Losses: State the number of tenants accounts receivable to be written off and the number and total amount of all accounts receivable for both present and vacated tenants as of the month in which the estimate was computed.

Estimated at: \$14,000 for the Requested Budget Year.
=====

Extraordinary Maintenance, Replacement, and Betterments and Additions: Cite prior HUD approval or give justification for each nonroutine work project included in the Requested Budget and for those for future years which make up the estimate on form HUD-52570. Justifying information incorporated on or attached to form HUD-52567 need not be repeated here.

See HUD 52567 (Schedule of Nonroutine Expenditures)

Contracts: List all contracts, other than those listed on page 3 of this form under Ordinary Maintenance & Operation (OMO). Cite the name of the contractor, type of contract, cost of contract, and contract period. Justification must be provided for all contract services proposed for the Requested Budget Year (RBY). Explain substantial RBY increases over the PUM rate of expenditure for these contracts in the Current Budget Year.

N/A

Calculation of Allowable Utilities Expense Level

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

OMB Approval No. 2577-0029 (exp. 5/31/2001)

PHA-Owned Rental-Housing
Operating Fund

a) Public Housing Agency Elizabethton Housing & Development Agency, Inc.		b) Operating Fund Project Number TN07600103D		c) New Project Numbers		d) Fiscal Year Ending December 31, 2003		f) Type of Submission <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No. ()	
						e) ACC Number A-2772		g) Energy Performance Contract <input type="checkbox"/> Utility Rate Incentive <input type="checkbox"/>	
Line No.	Description	Unit Months Available	Sewerage and Water Consumption	Electricity Consumption	Gas Consumption	Fuel (specify type e.g., oil, coal, wood)			
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
01	UMA and actual consumption for old project for 12 month period which ended 12 months before the Requested Budget Year. 2001	3,900	104,426	3,920,372	0				
02	UMA and actual consumption for old projects for 12 month period which ended 24 months before the Requested Budget Year. 2000	3,900	181,802	4,105,508	0				
03	UMA and actual consumption for old projects for 12 month period which ended 36 months before the Requested Budget Year. 1999	3,900	125,549	3,844,352	0				
04	Accumulated UMA and actual consumption of old projects (sum of lines 01, 02, 03).	11,700	411,777	11,870,232	0	0			
05	Estimated Units Months available for old projects for Requested Budget Year.	3,900							
06	Ratio of Unit months available for old projects (line 04 divided by line 05 of column 3).	3							
07	Estimated UMA and consumption for old projects for Requested Budget Year (Each figure on line 04 divided by line 06).	3,900	137,259	3,956,744	0	0			
08	Estimated UMA and consumption for new projects.								
09	Total estimated UMA and consumption for old and new projects for Requested Budget Year (line 07 + line 08)	3,900	137,259	3,956,744	0	0			
10	Estimated cost of consumption on line 09 for Requested Budget Year (Line 13 times Line 09)	Costs	\$89,055	\$260,156	\$0	\$0			
11	Total estimated cost for Requested Budget Year (sum of all columns of line 10).	\$349,211							
12	Est. PUM cost of consumption for Requested Budget Year (Allowable Utilities Expense Level) (Line 11 divided by line 09, col. 3).	\$89.54							
13	Rate		\$0.64881	\$0.06575	\$0.00000				
14	Unit of Consumption		Gallon	Kwh	100Cu.Ft.				

Elizabethton Housing & Development Agency, Inc.
Form HUD-52723--Part D--Add-Ons
for the Fiscal Year Ending: December 31, 2003

Line 25 - FICA Contributions

Base Yr. Rate	5.85%	Base Year Base	\$14,100 (e.g., Maximum Wage)
2003 Rate	7.65%	2003 Base	\$87,000 (e.g., Maximum Wage)

Wages Subject to FICA:

<u>Salary Category</u>	<u>Using 2003 Base</u>	<u>Using Base Yr. Base</u>
Administration	\$284,655	\$ 54,053
Tenant Services	\$0	\$ 0
Utility Labor	\$0	\$ 0
Maintenance	\$226,525	\$ 31,208
	=====	=====
TOTAL:	\$511,180	\$ 85,261

<u>Wages</u>	X	<u>Rate</u>	=	<u>FICA</u>
2003 \$511,180	X	7.65%	=	\$39,105
Base \$85,261	X	5.85%	=	\$4,988
				=====
				\$34,117

LINE 25, HUD-52723 = \$34,117

Line 26 - Unemployment Compensation

2003 Rate	0.80%	2003 Maximum Wage of	\$7,000
------------------	--------------	-----------------------------	----------------

Wages Subject to SUTA:

<u>Salary Category</u>	<u>2003 Budget</u>
Administration \$	42,000
Tenant Services \$	0
Utility Labor \$	0
Maintenance \$	76,160
	=====
TOTAL:	\$118,160 (Check this total, and see 52573 pg. 4)

<u>Wages</u>	X	<u>Rate</u>	=	<u>Unemployment</u>
2003 \$118,160	X	0.80%	=	\$945
				=====
				\$945

LINE 26, HUD-52723 = \$945

Operating Fund
Calculation of Operating Subsidy
 PHA-Owned Rental Housing

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

OMB Approval No. 2577-0029 (exp. 8/31/200

Section 1

a) Name and Address of Public Housing Agency					b) Budget Submission to HUD required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Elizabethton Housing & Development Agency, Inc. 910 Pine Ridge Circle Elizabethton, TN 37643					c) Type of Submission <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No.	
d) No. of HA Units	e) Unit Months Available (UMAs) MUST AGREE W/52728	f) Subject FYE	g) ACC Number	h) Operating Fund Project Number	i) (Reserved)	
325	→ 3,900	December 31, 2003	A-2772	TN07600103D		

Section 2

Line No.	Description	Requested by PHA (PUM)	HUD Modifications (PUM)
Part A. Allowable Expenses and Additions			
01	Previous allowable expense level (Part A, Line 08 of form HUD-52723 for previous year)	\$197.86	
02	Part A, Line 01 multiplied by .005	\$0.99	
03	Delta from form HUD-52720-B, if applicable (see instructions)		
04	"Requested" year units from latest form HUD-52720-A (see instructions)		
05	Add-ons to allowable expense level from previous fiscal year (see instructions)		
06	Total of Part A, Lines 01, 02, 03, and 05	\$198.85	
07	Inflation factor	1.0170	
08	Revised allowable expense level (AEL) (Part A, Line 06 times line 07)	\$202.23	
09	Transition Funding		
10	Increase to AEL		
11	Allowable utilities expense level from form HUD-52722-A	\$89.54	
12	Actual PUM cost of Independent Audit (IA) (Through FYE 2001)	\$0.58	
13	Costs attributable to deprogrammed units		
14	Total Allowable Expenses and Additions (Sum of Part A, Lines 08 thru 13)	\$292.35	
Part B. Dwelling Rental Income			
01	Total rent roll as of: 10 /1/ 2002	\$47,916	
02	Number of occupied units as of rent roll date	317	
03	Average monthly dwelling rental charge per unit for current budget year (Part B, Line 01 divided by Line 02)	\$151.15	
04	Average monthly dwelling rental charge per unit for prior budget year 2002	\$138.16	
05	Average monthly dwelling rental charge per unit for budget year 2 years ago 2001	\$130.03	
06	Three-year average monthly dwelling rental charge per unit (Part B, Line 03 + Line 04 + Line 05) divided by 3)	\$139.78	
07	50/50 Income split ((Part B, Line 03 + Line 06) divided by 2)	\$145.47	
08	Average monthly dwelling rental charge per unit (lesser of Part B, Line 03 or Line 07)	\$145.47	
09	Rental income adjustment factor	1.03	
10	Projected average monthly dwelling rental charge per unit (Part B, Line 08 times Line 09)	\$149.83	
11	Projected occupancy percentage from form HUD-5272 MUST AGREE WITH HUD-52728	97% ←	%
12	Projected average monthly dwelling rental income per unit (Part B, Line 10 times Line 11)	\$145.34	
Part C. Non-dwelling Income			
01	Other Income	\$5.02	
02	Total operating receipts (Part B, Line 12 plus Part C, Line 01)	\$150.36	
03	PUM deficit or (income) (Part A, Line 14 minus Part C, Line 02)	\$141.99	
		Requested by PHA (Whole dollars)	HUD Modifications (Whole dollars)
04	Deficit or (income) before add-ons (Part C, Line 03 times Section 1, e)	\$553,761	

Line No.	Description	Requested by PHA (Whole Dollars)	HUD Modifications (Whole Dollars)
Part D. Add-ons for changes in federal law or regulation and other eligibility			
01	FICA contributions	\$34,117	
02	Unemployment compensation	\$945	
03	Family Self Sufficiency Program		
04	Energy Add-On for loan amortization		
05	Unit reconfiguration		
06	Non-dwelling units approved for subsidy		
07	Long-term vacant units		
08	Phase Down for Demolitions		
09	Units Eligible for Resident Participation:		
	Occupied Units (Part B, Line 02)	317	
10	Employee Units		
11	Police Units		
12	Total Units Eligible for Resident participation (Sum of Part D, Lines 09 thru 11)	317	
13	Funding for Resident Participation (Part D, Line 12 x \$25)	\$7,925	
14	Other approved funding, not listed (Specify in Section 3)	\$0	
15	Total add-ons (sum of Part D, Lines 01, 02, 03, 04, 05, 06, 07, 08, 13 and 14)	\$42,987	
Part E. Calculation of Operating Subsidy Eligibility Before Year-End Adjustments			
01	Deficit or (Income) before adjustments (Total of Part C, Line 04 and Part D, Line 15)	\$596,748	
02	Actual cost of Independent Audit (IA)	\$2,281	
03	Operating subsidy eligibility before adjustments (greater of Part E, Line 01 or Line 02) (If less than zero, enter zero (0))	\$596,748	
Part F. Calculation of Operating Subsidy Approvable for Subject Fiscal Year (Note: Do not revise after the end of the subject FY)			
01	Utility Adjustment for Prior years FY2001 @99.5%	(\$4,311)	
02	Additional subject fiscal year operating subsidy eligibility (specify)	\$0	
03	Unfunded eligibility in prior fiscal years to be obligated in subject fiscal year	\$0	
04	HUD discretionary adjustments	\$0	
05	Other (specify): FICA Contributions Add-on Adjmt, FY00	\$0	
06	Other (specify): Unemployment Compensation Add-on Adjmt, FY00	\$0	
07	Unfunded portion due to proration (100% Funding)	\$0	
08	Net adjustments to operating subsidy (total of Part F, Lines 01 thru 07)	(\$4,311)	
09	Operating subsidy approvable for subject fiscal year (total of Part E, Line 03 and Part F, Line 08)	\$592,437	
HUD Use Only (Note: Do not revise after the end of the subject FY)			
10	Amount of operating subsidy approvable for subject fiscal year not funded		()
11	Amount of funds obligated in excess of operating subsidy approvable for subject fiscal year		
12	Funds obligated in subject fiscal yr (sum of Part F, Lines 09 thru 11) (Must be the same as line 690 of the Operating Budget, form HUD-52564, for the subject fiscal year) Appropriation symbol(s):		
Part G. Memorandum of Amounts Due HUD, Including Amounts on Repayment Schedules			
01	Total amount due in previous fiscal year (Part G, Line 04 of form HUD-52723 for previous fiscal year)		
02	Total amount to be collected in subject fiscal year (identify individual amounts under Section 3)	()	()
03	Total additional amount due HUD (include any amount entered on Part F, Line 11) (Identify individual amounts under Section 3)		
04	Total amount due HUD to be collected in future fiscal year(s) (Total of Part G, Lines 01 thru 03) (Identify individual amounts under Section 3)	\$0	

Line No.	Description	Requested by PHA (Whole Dollars)	HUD Modifications (Whole Dollars)
Part H. Calculation of Adjustments for Subject Fiscal Year			
This part is to be completed only after the subject fiscal year has ended			
01	Indicate the types of adjustments that have been reflected on this form: <input type="checkbox"/> Utility Adjustment <input type="checkbox"/> HUD discretionary adjustment (Specify under Section 3)		
02	Utility adjustment from form HUD-52722-B		
03	Deficit or (Income) after adjustments (total of Part E, Line 01 and Part H, Line 02)		
04	Operating subsidy eligibility after year-end adjustments (greater of Part E, Line 02 or Part H, Line 03)		
05	Part E, Line 03 of latest form HUD-52723 approved during subject FY (Do not use Part E, Line 03 of this revision)		
06	Net adjustments for subject fiscal year (Part H, Line 04 minus Part H, Line 05)	\$0	
07	Utility adjustment (enter same amount as Part H, Line 02)	\$0	
08	Total HUD discretionary adjustments (Part H, Line 06 minus Line 07)	\$0	
09	Unfunded portion of utility adjustment due to proration	\$0	
10	Unfunded portion of HUD discretionary adjustment due to proration	\$0	
11	Prorated utility adjustment (Part H, Line 07 plus Line 09)	\$0	
12	Prorated HUD discretionary adjustment (Part H, Line 08 plus Line 10)	\$0	
Section 3			

Remarks (provide part and line numbers)

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of Authorized HA Representative & Date:

1/28/2003

X

Signature of Authorized Field Office Representative & Date:

X

Operating Budget

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

OMB Approval No. 2577-0026 (exp. 6/30/2001)

See page four for Instructions and the Public reporting burden statement

a. Type of Submission [X] Original [] Revision No. :		b. Fiscal Year Ending December 31, 2003		c. No. of months [X] 12 mo.		d. Type of HUD assisted project(s) <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;">01 02 03 04 05</div> <div style="width: 10%;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 80%;"> PHA/IHA-Owned Rental Housing IHA Owned Mutual Help Homeownership PHA/IHA Leased Rental Housing PHA/IHA Owned Turnkey III Homeownership PHA/IHA Leased Homeownership </div> </div>			
e. Name of Public Housing Agency/Indian Housing Authority (PHA/IHA) Elizabethton Housing & Development Agency, Inc.									
f. Address (city, State, zip code) 910 Pine Ridge Circle, Elizabethton, TN 37643									
g. ACC Number A-2772			h. PAS/LOCCS Project No. TN07600103D			i. HUD Field Office Knoxville			
j. No. of Dwelling Units 325		k. No. of Unit Months Available 3,900		m. No. of Projects 76-1, 76-2					

Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 2001 PUM (2)	<input checked="" type="checkbox"/> Estimates <input type="checkbox"/> or Actual Current Budget Yr. 2002 PUM (3)	Requested Budget Estimates			
					PHA/IHA Estimates		HUD Modifications	
					PUM (4)	Amount (To Nearest \$10) (5)	PUM (6)	Amount (To Nearest \$10) (7)
Homebuyers Monthly Payments for:								
010	7710	Operating Expenses						
020	7712	Earned Home Payments Account						
030	7714	Nonroutine Maintenance Reserves						
040	Total	Break-Even Amount (sum of lines 010, 020, and 030)						
050	7716	Excess (or Deficit) in Break-Even Amount						
060	7790	Homebuyers Monthly Payments (Contra)						
Operating Receipts								
070	3110	Dwelling Rentals	\$130.37	\$137.88	\$152.58	\$595,062		
080	3120	Excess Utilities	\$5.83	\$4.26	\$5.02	\$19,570		
090	3190	Nondwelling Rentals	\$0.10	\$0.10	\$0.10	\$385		
100	Total	Rental Income (sum of lines 070, 080, and 090)	\$136.30	\$142.24	\$157.70	\$615,017		
110	3610	Interest on General Fund Investments	\$4.32	\$2.21	\$4.35	\$8,500		
120	3690	Other Operating Receipts	\$4.65	\$4.36	\$5.57	\$21,730		
130	Total	Operating Income (sum of lines 100, 110, and 120)	\$145.27	\$148.81	\$167.62	\$645,247		
Operating Expenditures - Administration:								
140	4110	Administrative Salaries	\$57.80	\$65.09	\$72.99	\$284,655		
150	4130	Legal Expense	\$1.05	\$0.90	\$1.03	\$4,000		
160	4140	Staff Training	\$0.00	\$0.00	\$0.00	\$0		
170	4150	Travel	\$2.77	\$2.60	\$2.74	\$10,670		
180	4170	Accounting Fees	\$0.40	\$0.40	\$0.41	\$1,600		
190	4171	Auditing Fees	\$0.58	\$0.62	\$0.62	\$2,429		
200	4190	Other Administrative Expenses	\$7.29	\$8.06	\$9.65	\$37,640		
210	Total	Administrative Expense (sum of line 140 thru 200)	\$69.89	\$77.67	\$87.44	\$340,994		
Tenant Services:								
220	4210	Salaries	\$0.00	\$0.00	\$0.00	\$0		
230	4220	Recreation, Publications and Other Services	\$4.60	\$7.47	\$6.01	\$23,425		
240	4230	Contract Costs, Training and Other	\$0.00	\$0.00	\$0.00	\$0		
250	Total	Tenant Services Expense (sum of lines 220, 230, 240)	\$4.60	\$7.47	\$6.01	\$23,425		
Utilities:								
260	4310	Water	\$8.25	\$13.28	4.53	\$52,000		
270	4320	Electricity	\$65.16	\$64.59	\$66.71	\$260,156		
280	4330	Gas	\$0.00	\$0.00	\$0.00	\$0		
290	4340	Fuel	\$0.00	\$0.00	\$0.00	\$0		
300	4350	Labor	\$0.00	\$0.00	\$0.00	\$0		
310	4390	Other utilities expense (Sewer)	\$13.03	\$16.56	\$16.67	\$65,000		
320	Total	Utilities Expense (sum of line 260 thru line 310)	\$86.44	\$94.43	\$87.91	\$377,156		

Name of PHA / IHA Elizabethton Housing & Development Agency, Inc.					Fiscal Year Ending December 31, 2003			
Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 2001 PUM (2)	<input checked="" type="checkbox"/> Estimates or Actual Current Budget Yr. 2002 PUM (3)	Requested Budget Estimates			
					PHA/IHA Estimates		HUD Modifications	
					PUM (4)	Amount (To Nearest \$10) (5)	PUM (6)	Amount (To Nearest \$10) (7)
Ordinary Maintenance and Operation:								
330	4410	Labor	\$49.21	\$54.80	\$58.08	\$226,525		
340	4420	Materials	\$14.48	\$12.63	\$15.56	\$60,700		
350	4430	Contract Costs	\$11.72	\$16.22	\$17.51	\$68,300		
360	Total	Ordinary Maintenance & Operation Expense (lines 330 to 350)	\$75.41	\$83.65	\$91.15	\$355,525		
Protective Services:								
370	3110	Labor	\$0.00	\$0.00	\$0.00	\$0		
380	3120	Materials	\$0.00	\$0.00	\$0.00	\$0		
390	3190	Contract Costs	\$0.00	\$0.00	\$8.27	\$32,270		
400	Total	Protective Service Expense (sum of lines 370 to 390)	\$0.00	\$0.00	\$8.27	\$32,270		
General Expense:								
410	4510	Insurance	\$6.10	\$6.65	\$6.62	\$25,832		
420	4520	Payments in Lieu of Taxes	\$4.99	\$4.78	\$6.10	\$23,786		
430	4530	Terminal Leave Payments	\$0.23	\$0.00	\$0.51	\$2,000		
440	4540	Employee Benefit Contributions	\$29.46	\$31.76	\$35.91	\$140,060		
450	4570	Collection Losses	\$1.78	\$0.26	\$3.59	\$14,000		
460	4590	Other General Expense	\$0.00	\$0.00	\$0.00	\$0		
470	Total	General Expense (sum of lines 410 to 460)	\$42.56	\$43.45	\$52.73	\$205,679		
480	Total	Routine Expense (sum of lines 210,250,320,360,400, and 470)	\$278.90	\$306.67	\$333.51	\$1,335,049		
Rent for Leased Dwellings:								
490	4710	Rents to Owners of Leased Dwellings						
500	Total	Operating Expense (sum of lines 480 and 490)						
Nonroutine Expenditures:								
		Casualty Losses	\$0.00					
510	4610	Extraordinary Maintenance	\$0.00	\$0.71	\$0.00	\$0		
520	7520	Replacement of Nonexpendable Equipment	\$0.00	\$12.66	\$1.54	\$6,000		
530	7540	Property Betterments and Additions	\$1.25	\$32.75	\$1.19	\$4,650		
540	Total	Nonroutine Expenditures (sum of lines 510, 520, and 530)	\$1.25	\$46.12	\$2.73	\$10,650		
550	Total	Operating Expenditures (sum of lines 500 and 540)	\$280.15	\$352.79	\$336.24	\$1,345,699		
Prior Year Adjustments:								
560	6010	Prior Year Adjustments Affecting Residual Receipts	\$0.00	\$0.00	\$0.00	\$0		
Other Expenditures:								
570		Deficiency in Residual Receipts at End of Preceding Fiscal Year						
580	Total	Operating Expenditures, including prior year adjustments and other expenditures (line 550 plus or minus line 560 plus 570)	\$280.15	\$352.79	\$336.24	\$1,345,699		
590		Residual Receipts (or Deficit) before HUD Contributions and provision for operating reserve (line 130 minus line 580)	(\$134.88)	(\$203.98)	(\$168.62)	(\$700,452)		
HUD Contributions:								
600	8010	Basic Annual Contribution Earned - Leased Projects:Current Yr						
610	8011	Prior Year Adjustments - (Debit) Credit						
620	Total	Basic Annual Contribution (line 600 plus or minus line 610)						
630	8020	Contributions Earned - Op.Sub:-Cur.Yr. (before year-end adj)	\$159.97	\$152.26	\$153.01	\$596,748		
640		Mandatory PFS Adjustments (net):			(\$1.11)	(\$4,311)		
650		Other (specify):						
660		Other (specify):						
670		Total Year-end Adjustments/Other (plus or minus 640-660)	\$0.00	\$0.00	(\$1.11)	(\$4,311)		
680	8020	Total Operating Subsidy-current year (630 plus or minus 670)	\$159.97	\$152.26	\$151.90	\$592,437		
690	Total	HUD Contributions (sum of lines 620 and 680)	\$159.97	\$152.26	\$151.90	\$592,437		
700		Residual Receipts (or Deficit) (sum of line 590 plus line 690)						
		Enter here and on line 810	\$25.09	(\$51.72)	(\$16.72)	(\$108,014)		

**HA Calculation of
Occupancy Percentage
for a Requested Budget Year (RBY)**

PHA/IHA-Owned Rental Housing Performance
Funding System (PFS)

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

OMB Approval No. 2577-0066 (Exp. 8/31/98)

1a. Name of PHA/IHA: Elizabethton Housing & Development Agency, Inc.			2a. Contact: (Person who can best answer questions about this submission) Susan Rutherford, Public Housing Manager		
1b. Street Address: 910 Pine Ridge Circle			2b. Contact's Phone No: (include area code) (423) 543-3571, extension 303		
1c. City: Elizabethton	1d. State: TN	1e. Zip Code: 37643			
3. RBY Beginning Date: (mo/day/yr) December 31, 2003	4. Type of Submission: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No. ()	5. PAS/LOCCS Project No: TN07600103D		6. Report Date: (check one box) (mo/day/yr) <input checked="" type="checkbox"/> Actual Day <input type="checkbox"/> Average for Actual Month	7. Data Source: <input type="checkbox"/> form HUD-51234 <input checked="" type="checkbox"/> Rent Roll Records

Part A. Actual Occupancy Data as of Report Date

8. Units Occupied	317
9. Units Available	325
10. Actual Occupancy Percentage (Divide line 8 by line 9; multiply by 100 and round to nearest whole)	98%
Stop & Note 11. If the HA-wide occupancy percentage shown on line 10 is 97% or greater AND the HA believes that an average occupancy rate of at least 97% is sustainable for the RBY, then check the box below. You have completed the form and do not need to proceed further.	
<input checked="" type="checkbox"/> High Occupancy HA: Occupancy Percentage is 97% or higher and is sustainable for the RBY → Use 97% as the Projected Occupancy Percentage on line 17 of form HUD-52723	
12. Units vacant as of Report Date (subtract line 8 from line 9 and enter result)	8
Stop & Note 13. If the result on line 12 is five or fewer vacant units AND the HA believes that during the RBY: 1) the inventory (line 9) will not change; and, 2) the number of vacant units on line 12 will be vacant for the full RBY, then check the box below. You have completed the form and do not need to proceed further.	
<input type="checkbox"/> High Occupancy HA with five or fewer vacant units → Use line 10 for the Projected Occupancy Percentage on line 17 of form HUD-52723	

Part B. Distribution of Actual Vacancies By Major Cause Given below are circumstances and actions recognized by HUD as possible causes of vacancies that are beyond the control of the HA to correct. If appropriate, please distribute the number of vacant units reported on line 12 among these causes. Attach sheet identified with HA name and address, the RBY beginning date, and ACC number. Use the sheet to describe, for each circumstance: when the circumstance occurred; the location of the units involved; why the circumstance is preventing the HA from occupying, selling, demolishing, rehabilitating, reconstructing, consolidating or modernizing the vacant units; and the likelihood that these circumstances will be mitigated or eliminated in the RBY.

14. Units vacant because of litigation (e.g., units that are being held vacant as part of court-ordered or HUD-approved desegregation plan)	0
15. Units vacant because of Federal, Tribal, or State laws of general applicability. (Note: do not include units vacant only because they do not meet minimum construction or habitability standards.)	0
16. Units vacant due to changing market conditions	0
17. Units vacant because of natural disaster	0
18. Units vacant because of insufficient funding for otherwise approvable CIAP application	0
19. RMC-managed units vacant because of failure of HA to fund approvable request for Federal modernization funding (This line for use only by RMCs)	0
20. Units vacant because of casualty loss and need to settle insurance claims	0
21. Total Units Vacant Due To Circumstances Beyond The HA's Control (Enter sum of lines 14 - 20)	0
22. Units vacant after adjusting for circumstances beyond the HA's control (Subtract line 21 from line 12)	8
Stop & Note 23. If the result on line 22 is five or fewer vacant units AND the HA believes that during the RBY: 1) the inventory (line 9) will not change; and, 2) the number of vacant units on both lines 21 and 22 will be vacant for the full RBY, then check the box below. You have completed the form and do not need to proceed further.	
<input type="checkbox"/> High Occupancy HA with five or fewer vacant units after adjustment for vacancies beyond its control → Use line 10 for the Projected Occupancy Percentage on line 17 of form HUD-52723	
24. Vacancy Percentage after adjusting for beyond control circumstances (Divide line 22 by line 9, multiply by 100, and round to nearest whole)	2%
Stop & Note 25. If the result on line 24 is 3% or less AND the HA believes that during the RBY: 1) the inventory (line 9) will not change; and, 2) the number of vacant units on both lines 21 and 22 will be vacant for the full RBY, then check the box below. You have completed the form and do not need to proceed further.	
<input type="checkbox"/> High Occupancy HA; 3% or less vacancy rate after adjustment for vacancies beyond its control → Use line 10 for the Projected Occupancy Percentage on line 17 of form HUD-52723	

Part C. Status of Units Undergoing Modernization as of Report Date
this form, the most current status will be shown.

If changes occur after the Report Date but prior to submission of

26. Protected Units	Occupied Units	Vacant Units
a; Number of units that are under modernization construction (contract awarded or force account work started)	0	5
b; Number of units not under construction contract but included in a HUD-approved modernization budget where the time period for placing the units under construction (two FFYs after FFY of approval) has not yet expired.	0	0
27. Unprotected units: Number of units included in a HUD-approved modernization budget where the time period for placing the units under construction (two FFYs after FFY of approval) has expired.	0	5

Part D. Units Estimated to be Available for Occupancy During RBY

	(a) No. of Units	(b) Avg.No. of Mos. in RBY	(c) No. of Unit Mos. (a x b)
28. Units Available as of Report Date (Enter line 9)	325	12	3,900
29. Additional Units Available During RBY because of Development/Acquisition of PFS-Eligible projects	+ 10	6	+ 60
30. Units Unavailable During RBY because of Demolition/Disposition/Conversion Actions Approved by HUD	-- 5	10	-- 50
31. Total (Add lines 28 and 29; subtract line 30)	330		3,910

Part E. Units Estimated to be Occupied During RBY

	(a) No. of Units	(b) Avg.No. of Mos. in RBY	(c) No. of Unit Mos. (a x b)
32. Units Occupied as of Report Date (Enter line 8)	317	12	3,804
33. Additional Units Occupied during RBY because of Development/Acquisition of PFS-Eligible Projects	+		+ 0
34. Reoccupancy during RBY of Units Vacated for Circumstances Beyond the HA's Control	+		+ 0
35. Reoccupancy during RBY of Vacant Units in a Funded Modernization Program	+ 5	6	+ 30
36. Occupied Units in Funded Modernization Program Being Vacated during RBY	-- 5	6	-- 30
37. Occupied Units Being Vacated during RBY because of Demolition/Disposition/Conversion Actions Approved by HUD. If there are occupied units that become vacant after the Report Date but before the start of the RBY because of circumstances and actions beyond the HA's control, place that number here () and include in total shown on 37. Attach separate sheet with same information requested in Part C.	-- 5	6	-- 30
38. Total (Add lines 32-35, subtract lines 36 and 37)	312		3,774

Part F. Occupancy Percentage During RBY

39. Total Unit Months of Occupancy (Enter line 38c)	3,774
40. Total Unit Months Available for Occupancy (Enter line 31c)	3,910
41. Occupancy Percentage for RBY (Divide line 39 by line 40; multiply by 100 and round to nearest whole)	97%
42. Average Number of Vacant Units During RBY (Subtract line 39 from line 40; divide result by 12 and round to nearest whole)	11

Stop 43. If the result on line 41 is 97% or higher OR if the result on line 42 is five or less, then check the appropriate box

& below. **You have completed the form and do not need to proceed further.**

- Note** ☐ a. High Occupancy HA: Occupancy Percentage is 97% or higher for the RBY —> Use 97% as the Projected Occupancy Percentage on line 17 of form HUD-52723
- ☐ b. High Occupancy HA with five or fewer vacant units —> Use line 41 for the Projected Occupancy Percentage on line 17 of form HUD-52723

Part G. Vacancy Percentage for RBY Adjusted for Modernization

44. Total Unit Months of Vacancy in RBY (Enter line 40 less line 39)		136
45. Total Unit Months for Vacant Units in Funded Mod. and Under Construction or Funded for Construction (Sum the vacant units of lines 26a and b; multiply by 12)	60	
46. If any of the vacant units on lines 26a or b will be reoccupied during the RBY, enter that number times the average number of months during the RBY these units will be reoccupied.	-- 60	
47. If any of the vacant units on lines 26a or b will be vacated during the RBY for mod, construction, enter that number times the average number of months during the RBY these units will be vacated.	+	
48. Total Unit Months for Vacant Units in Funded Mod, And Under Construction or Funded for Construction in RBY (Add line 45; less line 46; plus line 47)		0
49. Total Unit Months of Vacancy in RBY Adjusted for Modernization (Enter line 44 less line 48)		136
50. Vacancy Percentage for RBY Adjusted for Modernization (Divide line 49 by line 40; multiply by 100; and round to nearest whole.)		3%
51. Average Number of Vacant Units in RBY Adjusted for Modernization (Divide line 49 by 12; round to nearest whole)		11

Stop 52. If the result on line 50 is 3% or lower OR if the result on line 51 is five or less, then check the appropriate box

& below. **You have completed the form and do not need to proceed further.**

- Note** ☐ a. High Occupancy HA: Vacancy Percentage is 3% or less for the RBY after Modernization Adjustment —> Use line 41 as the Projected Occupancy Percentage on line 17 of form HUD-52723
- ☐ b. High Occupancy HA: five or fewer vacant units after Modernization Adjustment —> Use line 41 for the Projected Occupancy Percentage on line 17 of form HUD-52723

Part H. Vacancy Percentage for RBY Adjusted for Both Modernization AND Beyond Control Circumstances

53. Total Unit Months of Vacancy in RBY (Enter line 44)	136
54. Total Unit Months of Vacancy in RBY Due to Modernization (Enter line 48)	0
55. Total Unit Months of Vacancy in RBY Due to Beyond Control Vacancies (Enter line 21 times 12; less any entry made on line 34c)	0
56. Total Unit Months of Vacancy After Above Adjustments (Enter line 53 less lines 54 and 55)	136
57. Vacancy Percentage for RBY After Above Adjustments (Divide line 56 by line 40; multiply by 100; and round to nearest whole.)	3%
58. Average Number of Vacant Units in RBY After Above Adjustments (Divide line 56 by 12; round to nearest whole)	11

Stop 59. If the result on line 57 is 3% or lower OR if the result on line 58 is five or less, then check the appropriate box

& below. **You have completed the form and do not need to proceed further.**

- Note** ☐ a. High Occupancy HA: Vacancy Percentage is 3% or less for the RBY after Modernization Adjustment → Use line 41 as the Projected Occupancy Percentage on line 17 of form HUD-52723
- ☐ b. High Occupancy HA: five or fewer vacant units after Modernization Adjustment → Use line 41 for the Projected Occupancy Percentage on line 17 of form HUD-52723

Part I. Adjustment for Long Term Vacancies If the HA estimates that it will have a vacancy percentage of more than 3% for its RBY and more than five vacant units after adjusting for vacant units undergoing modernization and vacancies beyond its control, the HA will exclude all of its long-term vacancies (if any) from its count of units available for occupancy and use this section to determine its projected occupancy percentage.

60. Total Long-Term Vacancies (Subtract vacant units shown on lines 21, 26a, and b from line 12. Analyze remaining vacancies and identify those units that have been vacant for more than 12 months as of the Report Date.)	1
61. Total Unit Months of Vacancy Associated With Long-Term Vacancies (Multiply line 60 by 12)	12
62. Total Unit Months Available for Occupancy in RBY Adjusted for Long-Term Vacancies (Subtract line 61 from line 31 (c)) Use this UMA number in all other PFS calculations.	3,898
63. Occupancy Percentage for RBY Adjusted for Long-Term Vacancies (Divide line 38(c) by line 62; multiply by 100 and round to nearest whole)	97%
64. Average Number of Vacant Units in RBY after All Adjustments (Subtract line 60 from line 58)	10
65. Total Unit Months of Vacancy in RBY after All Adjustments (Subtract line 61 from line 56)	124
66. Vacancy Percentage for RBY Adjusted for Long-Term Vacancies (Divide line 65 by line 62; multiply by 100 and round to nearest whole)	3%

Stop 67. If the result on line 63 is 97% or higher OR if the result on line 64 is five or less OR if the result on line 66 is 3% or less, then check the appropriate box below. **You have completed the form and do not need to proceed further.**

- Note** ☐ a. High Occupancy HA: Occupancy Percentage is 97% or higher for the RBY after Long-Term Vacancies Adjustment → Use 97% as the Projected Occupancy Percentage on line 17 of form HUD-52723. **Use the UMA result on line 62 in calculating PFS eligibility.**
- ☐ b. High Occupancy HA: five or fewer vacant units after Adjustment for Long-Term Vacancies → Use line 63 as the Projected Occupancy Percentage on line 17 of form HUD-52723. **Use the UMA result on line 62 in calculating PFS eligibility.**
- ☐ c. High Occupancy HA: Vacancy Percentage is 3% or lower for the RBY after Long-Term Vacancies Adjustment → Use line 63 as the Projected Occupancy Percentage on line 17 of form HUD-52723. **Use the UMA result on line 62 in calculating PFS eligibility.**

Part J. Projected Occupancy Percentages for Low Occupancy HAs If the HA cannot determine an acceptable Projected Occupancy Percentage for the RBY using the above approach, it will use this section. The HA will use the lower of either 97% or that percentage based on having five units vacant for the RBY. Either percentage can be adjusted for vacant units undergoing modernization construction and vacancies beyond its control. Small HAs of 140 units or less will generally want to use a percentage based on five vacant units.

68. Enter 97% if HA has more than 140 units. If 140 or fewer units, determine occupancy percentage based on 5 vacant units, for RBY. (Take 60 unit months and divide by line 62; multiply by 100 and round to nearest whole. Subtract result from 100%)	97%
69. Percentage Adjustment for Modernization and Beyond Control Vacancies (Add lines 48 plus 55; divide that sum by line 62; multiply by 100 and round to nearest whole)	0%
70. Projected Occupancy Percentage for Low Occupancy HA (Take the percentage on line 68 and subtract the percentage shown on line 69. Use the result as the Projected Occupancy Percentage on line 17 of form HUD-52723. Use the UMA result on line 62 in calculating PFS eligibility)	97%

Public Reporting Burden for this collection of information is estimated to average 1.0 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0066), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C., 20410-3600.

Do not send this form to the above address.

Instructions for Preparing Form HUD-52728, HA Calculation of Occupancy Percentage for a Requested Budget Year (RBY)

The purpose of this form is to provide a structured format for Public Housing Authorities (PHAs), Indian Housing Authorities (IHAs), and, if applicable, Resident Management Corporations (RMCs) to use in developing an appropriate and justifiable projection of occupancy for the RBY. The projected occupancy percentage that is developed will be used as one element in the calculation of operating subsidy under the Performance Funding System (PFS), 24 CFR Parts 950 and 990, as applicable. The term Housing Authority (HA) will be used to collectively describe both PHAs and IHAs. The form is NOT for use by HAs requesting operating subsidy solely to cover the cost of an Independent Audit (IA).

The instructions should be read carefully since it may not be necessary for a HA to complete all sections of the form in order to determine an acceptable projected occupancy percentage for the RBY. The form has been designed to go from the most simple situation to the relatively more complex cases. If, at any point, an HA is able to classify itself as a High Occupancy HA, it does not need to proceed further with the form.

Headings:

RBY Beginning. Enter the beginning month, day and year of the requested budget year for which this form is submitted.

Type of Submission. Indicate whether this form is (1) the original submission for the RBY or (2) a revision of the latest approval for the subject fiscal year. If a revision, enter the revision number.

ACC Number. Enter the number of the Annual Contributions Contract covering the projects for which this form is submitted.

PASS/LOCCS No. Enter the PASS/LOCCS Project Number applicable to the corresponding Calculation of Performance Funding System Operating Subsidy, form HUD-52723.

Report Date. Enter the date of the occupancy data collected to determine the actual occupancy percentage. UNLESS OTHERWISE APPROVED BY HUD, that date will be the last day of the month ending six months before the start of the HA's RBY or the monthly average for the month ending six months before the start of its budget year. Check whether actual day data was used or an average was constructed using actual data for the month.

Data Source. Indicate the data source used to calculate the actual occupancy percentage.

Part A. Actual Occupancy Data as of Report Date

Using actual occupancy data as of the Report Date, an HA will determine its actual occupancy percentage and number of vacant units.

For many HAs, this will be the only section that will need to be completed.

Part B. Distribution of Actual Vacancies By Major Cause

This part allows the HA to present data and supporting narrative on the number of units that are vacant for reasons that are beyond the control of the HA to correct. For a further description of allowable reasons, please refer to 990.102 and the definition of units vacant due to circumstances and actions beyond the HA's control.

Part C. Status of Units Undergoing Modernization

Data in this part will be used in determining the occupancy percentage for the RBY. If the RBY occupancy percentage is less than 97% and the HA will have more than five vacant units, data from this part will be used in Part G to determine if the RBY occupancy percentage is justified. Report occupied units, as appropriate, on

lines 26a, 26b, and 27, if they will be subsequently vacated in order for construction work to be performed and then reoccupied upon completion. If changes occur after the Report Date but prior to the submission of this form, the most current data will be shown.

Line 26. Enter data on the number of protected units, both vacant and occupied, as of the Report Date, which may fall into two categories:

(a) the number of units that are under construction (contract awarded or force account work started; or (b) the number of units not under construction contract but included in a HUD-approved modernization budget where the time period for placing the units under construction (two Federal Fiscal Years (FFYs) after the FFY of approval) has not yet expired.

Line 27. Enter data on the number of unprotected units, both vacant and occupied, as of the Report Date, which are the number of units included in a HUD-approved modernization budget where the time period for placing the units under construction (two FFYs after FFY of approval) has expired and the units are not yet under construction.

Note: When such units subsequently reach construction, they will become protected units. If a change in status occurs after the initial subsidy calculation has been approved, an HA may recalculate its subsidy eligibility as part of its year-end adjustments.

Part D. Units Estimated to be Available for Occupancy During RBY

Data which is entered on LINE 29 or LINE 30 must only reflect actions that have been approved by HUD, including approvals made after the Report Date but prior to the submission of this form. If there are pending applications for HUD approval of actions that would increase or decrease the number of units available for occupancy at the time of submission, that data will be excluded.

Part E. Units Estimated to be Occupied During RBY

Line 33. Use this line to show the number of units on line 29, (if any) that will be occupied during the RBY.

Line 34. Use this line to show the number of units on line 21, (if any) that will be occupied during the RBY.

Line 35. Use this line to show the number of vacant units on lines 26a and 26b (if any) that will be reoccupied during the RBY.

Line 36. Use this line to show the number of occupied units on lines 26a, 26b, and 27 (if any) that will be vacated during the RBY.

Line 37. Use this line to show the number of units on line 30 (if any) that will be vacated during the RBY.

Part G. Vacancy Percentage for RBY Adjusted for Modernization

Note that this section deals with units that meet the definition of being vacant units undergoing modernization. The units must be under construction and on-schedule or funded for construction with the time period (two-year maximum after award) for fund obligation not expiring.

Part I. Adjustment for Long Term Vacancies

Note that if this section is used, the HA will be recalculating its Unit Months Available (UMAs) to exclude long-term vacancies and must use the recalculated result in its determination of PFS eligibility. If the UMAs for occupancy have been adjusted for long-term vacancies, the unit months associated with those vacancies, line 61, shall be multiplied by 20% of the AEL (line 7 of the HUD-52723 prepared for RBY) and the result displayed on line 28e of the HUD-52723.

Certification for a Drug-Free Workplace

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

OMB No. 2577-044 (exp. 10/31/92)

Public Housing Agency/Indian Housing Authority

Public Reporting for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600; and to the Office of Management and Budget, Paperwork Reduction Project (2577-0044) Washington, D.C. 20503

PHA/IHA Name: Elizabethton Housing & Development Agency, Inc.	If Development, CIAP or CGP enter the Federal Fiscal Year in which the funds are expected to be reserved:
Program/Activity Receiving Grant Funding: (mark one) <input type="checkbox"/> Development <input type="checkbox"/> CIAP/CGP <input checked="" type="checkbox"/> Operating Subsidy <input type="checkbox"/> Sec. 23 Leased Housing	If Operating Subsidy or Section 23, enter the PHA's/IHA's Fiscal Year Ending date in which funds are expected to be obligated: 12/31/2003

Acting of behalf of the above named PHA/IHA as is Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

1. I certify that the above named PHA/IHA will provide a drug-free workplace by:

- | | |
|---|---|
| a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the PHA's/IHA's workplace and specifying the actions that will be taken against employees for violation of such prohibition. | (1) Abide by the terms of the statement; and
(2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction; |
| b. Establishing a drug-free awareness program to inform employees about the following:
(1) The dangers of drug abuse in the workplace;
(2) The PHA's/IHA's policy of maintaining a drug-free workplace;
(3) Any available drug counseling, rehabilitation, and employee assistance programs; and
(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. | e. Notifying the HUD Field Office within ten days after receiving notice under subparagraph d, (2) from an employee or otherwise receiving actual notice of such conviction; |
| c. Making it a requirement that each employee of the PHA/IHA be given a copy of the statement required by paragraph a.; | f. Taking one of the following actions within 30 days of receiving notice under subparagraph d. (2) with respect to any employee who is so convicted:
(1) Taking appropriate personnel action against such an employee, up to and including termination; or
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; |
| d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment with the PHA/IHA, the employee will do the following: | g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraph a. thru f. |

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

2. Sites for Work Performance. The PHA/IHA shall list in the space provided below the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above; Place of Performance shall include the street address, city, county, State and zip code. (If more space is needed, attach additional page(s) the same size as this form. Identify each sheet with the PHA/IHA name and address and the program/activity receiving grant funding.)

TN 76-1 Rolling Hills Estates: 1300-A Arney St. thru 1400-H Arney St., 901-A Pine Ridge Circle thru 932-H Pine Ridge Circle; 1300-A Spruce Lane thru 1305-H Spruce Lane; TN 76-2 South Hills Estates: 200-A South Hills Drive thru 236 South Hills Drive, 300-A South View Circle thru 310 South View Circle; 400 South Lane Court thru 403-B South Lane Court; 501-A Gap Creek Road thru 503-B Gap Creek Road; 605-A Sugar Bottom Road thru 607-D Sugar Bottom Road; TN 76-2, Walnut/Hemlock Manor: 623-A Walnut St. thru 623-D Walnut St.; 730-A Hickory St. thru 730-D Hickory St.; 301-A South Park St. thru 303-D South Park St.; 308-A North Park St. thru 310-D North Park St.; and 208-A Mill St. thru 208-B Mill St. The Administration Building is located in TN 76-1 at 910 Pine Ridge Circle. The two (2) Day Care Centers are located in TN 76-2 at 210 South Hills Drive and 820 Hemlock Street.

Signed by: (Name, Title & Signature of Authorized PHA/IHA Officer)

Name & Title:

Kelly Geagley, Executive Director

Signature & Date:

X

1/28/2003

**ELIZABETHTON HOUSING AND DEVELOPMENT AGENCY, INC.
ORGANIZATIONAL CHART**

City of Elizabethton
Mayor Sam Laporte

Citizens of Elizabethton

**Department of Housing
and Urban Development**

Public Housing Department

Susan D. Rutherford
Public Housing Manager

Rick Whitman
Occupancy Specialist

Tammy Hedgecock
Accounts Clerk/Cashier

Barbara Sams
Secretary/Receptionist

Vanessa McQueen
Resident Services Manager

Jennifer Gervin
Asst. Resident Services Mgr.

Genna Price
Housing Inspector

MaryAnn Krell
Accountant

Leonard Arnold
Accounting Asst.

Board of Commissioners

Kelly Geagley
Executive Director

Susan D. Rutherford
Asst. Executive Director

Section 8 Department

Pam Norris
Section 8 Coordinator

Brenda Lyons
Section 8 Housing Specialist

Maintenance Department

Jim McKinney
Maintenance Supervisor

Richard Lyons
Maintenance Mechanic A

Bobby Vines
Maintenance Mechanic A

Stacy Bryan
Maintenance Mechanic A

Cecil Whitehead
Maintenance Mechanic B

David Timbs
Maintenance Mechanic B

Tim Morgan
Maintenance Mechanic B

Tim Tribble
Maintenance Mech. B (part-time)

Grounds Maintenance
Three part-time

BRIEF STATEMENT OF PROGRESS IN MEETING THE 5-YEAR MISSION AND GOALS

MISSION

The Elizabethton Housing & Development Agency's mission is to provide drug free, safe and sanitary housing for families and provide opportunities to promote self-sufficiency and economic independence.

The EHDA continues to enforce the One Strike and You're Out rule with effective applicant screening and strict lease enforcement. Crime tracking is more effective with the help of the Elizabethton Police Department Substation. The EHDA continues to conduct 30/90-Day Housekeeping Inspections. Strict housekeeping is enforced as well as the responsibility of the resident's obligations to report repairs. Any deficiencies are dealt with by conducting supervisory inspections, follow-up inspections, issuing lease terminations or making referrals.

The EHDA Public Housing Program has reduced its vacancies and increased its waiting list. Additionally, outreach to those residents that are late paying their rent has helped to reduce the number of delinquent accounts and detainer warrant actions. The Section 8 Department has realized an increase in the number of Section 8 Vouchers.

Several commissioners were able to receive training in 2003.

GOALS

The EHDA will continue with the current level of management and strive to improve the MASS and UPIS sub-indicators of the PHAS process, with an emphasis on resident satisfaction.

We carefully review the Resident Assessment Sub-System. In the past we have addressed resident concerns such as lack of parking. Additional parking was added, funded by the Capital Fund Program. Based on the most recent survey, we will try to implement improved lighting throughout our communities.

Public Housing continues to lease a temporarily deprogrammed duplex to the Elizabethton Police Department Substation Officers and to the ETSU Community Partnership. These programs help to enhance security and self-sufficiency. The EHDA is no longer eligible for the Public Housing Drug Elimination Program. We will try to maintain these two officers with funding from an encumbrance (operating) fund. It will be necessary to seek out new grants, as this fund will diminish fast. We will enhance alcohol and drug prevention programs through funding from the Capital Fund Program.

We will continue to make residents aware of the Rent Phase-In Program. We will encourage resident participation, which has helped promote self-sufficiency.

The EHDA continues to ensure fair and equal housing opportunities for all applicants.

Substantial Deviation and Significant Amendment or Modification

The Elizabethton Housing and Development Agency defines "Substantial Deviation" and "Significant Amendment or Modification" as:

1. Changes to rent or admissions policies or organization of the waiting list, except for those changes made to conform to HUD regulatory requirements.
2. Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund Program.
3. Additions of new activities not included in the current Public Housing Drug Elimination Program Plan.
4. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

Any significant amendment or modification to the plan will require that the EHDA submit a revised PHA Plan, meeting the full public process requirements.

One significant amendment or modification of the EHDA's PHA Plan was approved in 2003, specifically to the CFP Annual Statement.

Resident Membership of the PHA Governing Board

The City of Elizabethton's Mayor Ken Wandell appointed Ms. Margaret Corcoran. Her five-year term of appointment as an EHDA Board of Commissioner began 8-25-99 and ends 8-25-04.

Membership of the Resident Advisory Board or Boards

The Elizabethton Housing Agency holds monthly Resident Meetings for Rolling Hills Estates (76-1) and South Hills Estates, Walnut/Hemlock Manor (76-2). A monthly newsletter is also distributed to residents. Volunteers for the Resident Advisory Board were recruited through the meetings and the monthly newsletter; they are as follows:

Mrs. Brenda Jenkins
Ms. Willie "Trim" Snodgrass
Mrs. Victoria Hyatt
Ms. Rosemary Matlock
Ms. Shelby Palmer

Component 10 (B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments? **Two**
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?
None
- c. How many Assessments were conducted for the PHA's covered developments? **Two**
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

<i>Development Name</i>	<i>Number of Units</i>
<i>None</i>	
<i>None</i>	

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessment:
Not applicable; assessment completed

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Elizabethton Housing and Development Agency, Inc.		Grant Type and Number Capital Fund Program Grant No: TN37P07650104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$ 1,000.00			
3	1408 Management Improvements Soft Costs	\$ 82,100.00			
	Management Improvements Hard Costs				
4	1410 Administration	\$ 2,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 35,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$328,768.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Elizabethton Housing and Development Agency, Inc.		Grant Type and Number Capital Fund Program Grant No: TN37P07650104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines.....)	\$448,868.00			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Elizabethton Housing and Development Agency, Inc.		Grant Type and Number Capital Fund Program Grant No: TN37P07650104 Replacement Housing Factor Grant No:					Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
HA Wide	Operations		1406		\$ 1,000.00				
HA Wide	Resident Services Manager		1408	2	\$ 80,100.00				
HA Wide	Alcohol/Drug Program		1408	1	\$2,000.00				
HA Wide	Clerk of Works		1410	1	\$ 2,000.00				
HA Wide	A/E		1430	2	\$ 35,000.00				
HA Wide	Attic Louvers		1460		\$ 19,474.00				
HA Wide	Kitchen exhaust		1460		\$ 37,526.00				
HA Wide	Upgrade electrical/ lighting		1460		\$100,657.00				
HA Wide	Building settlement		1460		\$ 5,320.00				
HA Wide	Water Heaters		1460		\$35,474.00				
HA Wide	Washer Boxes		1460		\$110,317.00				
HA Wide	Termite Treatment		1460		\$ 20,000.00				

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

[illegible]

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Elizabethton Housing and Development Agency, Inc.				<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1	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
TN 76-1 TN 76-2 HA Wide	Annual Statement	\$264,668.00 \$0 \$ 40,000.00	\$209,094.00 \$0 \$112,000.00	\$252,000.00 \$0 \$ 70,094.00	\$0 \$0 \$322,094.00
HA Wide 1408		\$ 86,200.00	\$ 89,774.00	\$89,774.00	\$ 89,774.00
HA Wide 1410		\$ 3,000.00	\$ 3,000.00	\$ 2,000.00	\$ 2,000.00
HA Wide 1430		\$ 35,000.00	\$ 35,000.00	\$ 35,000.00	\$ 35,000.00
HA Wide 1475		\$ 20,000.00			
Total CFP Funds (Est.)		\$448,868.00	\$448,868.00	\$448,868.00	\$448,868.00
Total Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year :Two FFY Grant: 2005 PHA FY: 2006			Activities for Year: Three FFY Grant: 2006 PHA FY: 2007		
	HA Wide	Resident Svc. Mgr.	\$84,200.00	HA Wide	Resident Svc. Mgrs.	\$89,774.00
	HA Wide	Update Policies	\$ 2,000.00	HA Wide	Clerk of Works	\$ 3,000.00
	HA Wide	Clerk of Works	\$ 3,000.00	HA Wide	A/E	\$ 35,000.00
	HA Wide	A/E	\$ 35,000.00	TN 76-1	Community Building	\$209,094.00
	TN 76-1	Community building	\$264,668.00	HA Wide	Parking lot renovations	\$50,000.00
	HA Wide	Exterior painting	\$ 40,000.00	HA Wide	Correct Drainage/Bldg Settlement	\$ 12,000.00
	HA Wide	COW Truck	\$ 20,000.00	HA Wide	HVAC installation	\$50,000.00

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : Four FFY Grant: 2007 PHA FY: 2008			Activities for Year: Five FFY Grant: 2008 PHA FY: 2009		
	HA Wide	Resident Svc. Mgr.	\$89,774.00	HA Wide	Resident Svc. Mgrs.	\$89,774.00
	HA Wide	Clerk of Works	\$ 2,000.00	HA Wide	Clerk of Works	\$ 2,000.00
	HA Wide	A/E	\$ 35,000.00	HA Wide	A/E	\$ 35,000.00
	TN 76-1	Renovate Admin. Bldg.	\$252,000.00	HA Wide	Enclose dumpsters	\$ 42,000.00
	HA Wide	Vinyl Siding	\$ 70,094.00	HA Wide	Bath Renovations	\$105,094.00
				HA Wide	Kitchen Renovations	\$175,000.00

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Elizabethton Housing and Development Agency, Inc.		Grant Type and Number Capital Fund Program Grant No: TN37P07650101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs	\$ 36,474.00	\$ 66,876.00	\$ 66,876.00	\$ 49,945.00
	Management Improvements Hard Costs				
4	1410 Administration	\$ 5,000.00	\$ 4,265.00	\$ 4,265.00	\$ 4,265.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 20,000.00	\$ 28,750.00	\$ 28,750.00	\$ 28,750.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$220,092.00	\$301,566.00	\$301,566.00	\$301,566.00
10	1460 Dwelling Structures	\$294,328.00	\$174,437.00	\$174,437.00	\$174,437.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

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

PHA Name: Elizabethton Housing and Development Agency, Inc.		Grant Type and Number Capital Fund Program Grant No: TN37P07650101 Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines.....)	\$575,894.00	\$575,894.00	\$575,894.00	\$558,963.00
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

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

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CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Elizabethton Housing and Development Agency, Inc.		Grant Type and Number Capital Fund Program Grant No: TN37P07650102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations		\$ 81,833.00	\$ 81,833.00	
3	1408 Management Improvements Soft Costs	\$ 40,000.00	\$ 64,000.00		
	Management Improvements Hard Costs				
4	1410 Administration	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 20,000.00	\$ 23,500.00	\$ 23,500.00	\$ 19,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$103,920.00	\$183,777.00	\$147,897.00	\$ 11,400.00
10	1460 Dwelling Structures	\$376,631.00	\$187,441.00	\$ 75,298.00	
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

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

PHA Name: Elizabethton Housing and Development Agency, Inc.		Grant Type and Number Capital Fund Program Grant No: TN37P07650102 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines.....)	\$545,551.00	\$545,551.00	\$333,528.00	\$ 30,400.00
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Elizabethton Housing and Development Agency, Inc.		Grant Type and Number Capital Fund Program Grant No: TN37P07650102 Replacement Housing Factor Grant No:					Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
HA Wide	Operations		1406		\$ 81,833.00				
HA Wide	Resident Services Manager		1408	2	\$ 64,000.00				
HA Wide	Clerk of Works		1410	1	\$ 5,000.00				Overseeing Project
HA Wide	A/E		1430	2	\$ 23,500.00				Overseeing project
HA Wide	Playground equipment		1450		\$104,000.00				Notice to proceed 6-9-03
HA Wide	Building Settlement		1450		\$ 79,777.00				On Hold
TN 76-2	Water heater replacement		1460		\$ 45,474.00				Defer
HA Wide	Replace Porches		1460		\$ 44,167.00				Notice to proceed 6-9-03
HA Wide	Install Grab Bars		1460		\$ 7,800.00				Defer
HA Wide	Install Washer Boxes		1460		\$ 90,000.00				Defer

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

PHA Name: Elizabethton Housing and Development Agency, Inc.		Grant Type and Number Capital Fund Program Grant No: TN37P07650102 Replacement Housing Factor Grant No:					Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work

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

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CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Elizabethton Housing and Development Agency, Inc.		Grant Type and Number Capital Fund Program Grant No: TN37P07650103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$ 5,000.00			
3	1408 Management Improvements Soft Costs	\$ 73,000.00			
	Management Improvements Hard Costs				
4	1410 Administration	\$ 2,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 35,850.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$239,601.00			
11	1465.1 Dwelling Equipment—Nonexpendable	\$190,100.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

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

PHA Name: Elizabethton Housing and Development Agency, Inc.		Grant Type and Number Capital Fund Program Grant No: TN37P07650103 Replacement Housing Factor Grant No:		Federal FY of Grant: 2003	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines.....)	\$545,551.00			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

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

[illegible]

APPENDIX G

PET POLICY OF THE ELIZABETHTON HOUSING AND DEVELOPMENT AGENCY, INC.

Residents of the Elizabethton Housing and Development Agency, Inc., are eligible to have a common household pet in accordance with this policy.

This policy does not apply to persons who have animals that are used to assist persons with disabilities. The EHDA may grant an exclusion for the animal from this policy if all of the following apply:

- a. The resident or prospective resident certifies in writing that the resident or a member of his/her family is a person with a disability.
- b. The animal has been trained to assist persons with that specific disability.
- c. The animal actually assists the person with a disability.

SECTION I DEFINITIONS

COMMON HOUSEHOLD PET

Any domesticated animal such as a dog, cat, bird, rabbit, small turtle, gerbil or hamster, that is traditionally kept in the home for pleasure rather than for commercial purposes. IT DOES NOT INCLUDE reptiles such as snakes, which are not allowed in the units of the EHDA. Animals used to assist the handicapped are excluded from this definition.

FAMILY

One or more persons sharing residency whose income and resources are available to meet the family's needs and who are related by blood, marriage and/or adoption. Each family must have a head of household who is at least eighteen (18) years of age and is able to make contractual agreements and assumes legal and moral responsibility for the household.

EHDA

The Executive Director, Public Housing Manager or his/her designee authorized to act on behalf of the Elizabethton Housing and Development Agency.

SECTION II NONDISCRIMINATION

The Elizabethton Housing and Development Agency, Inc., may not as a condition of tenancy or otherwise, prohibit or prevent any resident from owning a common household pet or having such pets living in the Resident's dwelling unit, if the conditions of the Pet Policy are met.

The Elizabethton Housing and Development Agency, Inc., may not restrict or discriminate against any person in connection with admission to or continued occupancy of by reason of the person's ownership of common household pets or the presence of such pets in the person's dwelling unit.

SECTION III LIMITATION

Persons who may keep pets are limited to owning one dog; one cat; one rabbit; or one similar pet per unit, with the permission of the Elizabethton Housing Agency. Birds or similar caged animals are limited to two (2) per unit.

SECTION IV FINANCIAL RESPONSIBILITY

The owner shall be responsible for all damages caused by their pet. In order to defray damage costs to the EHDA all eligible owners shall make a refundable pet deposit. This pet deposit shall be limited to those residents who own or keep a cat or a dog in their unit. This pet deposit is in addition to the dwelling unit security deposit. The pet deposit may only be used to pay reasonable expenses including but not limited to the cost of repairs and replacements to and fumigation of the resident's dwelling unit and for the EHDA, the cost of animal care facilities. The unused portion of the pet deposit shall be refunded to the resident within a reasonable time after the resident moves from the community or no longer owns or keeps a pet.

The pet security deposit shall be in the sum of one hundred dollars (\$100.00) to be paid in full at the time of registration. The deposit amount is subject to be changed from time to time.

SECTION V

PET RULES

1. INOCULATIONS: All pets must have received their vaccination shots as required by State law and local ordinance.
2. WASTE: It is the responsibility of the pet owner to assure that the waste (droppings) of their pets is properly disposed of. Animal waste shall not be allowed on the outside grounds or inside the units. The owner shall clean up all waste of their pet and dispose of it in a proper manner (flushing it in a commode or putting it in a plastic bag for disposal into the nearest dumpster). Cat owners must provide litter boxes and kitty litter, they must separate cat waste from the litter daily and cat litter boxes must be changed twice a week. Owners shall control waste odors. A twenty dollar (\$20.00) per occurrence charge shall be made if the EHDA is required to remove pet waste attributed to the owner's pet.
3. EXERCISE: Pets may only be exercised on the sidewalks of the unit areas or the lawn of the owner's unit.
NOTE: Pet waste shall not be allowed in these areas and the owner shall remove any such waste immediately.
4. CONTROL OF PET: The owner shall be responsible for the proper control of their pets. When a pet is outside the owner's unit, it shall be properly restrained (leash) and under the control of a responsible person.
5. REGISTRATION: Before being brought onto the property of the EHDA, all pets must be registered with the EHDA Office and any applicable governmental registration shall be complied with. Documentation for registration includes:
 - a. A certificate signed by a licensed Veterinarian or a State or local authority empowered to inoculate animals, stating that the pet has received all inoculations required by applicable State and local law.
 - b. Information sufficient to identify the pet and to demonstrate that it is a common household pet.
 - c. The name, address and telephone number of one or more responsible parties who will care for the

- pet if the pet owner dies, is incapacitated or is otherwise unable to care for the pet.
- d. The pet owner shall be required to sign a statement indicating that he/she has read the Pet Policy rules and agrees to comply with them.
 - e. All dogs, cats and rabbits must be spayed or neutered and the owner must furnish proof of such.
6. SIZE LIMITS: Pets which weigh more than twenty (20) pounds (lap size pet) are not permitted.
7. PETS MAY NOT BE LEFT ALONE inside a unit for more than twelve (12) hours within a twenty-four (24) hour period. Failure to comply may be grounds for the EHDA to enter the unit and remove the pet.
8. PROHIBITED COMMON AREAS: Pets are prohibited from specific common areas such as the lobby, offices, activity and meeting rooms of the EHDA Administration Buildings (specifically 910 Pine Ridge Circle, 210 South Hills Drive and 820 Hemlock Street). In addition, pets are prohibited from all playgrounds on EHDA property.
9. NOISE AND ODOR: The owner shall control pet noise and pet odor such as not to disturb neighbors.

SECTION VI INSPECTION

Inspections regarding pet issues shall be conducted after reasonable notice has been given to the resident if the EHDA receives a signed, written complaint alleging (or the EHDA has reasonable grounds to believe) that the conduct or condition of a pet in the dwelling unit constitutes, under State or local law, a nuisance or a threat to the health or safety of the occupants of the community.

SECTION VII EMERGENCIES AND PROTECTION OF THE PET

The pet owner shall designate a person who shall take control of the pet, should the owner be unable to do so, in case of an emergency or in the event the EHDA determines a pet should be removed for its protection or for the protection of other persons or property of the EHDA.

The EHDA, or designated agent, is authorized under State or local law to remove a pet that becomes vicious, displays

symptoms of severe illness, or demonstrates other behavior that constitutes an immediate threat to the health or safety of the community as a whole.

The EHDA may enter the premises and remove the pet or take such other permissible action if the EHDA requests the pet owner remove the pet from the community immediately and the pet owner refuses to do so, or if the EHDA is unable to contact the pet owner to make a removal request.

If the health or safety of a pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet, the EHDA may contact the responsible party or parties listed in the pet registration. If the responsible party is unwilling or unable to care for the pet, the appropriate State or local authority may remove the pet.

If there is no State or local authority authorized to remove the pet, the EHDA may enter the pet owner's unit, remove the pet and place it in a facility that will provide care and shelter until the pet owner or their representative is able to assume responsibility for the pet, but not longer than thirty (30) days.

The cost of the animal care facility shall be borne by the pet owner. If the pet owner (or the pet owner's estate) is unable or unwilling to pay, the cost of the animal care facility may be paid from the pet deposit.

SECTION VIII: REFUSING ADMITTANCE

A. REFUSAL TO ADMIT THE PET

The EHDA may refuse to register a pet if:

1. The pet is not a common household pet.
2. Keeping the pet would violate any Pet Policy rule.
3. The pet owner fails to provide complete pet registration information or fails annually to update the pet registration.
4. The EHDA reasonably determines, based on the owner's habits and practices, that the pet owner will be unable to keep the pet in compliance with the Pet Policy or other lease obligations.
5. The pet's temperament may be considered as a factor in determining the prospective pet owner's

ability to comply with the Pet Policy rules and other lease obligations.

B. THE NOTICE

The EHDA shall notify the resident in writing if the EHDA refuses to register the pet. The notice shall state:

1. The reason(s) for refusing to register the pet.
2. The pet owner has ten (10) days from the effective date of the notice to request a meeting to dispute the reason(s).
3. The pet owner is entitled to be accompanied by others of his or her choice at the meeting.
4. The pet owner's failure to correct the violation, to request a meeting or to appear at a requested meeting may result in lease termination.

C. THE MEETING

If the pet owner requests a meeting, the EHDA shall schedule it within fifteen (15) days from the effective date of the notice. The EHDA Grievance Procedure shall govern the meeting and the resident's right to dispute the EHDA's decision to refuse to admit the pet.

SECTION IX

VIOLATION OF PET RULES

A. VIOLATION

If the EHDA determines that a pet owner has violated a rule governing the owning or keeping of pets, the EHDA may serve a written notice of pet rule violation on the pet owner.

B. THE NOTICE

The notice shall state the facts for the determination and the pet rule or rules alleged to be violated; and advise that the pet owner has ten (10) days from the effective date of the notice to correct the violation or to make a written request for a meeting. The Notice shall state that the pet owner is entitled to be accompanied by others of his/her choice at the meeting. In addition, the Notice shall state that the pet owner's failure to correct the violation, to request a meeting or to appear at a requested meeting may result in lease termination.

C. THE MEETING

If the pet owner requests a meeting, the EHDA shall schedule it within fifteen (15) days from the effective date of the notice. At the meeting, the pet owner and the EHDA shall discuss any alleged pet rule violation and attempt to correct it. The EHDA may give the pet owner additional time to correct the violation.

D. NOTICE FOR PET REMOVAL

If the pet owner and the EHDA are unable to resolve the pet rule violation or if the EHDA determines that the pet owner has failed to correct the violation, the EHDA may serve a written notice on the pet owner requiring the pet owner to remove the pet. The notice must state:

1. The facts used to determine that the pet rule or rules have been violated.
2. That the pet owner must remove the pet within ten (10) days of the notice.
3. That failure to remove the pet may result in lease termination.

E. REMOVAL OF PET OR LEASE TERMINATION

The EHDA may not initiate procedures to terminate a pet owner's lease based on a pet rule violation unless the pet owner has failed to remove the pet, to correct the violation or the pet rule violation is sufficient to begin procedures to terminate the pet owner's lease. The EHDA may initiate procedures to remove the pet at any time if the pet's conduct or condition is a nuisance or a threat to the health or safety of other occupants of the community.

COMPLIANCE WITH LAW

All pet rules shall comply with State and local laws and where there is a conflict, State and local law shall prevail, including State and local nuisance and health laws.

APPENDIX L

COMMUNITY SERVICE WORK REQUIREMENT POLICY

The Community Service and Family Self-sufficiency (FSS) Requirement is the performance of voluntary work duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. It is not employment and may not include political activities.

Exempt individuals are adults who are:

- (a) Sixty-two (62) years of age or older;
- (b) A blind or disabled individual, as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 416(i)(1); 1382c), and who certifies that because of this disability she or he is unable to comply with the community service requirement;
- (c) Is a primary caretaker of such individual;
- (d) Is engaged in work activities;
- (e) Meeting the requirements for being exempted for having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act (42 U.S.C.601 et seq.) or under any other welfare program of the State of Tennessee, including a State administered welfare-to-work program, or;
- (f) Is a member of a family receiving benefits or services under a State program funded under part A of title IV of the Social Security Act (42 U.S.C.601 et seq.) or under any other welfare program of the State of Tennessee, including a State administered welfare-to-work program, and has not been found by the State or other administering entity to be in noncompliance with such a program.

Except for any family member who is an exempt individual, each adult resident of public housing must:

1. Contribute eight (8) hours per month of community service (not including political activities); or
2. Participate in an economic self-sufficiency program for eight (8) hours per month; or
3. Perform eight (8) hours per month of combined activities as described in number one and two above.

The EHDA is obligated to notify all families of the general requirements and exemptions and place the burden upon the family to notify the EHDA of the required participation of some of its family members. The resident must provide such documentation to the EHDA thirty (30) days prior the end of the term of the lease.

If the EHDA determines that there is a family member who is required to fulfill a service requirement, but who has violated this family obligation, the EHDA must notify the resident of this determination. The notice must briefly describe the noncompliance, advise that the lease will not renew at the end of the twelve month lease term and of their rights to a grievance under the EHDA Grievance Procedures unless:

1. The resident, and any other noncompliant family member, enter into a written agreement with the EHDA in the form and manner required by the EHDA to cure such noncompliance and in fact cure such noncompliance in accordance with such agreement, or
2. The family provides written assurance satisfactory to the EHDA that the resident or other noncompliant family members no longer resides in the unit.

The resident shall enter into a written agreement that shall cure the noncompliance by completing the additional hours of community service or economic self-sufficiency activity needed to make up the total number of hours required over the twelve-month term of the new lease. The agreement shall also assure that all other members of the family who are subject to the service requirement are currently complying with the service requirement or are no longer residing in the unit.

The EHDA may not allow residents to perform work ordinarily performed by EHDA employees, or replace a job at any location where residents perform activities to satisfy the service requirement.

An Economic Self-sufficiency Program is any program designed to encourage, assist, train, or facilitate the economic independence of HUD-assisted families or to provide work for such families. These programs include

programs for job training, employment counseling, work placement, basic skills training, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeship, and any program necessary to ready a participant for work (including a substance abuse or mental health treatment program), or other work activities.

Elizabethton Housing and Development Agency, Inc.

**AGREEMENT TO FULFILL OBLIGATIONS OF THE
COMMUNITY SERVICE WORK REQUIREMENT**

NAME (please print)

ADDRESS

As the undersigned family member required to fulfill a community service work requirement, I understand that I:

1. Must contribute eight (8) hours per month of community service in order to renew the household dwelling lease with the Elizabethton Housing and Development Agency, Inc.
2. Must provide the Elizabethton Housing and Development Agency, Inc. with a work receipt for documentation that I am fulfilling my community service work requirement, which shall be submitted to the EHDA thirty (30) days prior to the end of the term of the household lease.
3. Must ensure that all other members of the family who are subject to the service requirement are currently complying with the service requirement or are no longer residing in the unit.
4. Have been provided with a list of economic self-sufficiency programs to assist me with fulfilling the community service work requirement.
5. Understand that the lease may not be renewed based on a breach of this agreement.

Family Member

COMMUNITY SERVICE WORK REQUIREMENT EXEMPTION FORM

NAME

ADDRESS

I am exempt from the Community Service Work Requirement because I am:

- Sixty-two (62) years of age or older;
- A blind or disabled individual, as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 416(i)(1); 1382c), and who certifies that because of this disability she or he is unable to comply with the community service requirement.
- A primary caretaker of such individual;
- Engaged in work activities;
- Meeting the requirements for being exempted for having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act (42 U.S.C.601 et seq.) or under any other welfare program of the State of Tennessee, including a State administered welfare-to-work program; or;
- A member of a family receiving benefits or services under a State program funded under part A of title IV of the Social Security Act (42 U.S.C.601 et seq.) or under any other welfare program of the State of Tennessee, including a State administered welfare-to-work program, and has not been found by the State or other administering entity to be in noncompliance with such a program.

Resident Certification

Date

COMMUNITY SERVICE WORK REQUIREMENT

WORK RECEIPT

Elizabethton Housing and Development Agency, Inc.
910 Pine Ridge Circle
Elizabethton, Tennessee 37643

RE: _____

I hereby certify that the above named individual has been credited with _____ hours of community service for voluntary services performed on _____. I have indicated below the type of community service performed by the above named individual.

- Job training
- Employment counseling
- Work placement
- Basic skills training
- Education
- English proficiency
- Workfare
- Financial management
- Household management
- Apprenticeship
- Any program necessary to ready a participant for work (including substance abuse or mental health treatment).
- Other work activities (please explain) _____

Name

Date

Agency

Elizabethton Housing and Development Agency, Inc.

COMMUNITY SERVICE WORK REQUIREMENT

TIME SHEET FOR: _____

[illegible]

- The above named resident has completed a total of _____ hours of community service work per month/year.
- The above named resident has not fulfilled his/her community service work requirement.

ACTION TAKEN: Lease Termination Enter into an Agreement

EHDA Official

Date _____

Elizabethton Housing and Development Agency, Inc.

COMMUNITY SERVICE WORK REQUIREMENT

AGREEMENT

As the undersigned family member required to fulfill a community service work requirement, I understand that I:

6. Must contribute eight (8) hours per month of community service in order to renew my dwelling lease with the Elizabethton Housing and Development Agency, Inc.
7. Must contribute an additional eight (8) hours per month of community service in order to cure the noncompliance with previous requirements that I did not fulfill.
8. Must provide the Elizabethton Housing and Development Agency, Inc. with a work receipt for documentation that I am fulfilling my community service work requirement, which shall be submitted on a monthly basis.
9. Must ensure that all other members of the family who are subject to the service requirement are currently complying with the service requirement or are no longer residing in the unit.
10. Understand that my lease will be terminated based on a breach of this agreement.

NAME (please print)

ADDRESS

Family Member Signature

EHDA Official

Date