

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

PHA Plans

Manchester Housing and Redevelopment Authority ~ NH001
198 Hanover Street
Manchester, NH 03104-6125

~ 5 Year Plan for Fiscal Years 2005 - 2009

~ Annual Plan for Fiscal Year 2005
October 1, 2005 through September 30, 2006

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

**PHA Plan
Agency Identification**

PHA Name: Manchester Housing and Redevelopment Authority

PHA Number: NH001

PHA Fiscal Year Beginning: 10/2005

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
- Central Maintenance Facility

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)
Central Maintenance Facility

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)
Central Maintenance Facility

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 MHRA's mission is: (state mission here)

“The mission of the Manchester Housing and Redevelopment Authority is to provide and sustain affordable, secure, quality living environments for low income families and individuals; to provide personal and economic enrichment and independence opportunities for residents; to act as a catalyst and community partner in developing new low income affordable housing opportunities; and to engage in community revitalization initiatives to improve neighborhoods, promote economic development, increase employment opportunities and broaden the local tax base.”

B. Goals

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

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

- PHA Goal: Expand the supply of assisted housing
Objectives:
- Apply for additional rental vouchers:
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other (list below)
- PHA Goal: Improve the quality of assisted housing
Objectives:
- Improve public housing management: (PHAS score) 95

- Maintain voucher management: (SEMAP score) 96
- Increase customer satisfaction:
- Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)
- Renovate or modernize public housing units:
- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)

PHA Goal: Increase assisted housing choices

Objectives:

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

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

PHA Goal: Provide an improved living environment

Objectives:

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

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

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

Objectives:

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

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

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

Other PHA Goals and Objectives: (list below)

Annual PHA Plan
PHA Fiscal Year 2005

October 1, 2005 to September 30, 2006
[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 Manchester Housing and Redevelopment Authority has prepared this Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.

We have adopted the following mission statement to guide the activities of the Authority.

“The mission of the Manchester Housing and Redevelopment Authority is to provide and sustain affordable, secure, quality living environments for low income families and individuals; to provide personal and economic enrichment and independence opportunities for residents; to act as a catalyst and community partner in developing new low income affordable housing opportunities; and to engage in community revitalization initiatives to improve neighborhoods, promote economic development, increase employment opportunities and broaden the local tax base.”

We have also adopted the following goals for the next five years:

- ~ Expand the supply of assisted housing
- ~ Improve the quality of assisted housing
- ~ Increase assisted housing choices
- ~ Provide an improved living environment
- ~ Promote self-sufficiency and asset development of families and individuals
- ~ Ensure equal opportunity and affirmatively further fair housing

Our Annual Plan is based on the premise that if we accomplish our goals and objectives we will be working towards the achievement of our mission. The plans, statements, budget summary, policies, etc. set forth in the Annual Plan all lead towards the accomplishment of our goals.

Taken as a whole, they outline a comprehensive approach towards our goals and are consistent with the City of Manchester Consolidated Plan. Here are just a few highlights of our Annual Plan:

- ~ Continued administration of the Section 8 Project Based Assistance Program
- ~ Conversion and/or construction of new housing units:
 - Partnership with a local service agency to develop 28 units of affordable elderly housing
 - Partnership with a private developer to complete and fully occupy 90 units of housing
- ~ Implementation of selected items from the recently conducted Physical Needs Assessment

In summary, the Manchester Housing and Redevelopment Authority continues to improve the quality and quantity of affordable housing in Manchester.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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Attachments

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

Required Attachments:

- Admissions Policy for Deconcentration (nh001a06)
- FY 2005 Capital Fund Program Annual Statement (nh001c06)
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- PHA Management Organizational Chart
- Capital Fund Program 5 Year Action Plan (nh001d06)
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) (nh001f06)
- Other (List below, providing each attachment name)
 - FY 2002 - 2004 Capital Fund Program Annual Statements (nh001g06)
 - Comments from Public Meeting (nh001h06)
 - Pet Policy (nh001i06)

Supporting Documents Available for Review

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

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Housing Choice Voucher (Section 8) Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	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
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Housing Choice Voucher (Section 8) Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Housing Choice Voucher (Section 8) informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Housing Choice Voucher (Section 8) Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N / A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N / A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N / A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N / A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N / A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program <input checked="" 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
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N / A	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) Program terminated by HUD	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N / A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N / A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Acces- sibility	Size	Location
Income <= 30% of AMI	4,828	4	5	2	N / A	3	N / A
Income >30% but <=50% of AMI	4,083	4	5	2	N / A	2	N / A
Income >50% but <80% of AMI	6,424	2	5	2	N / A	N / A	N / A
Elderly	4,602	4	5	2	N / A	N / A	N / A
Families with Disabilities	5,170	4	5	2	4	N / A	N / A
Black	588	3	5	2	N / A	N / A	N / A
Hispanic	1,109	3	5	2	N / A	N / A	N / A

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

- Consolidated Plan of the Jurisdiction/s
Indicate year: FY 2005 - 2010
- 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)
New Hampshire Housing Finance Authority 2004 Residential Rental Cost Survey

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	2,776		
Extremely low income <=30% AMI	2,256	81.3	
Very low income (>30% but <=50% AMI)	450	16.2	
Low income (>50% but <80% AMI)	70	2.5	
Families with children	1,760	63.4	
Elderly families	875	31.5	
Families with Disabilities	141	5.1	
Black	282	10.2	
Asian/Pacific Islander	30	1.1	
Hispanic	390	14.1	
American / Alaskan Native	2	0.07	
Characteristics by Bedroom Size (Public Housing Only)			
0 / 1BR	1,320	47.6	
2 BR	1,148	41.3	
3 BR	239	8.6	
4 BR	55	2.0	
5+ BR	14	0.5	

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Housing Choice Voucher tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	5,050		
Extremely low income <=30% AMI	3,949	78.2	
Very low income (>30% but <=50% AMI)	1,090	21.6	
Low income (>50% but <80% AMI)	11	0.2	
Families with children	3,290	65.2	
Elderly families	1,353	26.8	
Families with Disabilities	407	8.1	
Black	437	8.7	
Asian/Pacific Islander	56	1.1	
Hispanic	739	14.6	
American / Alaskan Native	21	0.4	
Characteristics by Bedroom Size (Public Housing)			

Housing Needs of Families on the Waiting List			
Only)			
0 / 1BR	N / A	N / A	
2 BR	N / A	N / A	
3 BR	N / A	N / A	
4 BR	N / A	N / A	
5+ BR	N / A	N / A	
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)

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)
Project Based Assistance

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)
Expand the MHRA's Congregate Services activities

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

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

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

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

Select if applicable

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

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

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

(2) Reasons for Selecting Strategies

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

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

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

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

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2003 grants)		
a) Public Housing Operating Fund	\$2,364,307	
b) Public Housing Capital Fund	\$1,456,596	
c) HOPE VI Revitalization	\$0	
d) HOPE VI Demolition	\$0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	\$13,400,340	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	\$0	
g) Resident Opportunity and Self-Sufficiency Grants	\$0	
h) Community Development Block Grant	\$60,000	Public Housing Youth
i) HOME	\$0	
Other Federal Grants (list below)		
Congregate Service Program	\$250,851	PH Congregate Services

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
Service Coordinator		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
	\$0	
3. Public Housing Dwelling Rental Income		
	\$4,075,000	PH operations
4. Other income (list below)		
Investment	\$60,000	Operations
Other	\$70,000	Operations
4. Non-federal sources (list below)		
State of NH	\$306,477	Supportive Services
Client fees	\$140,000	Supportive Services
USDA	\$3,600	Supportive Services
County	\$36,500	Supportive Services
City of Manchester - Tarrytown Road rents	\$406,368	Operations
Total resources	\$22,630,039	

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: (120 days)
- Other: (describe)

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

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

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

(Only if the State is unable to supply records)

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)
Congregate Services

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
- Homeless(ness) Program through approved referral agencies
- 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
- 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)
- Special Programs
- The Non-Housing Assistance Preference shall be given to the applicant family who is not receiving any local, state or federal housing assistance
- Qualified elderly Housing Choice Voucher households (limited basis)

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

1 Date and Time

Former Federal preferences:

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1 Victims of domestic violence

- Substandard housing
- 1 Homelessness
- High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- 1 Veterans and veterans' families
- 1 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)
- 1 Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- 1 Other preference(s) (list below)
- Special Programs
- The Non-Housing Assistance Preference shall be given to the applicant family who is not receiving any local, state or federal housing assistance
- Qualified elderly Housing Choice Voucher households (limited basis)

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)
- Bulletin boards, memos and notices

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

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

(6) Deconcentration and Income Mixing

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

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

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

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

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

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

Other (list policies and developments targeted below)

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

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

Additional affirmative marketing

Actions to improve the marketability of certain developments

Adoption or adjustment of ceiling rents for certain developments

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

Other (list below)

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

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

List (any applicable) developments below:

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

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

List (any applicable) developments below:

B. Section 8

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

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

(1) Eligibility

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

Criminal or drug-related activity only to the extent required by law or regulation

Criminal and drug-related activity, more extensively than required by law or regulation

More general screening than criminal and drug-related activity (list factors below)

Other (list below)

b. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
(Only if the State is unable to supply records)

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)

Current and former landlord information

(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:

Thirty (30) day extensions upon receipt of unsuccessful attempts or inability to look for a total of 120 days.

(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
- 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)
Homeless due to Disaster Preference (unit is rendered permanently uninhabitable by any person)
The Non-Housing Assistance Preference shall be given to the applicant family which is not receiving any local, state or federal housing assistance
Special programs

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

1 Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- 1 Veterans
- 1 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)
- 1 Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- 1 Other preference(s) (list below)

Homeless due to Disaster Preference (unit is rendered permanently uninhabitable by any person)

The Non-Housing Assistance Preference shall be given to the applicant family which is not receiving any local, state or federal housing assistance

Special programs

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)

The Mod/SRO application describes that placement of participants is done by alcohol and drug rehabilitation professionals. The Family Self-Sufficiency Program Action Plan addresses eligibility for the program.

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

- Through published notices
 Other (list below)

The Mod/SRO Program. As substance abuse professionals determine eligibility, the Authority needn't conduct such outreach. Outreach for the Family Self-

Sufficiency Program is done by direct mail to Section 8 participants and by distribution of brochures.

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:

- ~ MHRA Procedures for Notification to Families of Hardship Exceptions
- ~ Exemptions to Minimum Rent
- ~ HD Criteria for Hardship Exemption
- ~ Temporary Hardship

~ Repayment Agreements for Temporary Hardship

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

NOTE: Flat rents were implemented as of October 1, 2002.

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

- For all developments
- For all general occupancy developments (not elderly or disabled or elderly only)
- For specified general occupancy developments
- For certain parts of developments; e.g., the high-rise portion

- For certain size units; e.g., larger bedroom sizes
- Other (list below)

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

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

f. Rent re-determinations:

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

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
- Other (list below)
 - Income decrease
 - Changes in family composition

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

(2) Flat Rents

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

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

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.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
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 nh001c06

-or-

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

-and-

- The FY 2002 – 2004 Capital Fund Program Annual Statements/Performance and Evaluation Reports are provided as an attachment to the PHA Plan as Attachment nh001g06

(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 nh001d06

-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.)

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

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

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

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

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

<input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:)
<input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:)
<input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent
<input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units
<input type="checkbox"/> Other: (describe below)

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

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

2. Activity Description

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

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: N / A
1b. Development (project) number: NH 1-20

<p>2. Federal Program authority:</p> <p><input type="checkbox"/> HOPE I</p> <p><input checked="" type="checkbox"/> 5(h)</p> <p><input type="checkbox"/> Turnkey III</p> <p><input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)</p>
<p>3. Application status: (select one)</p> <p><input checked="" type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program</p> <p><input type="checkbox"/> Submitted, pending approval</p> <p><input type="checkbox"/> Planned application</p>
<p>4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (09/09/1998)</p>
<p>5. Number of units affected: 19</p> <p>6. Coverage of action: (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input checked="" type="checkbox"/> Total development</p>

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:

- ~ Participants may not owe a debt to the MHRA or any other PHA and must be in otherwise good standing.
- ~ Lenders must be authorized to conduct business in NH; no seller financing.
- ~ Financing terms may not include prepayment penalties, balloon payments or variable interest rates.
- ~ Restrictions on other debt secured by the home.
- ~ Restrictions based on affordability.

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

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

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

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

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

- Yes No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. 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 used to determine the need for PHA actions to improve safety of residents (select all that apply).

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

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

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

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

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

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

C. Coordination between PHA and the police

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

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

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

D. Additional information as required by PHDEP/PHDEP Plan

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

- Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes No: Has the PHA included the PHDEP Plan for FY 200_____ in this PHA Plan?
- Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: ____)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

See attachment nh001i06

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
(If no, skip to component 17.)
2. Yes No: Was the most recent fiscal audit submitted to HUD?
3. Yes No: Were there any findings as the result of that audit?
4. Yes No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain? _____
5. Yes No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

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

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
 Attached at Attachment (File name) nh001f06
 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: (provide name here)

“Manchester (NH) 2005-2010 Consolidated Plan: Strategy for Housing & Community Development” (Draft)

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)

Homeownership; providing decent, safe, affordable housing; rehabilitation of housing units; affirmative action; housing for the elderly; housing for the disabled.

Other: (list below)

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

Commitment to improving housing conditions in the City of Manchester

D. Other Information Required by HUD

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

Definition of a Substantial Deviation and Significant Amendment or Modification to the Comprehensive Agency Plan

Per HUD regulations, the Authority must provide its definition of a substantial deviation and significant amendment or modification to the Comprehensive Agency Plan (CAP). Under HUD regulations, any item falling under this category requires an interim change to the CAP; smaller or less significant changes may wait until the next CAP submission.

It is the Authority's intent to update the CAP in the event of any discretionary substantial deviation, significant amendment and/or modification. Any change to the CAP that fundamentally alters the mission, goals and/or policies of the Authority would fall under this category. All proposed changes will be reviewed on a case by case basis.

The following are examples of possible substantial deviations, significant amendments and/or modifications ("change") to the CAP. This is not an inclusive list:

- ~ Substantial reduction or discontinuance of the provision of Public Housing or the Housing Choice Voucher Program. For Public Housing, "substantial reduction" shall be a minimum of two- percent (25) of all units OR if an entire site or development of a smaller size is removed for any reason (deconcentration, modernization, disposition, etc.) in one fiscal year. For the Housing Choice Voucher Program., "substantial reduction" shall be a minimum of ten- percent (168) of all vouchers.
- ~ Change to rent policies, admissions policies or organization of the waiting lists.
- ~ Addition or removal of a secondary housing program such as Section 5(h) or Section 8y homeownership programs.
- ~ Addition or removal of primary support services such as the Congregate Services Program.
- ~ Ten percent (10%) or more adjustment in funding amount, funding source and/or use.
- ~ Conversion or elimination of any Public Housing units under voluntary conversion, disposition or demolition guidelines.
- ~ Fundamental change to mission or strategic goals such as no longer providing affordable housing.

Requirements for Significant Amendments to the PHA Plan

Per HUD regulations, any significant amendment or substantial deviation/modification ("change") to a CAP is subject to the same requirements as the original CAP including time frames. In these situations the Authority must:

- ~ Consult with the Resident Advisory Board; and

- ~ Ensure consistency with the City of Manchester's Consolidated Plan; and
- ~ Provide for a review of the change(s) by the public during a 45-day review period;
and
- ~ Convene the Board of Commissioners to adopt the change(s) during a meeting that
is open to the public; and
- ~ Submit the change to and receive approval from HUD in accordance with HUD's
plan review procedures prior to implementation of the change(s).

Attachments

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

The following chart lists all attachments to the Plans:

Attachment #	Document
nh001v06	PHA Plans template
nh001a06	Policy for Deconcentration
nh001b06	Deconcentration questions attachment
nh001c06	FY 2005 Capital Fund Program Annual Statement
nh001d06	Capital Fund 5-Year Action Plan
nh001e06	Physical Needs Assessment summary (Attachment was formerly for the now terminated PHDEP Plan)
nh001f06	Comments from Resident Advisory Board hearing
nh001g06	FY 2002 - 2004 Capital Fund Program Annual Statements
nh001h06	Comments from public hearing
nh001i06	Pet Policy
nh001j06	Voluntary Conversion of Developments
nh001k06	Board of Commissioners and Resident Advisory Board member lists (names only)
nh001l06	Section 8 Project Based Voucher Program Statement
nh001m06	Section 8 Homeownership Program Capacity Statement

Deconcentration Policy

Admissions and Continued Occupancy Plan Chapter 4, Section M, Page 11

Based on counting all general occupancy developments regardless of size or number of units.

DECONCENTRATION OF POVERTY AND INCOME-MIXING

The Authority will determine levels of income concentration for families residing in all general occupancy developments ("covered developments") in the following manner:

- 1) Annually determine the average income of all families residing in all covered developments.
- 2) Annually determine the average income of all families in each covered development.

The Authority may choose to employ unit size adjustment factors in determining the average income of all families residing in each covered development as provided for at 24 CFR Part 903.2(c)(1)(ii), Final Rule, and described in more detail in Notice PIH 2001-4(HA), II. Instructions, Section A, Component 4.

- 3) Determine the Established Income Range, defined as 85 percent to 115 percent of the average for all covered developments.
- 4) Determine which, if any, covered developments have an average income higher or lower than the Established Income Range. Covered developments that have an average income that is within the Established Income Range shall be considered to have met deconcentration standards. Covered developments that have an average income that is outside the Established Income Range shall be considered to be noncompliant with deconcentration standards.

Explanation

Should there be covered developments that are outside the Established Income Range, the Authority may explain or justify the income profiles for these developments as being consistent with and furthering both the goals of deconcentration and the local goals and strategies contained in the Annual Plan. Elements of explanations or justifications that may satisfy these requirements may include, but are not limited to the following:

- 1) The covered development or developments are subject to consent decrees or other resident selection and admission plans mandated by court action;
- 2) The covered development or developments are part of the PHA's programs, strategies or activities specifically authorized by statute, such as mixed-income or mixed-finance developments, homeownership programs, self-sufficiency strategies, or other strategies designed to deconcentrate poverty, promote income mixing in public housing, or increase the incomes of public housing residents, or the income mix is otherwise subject to individual review and approval by HUD;
- 3) The covered development's or developments' size, location and/or configuration promote income deconcentration, such as scattered site or small developments;
- 4) The income characteristics of the covered development or developments are explained by other circumstances.

Remedy

In the event one or more covered developments fall outside the Established Income Range – either higher or lower – and these results cannot be explained or justified in accordance with the previous section, the following procedures will be followed:

- 1) Determine which families on the waiting list have incomes higher or lower than the average for all covered developments.
- 2) When a unit becomes available for occupancy in a covered development with higher incomes the unit shall be offered to the first family on the waiting list that has an income lower than the average for all covered developments. When a unit becomes available for occupancy in a covered development with lower incomes the unit shall be offered to the first family on the waiting list that has an income higher than the average for all covered developments.

Families that are higher on the waiting list but do not meet the appropriate income guideline may be skipped over as required. If the waiting list does not contain a family in the income category to whom the unit is to be offered, the Authority will offer the unit to a family based on other eligibility requirements.

- 3) As with any offer of a vacant unit in public housing, families may refuse up to two units. Should a third unit be offered and refused, the family may fall to the bottom of the waiting list but will not be removed solely for refusing units under the deconcentration policy.
- 4) No family shall be forced to vacate a unit in order for deconcentration standards to be met. However, if the Authority is aware of a unit that is to be vacated, efforts may be made to locate a family in a required income level prior to the unit actually becoming vacant.
- 5) All efforts to maintain deconcentration standards shall be properly recorded.

MANCHESTER HOUSING AND REDEVELOPMENT AUTHORITY

Component 3, (6) Deconcentration and Income Mixing

- a. Does the PHA have any general occupancy (family) public housing development covered by the deconcentration rule? Yes

- b. Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? Yes, see below:

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)]
NH 1-16, Rimmon and Gates	6	The size of this development promotes deconcentration.	
NH 1-22, Scattered	2	The size of this development promotes deconcentration.	

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: Manchester Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: NH36P00150105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	327,267			
3	1408 Management Improvements	163,600			
4	1410 Administration	160,910			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	288,599			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	97,000			
10	1460 Dwelling Structures	435,000			
11	1465.1 Dwelling Equipment—Nonexpendable	0			
12	1470 Nondwelling Structures	0			
13	1475 Nondwelling Equipment	93,500			
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	0			
18	1499 Development Activities	0			
19	1501 Collateralization or Debt Service	0			
20	1502 Contingency	121,017			
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,686,893			
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			

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

PHA Name: Manchester Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: NH36P00150105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NH 1-1 Elmwood Gardens	Engineering/Consulting for Boilers	1430.1		10,000				
	Replacement of Boilers	1460		400,000				
HA-Wide Improvements for ADA/Section 504 Compliance	A & E Services Accessibility Improvements	1430.1		5,000				
	Consulting/Testing Services	1430.2		3,000				
	Site Accessibility Improvements	1450		97,000				
	Building Accessibility Improvements	1460		35,000				
HA-Wide Management Improvements	Computer System Software & Support	1408		78,600				
	Staff Professional Development/Training	1408		40,000				
	Resident Initiatives and Training	1408		2,000				
	Program Reviews	1408		15,000				
	Newsletters/Operations Guides	1408		25,000				
	Archive Document Storage	1408		3,000				
Administration	Non-Technical PHA Staff Salaries	1410.1		105,940				
	Non-Technical PHA Staff Benefits	1410.9		52,970				
	Legal Counsel Contract & Bid Reviews	1410.4		2,000				
Fees and Costs	Project Inspectors Salaries and Benefits	1430.7		230,599				
	HA-Wide Energy Audit	1430.2		40,000				
Non-Dwelling Equipment	Office Equipment & Furniture Replacement	1475.1		33,500				
	Computer System Enhancement	1475.4		60,000				
Operations	Operations Account	1406		327,267				
Contingency	Contingency Account	1502		121,017				

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

PHA Name: Manchester Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program No: NH36P00150105 Replacement Housing Factor No:					Federal FY of Grant: 2005
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	
NH 1-1 Elmwood Gardens	9/30/2007			9/30/2009			
HA – Wide Accessibility Improvements	9/30/2006			9/30/2008			
HA – Wide Management Improvements	9/30/2006			9/30/2009			
Administration	9/30/2007			9/30/2009			
Fees and Costs	9/30/2007			9/30/2009			
Non-Dwelling Equipment	9/30/2007			9/30/2009			

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 3 FFY Grant: 2007 PHA FY: 2007	Work Statement for Year 4 FFY Grant: 2008 PHA FY: 2008	Work Statement for Year 5 FFY Grant: 2009 PHA FY: 2009
NH 1-1/Elmwood	See Annual Statement	\$ 350,000			
NH 1-4/Scattered Sites				\$ 300,000	\$ 645,000
NH 1-5/O'Malley			\$ 341,000		
NH 1-8/Pariseau				\$ 350,000	\$ 55,000
NH 1-14/Burns			\$ 9,000		
HA – Wide		\$ 1,336,893	\$ 1,336,893	\$ 1,036,893	\$ 986,893
CFP Funds Listed for 5-year planning		\$ 1,686,893	\$ 1,686,893	\$ 1,686,893	\$ 1,686,893
Replacement Housing Factor Funds					

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

Activities for Year : <u>4</u> FFY Grant: 2008 PHA FY: 2008			Activities for Year: <u>5</u> FFY Grant: 2009 PHA FY: 2009		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
Scattered Sites / NH 1-4	Building Rehabilitation	300,000	Scattered Sites / NH 1-4	Building Rehabilitation	555,000
				Site Rehabilitation	90,000
	Subtotal	300,000		Subtotal	645,000
Pariseau / NH 1-8	Fire Suppression System	350,000		Roofing Replacement	55,000
HA – Wide	Operations	330,000	HA – Wide	Operations	275,000
	Management Improvements ~Computer System ~Staff Training ~Program Reviews ~Newsletters/Guides ~Archive Storage	170,000		Management Improvements ~Computer System ~Staff Training ~Program Reviews ~Newsletters/Guides ~Archive Storage	170,000
	Administration ~Staff Salaries & Benefits	168,600		Administration ~Staff Salaries & Benefits	168,600
	Fees and Costs ~Project Inspector Salaries	259,393		Fees and Costs ~Project Inspector Salaries	269,793
	Non-Dwelling Equipment ~Computer System Hardware ~Office Equipment / Furniture	108,900		Non-Dwelling Equipment ~Computer System Hardware ~Office Equipment / Furniture	103,500
	Subtotal	1,036,893		Subtotal	1,041,893
Total CFP Estimated Cost		\$ 1,686,893			\$ 1,686,893

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
(exp. 06/30/2006)

HA Name MANCHESTER HOUSING and REDEVELOPMENT AUTHORITY			<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number NH 36 P001001		Development Name Elmwood Gardens		DOFA Date or Construction Date <u>12/31/1952</u>
Development Type	Occupancy Type	Structure Type	Number of Buildings	Number of Vacant Units
Rental <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	43	
Turnkey III – Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input checked="" type="checkbox"/>	Current Bedroom Distribution	%
Turnkey III – Occupied <input type="checkbox"/>	Mixed <input checked="" type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 1 2 81	
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 87 4 17 5 3	Total Current Units
Section 23, Bond Financed <input type="checkbox"/>			5+ _____	199

General Description of Needed Improvements	Urgency of Need (1-5)
Boiler Systems Replacement	1
Pavement Repairs	4
Storage Shed Repairs	3
Exterior Wood Trim	2
Replace Flooring in Units	5
Accessibility Improvements in Kitchen of Community Bldg.	1

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	1,293,899
Per Unit Hard Cost	\$	6,502
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Date Assessment Prepared _____

Source(s) of Information
Capital Needs Assessment Report completed February 2, 2005 by Consultant (On-Site Insight, Needham, MA)

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
(exp. 06/30/2006)

HA Name MANCHESTER HOUSING and REDEVELOPMENT AUTHORITY				<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number NH 36 P001002		Development Name Kelley Falls Apartments		DOFA Date or Construction Date <u>10/1/1949</u>	
Development Type	Occupancy Type	Structure Type	Number of Buildings	Number of Vacant Units	
Rental <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	17		
Turnkey III – Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		%
Turnkey III – Occupied <input type="checkbox"/>	Mixed <input checked="" type="checkbox"/>	Walk-Up <input checked="" type="checkbox"/>	0 _____ 1 14 2 58		
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 60 4 _____ 5 _____	Total Current Units	
Section 23, Bond Financed <input type="checkbox"/>			5+ _____	132	
General Description of Needed Improvements				Urgency of Need (1-5)	
Pavement Repairs				4	
Community Space Addition				5	
Metal Flues for Boilers				2	
Repair of Exterior Stairs and Platforms				1	
Exterior Metal Door Replacement				3	
Exterior Masonry Repairs				2	
Replace Exterior Building Lighting				4	
Replace Flooring in Units				5	
Improvements for Physical Accessibility				1	
Total Preliminary Estimated Hard Cost for Needed Physical Improvements			\$	1,469,270.00	
Per Unit Hard Cost			\$	11,130.00	
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information					
Capital Needs Assessment Report completed February 2, 2005 by Consultant (On-Site Insight, Needham, MA)					

Physical Needs Assessment
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HA Name MANCHESTER HOUSING and REDEVELOPMENT AUTHORITY		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number NH 36 P001003		Development Name Josaphat T. Benoit Homes	
		DOFA Date or Construction Date <u>10/1/1962</u>	
Development Type	Occupancy Type	Structure Type	Number of Buildings
Rental <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	18
Turnkey III – Vacant <input type="checkbox"/>	Elderly <input checked="" type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution
Turnkey III – Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input checked="" type="checkbox"/>	0 <u>10</u> 1 <u>126</u> 2 <u>14</u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 _____ 4 _____ 5 _____
Section 23, Bond Financed <input type="checkbox"/>			5+ _____
			Number of Vacant Units
			%
			Total Current Units
			150

General Description of Needed Improvements	Urgency of Need (1-5)
Fencing New and Replacement	4
Improvements for Physical Accessibility	1

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	10,928.00
Per Unit Hard Cost	\$	72.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Date Assessment Prepared		
Source(s) of Information		
Capital Needs Assessment Report completed February 2, 2005 by Consultant (On-Site Insight, Needham, MA)		

Physical Needs Assessment
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HA Name MANCHESTER HOUSING and REDEVELOPMENT AUTHORITY				<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number NH 36 P001004		Development Name Scattered Sites		DOFA Date or Construction Date <u>8/31/1970</u>	
Development Type	Occupancy Type	Structure Type	Number of Buildings		Number of Vacant Units
Rental <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	26		
Turnkey III – Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		%
Turnkey III – Occupied <input type="checkbox"/>	Mixed <input checked="" type="checkbox"/>	Walk-Up <input checked="" type="checkbox"/>	0 14 1 80 2		
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 15 4 21 5 6	Total Current Units	
Section 23, Bond Financed <input type="checkbox"/>			5+ _____	150	
General Description of Needed Improvements					Urgency of Need (1-5)
Pavement Repairs					4
Fencing Replacement					3
Improvements for Physical Accessibility					1
Boiler Systems Replacement					1
Exterior Door Replacement					3
Window Replacement @ Elderly Occupancy Sites					1
Canopy Replacement					1
Exterior Light Replacement					5
Roofing					2
Flooring Replacement @ Family Occupancy Sites					5
Flooring Replacement @ Elderly Occupancy Sites					2
Mail Facilities					5
Kitchen Sink, Cabinets and Countertops @ Elderly Occupancy Sites					3
Bathroom Sinks @ Elderly Occupancy Sites					4
Medicine Cabinets @ Elderly Occupancy Sites					5
Toilet Replacement @ Elderly Occupancy Sites					5
Air Conditioner Sleeves @ Elderly Occupancy Sites					4
Convert to Individual Electric Metering @ Elderly Occupancy Sites					5
Comprehensive Building And Site Rehabilitation @ Elderly Occupancy Sites					2
~ Ventilation Upgrades					
~ Painting					
~ Insulation					
~ Repoint Brickwork					
~ Interior Door Replacement					
~ Site Improvements					
~ Electrical Upgrades					
Total Preliminary Estimated Hard Cost for Needed Physical Improvements				\$	5,079,750.00
Per Unit Hard Cost				\$	47,034.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Date Assessment Prepared					
Source(s) of Information					
Capital Needs Assessment Report completed February 2, 2005 by Consultant (On-Site Insight, Needham, MA)					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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OMB Approval No. 2577-0157
(exp. 06/30/2006)

HA Name MANCHESTER HOUSING and REDEVELOPMENT AUTHORITY		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number NH 36 P001005		Development Name Thomas B. O'Malley Apartments	
		DOFA Date or Construction Date <u>11/30/1969</u>	
Development Type	Occupancy Type	Structure Type	Number of Buildings
Rental <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	1
Turnkey III – Vacant <input type="checkbox"/>	Elderly <input checked="" type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution
Turnkey III – Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>20</u> 1 <u>80</u> 2 _____
Mutual Help <input type="checkbox"/>		Elevator <input checked="" type="checkbox"/>	3 _____ 4 _____ 5 _____
Section 23, Bond Financed <input type="checkbox"/>			5+ _____
			Number of Vacant Units
			%
			Total Current Units
			100

General Description of Needed Improvements	Urgency of Need (1-5)
Pavement Repairs	2
Fencing Replacement	2
Improvements for Physical Accessibility	1
Site Lighting Replacement	2
Compactor Replacement	5
Building Fire Suppression System	4
Fire Safety and Detection System Upgrades	4
Exterior Roll-Up Door Replacement	3
Window/Curtain Wall Replacement (Includes Air Conditioner Sleeves)	3
Suspended Ceiling Replacement	5
Kitchen Sink, Cabinets and Countertops	4
Flooring in Apartments	4
Grab Bars at Tub/Shower Surrounds	5

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$ 1,128,900
Per Unit Hard Cost	\$ 11,289
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date Assessment Prepared _____	
Source(s) of Information _____	
Capital Needs Assessment Report completed February 2, 2005 by Consultant (On-Site Insight, Needham, MA)	

Physical Needs Assessment
Comprehensive Grant Program (CGP)

U.S. Department of Housing
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HA Name MANCHESTER HOUSING and REDEVELOPMENT AUTHORITY			<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number NH 36 P001006		Development Name Christos Kalivas Apartments		DOFA Date or Construction Date <u>8/31/1973</u>
Development Type	Occupancy Type	Structure Type	Number of Buildings	Number of Vacant Units
Rental <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	1	
Turnkey III – Vacant <input type="checkbox"/>	Elderly <input checked="" type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	%
Turnkey III – Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 18 1 82 2	
Mutual Help <input type="checkbox"/>		Elevator <input checked="" type="checkbox"/>	3 4 5	Total Current Units
Section 23, Bond Financed <input type="checkbox"/>			5+	100

General Description of Needed Improvements	Urgency of Need (1-5)
Pavement Repairs	1
Site Lighting Replacement	5
Improvements for Physical Accessibility	1
Rebuild Fire Suppression Pump	2
Domestic Water Booster Replacement	1
Emergency Generator	3
Fire Safety and Detection System Upgrades	4
Intercom System Replacement	4
Exterior Door Replacement	2
Window Replacement (Includes Air Conditioner Sleeves)	4
Roofing	5
Suspended Ceiling Replacement	4
Flooring Replacement	4
Refrigerator Replacement	4
Kitchen Sink, Cabinets and Countertops	5
Grab Bars at Tub/Shower Surrounds	5

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$ 408,258
Per Unit Hard Cost	\$ 4,082
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Date Assessment Prepared _____

Source(s) of Information
Capital Needs Assessment Report completed February 2, 2005 by Consultant (On-Site Insight, Needham, MA)

Physical Needs Assessment Summary

The Department of Housing and Urban Development Capital Fund Program requires that every five years the Manchester Housing and Redevelopment Authority (MHRA) conduct a Physical Needs Assessment (PNA) of all MHRA owned public housing sites.

The purpose of this PNA is to:

- Evaluate each site to determine its condition, including all building components, systems and features
- Prepare a detailed report of current systems in disrepair and associated costs
- Identify anticipated long-term costs associated with operating and maintaining each site.
- Establish a preliminary schedule for prioritizing improvements.

In the summer of 2004 the MHRA solicited proposals from qualified firms to conduct this PNA and the firm ON-SITE Insight, Inc. (OSI) was selected to conduct these assessments. Through November and December, OSI staff conducted inspections at each site. Preliminary and then final PNAs covering the next twenty years were delivered to MHRA.

The attached worksheets and Tab D5 of the “Comprehensive Agency Plan for Fiscal Year 2005” contains forms for each site which list the general description of physical improvement needs currently required and what would be needed in the next five years.

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
(exp. 06/30/2006)

HA Name MANCHESTER HOUSING and REDEVELOPMENT AUTHORITY		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number NH 36 P001008		Development Name Henry J. Pariseau Apartments	
		DOFA Date or Construction Date <u>11/30/1973</u>	
Development Type	Occupancy Type	Structure Type	Number of Buildings
Rental <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	1
Turnkey III – Vacant <input type="checkbox"/>	Elderly <input checked="" type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution
Turnkey III – Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 58 1 41 2 1
Mutual Help <input type="checkbox"/>		Elevator <input checked="" type="checkbox"/>	3 4 5
Section 23, Bond Financed <input type="checkbox"/>			5+ _____
			Number of Vacant Units
			%
			Total Current Units
			100

General Description of Needed Improvements	Urgency of Need (1-5)
Pavement Repairs	2
Improvements for Physical Accessibility	1
Compactor Replacement	5
Building Fire Suppression System	3
Fire Safety and Detection System Upgrades	5
Exterior Caulking	5
Window Replacement	4
Roofing	1
Kitchen Sink, Cabinets and Countertops	4
Refrigerator Replacement	5

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	1,070,780
Per Unit Hard Cost	\$	10,708
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Date Assessment Prepared _____

Source(s) of Information
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Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
(exp. 06/30/2006)

HA Name MANCHESTER HOUSING and REDEVELOPMENT AUTHORITY		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number NH 36 P001014		Development Name Rev. Raymond A. Burns O.S.B. Apartments	
		DOFA Date or Construction Date <u>9/30/1980</u>	
Development Type	Occupancy Type	Structure Type	Number of Buildings
Rental <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	1
Turnkey III – Vacant <input type="checkbox"/>	Elderly <input checked="" type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution
Turnkey III – Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 _____ 1 <u>115</u> 2 <u>6</u>
Mutual Help <input type="checkbox"/>		Elevator <input checked="" type="checkbox"/>	3 _____ 4 _____ 5 _____
Section 23, Bond Financed <input type="checkbox"/>			5+ _____
			Number of Vacant Units
			%
			Total Current Units
			121

General Description of Needed Improvements	Urgency of Need (1-5)
Pavement Repairs	2
Treat Steep Embankment	3
Improvements for Physical Accessibility	1
Domestic Water Pump Replacement	1
Rebuild Fire Suppression Pump	1
Fire Safety and Detection System Upgrades	5
Exterior Door Replacement	4
Brick Veneer Repairs and Pointing	1
Exterior Caulking	5
Skylight Replacement	2
Flooring Replacement	4

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	287,101
Per Unit Hard Cost	\$	2,373
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Date Assessment Prepared		
Source(s) of Information		
Capital Needs Assessment Report completed February 2, 2005 by Consultant (On-Site Insight, Needham, MA)		

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

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HA Name MANCHESTER HOUSING and REDEVELOPMENT AUTHORITY				<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number NH 36 P001015		Development Name Gov. Hugh J. Gallen Apartments		DOFA Date or Construction Date <u>3/31/1983</u>	
Development Type	Occupancy Type	Structure Type	Number of Buildings		Number of Vacant Units
Rental <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	1		
Turnkey III – Vacant <input type="checkbox"/>	Elderly <input checked="" type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		%
Turnkey III – Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 _____ 1 <u>88</u> 2 <u>7</u>		
Mutual Help <input type="checkbox"/>		Elevator <input checked="" type="checkbox"/>	3 _____ 4 _____ 5 _____	Total Current Units	
Section 23, Bond Financed <input type="checkbox"/>			5+ _____	95	
General Description of Needed Improvements					Urgency of Need (1-5)
Pavement Repairs					3
Site Lighting Replacement					1
Improvements for Physical Accessibility					1
Rebuild Fire Suppression Pump Engine					5
Office Building Air Conditionning System Replacement					3
Emergency Generator					1
Elevator Refurbishing and Upgrades					3
Replace Glass Roof Assembly above Kiosk					2
Exterior Caulking					4
Brick Veneer Repairs and Pointing					1
Suspended Ceiling Replacement					3
Flooring Replacement					4
Replacement of Unit Radiation Heaters					2
Total Preliminary Estimated Hard Cost for Needed Physical Improvements			\$		905,175
Per Unit Hard Cost			\$		9,528
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost			Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability			Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>
Date Assessment Prepared					
Source(s) of Information					
Capital Needs Assessment Report completed February 2, 2005 by Consultant (On-Site Insight, Needham, MA)					

Physical Needs Assessment
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HA Name MANCHESTER HOUSING and REDEVELOPMENT AUTHORITY			<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number NH 36 P001016		Development Name Rimmon and Gates Apartments		DOFA Date or Construction Date <u>1/30/1990</u>
Development Type	Occupancy Type	Structure Type	Number of Buildings	Number of Vacant Units
Rental <input checked="" type="checkbox"/>	Family <input checked="" type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	1	0
Turnkey III – Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input checked="" type="checkbox"/>	Current Bedroom Distribution	0%
Turnkey III – Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 _____ 1 _____ 2 _____ 6	Total Current Units
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 _____ 4 _____ 5 _____	
Section 23, Bond Financed <input type="checkbox"/>			5+ _____	
General Description of Needed Improvements				Urgency of Need (1-5)

Site Drainage
Domestic Hot Water Generation Replacement
Entry Canopy Painting and Repairs
Roofing Replacement
Flooring Replacement

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	46,009
Per Unit Hard Cost	\$	7,668
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Date Assessment Prepared

Source(s) of Information

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HA Name MANCHESTER HOUSING and REDEVELOPMENT AUTHORITY				<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number NH 36 P001020		Development Name Scattered Apartments		DOFA Date or Construction Date <u>7/31/1996</u>	
Development Type	Occupancy Type	Structure Type	Number of Buildings		Number of Vacant Units
Rental <input checked="" type="checkbox"/>	Family <input checked="" type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	9		0
Turnkey III – Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		0%
Turnkey III – Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input checked="" type="checkbox"/>	0 _____ 1 _____ 2 _____		Total Current Units
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>19</u> 4 _____ 5 _____		
Section 23, Bond Financed <input type="checkbox"/>			5+ _____		
General Description of Needed Improvements					Urgency of Need (1-5)
Retaining Wall Repair/Replacement					1
Fencing Repair/Replacement					5
Concrete Stairs/Foundation Repairs					4
Domestic Hot Water Tank Replacement					2
Smoke Detector System Upgrade					3
Total Preliminary Estimated Hard Cost for Needed Physical Improvements			\$		47,966
Per Unit Hard Cost			\$		2,525
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost			Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability			Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>
Date Assessment Prepared					
Source(s) of Information					
Capital Needs Assessment Report completed February 2, 2005 by Consultant (On-Site Insight, Needham, MA)					

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HA Name MANCHESTER HOUSING and REDEVELOPMENT AUTHORITY			<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number NH 36 P001021		Development Name Malvern St. and Merrimack St.		DOFA Date or Construction Date <u>12/31/1998</u>
Development Type	Occupancy Type	Structure Type	Number of Buildings	Number of Vacant Units
Rental <input checked="" type="checkbox"/>	Family <input checked="" type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	2	0
Turnkey III – Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	0%
Turnkey III – Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input checked="" type="checkbox"/>	0 _____ 1 _____ 2 _____	Total Current Units
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 _____ 4 _____ 4 _____ 5 _____	
Section 23, Bond Financed <input type="checkbox"/>			5+ _____	

General Description of Needed Improvements	Urgency of Need (1-5)
Domestic Hot Water Tank Replacement	1
Smoke Detector System Upgrade	2

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	7,328
Per Unit Hard Cost	\$	1,832
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Date Assessment Prepared		
Source(s) of Information		
Capital Needs Assessment Report completed February 2, 2005 by Consultant (On-Site Insight, Needham, MA)		

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HA Name MANCHESTER HOUSING and REDEVELOPMENT AUTHORITY			<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number NH 36 P001022		Development Name Cedar Street Apartments		DOFA Date or Construction Date <u>9/30/1997</u>
Development Type	Occupancy Type	Structure Type	Number of Buildings	Number of Vacant Units
Rental <input checked="" type="checkbox"/>	Family <input checked="" type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	1	0
Turnkey III – Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	
Turnkey III – Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input checked="" type="checkbox"/>	0 _____ 1 _____ 2 _____	0%
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 _____ 4 _____ 5 _____	Total Current Units
Section 23, Bond Financed <input type="checkbox"/>			5+ _____	2

General Description of Needed Improvements	Urgency of Need (1-5)
Domestic Hot Water Tank Replacement	1
Smoke Detector System Upgrade	2

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	3,664
Per Unit Hard Cost	\$	1,332
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Date Assessment Prepared		
Source(s) of Information		
Capital Needs Assessment Report completed February 2, 2005 by Consultant (On-Site Insight, Needham, MA)		

COMMENTS AND QUESTIONS
FROM THE
COMPREHENSIVE AGENCY PLAN MEETING
WITH THE
RESIDENTS AND ADVISORY BOARD
HELD ON JUNE 22, 2005
AT THE
CENTRAL MAINTENANCE FACILITY

A total of nine (9) people attended the meeting, including two (2) staff members of the MHRA and seven (7) members of the Resident Advisory Board. The meeting began with an explanation of the Comprehensive Agency Plan and continued with an explanation of the changes in the Plan from the prior Plan, updates on housing development initiatives and redevelopment initiatives and an explanation of the Capital Fund Program and the recent Physical Needs Assessment. Resident Advisory Board members had a number of questions which concerned the Comprehensive Agency Plan, including the following:

Question: Why have Public Housing Vacancies been so high?

Answer: A number of units were taken "off line" over the last year so that renovations could be completed. In addition, when a unit is vacated it takes time to prepare the unit for a new resident. One of our objectives is to achieve quicker turnover of these units.

Question: Does MHRA encourage residents who are not working to work?

Answer: The Public Housing Program does encourage employment of those who are able to work.

Question: In the Housing Choice Voucher Program is there any outreach to landlords?

Answer: MHRA staff does contact landlords from time to time to familiarize them with the program.

Question: In some developments, parking spaces are not fully utilized. Might these be made available for non-resident parking?

Answer: it is more important to have parking for residents. In many cases, residents might give up driving and no longer need a parking space. It is important, nevertheless, to retain that space for the next resident of the apartment. It is therefore unlikely that spaces currently available to residents will be made available to non-residents.

Question: Concern was expressed that the parking at high rises is often used by people going to the Verizon Arena. Can anything be done?

Answer: Staff will look into the problem and attempt to resolve the matter and have illegally parked cars towed.

Question; How long must someone remain on the Voucher waiting list before receiving assistance?

Answer: The length of time someone must wait for assistance varies according to preferences.

Follow Up

Question: How does this affect applicants who are veterans?

Answer: Most veterans are high enough on the waiting list that they will have been contacted to receive assistance.

Question: Are any of the high rises available for occupancy by elderly residents only? (It seems as though a large number of younger residents are in occupancy.)

Answer: The MHRA does not have housing designated as elderly only. All housing for elderly is available to both the elderly residents and to people with disabilities.

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

PHA Name: Manchester Housing and Redevelopment Authority	Grant Type and Number Capital Fund Program Grant No: NH36P00150102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/31/05 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	249,600		249,600	249,600
3	1408 Management Improvements	116,700		23,254	23,254
4	1410 Administration	168,700		81,056	81,056
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	323,200		326,029	326,029
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	80,000		80,000	80,000
10	1460 Dwelling Structures	749,475		990,000	990,000
11	1465.1 Dwelling Equipment—Nonexpendable	32,072		31,724	31,724
12	1470 Nondwelling Structures	0		0	0
13	1475 Nondwelling Equipment	92,500		28,069	28,069
14	1485 Demolition	0		0	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	11,188		13,703	13,703
18	1499 Development Activities	0		0	0
19	1501 Collateralization or Debt Service	0		0	0
20	1502 Contingency	0		0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,823,435		1,823,435	1,823,435
22	Amount of line 21 Related to LBP Activities	0		0	0
23	Amount of line 21 Related to Section 504 compliance	0		0	0
24	Amount of line 21 Related to Security – Soft Costs	0		0	0
25	Amount of Line 21 Related to Security – Hard Costs	12,000		12,000	12,000
26	Amount of line 21 Related to Energy Conservation Measures	130,000		130,000	130,000

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

PHA Name: Manchester Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: NH36P00150102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NH 1-3 Benoit Homes	A & E Services for Rehabilitation	1430.1		20,000		19,091	19,091	Completed
	Consulting/Testing Services for Rehabilitation	1430.2		10,000		13,738	13,738	Completed
	Site Rehabilitation	1450	Site	80,000		80,000	80,000	Completed
	Comprehensive Building Rehabilitation	1460	12 D U's	749,475		990,000	990,000	Completed
	Refrigerators and Ranges	1465.1	50 Sets	32,072		31,724	31,724	Completed
	Relocation Costs	1495.1		11,188		13,703	13,703	Completed
	Legal Counsel Contract & Bid Reviews	1410.4		2,000		0	0	Postponed
HA-Wide Management Improvements	Computer System Software & Support	1408		45,700		12,670	12,670	Completed
	Staff Professional Development Training	1408		31,000		2,210	2,210	Completed
	Resident Initiatives and Training	1408		6,000		861	861	Completed
	Program Reviews	1408		16,500		0	0	Postponed
	Newsletters/Operations Guides	1408		15,000		7,513	7,513	Completed
	Archive Document Storage	1408		2,500		0	0	Postponed
Administration	Non-Technical PHA Staff Salaries	1410.1		119,096		57,550	57,550	Completed
	Non-Technical PHA Staff Benefits	1410.9		47,604		23,506	23,506	Completed
Fees and Costs	Project Inspectors Salaries and Benefits	1430.7		293,200		293,200	293,200	Completed
Non-Dwelling Equipment	Computer System Enhancement	1475.1		25,000		3,336	3,336	Completed
	Office Equipment & Furniture Replacement	1475.1		67,500		24,733	24,733	Completed
Operations	Operations Account	1406		249,600		249,600	249,600	Completed
Contingency	Contingency Account	1502		0		0	0	

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

PHA Name: Manchester Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program No: NH36P00150102 Replacement Housing Factor No:				Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NH 1-3 Benoit Homes	9/30/2004		6/30/2004	9/30/2006		9/30/2004	
HA – Wide Management Improvements	9/30/2004		9/30/2004	9/30/2006		9/30/2004	
Administration	9/30/2004		03/31/03	9/30/2006		12/31/2004	
Fees and Costs	9/30/2004		9/30/2004	9/30/2006		12/31/2004	
Non-Dwelling Equipment	9/30/2004		9/30/2004	9/30/2006		12/31/2004	

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

PHA Name: Manchester Housing and Redevelopment Authority	Grant Type and Number Capital Fund Program Grant No: NH36P00150103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 03/31/05 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	289,772	289,772	289,772	243,981
3	1408 Management Improvements	11,500	11,500	11,500	11,500
4	1410 Administration	142,328	142,828	142,828	142,828
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	294,800	294,732	294,732	124,021
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	57,000	57,000	57,000	57,000
10	1460 Dwelling Structures	660,000	660,000	660,000	563,148
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	500	0	0	0
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	200	764	764	764
18	1499 Development Activities	0	0	0	0
19	1501 Collateralization or Debt Service	0	0	0	0
20	1502 Contingency	496	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,456,596	1,456,596	1,456,596	1,143,242
22	Amount of line 21 Related to LBP Activities	0	0	0	0
23	Amount of line 21 Related to Section 504 compliance	0	0	0	0
24	Amount of line 21 Related to Security – Soft Costs	0	0	0	0
25	Amount of Line 21 Related to Security – Hard Costs	11,000	11,000	11,000	11,000
26	Amount of line 21 Related to Energy Conservation Measures	120,000	120,000	120,000	120,000

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

PHA Name: Manchester Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: NH36P00150103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NH 1-3 Benoit Homes	A & E Services for Rehabilitation	1430.1		1,000	4,150	4,150	4,150	Completed
	Consulting/Testing Services for Rehabilitation	1430.2		500	5,234	5,234	5,234	
	Site Rehabilitation	1450	Site	57,000	57,000	57,000	57,000	Completed
	Comprehensive Building Rehabilitation	1460	11 D U's	660,000	660,000	660,000	563,148	In Progress
	Relocation Costs	1495.1		200	764	764	764	Completed
	Legal Counsel Contract & Bid Reviews	1410.4		500	0			Completed
HA-Wide Management Improvements	Computer System Software & Support	1408		10,000	10,881	10,881	10,881	Completed
	Staff Professional Development Training	1408		500	274	274	274	Completed
	Resident Initiatives and Training	1408		400	345	345	345	Completed
	Program Reviews	1408		200	0			Postponed
	Newsletters/Operations Guides	1408		200	0			Postponed
	Archive Document Storage	1408		200	0			Postponed
Administration	Non-Technical PHA Staff Salaries	1410.1		102,020	95,875	95,875	95,875	Completed
	Non-Technical PHA Staff Benefits	1410.9		40,308	46,953	46,953	46,953	Completed
Fees and Costs	Project Inspectors Salaries and Benefits	1430.7		293,300	285,348	285,348	114,637	Ongoing
Non-Dwelling Equipment	Computer System Enhancement	1475.1		300	0			Postponed
	Office Equipment & Furniture Replacement	1475.1		200	0			Postponed
Operations	Operations Account	1406		289,772	289,772	289,772	243,981	Ongoing
Contingency	Contingency Account	1502		496	0			

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

PHA Name: Manchester Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program No: NH36P00150103 Replacement Housing Factor No:				Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NH 1-3 Benoit Homes	9/30/2004		9/30/2004	9/30/2006			
HA – Wide Management Improvements	9/30/2004		9/30/2004	9/30/2006		3/31/2005	
Administration	9/30/2004		9/30/2004	9/30/2006		12/31/2004	
Fees and Costs	9/30/2004		9/30/2004	9/30/2006			

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

PHA Name: Manchester Housing and Redevelopment Authority	Grant Type and Number Capital Fund Program Grant No: NH36P00150203 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/31/05 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	0		0	0
3	1408 Management Improvements	0		0	0
4	1410 Administration	0		0	0
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	0		0	0
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	17,871		17,871	17,871
10	1460 Dwelling Structures	275,000		275,000	275,000
11	1465.1 Dwelling Equipment—Nonexpendable	0		0	0
12	1470 Nondwelling Structures	0		0	0
13	1475 Nondwelling Equipment	0		0	0
14	1485 Demolition	0		0	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	0		0	0
18	1499 Development Activities	0		0	0
19	1501 Collateralization or Debt Service	0		0	0
20	1502 Contingency	0		0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	292,871		292,871	292,871
22	Amount of line 21 Related to LBP Activities	0		0	0
23	Amount of line 21 Related to Section 504 compliance	0		0	0
24	Amount of line 21 Related to Security – Soft Costs	0		0	0
25	Amount of Line 21 Related to Security – Hard Costs	0		0	0
26	Amount of line 21 Related to Energy Conservation Measures	0		0	0

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

PHA Name: Manchester Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: NH36P00150203 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NH 1-3 Benoit Homes	Site Rehabilitation	1450	1 Site	17,871		17,871	17,871	Completed
	Comprehensive Building Rehabilitation	1460	4 D U's	275,000		275,000	275,000	Completed

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

PHA Name: Manchester Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program No: NH36P00150203 Replacement Housing Factor No:				Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NH 1-3 Benoit Homes	12/31/2005		9/30/2004	12/31/2007		9/30/2004	

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

PHA Name: Manchester Housing and Redevelopment Authority	Grant Type and Number Capital Fund Program Grant No: NH36P00150104 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: 03/31/05 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	337,378		121,145	121,145
3	1408 Management Improvements	180,000		4,466	4,466
4	1410 Administration	168,689		43,266	43,266
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	322,000		64,016	64,016
8	1440 Site Acquisition	0			
9	1450 Site Improvement	55,000			
10	1460 Dwelling Structures	390,000			
11	1465.1 Dwelling Equipment—Nonexpendable	0			
12	1470 Nondwelling Structures	0			
13	1475 Nondwelling Equipment	120,000		30,083	30,083
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	1,800			
18	1499 Development Activities	0			
19	1501 Collateralization or Debt Service	0			
20	1502 Contingency	112,026			
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,686,893		262,976	262,976
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			

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

PHA Name: Manchester Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: NH36P00150104 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	
NH 1-4 Scattered Sites	A & E Services for Rehabilitation	1430.1		35,000				
	Consulting/Testing Services Rehabilitation	1430.2		2,758				In Progress
	Site Rehabilitation	1450	1 Site	55,000				
	Comprehensive Building Rehabilitation	1460	6 D U's	390,000				
	Relocation Costs	1495.1		1,800				
	Legal Counsel Contract & Bid Reviews	1410.4		2,192				
HA-Wide Management Improvements	Computer System Software & Support	1408		75,000		1,408	1,408	In Progress
	Staff Professional Development/Training	1408		40,000		3,058	3,058	In Progress
	Resident Initiatives and Training	1408		7,000				
	Program Reviews	1408		18,000				
	Newsletters/Operations Guides	1408		37,000				
	Archive Document Storage	1408		3,000				
Administration	Non-Technical PHA Staff Salaries	1410.1		110,998		28,750	28,750	Ongoing
	Non-Technical PHA Staff Benefits	1410.9		55,499		14,516	14,516	Ongoing
Fees and Costs	Project Inspectors Salaries and Benefits	1430.7		224,242		4,706	4,706	Ongoing
	Consultant PHA Physical Needs Assessment	1430.2		60,000		59,310	59,310	Completed
Non-Dwelling Equipment	Office Equipment & Furniture Replacement	1475.1		60,000		22,214	22,214	In Progress
	Computer System Enhancement	1475.4		60,000		7,869	7,869	In Progress
Operations	Operations Account	1406		337,378		121,145	121,145	Ongoing
Contingency	Contingency Account	1502		112,026				

Annual Statement/Performance and Evaluation Report

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

Part III: Implementation Schedule

PHA Name: Manchester Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program No: NH36P00150104 Replacement Housing Factor No:					Federal FY of Grant: 2004
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NH 1-3 Benoit Homes	6/30/2006			6/30/2008			
HA – Wide Management Improvements	12/31/2005			6/30/2008			
Administration	6/30/2006			6/30/2008			
Fees and Costs	6/30/2006			6/30/2008			
Non-Dwelling Equipment	6/30/2006			6/30/2008			

COMMENTS AND QUESTIONS
FROM THE
COMPREHENSIVE AGENCY PLAN PUBLIC MEETING
HELD ON JUNE 21, 2005
AT THE
ELMWOOD GARDENS COMMUNITY CENTER

A total of fifteen (15) people attended the Public meeting including Commissioners of the MHRA, staff members, and residents of the community.

The Public meeting began with opening remarks and an introduction of the Commissioners of the Manchester Housing and Redevelopment Authority by Dick Dunfey, Executive Director. George Copadis, Chair of the Board of Commissioners, presided over the meeting and introduced Dick Webster, Housing Development Manager, who presented the Comprehensive Agency Plan, proposed major changes in the plan, and an update on current housing development initiatives. Ken Edwards, Assistant Executive Director, presented the Capital Fund Program, including the results of the Physical Needs Assessment and an update on current redevelopment initiatives. George Copadis asked the audience for any comments or questions. When none were forthcoming he adjourned the meeting.

PET POLICY

[24 CFR 5.309]

INTRODUCTION

Housing authorities have discretion to decide whether or not to develop policies pertaining to the keeping of pets in public housing units. This Chapter explains MHRA's policies on the keeping of pets and any criteria or standards pertaining to the policy. The rules adopted are reasonably related to the legitimate interest of MHRA to provide a decent, safe and sanitary living environment for all residents, to protecting and preserving the physical condition of the property, and the financial interest of MHRA.

The purpose of this policy is to establish MHRA's policy and procedures for ownership of pets in MHRA housing developments and to ensure that no applicant or resident is discriminated against regarding admission or continued occupancy because of ownership of pets. It also establishes reasonable rules governing the keeping of common household pets.

Nothing in this policy or the dwelling lease limits or impairs the right of persons with disabilities to own animals that are used to assist them.

ASSISTIVE ANIMALS

Certain pet rules may be excluded from the pet policy if those animals assist persons with disabilities or are required for a resident to enjoy an equal housing opportunity.

To be excluded from the pet policy, the resident/pet owner must certify:

That there is a person with disabilities in the household;

That the animal has been trained to assist with the specified disability;

That the need for an assistive animal in the provision of services is required to live and function independently.

Any exception to the pet policy must be approved by the Public Housing Property Manager.

Residents with approved assistive animals shall be subject to all pet policy requirements that protect other residents' safety or well being.

Residents utilizing an assistive animal and able to certify the need will be eligible for the medical allowance for all costs associated with the animal and its maintenance, such as food, shots and license.

A. MANAGEMENT APPROVAL OF PETS

All pets must be approved in advance by MHRA management.

The pet owner must submit and enter into a Pet Agreement with MHRA.

Registration of Pets

Pets must be registered with MHRA before they are brought onto the premises. Registration includes certificate signed by a licensed veterinarian or State/local authority that the pet has received all inoculations required by State or local law, that the pet has no communicable disease(s) and is pest-free.

MHRA Rules and Regulations for Pets in Elderly Housing

1. Resident must provide information sufficient to identify the pet and demonstrate that it is a pet allowed by MHRA and provide a photograph of the pet.
2. No animal may be more than twenty (20) inches high nor weigh more than forty (40) pounds.
3. Resident must be totally responsible for the care and cleanliness of the animal, both within the building and apartment areas.
4. No more than one dog or one cat is permitted in each dwelling unit.
5. Animals must be leashed. No animal waste will be tolerated on any building site. A pet waste removal charge of \$5.00 will be assessed for each occurrence and repeated offenses will be considered good cause for withdrawal of permission to have a pet. Failure to remove the pet will result in lease termination.
6. If a resident cares for another resident's pet, they must abide by all rules in the Pet Policy.
7. MHRA shall not be held responsible for illnesses caused to animals due to maintenance procedures such as extermination, use of cleaning or painting products, lawn and garden care.
8. The pet owner must register the pet before it is brought on the development premises and must update the registration annually, at time of recertification.
9. Resident must provide management with a veterinarian's certificate stating the animal is in good health and, if pet is a dog or cat, that it has been neutered or spayed and received all necessary inoculations.
10. Any person who considers a dog to be a nuisance (barking for sustained periods so as to disturb the peace and quiet of a neighborhood or area) or a menace (vicious to persons, their animals or property) may make a complaint in writing to any law enforcement officer and such complaint will be filed.

11. All pets shall be licensed as appropriate under local law.
12. Except for entering and exiting, no pet shall be allowed in common areas, e.g.: lobbies, Community Center/Rooms, laundry areas, hallways, stair towers, above grade balconies or platforms, outside areas where residents congregate, etc. of any building.

Refusal To Register Pets

MHRA may not refuse to register a pet based on the determination that the pet owner is financially unable to care for the pet. If MHRA refuses to register a pet, a written notification will be sent to the pet owner stating the reason for denial and shall be served in accordance with HUD Notice requirements.

MHRA will refuse to register a pet if:

The pet is not an MHRA-approved pet as defined in this policy;

Keeping the pet would violate the Pet Policy;

The pet owner fails to provide complete pet registration information, or fails to update the registration annually;

MHRA reasonably determines that the pet owner is unable to keep the pet in compliance with the pet rules and other lease obligations. The pet's temperament and behavior may be considered as factors in determining the pet owner's ability to comply with provisions of the lease.

The notice of refusal may be combined with a notice of a pet violation.

Types of Pets Allowed

Residents are not permitted to have more than one type of pet.

No types of pets other than the following may be kept by a resident:

1. Dogs (Allowed in elderly housing only)

Maximum number: one (1)

Maximum adult weight: forty (40) pounds

Must be housebroken

Must be spayed or neutered

Must have all required inoculations

Must be licensed as specified now or in the future by State law and local ordinance, rules and regulations

2. Cats (Allowed in elderly housing only)

Maximum number: one (1)

Must be spayed or neutered

Must have all required inoculations

Must be trained to use a litter box or other waste receptacle

Must be licensed as specified now or in the future by State law or local ordinance, rules and regulations

3. Birds (Allowed in both elderly and family housing)

Maximum number: two (2)

Must be enclosed in a cage at all times

4. Fish (Allowed in both elderly and family housing)

Maximum aquarium size: 1-20 gallon

Must be maintained on a safe and sturdy stand

B. PETS TEMPORARILY ON THE PREMISES

Pets which are not owned by a resident will not be allowed.

Residents are prohibited from feeding or harboring stray animals on MHRA property, including pigeons and squirrels.

This rule excludes visiting pet programs sponsored by a humane society or other non-profit organization and approved by MHRA.

C. DESIGNATION OF PET/NO-PET AREAS

The following areas are designated no-pet areas:

Outside areas where residents congregate.

Lobbies, except to enter and exit.

Community centers/rooms.

Laundry areas.

Hallways and stair towers, except to enter and exit.

Above grade community balconies and platforms.

D. ADDITIONAL FEES FOR PETS

All reasonable expenses incurred by MHRA as a result of damages directly attributable to the presence of the pet in the development will be the responsibility of the resident, including:

- The cost of repairs and replacements to the resident's dwelling unit;
- Fumigation of the dwelling unit;
- Common areas of the development.

E. ALTERATIONS TO UNIT

Resident pet owners shall not alter their unit, patio, premises or common areas to create an enclosure for any animal. Installation of pet doors is prohibited.

F. PET WASTE REMOVAL CHARGE

A separate pet waste removal charge of \$5.00 per occurrence will be assessed against the resident for violations of the pet policy.

Pet waste removal charges are not part of rent payable by the resident.

All reasonable expenses incurred by MHRA as the result of damages directly attributable to the presence of the pet will be the responsibility of the resident, including:

- The cost of repairs and replacements to the dwelling unit;
- Fumigation of the dwelling unit.

If the resident is in occupancy when such costs occur, the resident shall be billed for such costs as a current charge.

If such expenses occur as the result of a move-out inspection they will be deducted from the security deposit. The resident will be billed for any amount that exceeds the security deposit.

The expense of flea deinfestation shall be the responsibility of the resident.

G. PET AREA RESTRICTIONS

Pets must be maintained within the resident's unit. When outside of the unit (within the building or on the grounds) dogs and cats must be kept on a leash or carried and under the control of the resident or other responsible individual at all times.

Pets are not permitted in common areas including lobbies, community rooms and laundry areas except while passing through common areas which are entrances to and exits from the building.

H. NOISE

Pet owners must agree to control the noise of pets so that such noise does not constitute a nuisance to other residents or interrupt their peaceful enjoyment of their housing unit or premises. This includes, but is not limited to, loud or continuous barking, howling, whining, biting, scratching, chirping, or other such activities.

I. CLEANLINESS REQUIREMENTS

Litter Box Requirements. All animal waste or the litter from litter boxes shall be picked up immediately by the pet owner, disposed of in sealed plastic trash bags, and placed in a trash bin. If bags are not strong, litter should be double bagged.

Litter shall not be disposed of by being flushed through a toilet.

Litter boxes shall be stored inside the resident's dwelling unit.

Removal of Waste From Other Locations. The Resident/Pet Owner shall be responsible for the removal of waste by placing it in a sealed plastic bag and disposing of it in an outside trash bin.

All fumigation costs attributable to pets during occupancy will be charged to the resident.

Any fumigation costs in units with dogs, cats, or birds will be charged to the resident at the time the unit is vacated.

The resident/pet owner shall take adequate precautions to eliminate any pet odors within or around the unit and to maintain the unit in a sanitary condition at all times.

J. PET CARE

No pet shall be left unattended in any apartment for an inappropriate period of time.

All resident pet owners shall be responsible for adequate care, nutrition, exercise and medical attention for his/her pet.

Resident pet owners must recognize that other residents may have chemical sensitivities or allergies related to pets, or may be easily frightened or disoriented by animals. Pet owners must agree to exercise courtesy with respect to other residents.

K. RESPONSIBLE PARTIES

The resident pet owner will be required to designate one responsible party for the care of the pet if the health or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet.

L. INSPECTIONS

MHRA, after reasonable notice to the resident during reasonable hours, will enter and inspect the premises, in addition to other inspections allowed.

M. PET RULE VIOLATION NOTICE

If a determination is made on objective facts supported by written statements, that a resident/pet owner has violated the Pet Policy, written notice will be served.

The Notice will contain a brief statement of the factual basis for the determination and the pet rule(s), which were violated. The notice will also state:

That the resident pet owner has five (5) business days from the effective date of the service of notice to correct the violation or make written request for a meeting to discuss the violation;

That the resident pet owner is entitled to be accompanied by another person of his or her choice at the meeting; and

That the resident pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to terminate the pet owner's residency.

If the pet owner requests a meeting within the five (5) business day period, the meeting will be scheduled no later than seven (7) calendar days before the effective date of service of the Pet Rule Violation Notice, unless the pet owner agrees to a later date in writing.

N. NOTICE FOR PET REMOVAL

If the resident pet owner and MHRA are unable to resolve the violation at the meeting or the pet owner fails to correct the violation in the time period allotted by MHRA, MHRA may serve notice to remove the pet.

The Notice shall contain:

A brief statement of the factual basis for MHRA's determination of the pet rule that has been violated;

The requirement that the resident pet owner must remove the pet within five (5) business days of the notice; and

A statement that failure to remove the pet may result in the initiation of termination of the lease.

O. TERMINATION OF RESIDENCY

MHRA may initiate procedures for termination of residency based on a pet rule violation if:

The pet owner has failed to remove the pet or correct a pet rule violation within the time period specified; and

The pet rule violation is sufficient to begin procedures to terminate residency under terms of the lease.

P. PET REMOVAL

If the death or incapacity of the pet owner threatens the health or safety of the pet, or other factors occur that render the owner unable to care for the pet, the situation will be reported to the Responsible Party designated by the resident pet owner. This would include pets that are poorly cared for or have been left unattended for over twenty-four (24) hours.

If the responsible party is unwilling or unable to care for the pet, or if MHRA, after reasonable efforts, cannot contact the responsible party, MHRA may contact the appropriate State or local agency and request the removal of the pet.

If the pet is removed as a result of any aggressive act on the part of the pet, the pet will not be allowed back on the premises.

Q. EMERGENCIES

MHRA will take all necessary steps to insure that pets that become vicious, display symptoms of severe illness, or demonstrate behavior that constitutes an immediate threat to the health or safety of others, are referred to the appropriate State or local entity authorized to remove such animals.

If it is necessary for MHRA to place the pet in a shelter facility, the cost will be the responsibility of the resident pet owner.

Component 10 (B) Voluntary Conversion Initial Assessments

a. How many of the PHA’s developments are subject to the Required Initial Assessments?

Entire Developments: Six (6)

Partial Developments: One (1) – four (4) total sites

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)?

Entire Developments: Seven (7)

Partial Developments: One (1) – thirteen (13) total sites

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

Ten (10) – One for each “entire development”, one for each covered site within the “partial development”.

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

Development Name	Number of Units
N / A	N / A

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

All required initial assessments were completed and submitted to HUD on September 20, 2001.

**Manchester Housing and Redevelopment Authority
2005 Board Members**

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Project-Based Vouchers
Supplement to Annual Plan through February 20, 2005

This supplement is to advise as to the current status of the Project-Based Voucher Program and to update the Capacity Statement found in the MHRA's Annual Plan. The Manchester Housing and Redevelopment Authority initiated its Project-Based Voucher effort by advertising for proposals three years ago and has requested proposals on three occasions. The first request for proposals sought to provide assistance to quality apartments in Manchester. The second request for proposals targeted assistance to apartments which offer congregate services to frail elderly residents. The third request for proposals targeted assistance to family developments which result in an increase in Manchester's housing stock. As a result of the requests for proposals we worked on six projects. These six proposals are identified below:

<u>Location</u>	<u># of Units</u>	<u># of Vouchers</u>	<u>Census Tract*</u>	<u>Owner</u>
Biron Street (Piscataquog River)	150	58**	22	The Anagnost Companies
Brook Street/Temple Ct.		6	5	Manchester Neighborhood Housing Services
Market Street/Amherst Street/Spruce Street	44	44	4, 13, 15	Families In Transition
133 Ash Street (Gale Home)	37	37	8	Mary Gale Apartments, Inc.
Old Wellington Road Apartments	90	22	9.02	MHRA and the Anagnost Companies
Family Mill Project	33	8	23	Families In Transition

*To identify project location, not meant to limit the area of operation of the Project-Based Voucher Program.

**Originally thirty-eight (38) units but application was amended to fifty-eight (58) units.

The status of these proposals is indicated below:

Biron Street:

- Work was completed during the year.
- All units were occupied during the year.

Brook Street/Temple Court:

- We received a regulatory waiver from HUD as the proposed project is located in a census tract with a high concentration of poverty households.

- We received final approval from HUD.
- An Agreement to Enter a HAP Contract was executed.
- Work started and progressed through the year

Market Street/Amherst Street/Spruce Street (Families In Transition):

- We received a regulatory waiver from HUD which permits 100% of the units in these buildings to receive project-based assistance.
- We executed a HAP Contract for these units.

600 Maple Street (Gale Home - formerly 113 Ash Street):

- Work progressed through the year and was substantially completed.
- The HAP Contract was executed.
- Occupancy of the building is currently underway .

Old Wellington Road:

- HUD approval was received.
- An Agreement to enter a HAP Contract is being prepared.
- Work is underway.

Family Mill Project

- Families In Transition submitted an application for Project-Based Vouchers.
- HUD approval was requested but has not yet been received.
- Work is underway.

Section 8 Homeownership Program Capacity Statement

March 2005

The Manchester Housing and Redevelopment Authority (MHRA) has developed a Section 8 Homeownership Program for qualified participants of the Housing Choice Voucher Program (formerly the Section 8 Program). This program was implemented during Fiscal Year 2002. The MHRA requires a minimum three percent (3%) downpayment of which at least one percent (1%) of the purchase price must come from the borrower's personal resources.

Materials regarding this program including an application, an eligibility checklist and a statement of homeowner obligations are included as supporting documents to the MHRA's Comprehensive Agency Plan.

To date, ten (10) participants have purchased homes, one participant is in homebuyer training and more households are enrolling in this program.