

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

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# PHA Plan

5 Year Plan for Fiscal Years 2005 – 2009  
Annual Plan for Fiscal Year 2005

The Housing Authority of the  
City of Winder, Ga.

GA183v01

## PHA Plan Agency Identification

**PHA Name:** Winder Housing Authority

**PHA Number:** GA183

**PHA Fiscal Year Beginning: (mm/yyyy)** 07/2005

### 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) **Resident Services Office**

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 - 2009**  
[24 CFR Part 903.5]

**A. Mission**

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

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)

**B. Goals**

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

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

- PHA Goal: Expand the supply of assisted housing  
Objectives:
- Apply for additional rental vouchers:
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities: **Provide funds or in-kind services from 1 source over 5 year period.**
  - Acquire or build units or developments **Determine feasibility of acquisition or construction of additional apts.**
  - Other (list below)

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

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

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

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

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

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

Objectives:

- Increase the number and percentage of employed persons in assisted families:
- Provide or attract supportive services to improve assistance recipients' employability: **"Network" with one Entity per year.**
- Provide or attract supportive services to increase independence for the elderly or families with disabilities. **"Network with one new Entity per year.**
- Other: (list below)

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

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: **Continue existing procedures.**
- 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: **Continue existing procedures.**
- Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: **Continue existing procedures.**
- Other: (list below)

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

**NONE**

**Annual PHA Plan  
PHA Fiscal Year 2005**

[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Streamlined Plan:**

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

**Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

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

**The Winder Housing Authority has prepared the Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility act (QHWRA) of 1998 and the Final Rule for the Public Housing Agency Plans as published in the Federal Register on October 21, 1999.**

**The Housing Authority continuing to work on reaching the goals it established in its original PHA plan which will promote the long term viability of the Housing Authority and it's assets and resources. Statutory requirements of the QWHRA have been implemented and certain discretionary policies are now in effect.**

**The Annual Plan programs and activities are consistent with the missions, goals and objectives outlined in the 5-Year Plan. The Annual Plan includes a statement related to housing needs, financial resources, policies, rent determination, capital improvements, demolition and/or disposition, designation of public housing for elderly families or families with disabilities or elderly families and families with disabilities, conversion of public housing, homeownership, safety and crime prevention and civil rights.**

**The Winder Resident Advisory Board, residents, other assisted families, the Board of Commissioners, local government officials and representatives of other local public and private sector entities were provided an opportunity to participate in the preparation of the Public Housing Agency Plan.**

### **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.

#### **Table of Contents**

	<u>Page #</u>
<b>Annual Plan</b>	
i. Executive Summary	1
ii. Table of Contents	2
1. Housing Needs	5
2. Financial Resources	10
3. Policies on Eligibility, Selection and Admissions	11
4. Rent Determination Policies	19
5. Operations and Management Policies	23
6. Grievance Procedures	24
7. Capital Improvement Needs	25
8. Demolition and Disposition	27
9. Designation of Housing	30
10. Conversions of Public Housing	33
11. Homeownership	34
12. Community Service Programs	36
13. Crime and Safety	38
14. Pets (Inactive for January 1 PHAs)	40
15. Civil Rights Certifications (included with PHA Plan Certifications)	47
16. Audit	47
17. Asset Management	47
18. Other Information	48

#### **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:**

- A**      Admissions Policy for Deconcentration
- B**      FY 2005 Capital Fund Program Annual Statement  
         Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- H**      Resident Membership of the PHA Governing Board
- I**      Membership of the Resident Advisory Board or Boards  
         PHA Management Organizational Chart
- C**      FY 2005 Capital Fund Program 5 Year Action Plan  
         Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)  
         Other (List below, providing each attachment name)

**D - PHA Certifications and Board Resolutions.**

**E - Statement of Consistency with the Consolidated Plan.**

**F - Community Service Policy**

**G – FY2004 P & E Report.**

**J.-. Voluntary Conversion Initial Assessments.**

**Supporting Documents Available for Review**

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

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



**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
✓	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
✓	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
✓	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
✓	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
✓	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
✓	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
✓	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
✓	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
✓	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
	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) <b>Voluntary Conversion Follow-up Plan to Resident Survey Results</b>	(specify as needed) <b>Attachment J On File @ PHA</b>

## **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.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford-ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access-ibility</b>	<b>Size</b>	<b>Loca-tion</b>
Income <= 30% of AMI	<b>593</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>4</b>
Income >30% but <=50% of AMI	<b>302</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>3</b>
Income >50% but <80% of AMI	<b>136</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>3</b>
Elderly	<b>181</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>3</b>
Families with Disabilities	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Race/Ethnicity	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Race/Ethnicity	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Race/Ethnicity	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Race/Ethnicity	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

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: **2001 State of Georgia**
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

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

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

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	<b>172</b>		<b>52</b>
Extremely low income <=30% AMI	<b>149</b>	<b>87%</b>	
Very low income (>30% but <=50% AMI)	<b>21</b>	<b>12%</b>	
Low income (>50% but <80% AMI)	<b>2</b>	<b>1%</b>	
Families with children	<b>53</b>	<b>31%</b>	
Elderly families	<b>12</b>	<b>7%</b>	
Families with Disabilities	<b>36</b>	<b>21%</b>	
Race/ethnicity (1) <b>W</b>	<b>86</b>	<b>50%</b>	
Race/ethnicity (2) <b>B</b>	<b>81</b>	<b>47%</b>	
Race/ethnicity (3) <b>O</b>	<b>5</b>	<b>3%</b>	
Race/ethnicity			

## Housing Needs of Families on the Waiting List

Characteristics by Bedroom Size (Public Housing Only)	<b>321 Total Units 172 on waiting list</b>		
1BR	<b>78</b>	<b>45%</b>	
2 BR	<b>52</b>	<b>30%</b>	
3 BR	<b>35</b>	<b>20%</b>	
4 BR	<b>7</b>	<b>4%</b>	
5 BR	<b>1</b>	<b>1%</b>	
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

### C. Strategy for Addressing Needs

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

#### (1) Strategies

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

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

Select all that apply

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

- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below) **Continue to maximize the number of affordable units available.**

**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
- Adopt rent policies to support and encourage work
- Other: (list below)

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

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

Select all that apply

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

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

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

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

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

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

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

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

Select if applicable

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

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

Select all that apply

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

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

**(2) Reasons for Selecting Strategies**

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

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

## **2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

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

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2005 grants)</b>		
a) Public Housing Operating Fund	<b>\$529,312.00</b>	
b) Public Housing Capital Fund	<b>\$493,284.00</b>	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance		
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)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>FY2004 CFP</b>	<b>\$193,284.00</b>	<b>Modernization</b>
<b>3. Public Housing Dwelling Rental Income</b>		
<b>Dwelling Rental</b>	<b>\$337,740.00</b>	<b>Operations</b>
<b>4. Other income (list below)</b>		
<b>Interest</b>	<b>\$13,384.00</b>	<b>Reserves</b>
<b>Other</b>	<b>\$10,000.00</b>	<b>Reserves</b>
<b>4. Non-federal sources (list below)</b>		
<b>Total resources</b>	<b>\$1,577,004.00</b>	

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

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

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

##### **(1) Eligibility**

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

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe) **At time of application.**

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

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

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

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

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

##### **(2)Waiting List Organization**

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

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

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

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

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) **Resident safety & Security**

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

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.

**3** 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)

- 1**  Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- 2**  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
- 2**  Other preference(s) (list below) **Involuntary displaced**

4. Relationship of preferences to income targeting requirements:

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

**(5) Occupancy**

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

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

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

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

**(6) Deconcentration and Income Mixing**

a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b.  Yes  No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

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

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

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

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

- Criminal or drug-related activity
- Other (describe below)

### (2) Waiting List Organization

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

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

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

- PHA main administrative office
- Other (list below)

**(3) Search Time**

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

If yes, state circumstances below:

**(4) Admissions Preferences**

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

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

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

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
- Other (list below)

**4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

**A. Public Housing**

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

**(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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



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

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

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

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

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

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

For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

For transportation expenses

For the non-reimbursed medical expenses of non-disabled or non-elderly families

Other (describe below)

e. Ceiling rents

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

Yes for all developments

Yes but only for some developments

No

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

For all developments

For all general occupancy developments (not elderly or disabled or elderly only)

For specified general occupancy developments

For certain parts of developments; e.g., the high-rise portion

For certain size units; e.g., larger bedroom sizes

Other (list below)

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

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

f. Rent re-determinations:

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

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- Other (list below) **Every 60 days**

g.  Yes  No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

**(2) Flat Rents**

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

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

## B. Section 8 Tenant-Based Assistance

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

### (1) Payment Standards

Describe the voucher payment standards and policies.

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

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

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

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

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

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)

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

- Annually
- Other (list below)

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

- Success rates of assisted families
- Rent burdens of assisted families
- Other (list below)

**(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.)

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

### C. Management and Maintenance Policies

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

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

(2) Section 8 Management: (list below)

### 6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

#### A. Public Housing

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

If yes, list additions to federal requirements below:

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

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

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

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

If yes, list additions to federal requirements below:

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

- 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 **B**

-or-

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

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

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

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

b. If yes to question a, select one:

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

-or-

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

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

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

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

1. Development name:

2. Development (project) number:

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

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

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

- Yes  No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
- If yes, list developments or activities below:

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

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

### 2. Activity Description

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

<b>Demolition/Disposition Activity Description</b>
1a. Development name: <b>Smith Heights Lot 1</b>
1b. Development (project) number: <b>GA183-6</b>
2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <b>8/1/01</b>
5. Number of units affected: <b>0</b>
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: <b>N/A</b> b. Projected end date of activity: <b>N/A</b>



<b>Demolition/Disposition Activity Description</b>	
1a. Development name:	<b>Smith Heights Lot 2</b>
1b. Development (project) number:	<b>GA183-6</b>
2. Activity type:	Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one)	Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission:	<b>7/1/05</b>
5. Number of units affected:	<b>0</b>
6. Coverage of action (select one)	<input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity:	a. Actual or projected start date of activity: <b>N/A</b> b. Projected end date of activity: <b>N/A</b>

<b>Demolition/Disposition Activity Description</b>	
1a. Development name:	<b>Hardigree Terrace</b>
1b. Development (project) number:	<b>GA183-1</b>
2. Activity type:	Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one)	Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission:	<b>7/1/05</b>
5. Number of units affected:	<b>1</b>
6. Coverage of action (select one)	<input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity:	a. Actual or projected start date of activity: <b>N/A</b> b. Projected end date of activity: <b>N/A</b>

<b>Demolition/Disposition Activity Description</b>	
1a. Development name: <b>Glennwood Terrace</b>	
1b. Development (project) number: <b>GA183-3</b>	
2. Activity type: Demolition <input checked="" type="checkbox"/>	Disposition <input type="checkbox"/>
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input checked="" type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <b>7/1/05</b>	
5. Number of units affected: <b>2</b>	
6. Coverage of action (select one)	
<input checked="" type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity: <b>N/A</b>	
b. Projected end date of activity: <b>N/A</b>	

<b>Demolition/Disposition Activity Description</b>	
1a. Development name: <b>Capital Homes</b>	
1b. Development (project) number: <b>GA183-2</b>	
2. Activity type: Demolition <input checked="" type="checkbox"/>	Disposition <input type="checkbox"/>
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input checked="" type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <b>7/1/05</b>	
5. Number of units affected: <b>1</b>	
6. Coverage of action (select one)	
<input checked="" type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity: <b>N/A</b>	
b. Projected end date of activity: <b>N/A</b>	

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

<b>Designation of Public Housing Activity Description</b>	
1a. Development name: <b>Fort Yargo</b>	
1b. Development (project) number: <b>GA183-4</b>	
2. Designation type:	Occupancy by only the elderly <input checked="" 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 checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <b>3/12/02</b>	
5. If approved, will this designation constitute a (select one)	<input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: <b>30</b>	
7. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

<b>Designation of Public Housing Activity Description</b>	
1a. Development name: <b>Oakwood Homes</b>	
1b. Development (project) number: <b>GA183-5</b>	
2. Designation type:	Occupancy by only the elderly <input checked="" 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 checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <b>3/12/02</b>	
5. If approved, will this designation constitute a (select one)	<input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: <b>16</b>	
7. Coverage of action (select one)	<input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development

<b>Designation of Public Housing Activity Description</b>	
1a. Development name: <b>Smith Heights</b>	
1b. Development (project) number: <b>GA183-6</b>	
2. Designation type:	Occupancy by only the elderly <input checked="" 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 checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <b>3/12/02</b>	
5. If approved, will this designation constitute a (select one)	<input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: <b>15</b>	
7. Coverage of action (select one)	<input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development

<b>Designation of Public Housing Activity Description</b>	
1a. Development name: <b>Dunaway-Massey Homes</b>	
1b. Development (project) number: <b>GA183-8</b>	
2. Designation type:	Occupancy by only the elderly <input checked="" 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 checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <b>3/12/02</b>	
5. If approved, will this designation constitute a (select one)	<input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: <b>10</b>	
7. Coverage of action (select one)	<input checked="" 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  No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

#### 2. Activity Description

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

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

- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)

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

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

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

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

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

2. Activity Description

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

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

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

**B. Section 8 Tenant Based Assistance**

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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



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

[24 CFR Part 903.7 9 (1)]

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

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

#### 1. Cooperative agreements:

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

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

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

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

#### **(1) General**

##### a. Self-Sufficiency Policies

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

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

##### b. Economic and Social self-sufficiency programs

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

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

**(2) Family Self Sufficiency program/s**

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
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
- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.
- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

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

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

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[24 CFR Part 903.7 9 (n)]

Adopted

July 1 2001

Revised

### PET RULES FOR ALL APARTMENTS

### OF THE WINDER HOUSING AUTHORITY

1. Common household Pets shall be confined to:

- 1) Dogs less than 35 pounds when full grown no vicious attack dog such as pit bulls, chows, etc.
- 2) Cats
- 3) Fish commonly kept as pets
- 4) Caged birds (not domestic fowl)
- 5) Hamsters, turtles & guinea pigs

2. PET REGISIRATION:

Each pet owner shall register his/her pet with the Housing Authority of the City of Winder, Georgia, prior to moving the pet into the Housing Authority property, on a form provided by the Housing Authority.

Pet registrations shall be updated annually at the time of the annual reexamination. Initialed and updated registrations shall include the following information:

- a) The name, address and phone number of the pet owner
- b) The names, addresses and phone number of two adults who agree to assume full responsibility for the pet in the event of the owner's death or incapacity to care for the pet.
- c) A complete description of the pet stating pet's age, type, weight, color and name.
- d) The name, address and phone number of the licensed veterinarian or other state or local authority empowered to inoculate animals, who has on file the pet's inoculation records.
- e) A statement that the pet owner has read the pet rules of the Housing Authority of the City of Winder, Georgia and agrees to comply with them.

3. SANITARY STANDARDS:

- a) The pet owner is responsible for removing pet waste and disposing all waste by wrapping it in a paper bag or other sanitary container and placing it in the container provided by the resident, the Housing Authority of the City of Winder, or

the City of Winder for waste disposal. This includes waste deposited outside the apartment, anywhere on Housing Authority property.

A \$35.00 charge shall be assessed to each pet owner when it becomes necessary for the Housing Authority to remove the pet waste. Repeated violations shall be cause for removal of the pet, termination of the lease or both.

- b) Pets shall be confined to the immediate area of the owner's apartment and exit and entrance routes to and from the apartment.
- c) The area designated for pet exercise and deposit of waste shall be the immediate area of the owner's apartment and routes indicated above.
- d) Litter boxes (where applicable) constructed of a permanent material, preferably plastic, shall be reasonably odor free at all times and litter shall be changed at least twice each week.

4. INOCULATIONS:

A current certificate signed by a registered veterinarian, or other State or local authority empowered to inoculate animals stating that the animal has received all inoculations required by State and local laws shall be kept on file in the pet owner's file folder.

Inoculations shall be updated as prescribed by State and local laws.

Evidence of current inoculations shall be displayed on appropriate tags attached to a pet collar and worn by the pet at all time.

5. LEASHING OF ANIMALS:

Cats and dogs shall be on a leash not longer than six (6) feet and fully in the owner's control while in common areas of the project.

6. PET AND NON-PET AREA:

Animals shall not be allowed in areas designed "No-PETS" areas, such as Nutrition sites, Community Services buildings, Project Offices and recreation areas.

7. DENSITY OF PETS:

No pet owner shall own and keep in the apartment more than two pets mammals or more than one aquarium not larger than 20 gallons or more than one bird cage no larger than 18" x 18" x 30".

8. COLLAR AND TAG:

Each mammal shall wear a collar bearing the name and address of the pet owner's and evidence of the current inoculations and licenses as required by State and local laws.

9. PET DEPOSITS:

Owners of dogs and cats will be required to Pay a non-refundable \$100.00 Security Deposit. This Security Deposit will not be refunded as outlined in the Dwelling Lease. Anyone 62 years of age or older or who has a visual or hearing disability are not subject to this section of policy.

10. CAPABILITY OF PET OWNER:

Pet owners shall demonstrate the physical, mental and financial capability to care for a pet.

11. NUISANCE:

Pets determined to be a nuisance should be removed from the apartment. "Nuisance" shall be established by the following actions:

- a) Is repeatedly found at large;
- b) Damages the property of anyone other than the owner;
- c) Is vicious;
- d) Attacks without provocation;
- e) Excessively makes disturbing noises including, but not limited to, continued and repeated howling, barking, whining, or other utterances causing unreasonable annoyance, disturbance or discomfort to neighbors or others in close proximity to the premises where the animal is kept;
- f) Creates unsanitary conditions or offensive and objectionable odors in enclosures or surroundings and thereby creates unreasonable annoyance or discomfort to neighbors or others in close proximity to the premises where the animal is kept;
- g) An animal which is being kept not in conformity with the applicable rules or regulations of the local governmental jurisdiction.

Any such public nuisance animal may be impounded and the owner or possessor charged for a violation of this section. (Barrow County)

12. OWNER'S RESPONSIBILITIES:

- a) Pet owner shall bear full responsibility for any vicious or destructive act by the pet.
- b) Pet owners shall be responsible for abiding by all Federal, State and local laws and regulations as they may exist from time to time.
- c) Pet owner agrees to immediately remove a pet that has been determined to be vicious by management or the local government jurisdiction until such time as a decision may be reached by agreement or by a grievance hearing.
- d) Whoever confines any animal and fails to supply it with sufficient quantities of wholesome food and water, or fails to provide adequate shelter, or who keeps any animals in any enclosure without wholesome exercise and change of air, or abandons to die any animal shall be deemed in violation of this section.
- e) The pet's owner becomes unable or unwilling to care for or control the pet.

13. NON-COMMERCIAL\_PROVISION:

No pet shall be raised, bred, kept, or trained for any commercial purpose.

14. FLEA AND TICK TREATMENT:

If it becomes necessary for Management to treat an apartment for fleas and/or ticks, the pet owner shall bear the cost of such treatment. Repeated flea problems shall be cause for the removal of the pet, termination of the lease, or both.

15. STANDARDS OF PET CARE:

- a) Each mammal shall be spayed or neutered.
- b) No animal shall be left unattended in an apartment for more than 24 hours.
- c) Pets not owned by the resident shall not be permitted in an apartment or on common areas of the project.
- d) Each mammal shall be housebroken and/or litter trained.

16. DOCUMENTATION:

The file of a resident who owns a mammal shall include the following documents:

- a) A registration form properly and completely filled out and signed by the pet owner and witnessed by a representative of the Housing Authority of the City of Winder.
- b) A certificate of current inoculations signed by a licensed veterinarian or other empowered State or local Authority.
- c) Verification that the animal has been spayed or neutered.
- d) A copy of the pet rules signed by the pet owner and a representative of the Housing Authority, with the date so signed.
- f) A current photograph of the mammals.
- g) A certificate or copy that all local licensing laws have been met.

17. INSPECTIONS:

The Housing Authority will conduct additional apartment inspections as deemed necessary for all residents who have mammal pets.

18. EVICTION:

Failure to abide by this policy and repeated violation of the owners' responsibility (sec.12) could be an immediate grounds for lease termination.



19. Grievance:

Residents have the right to a grievance hearing under the housing authority grievance procedures as stated in the ACOP.

I have read and fully understand this statement regarding the keeping of pets and I agree to abide by these provisions.

\_\_\_\_\_  
Resident's Signature

WITNESS:

\_\_\_\_\_

The Housing Authority of the  
City of Winder, GA

Date: \_\_\_\_\_

Please return to the Winder Housing Authority's Office no later than  
\_\_\_\_\_.

**REGISTRATION FORM**

OWNER'S NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**RESPONSIBLE PARTIES**

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

**PET DESCRIPTION**

AGE \_\_\_\_\_ TYPE \_\_\_\_\_ WETGHT \_\_\_\_\_

COLOR \_\_\_\_\_ NAME \_\_\_\_\_

**INOCULATION RECORDS**

VETERINARIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

I HAVE READ THE ABOVE INFORMATION AND CERTIFY THAT IT IS TRIIF AND CORRECT TO THE BEST OF MY KNOWLEDGE.

RESIDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESSED By, \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE ONLY

- \_\_\_\_\_ 1. Certificate of inoculations
- \_\_\_\_\_ 2. Verification pet has been sprayed or neutered.
- \_\_\_\_\_ 3. Pet rules signed.
- \_\_\_\_\_ 4. Pet photo
- \_\_\_\_\_ 5. Certificate from City of Winder Animal Control.

## **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 903.79 (r)]

### **A. Resident Advisory Board Recommendations**

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

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

Attached at Attachment (File name)

Provided below:

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

Considered comments, but determined that no changes to the PHA Plan were necessary.

The PHA changed portions of the PHA Plan in response to comments

List changes below:

Other: (list below)

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

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

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

3. Description of Resident Election Process

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

Candidates were nominated by resident and assisted family organizations

Candidates could be nominated by any adult recipient of PHA assistance

Self-nomination: Candidates registered with the PHA and requested a place on ballot

Other: (describe)

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: **State of Georgia**

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

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

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

### B. Other Information Required by HUD

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

### Definitions for a substantial deviation from a 5-Year Plan and a significant amendment or modification to a 5-Year Plan and Annual Plan:

Substantial deviations or significant amendments or modifications are defined as discretionary in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners

## **Attachments**

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

**A - ADMISSIONS POLICY FOR DECONCENTRATION**

**B - FY 2005 CAPITAL FUND PROGRAM ANNUAL STATEMENT**

**C - FY 2005 CAPITAL FUND PROGRAM 5-YEAR ACTION PLAN**

**D – PHA CERTIFICATIONS & BOARD RESOLUTIONS**

**E – STATEMENT OF CONSISTENCY WITH THE CONSOLIDATED PLAN.**

**F – COMMUNITY SERVICE POLICY**

**G – FY 2004 P & E REPORT**

**H - Resident Membership of the PHA Governing Board**

**I - Membership of the Resident Advisory Board or Boards**

**J – Voluntary Conversion Initial Assessments**

# ATTACHMENT A

## Admissions Policy for Deconcentration

### *DECONCENTRATION POLICY*

It is Winder Housing Authority's policy to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments. Towards this end, we will skip families on the waiting list to reach other families with a lower of higher income. We will accomplish this in a uniform and non-discriminating manner.

The Winder Housing Authority will affirmatively market our housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.

Prior to the beginning of each fiscal year, we will analyze the income levels of families residing in each of our developments, the income levels of census tracts in which our developments are located, and the income levels of the families on the waiting list. Based on this analysis, we will determine the level of marketing strategies and deconcentration incentives to implement.

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

Various incentives may be used at different times, or under different conditions, but will always be provided in a consistent and non-discriminatory manner.

When the Winder Housing Authority discovers that a unit will become available, we will contact the first family on the waiting list who has the highest priority for this type of unit or development and whose income category would help to meet the deconcentration goal and/or the income targeting goal.

The Winder Housing Authority will contact the family first by telephone to make the unit offer. If the family cannot be reached by telephone, the family will be notified of a unit offer via first class mail. The family will be given three (3) business days from the date the letter was mailed to contact the Winder Housing Authority regarding the offer.

The family will be offered the opportunity to view the unit. After the opportunity to view the unit, the family will have 24 hours to accept or reject the unit. This verbal offer and the family's decision must be documented in the tenant file. If the family rejects the offer of the unit, the Winder Housing Authority will send the family a letter documenting the offer and the rejection.



**ATTACHMENT B - 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 I: Summary**

PHA Name: The Housing Authority of the City of Winder, GA	Grant Type and Number Capital Fund Program Grant No: <b>GA06P18350105</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2005</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$20,000.00			
3	1408 Management Improvements	\$5,000.00			
4	1410 Administration	\$10,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$25,000.00			
8	1440 Site Acquisition	\$5,000.00			
9	1450 Site Improvement	\$10,000.00			
10	1460 Dwelling Structures	\$350,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	\$10,000.00			
12	1470 Nondwelling Structures	\$5,000.00			
13	1475 Nondwelling Equipment	\$5,000.00			
14	1485 Demolition	\$1,000.00			
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service	\$47,284.00			
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$493,284.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

<b>PHA Name: The Housing Authority of the City of Winder, GA</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>GA06P18350105</b> Replacement Housing Factor Grant No:				<b>Federal FY of Grant: 2005</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<u>OPERATIONS</u>							
PHA Wide	Operations	1406	321	\$20,000.00				
PHA Wide	Management Operations	1408	321	\$5,000.00				
PHA Wide	Administration	1410	321	\$10,000.00				
	<b>SUBTOTAL</b>			<b>\$35,000.00</b>				
	<u>FEES &amp; COSTS</u>							
GA183-1	a. Architects fee to prepare bid and	1430.1	74	\$5,000.00				
GA183-2	contract documents, drawings,	1430.1	36	\$4,000.00				
GA183-3	specifications and assist the PHA at	1430.1	51	\$4,000.00				
GA183-4	bid opening, awarding the contract, and	1430.1	30	\$2,000.00				
GA183-5	to supervise the construction work	1430.1	36	\$2,000.00				
GA183-6	on a periodic basis. Fee to be negotiated	1430.1	50	\$3,000.00				
GA183-8	Contract Labor	1430.1	44	\$5,000.00				
	<b>SUBTOTAL</b>			<b>\$25,000.00</b>				
PHA Wide	Site Acquisitions	1440	321	\$5,000.00				
PHA Wide	Site Improvement – Misc. Concrete & Landscaping	1450	321	\$10,000.00				
PHA Wide	Dwelling Equipment – Ranges & Refrigerators	1465.1	10	\$10,000.00				
PHA Wide	Non-Dwelling Structures	1470	LS	\$5,000.00				
PHA Wide	Non-dwelling Equipment – Maintenance Vehicle	1475	LS	\$5,000.00				
PHA Wide	Demolition	1485	321	\$1,000.00				

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

<b>PHA Name: The Housing Authority of the City of Winder, GA</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>GA06P18350105</b> Replacement Housing Factor Grant No:				<b>Federal FY of Grant: 2005</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Debt Service	1501	LS	\$47,284.00				
	<b>SUBTOTAL</b>			<b>\$83,284.00</b>				
	<u>DWELLING STRUCTURES</u>							
GA183-1	Misc. Interior Repairs (Window, Baths,	1460	4	\$100,000.00				
GA183-2	Kitchens, HVAC)	1460	4	\$100,000.00				
GA183-3		1460	10	\$120,000.00				
GA183-4	New Windows & Screens	1460	30	\$30,000.00				
	<b>SUBTOTAL</b>			<b>\$350,000.00</b>				
	<b>GRAND TOTAL</b>			<b>\$493,284.00</b>				

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

PHA Name: The Housing Authority of the City of Winder, GA		Grant Type and Number Capital Fund Program No: <b>GA06P18350105</b> Replacement Housing Factor No:				Federal FY of Grant: <b>2005</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	9/13/07			9/13/09			
GA183-1	9/13/07			9/13/09			
GA183-2	9/13/07			9/13/09			
GA183-3	9/13/07			9/13/09			
GA183-4	9/13/07			9/13/09			
GA183-5	9/13/07			9/13/09			
GA183-6	9/13/07			9/13/09			
GA183-8	9/13/07			9/13/09			

GA183-1 74 Units      GA183-5 36 Units  
GA183-2 36 Units      GA183-6 50 Units  
GA183-3 51 Units      GA183-8 44 Units  
GA183-4 30 Units

# ATTACHMENT C

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

<b>Capital Fund Program Five-Year Action Plan</b>					
Part I: Summary					
PHA Name: <b>Housing Authority of the City of Winder, GA</b>		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: <b>2006</b> PHA FY: <b>7/2006</b>	Work Statement for Year 3 FFY Grant: <b>2007</b> PHA FY: <b>7/2007</b>	Work Statement for Year 4 FFY Grant: <b>2008</b> PHA FY: <b>7/2008</b>	Work Statement for Year 5 FFY Grant: <b>2009</b> PHA FY: <b>7/2009</b>
	Annual Statement				
<b>HA Wide Acct. 1406, 1430.1 &amp; 1430.2</b>		<b>\$60,000</b>	<b>\$55,000</b>	<b>\$75,000</b>	<b>\$120,000</b>
<b>GA183-1</b>		<b>\$273,000</b>	<b>\$278,000</b>	<b>\$183,000</b>	<b>\$100,000</b>
<b>GA183-2</b>				<b>\$100,000</b>	<b>\$136,284</b>
<b>GA183-3</b>		<b>\$160,284</b>	<b>\$160,284</b>	<b>\$135,284</b>	<b>\$100,000</b>
<b>GA183-4</b>					
<b>GA183-5</b>					
<b>GA183-6</b>					<b>\$37,000</b>
<b>GA183-8</b>					
CFP Funds Listed for 5-year planning	<b>\$493,284</b>	<b>\$493,284</b>	<b>\$493,284</b>	<b>\$493,284</b>	<b>\$493,284</b>
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan

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

Activities for Year 1	Activities for Year: 2 FFY Grant: 2006 PHA FY: 7/2006			Activities for Year: 3 FFY Grant: 2007 PHA FY: 7/2007		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>See</b>						
<b>Annual</b>	PHA Wide	Operations	\$25,000	PHA Wide	Operations	\$25,000
<b>Statement</b>	PHA Wide	Fees & Costs	\$25,000	PHA Wide	Fees & Costs	\$25,000
	PHA Wide	Repayment of Bond Loan	\$10,000	PHA-Wide	Landscaping/Site Work	\$5,000
		<b>Subtotal</b>	<b>\$60,000</b>		<b>Subtotal</b>	<b>\$55,000</b>
	GA183-1	Interior Improvements (Windows, doors, sheetrock, baths)	\$273,000	GA183-1	Interior Improvements (Windows, doors, sheet- rock, bathrooms)	\$283,000
	GA183-3	Interior Improvements (Windows, doors, sheet- rock, bathrooms)	\$160,284	GA 183-3	Interior Improvements (Windows, doors, sheet- rock, bathrooms)	\$160,284
	<b>Total CFP Estimated Cost</b>	<b>\$493,284</b>	<b>\$493,284</b>		<b>\$493,284</b>	

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

Activities for Year: 4 FFY Grant: 2008 PHA FY: 7/2008			Activities for Year: 5 FFY Grant: 2009 PHA FY: 7/2009		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
PHA Wide	Operations	\$25,000	PHA Wide	Operations	\$25,000
PHA Wide	Fees & Costs	\$25,000	PHA Wide	Fees & Costs	\$25,000
PHA Wide	Concrete Work	\$25,000	PHA Wide	Ranges & Refrigerators	\$30,000
	<b>Subtotal</b>	<b>\$75,000</b>	PHA-Wide	Development	\$10,000
			PHA-Wide	Roofs-Locations to be Determined	\$30,000
				<b>Subtotal</b>	<b>\$120,000</b>
GA183-1	Interior Improvements (windows, doors, sheet-rock, baths)	\$183,000	GA183-1	Interior Improvements (windows, doors, sheet-rock, baths)	\$100,000
GA 183-2	Interior Improvements (windows, doors, sheet-rock, baths)	\$100,000	GA 183-2	Interior Improvements (windows, doors, sheet-rock, baths)	\$136,284
GA183-3	Interior Improvements (windows, doors, sheet-rock, baths)	\$135,284	GA183-3	Interior Improvements (windows, doors, sheet-rock, baths)	\$100,000
			GA 183-6	Kitchens	\$37,000
Total CFP Estimated Cost	<b>\$493,284</b>			<b>\$493,284</b>	

## **ATTACHMENT D**

### **PHA Certifications and Board Resolutions**

**Originals forwarded to local HUD office under separate cover.**



**ATTACHMENT E**

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

**Originals forwarded to local HUD office under separate cover.**

# ATTACHMENT F

## Community Service Policy

### WINDER HOUSING AUTHORITY COMMUNITY SERVICE AND FAMILY SELF-SUFFICIENCY POLICY

Adopted \_\_\_\_\_

Revised \_\_\_\_\_

#### REQUIREMENT

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

1. Contribute 8 hours per month of community service; or
2. Participate in an economic self-sufficiency program for 8 hours per month; or
3. Perform 8 hours per month of combined activities.

#### DEFINITION

Community service is defined as the performance of voluntary work or duties that are of a public benefit, and that serve to improve the quality of life, enhance residents self-sufficiency, or increase resident responsibility in the community. Community service is not employment and may not include political activities.

#### OPTIONS

Community service requirements may be completed with one or a combination of the following:

1. Community service and economic self-sufficiency activities administered directly by the Winder Housing Authority. However, the HA may not substitute community service or self-sufficiency activities performed by residents for work ordinarily performed by the HA employee, or replace a job at any location where residents perform activities to satisfy the service requirement.
2. Community service and economic self-sufficiency activities administered by qualified agencies and organizations in the community that agree to assist residents in meeting this requirement.

3. Community service and economic self-sufficiency activities administered by a third party contractor or partner.

## EXEMPTIONS

Exempt individual. An adult who:

1. Is 62 years or older;
2. Is 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 service provisions of the subpart or
3. Is a primary caretaker of such individual;
4. Is engaged in work activities;
5. Meets the requirements for being exempted from 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 in which the PHA is located, including a State administered welfare-to-work program; or
6. Is a member of a family receiving assistance, benefits or services under State programs 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 in which the PHA is located, including a State administered welfare-to-work program, and has not been found by the State or other administered entity to be in noncompliance with such a program.

## ADMINISTRATION, MONITORING AND COMPLIANCE

The HA will review tenant records to determine the exemption status of each family member. As of your annual reexamination date, you will receive notification of the HA's determination identifying the family members who are subject to the service requirement, and the family members who are exempt persons. The Winder Housing Authority will give each family a written description of the service requirement, and of the process for claiming status as an exempt person and for verification of such status.

To insure resident compliance, the HA will maintain documentation on the exemption status of each family member. Family members may seek to change their status by providing documentation of such change to the HA through their Housing Manager or the Resident Service Coordinator.

The HA will monitor the performance of a family member who is required to fulfill a service requirement through direct verification by HA staff or signed certification by a qualified agency or third party contractor. If it is determined that a family member is in non-compliance, the HA will notify the tenant and the family

member of the non-compliance in writing and state that the HA will not renew the lease at the end of the twelve month lease term unless:

1. The tenant and any other non-compliant family member, enter into a written agreement with the HA, in the form and manner required by the HA, to cure such non-compliance, and in fact cure such noncompliance in accordance with such agreement; or
2. The family provides written assurance satisfactory to the HA that the tenant or other noncompliance resident no longer resides in the unit.

#### CURE FOR NON-COMPLIANCE

If the tenant or family member has violated the service requirement, the HA may not renew the lease upon expiration of the term unless:

1. The tenant and any other noncompliance family member, enter into a written agreement with the HA, in the form and manner required by the HA, to cure such non-compliance by completing the hours of community service or economic self-sufficiency activity needed to make up the total number of hours required under the previous year's lease and the required hours of community service or economic self-sufficiency for the twelve-month term of the new lease, and
2. 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.

If during this lease period, the tenant or family member continues to be in non-compliance, the HA will again notify them of the non-compliance and of the intention of the HA to not renew the tenant's lease upon expiration of the term.

#### GRIEVANCE

The tenant and or family member may request a grievance hearing on the HA determination in accordance with HA policy. The tenant may exercise any available judicial remedy to seek timely redress for the HA's non-renewal of the lease because of such determination.

**ATTACHMENT G - FY 2004 P & E Report**

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

PHA Name: The Housing Authority of the City of Winder, GA	Grant Type and Number Capital Fund Program Grant No: GA06P18350104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004
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Original Annual Statement 
  Reserve for Disasters/ Emergencies 
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/04 
  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	\$25,000.00		\$0.00	\$0.00
3	1408 Management Improvements	\$5,000.00		\$0.00	\$0.00
4	1410 Administration	\$10,000.00		\$0.00	\$0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$25,000.00		\$0.00	\$0.00
8	1440 Site Acquisition	\$10,000.00		\$0.00	\$0.00
9	1450 Site Improvement	\$5,000.00		\$0.00	\$0.00
10	1460 Dwelling Structures	\$388,284.00		\$300,000.00	\$5,076.34
11	1465.1 Dwelling Equipment—Nonexpendable	\$10,000.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$5,000.00		\$0.00	\$0.00
14	1485 Demolition	\$10,000.00		\$0.00	\$0.00
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$493,284.00		\$300,000.00	\$5,076.34
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	\$106,336.00		\$300,000.00	\$5,076.34

# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/04

### Part II: Supporting Pages

PHA Name: The Housing Authority of the City of Winder, GA		Grant Type and Number Capital Fund Program Grant No: GA06P18350104 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
				Original	Revised	Funds Obligated	Funds Expended	
	<u>OPERATIONS</u>							
PHA Wide	Operations	1406	321	\$25,000.00		\$0.00	\$0.00	No Progress
	<b>SUBTOTAL</b>			<b>\$25,000.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	
	<u>MANAGEMENT IMPROVEMENTS</u>							
PHA Wide	Management Operations	1408	321	\$5,000.00		\$0.00	\$0.00	No Progress
	<b>SUBTOTAL</b>			<b>\$5,000.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	
	<u>ADMINISTRATION</u>							
PHA Wide	Administration	1410	321	\$10,000.00		\$0.00	\$0.00	No Progress
	<b>SUBTOTAL</b>			<b>\$10,000.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	
	<u>FEES &amp; COSTS</u>							
GA183-1	a. Architects fee to prepare bid and	1430.1	74	\$5,000.00		\$0.00	\$0.00	No Progress
GA183-2	contract documents, drawings,	1430.1	36	\$4,000.00		\$0.00	\$0.00	No Progress
GA183-3	specifications and assist the PHA at	1430.1	51	\$4,000.00		\$0.00	\$0.00	No Progress
GA183-4	bid opening, awarding the contract, and	1430.1	30	\$2,000.00		\$0.00	\$0.00	No Progress
GA183-5	to supervise the construction work	1430.1	36	\$2,000.00		\$0.00	\$0.00	No Progress
GA183-6	on a periodic basis. Fee to be negotiated	1430.1	50	\$3,000.00		\$0.00	\$0.00	No Progress
GA183-8	Contract Labor	1430.1	44	\$5,000.00		\$0.00	\$0.00	No Progress
	<b>SUBTOTAL</b>			<b>\$25,000.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	

# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/04

### Part II: Supporting Pages

PHA Name: The Housing Authority of the City of Winder, GA		Grant Type and Number Capital Fund Program Grant No: GA06P18350104 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
				Original	Revised	Funds Obligated	Funds Expended	
	<u>SITE ACQUISITION</u>							
PHA Wide	Site Acquisitions	1440	321	\$10,000.00		\$0.00	\$0.00	No Progress
	<b>SUBTOTAL</b>			<b>\$10,000.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	
	<u>SITE IMPROVEMENT</u>							
PHA Wide	Misc. Concrete & Landscaping	1450	321	\$5,000.00		\$0.00	\$0.00	No Progress
	<b>SUBTOTAL</b>			<b>\$5,000.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	
	<u>DWELLING STRUCTURES</u>							
GA183-1	Misc. Interior Repairs (Window, Baths,	1460	6	\$116,485.00		\$90,000.00	\$5,076.34	In Progress
GA183-2	Kitchens, HVAC)	1460	4	\$77,657.00		\$60,000.00	\$0.00	In Progress
GA183-3		1460	10	\$194,142.00		\$150,000.00	\$0.00	In Progress
	<b>SUBTOTAL</b>			<b>\$388,284.00</b>		<b>\$300,000.00</b>	<b>\$5,076.34</b>	
	<u>DWELLING EQUIPMENT</u>							
PHA Wide	Ranges & Refrigerators	1465.1	10	\$10,000.00		\$0.00	\$0.00	No Progress
	<b>SUBTOTAL</b>			<b>\$10,000.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	
	<u>NONDWELLING EQUIPMENT</u>							
PHA Wide	Maintenance Vehicle	1475	LS	\$5,000.00		\$0.00	\$0.00	No Progress
	<b>SUBTOTAL</b>			<b>\$5,000.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/04**  
**Part II: Supporting Pages**

<b>PHA Name: The Housing Authority of the City of Winder, GA</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>GA06P18350104</b> Replacement Housing Factor Grant No:				<b>Federal FY of Grant: 2004</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<u>DEMOLITION</u>							
PHA Wide	Demolition	1485	321	\$10,000.00		\$0.00	\$0.00	No Progress
	<b>SUBTOTAL</b>			<b>\$10,000.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	
	<b>GRAND TOTAL</b>			<b>\$493,284.00</b>		<b>\$300,000.00</b>	<b>\$5,076.34</b>	



# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 12/31/04

### Part III: Implementation Schedule

PHA Name: The Housing Authority of the City of Winder, GA	Grant Type and Number Capital Fund Program No: GA06P18350104 Replacement Housing Factor No:	Federal FY of Grant: 2004
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	9/13/06			9/13/08			
GA183-1	9/13/06			9/13/08			
GA183-2	9/13/06			9/13/08			
GA183-3	9/13/06			9/13/08			
GA183-4	9/13/06			9/13/08			
GA183-5	9/13/06			9/13/08			
GA183-6	9/13/06			9/13/08			
GA183-8	9/13/06			9/13/08			

GA183-1 74 Units  
 GA183-2 36 Units  
 GA183-3 51 Units  
 GA183-4 30 Units

GA183-5 36 Units  
 GA183-6 50 Units  
 GA183-8 44 Units

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

1.  Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: **Denis Golight**

B. How was the resident board member selected: (select one)?

Elected

Appointed

C. The term of appointment is (include the date term expires): **4 Years-4/20/08**

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

B. Date of next term expiration of a governing board member: **4/20/2005**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): **Mayor - Buddy Outz**

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

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

The Resident Advisory Board Members are:

Nell Davenport	Dunaway-Massey
Martha Treadwell	Oakwood Homes
Tasha Norman	Glenwood Terrace
Joan Brewer	Fort Yargo

## Required Attachment J: Voluntary Conversion

### Component 10 (B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments?  
**ALL**
- 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?  
**One for each project.**
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: **N/A**

Development Name	Number of Units

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: **N/A**