

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

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# PHA Plans

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

**HOUSING AUTHORITY OF THE CITY OF CAMDEN  
CAMDEN, NEW JERSEY**

**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: Housing Authority of the City of Camden**

**PHA Number: NJ 010**

**PHA Fiscal Year Beginning: 01/2005**

**Public Access to Information**

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

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

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

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

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

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

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

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2005 - 2009**  
[24 CFR Part 903.5]

**A. Mission**

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

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

**B. Goals**

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

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

- PHA Goal: Expand the supply of assisted housing  
Objectives:
- Apply for additional rental vouchers:
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)
- PHA Goal: Improve the quality of assisted housing  
Objectives:
- Improve public housing management: (PHAS score) 79
  - Improve voucher management: (SEMAP score) 95
  - 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: Approved HOPE VI for Roosevelt Manor development.

- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: Homeownership opportunities; Baldwin's Run, and Roosevelt Manor after HOPE VI completion.

- 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: Baldwin's Run, Chelton Terrace and McGuire Gardens.
- 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) Kennedy Tower elderly only designation will be sought along with assisted living program.
- 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:

**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:**

**After 7 years spent in receivership, it will be the main goal of the HACC to work with the new Board of Commissioners to create a productive, proactive working relationship.**

**Create new ways to increase revenue for the HACC.**

**Build our own facilities to house the HACC Administrative offices.**

**Improve management and maintenance services.**

**Increase the quality of the current housing stock.**

**Create viable recreational facilities at McGuire Gardens.**

**Annual PHA Plan  
PHA Fiscal Year 2005**

[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Streamlined Plan:**

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

**Troubled Agency Plan**

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

[24 CFR Part 903.7 9 (r)]

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

The Housing Authority of the City of Camden (HACC) has proposed this Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and ensuing department of Housing and Urban Development (HUD) requirements.

The mission of the HACC is the same as that of HUD, to promote adequate and affordable housing, economic opportunity and a suitable living environment free of discrimination.

We have also adopted the following goals and objectives:

- a. To work closely with the new Board of Commissioners in an effort to make the transition from receivership to a new Board as simple as possible.
- b. Create new ways to increase revenue for the HACC.
- c. Build our own facilities.
- d. Continue to develop departmental policies and procedures to support the mission of the organization.
- e. Begin the Redevelopment of the Roosevelt Manor development.
- f. Further Redevelopment of Chelton Terrace.
- g. Provide additional capital improvements throughout the HACC.
- h. Further enhance the PHAS monitoring system.

### **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 (**See ACOP**)
- Attachment nj010a01** – FY 2005 Capital Fund Program Annual Statement
- Attachment nj010b01** - The Capital Fund Program 5-Year Action Plan
- Attachment nj010c01** – FY 2004 Capital Fund Program Performance and Evaluation Report – NJ39PO10501-04
- Attachment nj010d01** – FY 2003 Capital Fund Program Performance and Evaluation Report – NJ39PO10501-03
- Attachment nj010e01** - FY 2003 Capital Fund Program Performance and Evaluation Report – Replacement Housing Factor - NJ39RO10501-03
- Attachment nj010f01** – FY 2003 Capital Fund Program Performance and Evaluation Report – NJ39PO10502-03

- Attachment nj010g01** – FY 2002 Capital Fund Program Performance and Evaluation Report – NJ39PO10501-02
- Attachment nj010h01** – FY 2002 Capital Fund Program Performance and Evaluation Report – Replacement Housing Factor – NJ39RO10501-02
- Attachment nj010i01** - FY 2001 Capital Fund Program Performance and Evaluation Report – NJ39PO10501-01
- Attachment nj010j01** - FY 2001 Capital Fund Program Performance and Evaluation Report – Replacement Housing Factor – NJ39RO10501-01
- Attachment nj010k01**– FY 2000 Capital Fund Program Performance and Evaluation Report – Replacement Housing Factor – NJ39RO10501-00
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- Attachment nj010l01** – Brief Statement of Progress in Meeting the 5-Year Mission and Goals
- Assessment of Site-Based Waiting List Development Demographic Changes
- Attachment nj010m01** –Section 8 Homeownership Capacity Statement
- Attachment nj010n01** – Pet Policy Statement
- Attachment nj010o01** –Resident Membership of the PHA Governing Board
- Attachment nj010p01** – Membership of the Resident Advisory Board
- Attachment nj010q01** -Community Service Summary
- Attachment nj010r01** - Statement of Section 8 Project-Based Vouchers

Optional Attachments:

- Attachment nj010s01**-PHA Management Organizational Chart
- Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment nj010t01** – Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
  - Attachment nj010u01** Section 8 Administrative Policy
  - Attachment nj010v01**- Admissions and Continued Occupancy Policy
  - Attachment nj010w01**-Public Housing Asset Management Table

**Supporting Documents Available for Review**

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

| <b>List of Supporting Documents Available for Review</b> |   |                                  |
|--|---|----------------------------------|
| <b>Applicable &amp; On Display</b>                       | <b>Supporting Document</b>  | <b>Applicable Plan Component</b> |
| <b>X</b>   | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations  | 5 Year and Annual Plans          |
| <b>X</b>   | State/Local Government Certification of Consistency with the Consolidated Plan  | 5 Year and Annual Plans          |
| <b>X</b>   | Fair Housing Documentation:<br>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 | 5 Year and Annual Plans          |



| <b>List of Supporting Documents Available for Review</b> |  |  |
|--|--|--|
| <b>Applicable &amp; On Display</b>                       | <b>Supporting Document</b>   | <b>Applicable Plan Component</b>                             |
|  | 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.  |  |
| <b>X</b>   | Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction   | Annual Plan: Housing Needs                                   |
| <b>X</b>   | Most recent board-approved operating budget for the public housing program   | Annual Plan: Financial Resources;                            |
| <b>X</b>   | 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 |
| <b>X</b>   | Section 8 Administrative Plan  | Annual Plan: Eligibility, Selection, and Admissions Policies |
| <b>X</b>   | Public Housing Deconcentration and Income Mixing Documentation:<br>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 | Annual Plan: Eligibility, Selection, and Admissions Policies |
| <b>X</b>   | 2. Documentation of the required deconcentration and income mixing analysis  |  |
| <b>X</b>   | Public housing rent determination policies, including the methodology for setting public housing flat rents<br><input checked="" type="checkbox"/> check here if included in the public housing A & O Policy   | Annual Plan: Rent Determination                              |
| <b>X</b>   | Schedule of flat rents offered at each public housing development<br><input type="checkbox"/> check here if included in the public housing A & O Policy  | Annual Plan: Rent Determination                              |
| <b>X</b>   | Section 8 rent determination (payment standard) policies<br><input type="checkbox"/> check here if included in Section 8 Administrative Plan   | Annual Plan: Rent Determination                              |
| <b>X</b>   | 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                      |
| <b>X</b>   | Public housing grievance procedures<br><input type="checkbox"/> check here if included in the public housing A & O Policy  | Annual Plan: Grievance Procedures                            |
|  | Section 8 informal review and hearing procedures<br><input checked="" type="checkbox"/> check here if included in Section 8  | Annual Plan: Grievance Procedures                            |

| <b>List of Supporting Documents Available for Review</b> |   |   |
|--|---|---|
| <b>Applicable &amp; On Display</b>                       | <b>Supporting Document</b>  | <b>Applicable Plan Component</b>                  |
| <b>X</b>   | Administrative Plan   |   |
| <b>X</b>   | The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year  | Annual Plan: Capital Needs                        |
| <b>N/A</b>   | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant   | Annual Plan: Capital Needs                        |
| <b>X</b>   | 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                        |
| <b>X</b>   | 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                        |
| <b>N/A</b>   | Approved or submitted applications for demolition and/or disposition of public housing  | Annual Plan: Demolition and Disposition           |
| <b>N/A</b>   | Approved or submitted applications for designation of public housing (Designated Housing Plans)   | Annual Plan: Designation of Public Housing        |
| <b>X</b>   | 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         |
| <b>N/A</b>   | Approved or submitted public housing homeownership programs/plans   | Annual Plan: Homeownership                        |
| <b>X</b>   | Policies governing any Section 8 Homeownership program<br><input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan   | Annual Plan: Homeownership                        |
| <b>X</b>   | Any cooperative agreement between the PHA and the TANF agency   | Annual Plan: Community Service & Self-Sufficiency |
| <b>X</b>   | FSS Action Plan/s for public housing and/or Section 8   | Annual Plan: Community Service & Self-Sufficiency |
| <b>X</b>   | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports  | Annual Plan: Community Service & Self-Sufficiency |
| <b>N/A</b>   | The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)                       | Annual Plan: Safety and Crime Prevention          |
| <b>X</b>   | 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                         |
| <b>N/A</b>   | Troubled PHAs: MOA/Recovery Plan  | Troubled PHAs                                     |
| <b>N/A</b>   | Other supporting documents (optional)<br>(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<br>by Family Type |         |                |        |         |                |      |           |
|---|---------|----------------|--------|---------|----------------|------|-----------|
| Family Type   | Overall | Afford-ability | Supply | Quality | Access-ibility | Size | Loca-tion |
| Income <= 30% of AMI  | 6,465   | 5              | 5      | 5       | N/A            | N/A  | 5         |
| Income >30% but <=50% of AMI                                    | 2,588   | 4              | 4      | 5       | N/A            | N/A  | 5         |
| Income >50% but <80% of AMI                                     | 2,325   | 2              | 2      | 5       | N/A            | N/A  | 5         |
| Elderly   | 1,674   | 2              | 2      | 5       | N/A            | N/A  | 5         |
| Families with Disabilities                                      | 3,330   | 5              | 5      | 5       | N/A            | N/A  | 5         |
| Race/Ethnicity Afr-Amer.  | 6,855   | 5              | 5      | 5       | N/A            | N/A  | 5         |
| Race/Ethnicity Hispanic   | 4,825   | 5              | 5      | 5       | N/A            | N/A  | 5         |
| Race/Ethnicity Asian  | 339     | 5              | 5      | 5       | N/A            | N/A  | 5         |
| Race/Ethnicity Caucasian  | 752     | 5              | 5      | 5       | N/A            | N/A  | 5         |

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

- Consolidated Plan of the Jurisdiction/s  
Indicate year: 2000-2004
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

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

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

| 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   | 463           |                     | 195             |
| Extremely low income <=30% AMI   | 418           | 91.17               |                 |
| Very low income (>30% but <=50% AMI)   | 43            | 8.17                |                 |
| Low income (>50% but <80% AMI)   | 2             | .66                 |                 |
| Families with children   | 335           | 72.35               |                 |
| Elderly families   | 96            | 20.73               |                 |
| Families with Disabilities   | 14            | 3.02                |                 |
| Race/ethnicity (Hispanic)  | 208           | 46.03               |                 |
| Race/ethnicity (Non Hispanic)  | 255           | 53.97               |                 |
| Race/ethnicity   |               |                     |                 |
| Race/ethnicity   |               |                     |                 |
| Characteristics by Bedroom Size (Public Housing Only)  |               |                     |                 |
| 1BR  | 253           | 54.64               | 69              |

| <b>Housing Needs of Families on the Waiting List</b>  |     |       |    |
|---|-----|-------|----|
| 2 BR  | 87  | 18.79 | 72 |
| 3 BR  | 103 | 22.25 | 42 |
| 4 BR  | 20  | 4.32  | 12 |
| 5 BR  |     |       |    |
| 5+ BR   |     |       |    |
| Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes  |     |       |    |
| If yes:   |     |       |    |
| How long has it been closed (# of months)? 36 Months  |     |       |    |
| Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes  |     |       |    |
| Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes The senior only waiting list is open |     |       |    |

| <b>Housing Needs of Families on the Waiting List</b>   |               |                     |                 |
|--|---------------|---------------------|-----------------|
| Waiting list type: (select one)  |               |                     |                 |
| <input checked="" type="checkbox"/> Section 8 tenant-based assistance                            |               |                     |                 |
| <input type="checkbox"/> Public Housing  |               |                     |                 |
| <input type="checkbox"/> Combined Section 8 and Public Housing                                   |               |                     |                 |
| <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) |               |                     |                 |
| If used, identify which development/subjurisdiction:   |               |                     |                 |
|  | # of families | % of total families | Annual Turnover |
| Waiting list total   | 1174          |                     |                 |
| Extremely low income <=30% AMI   | 1166          | 99.32               |                 |
| Very low income (>30% but <=50% AMI)   | 8             | .68                 |                 |
| Low income (>50% but <80% AMI)   | 0             |                     |                 |
| Families with children   | 893           | 76.06               |                 |
| Elderly families   | 284           | 24.19               |                 |
| Families with Disabilities   | 100           | 8.52                |                 |
| Race/ethnicity (Hispanic)  | 428           | 36.46               |                 |
| Race/ethnicity (Non-Hispanic)  | 746           | 63.54               |                 |
| Race/ethnicity   |               |                     |                 |

| Housing Needs of Families on the Waiting List  |  |  |  |
|--|--|--|--|
| Race/ethnicity   |  |  |  |
| Characteristics by Bedroom Size (Public Housing Only)  |  |  |  |
| 1BR  |  |  |  |
| 2 BR   |  |  |  |
| 3 BR   |  |  |  |
| 4 BR   |  |  |  |
| 5 BR   |  |  |  |
| 5+ BR  |  |  |  |
| Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes   |  |  |  |
| If yes:  |  |  |  |
| How long has it been closed (# of months)? 22 Months   |  |  |  |
| Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |  |  |  |
| Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" 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:

**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: Increase housing stock – Working with City to acquire additional properties. Securing appropriate financing to renovate.

**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: Introduction of assisted living development at Kennedy Towers.

**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)  
outreach to outside agencies

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

Select all that apply

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



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

**(2) Reasons for Selecting Strategies**

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

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

**2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

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

| <b>Financial Resources:<br/>Planned Sources and Uses</b> |                   |  |
|--|-------------------|--|
| <b>Sources</b>   | <b>Planned \$</b> | <b>Planned Uses</b>                              |
| <b>1. Federal Grants (FY 2005 grants)</b>                |                   |  |
| a) Public Housing Operating Fund                         | \$7,671,775       | Day to Day operations of Public Housing program. |
| b) Public Housing Capital Fund                           | \$3,218,700       | Rehab of sites, Operations supplement, Salaries  |
| c) HOPE VI Revitalization                                | \$35,000,000      | Rebuild of Westfield Acres                       |
| d) HOPE VI Demolition                                    | 0                 | N/A  |

| <b>Financial Resources:<br/>Planned Sources and Uses</b>                              |                   |   |
|---|-------------------|---|
| <b>Sources</b>  | <b>Planned \$</b> | <b>Planned Uses</b>                                 |
| e) Annual Contributions for Section 8 Tenant-Based Assistance                         | \$9,949,827       | Subsidize 1,067 Housing Choice Vouchers             |
| f) Public Housing Drug Elimination Program (including any Technical Assistance funds) | 0                 | N/A   |
| g) Resident Opportunity and Self-Sufficiency Grants                                   | 0                 | N/A   |
| h) Community Development Block Grant  | 0                 | N/A   |
| i) HOME   | 0                 | N/A   |
| <b>Other Federal Grants (list below)</b>  |                   |   |
| Youthbuild  | \$400,000         | Trades training program for residents               |
| Neighborhood Network  | \$250,000         | Computer networks for residents                     |
| OJJDP   | \$198,700         | Educate youth of Public Housing                     |
| Youthbuild II   | \$700,000         | Trades training program for residents               |
| <b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>             |                   |   |
| CFP 00  | 0                 | N/A   |
| CFP   | 0                 | N/A   |
| <b>3. Public Housing Dwelling Rental Income</b>                                       | \$2,770,645       | Day to day operations of Public Housing program     |
| <b>4. Other income (list below)</b>   |                   |   |
| Tenant Charges  | 276,085           | Day to day operations of Public Housing program     |
| <b>4. Non-federal sources (list below)</b>  |                   |   |
| WIB   | \$84,272          | Assistance to residents with job training/placement |
| ABS   | \$ 86,000         | Education program for residents                     |

| <b>Financial Resources:<br/>Planned Sources and Uses</b> |                     |  |
|--|---------------------|--|
| <b>Sources</b>   | <b>Planned \$</b>   | <b>Planned Uses</b>                        |
| SSBG   | 147,806             | Assistance to seniors<br>of Public Housing |
| <b>Total resources</b>                                   | <b>\$60,753,810</b> | <b>,</b>                                   |
|  |                     |  |
|  |                     |  |

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

[24 CFR Part 903.7 9 (c)]

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

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

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

- a. When does the PHA verify eligibility for admission to public housing? (select all that apply)
- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other: At time of application.
- b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?
- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other: Credit Report Status
- c.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

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

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

- Sub-jurisdictional lists
- Site-based waiting lists; Baldwin's Run, McGuire Gardens, and Chelton Terrace.
- Other (describe)

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

- PHA main administrative office
- PHA development site management office
- Other: For site-based lists only, at the development with the site-based waiting list.

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? 3

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)? Yes  
If yes, how many lists? 3

3.  Yes  No: May families be on more than one list simultaneously  
If yes, how many lists? They may be on all three site-based waiting lists and the community-wide list simultaneously.

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

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

### **(3) Assignment**

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

- One
- Two
- Three or More

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

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

**(4) Admissions Preferences**

a. Income targeting:

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

b. Transfer policies:

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

- Emergencies
- Overhoused
- Underhoused
- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- Other: (list below)

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

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

## 2 Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

## **(5) Occupancy**

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

- The PHA-resident lease
- The PHA's Admissions and (Continued) Occupancy policy
- PHA briefing seminars or written materials
- Other source : Documents disseminated at the time of manager's orientation of new residents.

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**

**(Per PIH 2001-4 and other HUD guidance, the following questions replace the former ones in the Agency Plan template. Rather than adding this as an additional attachment, the Housing Authority of the City of Camden has deleted the former questions and inserted the current questions from the HUD website)**

**Component 3, (6) Deconcentration and Income Mixing**

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

If yes, list these developments as follows:

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

## B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.  
**Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### (1) Eligibility

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

### (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: One 60-day extension is given for a maximum of 120-days on an as-needed basis.

**(4) Admissions Preferences**

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability  
 Veterans and veterans' families  
 Residents who live and/or work in your jurisdiction

- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

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

2      Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

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

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

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

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

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

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

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

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

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

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

- Through published notices  
 Other (list below)  
mailed to outside agencies.

### **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?

2. If yes to question 2, list these policies below: The minimum rent hardship exemption policy is contained in the Admissions and Continued Occupancy Policy.

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

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

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

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

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

- Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:

- For household heads  
 For other family members

- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

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

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

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

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

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

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

f. Rent re-determinations:

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

- Never

- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) \_\_\_\_\_
- Other (list below)

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) The HACC used FMR

**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)

Clients may appeal their rent determination based on the hardship exemption. The hardship exemption policy is contained in the Section 8 Administrative Plan.

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

**A. PHA Management Structure**

Describe the PHA’s management structure and organization.

(select one)

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

**B. HUD Programs Under PHA Management**

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

| <b>Program Name</b>   | <b>Units or Families Served at Year Beginning</b> | <b>Expected Turnover</b> |
|---|---|--------------------------|
| Public Housing  | 1225  | 125                      |
| Section 8 Vouchers  | 1067  | 107                      |
| 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)                           |   |                          |
| HOPE VI McGuire Gardens   | 253   | 20                       |
| HOPE VI Baldwin’s Run   | 108   | 10                       |

**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: Admissions and Continued Occupancy Policy, Property Management and Occupancy Policies and Procedures, Maintenance Manual.

(2) Section 8 Management: Section 8 Administrative Plan

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

### **A. Public Housing**

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

If yes, list additions to federal requirements below:

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

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

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

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office  
 Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

### **A. Capital Fund Activities**

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

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

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

Select one:

- The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) nj010a01

-or-

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

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

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

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

b. If yes to question a, select one:

- The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) nj010b01

-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: Franklin D. Roosevelt Manor
2. Development (project) number: NJ10-3
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

1. Development name: McGuire Gardens
2. Development (project) number: NJ10-4
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 (completed and grant closeout in 2003)

1. Development name: Baldwin's Run
2. Development (project) number: NJ10-15
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 (70% complete)

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:  
Chelton Terrace Phase III (20 Senior units)  
Antioch Senior Apartments (64 Units ACC subsidy only)  
McGuire Gardens (40 to 60 Offsite ACC units)  
Maybe 2 to 3 additional ACC only mixed finance deals that have yet to be determined.

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:  
HACC will be closing on a \$8 million bond in 2004. HACC will be using these funds to redevelop a portion of Branch Village and will use some funds for the revitalization of Kennedy Tower in 2004 and 2005.

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

### 2. Activity Description

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

| <b>Demolition/Disposition Activity Description</b>                  |  |
|---|--|
| 1a. Development name  |  |
| 1b. Development (project) number:                                   |  |
| 2. Activity type: 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: |  |
| 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.

| <b>Designation of Public Housing Activity Description</b>                           |                                     |
|---|-------------------------------------|
| 1a. Development name: Kennedy Tower   |                                     |
| 1b. Development (project) number: NJ010-7   |                                     |
| 2. Designation type:  |                                     |
| Occupancy by only the elderly   | <input checked="" type="checkbox"/> |
| Occupancy by families with disabilities   | <input type="checkbox"/>            |
| Occupancy by only elderly families and families with disabilities                   | <input type="checkbox"/>            |
| 3. Application status (select one)  |                                     |
| Approved; included in the PHA’s Designation Plan                                    | <input type="checkbox"/>            |
| Submitted, pending approval   | <input type="checkbox"/>            |
| Planned application   | <input checked="" type="checkbox"/> |
| 4. Date this designation approved, submitted, or planned for submission: (12/31/04) |                                     |
| 5. If approved, will this designation constitute a (select one)                     |                                     |
| <input checked="" type="checkbox"/> New Designation Plan                            |                                     |
| <input type="checkbox"/> Revision of a previously-approved Designation Plan?        |                                     |
| 6. Number of units affected: 99   |                                     |
| 7. Coverage of action (select one)  |                                     |
| <input type="checkbox"/> Part of the development                                    |                                     |
| <input checked="" type="checkbox"/> Total development                               |                                     |

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

[24 CFR Part 903.7 9 (j)]

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

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

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

#### 2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset

Management Table? If “yes”, skip to component 11. If “No”, complete the Activity Description table below.

| <b>Conversion of Public Housing Activity Description</b>   |  |
|--|--|
| 1a. Development name:  |  |
| 1b. Development (project) number:  |  |
| 2. What is the status of the required assessment?  | <input type="checkbox"/> Assessment underway<br><input type="checkbox"/> Assessment results submitted to HUD<br><input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question)<br><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<br><input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY)<br><input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY)<br><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:<br><input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: )<br><input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:<br><input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent<br><input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units<br><input type="checkbox"/> Other: (describe below) |

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

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

(Per PIH Notice 2001-26 and other HUD regulations, the following questions must be addressed starting in fiscal year 2002. The Housing Authority of the City of Camden has inserted these questions from HUD’s website into this Agency Plan template.)

- a. How many of the PHA's developments are subject to the Required Initial Assessments?  
**Six (6) (Two were exempt at the time of the initial assessment.)**
- 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)?  
**Three (3)**
- c. How many Assessments were conducted for the PHA's covered developments?  
**Four (4)**
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

| Development Name | Number of Units |
|------------------|-----------------|
| <b>None</b>      |                 |
|                  |                 |
|                  |                 |
|                  |                 |
|                  |                 |
|                  |                 |

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

**The Required Initial Assessment is a Supporting Document to this Annual Plan.**

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

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

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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



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

2. Activity Description

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

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

**B. Section 8 Tenant Based Assistance**

1.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as

implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

## 2. Program Description: Section 8 Homeownership Program

### 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?

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

[24 CFR Part 903.7 9 (1)]

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

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

#### 1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? 10/21/99

#### 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. )

| <b>Services and Programs</b>                                       |                   |  |  |  |
|--|-------------------|--|--|--|
| Program Name & Description<br>(including location, if appropriate) | Estimated<br>Size | Allocation<br>Method<br>(waiting<br>list/random<br>selection/specific<br>criteria/other) | Access<br>(development office /<br>PHA main office /<br>other provider name) | Eligibility<br>(public housing or<br>section 8<br>participants or<br>both) |
| Homemaking-Health Aid  | 300               | Based on need  | PHA Main Office  | Public Housing   |
| Transportation   | 1500              | Based on need  | PHA Main Office  | Public Housing   |

|  |     |                   |                 |                |
|--|-----|-------------------|-----------------|----------------|
| Welfare to Work Supportive & Occupational Services | 400 | Specific Criteria | PHA Main Office | Public Housing |
| Youth Initiative                                   | 200 | Specific Criteria | PHA Main Office | Public Housing |
| Counseling Services (ESL/GED)                      | 450 | Based on need     | PHA Main Office | Public Housing |
| HTVFN  | 400 | Based on need     | PHA Main Office | Public Housing |
| Parenting Classes                                  | 32  | Based on need     | PHA Main Office | Public Housing |
| Woman's Support Group                              | 100 | Based on need     | PHA Main Office | Public Housing |
| Neighborhood Computer Program                      | 55  | Based on need     | PHA Main Office | Public Housing |
| Youthbuild   | 20  | Based on need     | PHA Main Office | Both           |

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

a. Participation Description

| Family Self Sufficiency (FSS) Participation |  |  |
|---|--|--|
| Program                                     | Required Number of Participants<br>(start of FY 2000 Estimate) | Actual Number of Participants<br>(As of: DD/MM/YY) |
| Public Housing                              | 0  | 0  |
| Section 8                                   | 50   | 53 As of 8/23/2004                                 |

- 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) Loitering continues to be an obstacle at every development site.

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: PHAS Resident Satisfaction Survey

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

All developments are affected on unacceptable levels but especially Roosevelt Manor, Branch Village, and Ablett Village

**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)

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

All family development sites

**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)

All HACC developments are affected. However, the Roosevelt Manor, Branch Village, and Ablett Village developments are affected to the greatest extent.

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

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

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

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

[24 CFR Part 903.7 9 (n)]

## **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

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

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

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

- Other: Mixed Financing; Augment operating subsidy/capital fund with the mixed finance approach.
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) nj010t01
- 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.) The Secretary's Designee acts in lieu of the Board of Commissioners for the Housing Authority.
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: City of Camden

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. Camden City Consolidated Plan FY 2000-2004
- Other: (list below)

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

- Statutory Goals as listed in the City of Camden Consolidated Plan.
- Primary financial resources to be used by the City inclusive of Section 8 voucher and Certificate Housing Assistance Program by the Housing Authority.

- Activities to be undertaken by the City, objectives listed under: Affordable Housing Rental – Occupied, Affordable Housing Owner – Occupied, Non-Community Development Activities.
- Other actions of the City of Camden as listed in the 2000-2004 Consolidation Plan. – Public Housing Plan and Resident Initiatives.

#### **D. Other Information Required by HUD**

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

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

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

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

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

#### **Attachments**

Use this section to provide any additional attachments referenced in the Plan



## CAPITAL FUND PROGRAM

| <b>Annual Statement/Performance and Evaluation Report</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>  |   |  |         |                   |   |
|--|---|--|---------|-------------------|---|
| <b>PHA Name:</b><br><b>Housing Authority of the City of Camden</b>   |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: |         |                   | <b>Federal FY of Grant:</b><br><b>(01/2005)</b> |
| <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b><br><input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b> |   |  |         |                   |   |
| Line No.   | Summary by Development Account          | Total Estimated Cost   |         | Total Actual Cost |   |
|  |   | Original   | Revised | Obligated         | Expended  |
| 1  | Total non-CFP Funds                     |  |         |                   |   |
| 2  | 1406 Operations                         | \$245,690  |         |                   |   |
| 3  | 1408 Management Improvements            | \$728,880  |         |                   |   |
| 4  | 1410 Administration                     | \$245,690  |         |                   |   |
| 5  | 1411 Audit                              | -  |         |                   |   |
| 6  | 1415 Liquidated Damages                 | -  |         |                   |   |
| 7  | 1430 Fees and Costs                     | \$500,000  |         |                   |   |
| 8  | 1440 Site Acquisition                   | -  |         |                   |   |
| 9  | 1450 Site Improvement                   | \$226,000  |         |                   |   |
| 10   | 1460 Dwelling Structures                | \$1,005,129  |         |                   |   |
| 11   | 1465.1 Dwelling Equipment—Nonexpendable | -  |         |                   |   |
| 12   | 1470 Nondwelling Structures             |  |         |                   |   |
| 13   | 1475 Nondwelling Equipment              | \$42,500   |         |                   |   |
| 14   | 1485 Demolition                         | -  |         |                   |   |
| 15   | 1490 Replacement Reserve                | -  |         |                   |   |
| 16   | 1492 Moving to Work Demonstration       | -  |         |                   |   |
| 17   | 1495.1 Relocation Costs                 | \$59,000   |         |                   |   |
| 18   | 1499 Development Activities             | -  |         |                   |   |
| 19   | 1501 Collateralization or Debt Service  | \$635,022  |         |                   |   |
| 20   | 1502 Contingency                        | \$50,000   |         |                   |   |

| <b>Annual Statement/Performance and Evaluation Report</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>  |   |  |         |   |          |
|--|---|--|---------|---|----------|
| <b>PHA Name:</b><br><b>Housing Authority of the City of Camden</b>   |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: |         | <b>Federal FY of Grant:</b><br><b>(01/2005)</b> |          |
| <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b><br><input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b> |   |  |         |   |          |
| Line No.   | Summary by Development Account                            | Total Estimated Cost   |         | Total Actual Cost                               |          |
|  |   | Original   | Revised | Obligated                                       | Expended |
| 21   | Amount of Annual Grant: (sum of lines 2 – 20)             | \$3,737,911  |         |   |          |
| 22   | Amount of line 21 Related to LBP Activities               |  |         |   |          |
| 23   | Amount of line 21 Related to Section 504 compliance       |  |         |   |          |
| 24   | Amount of line 21 Related to Security – Soft Costs        |  |         |   |          |
| 25   | Amount of Line 21 Related to Security – Hard Costs        |  |         |   |          |
| 26   | Amount of line 21 Related to Energy Conservation Measures |  |         |   |          |

| <b>Annual Statement/Performance and Evaluation Report</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b><br><b>Part II: Supporting Pages</b> |  |               |  |                      |         |                           |                |                |
|---|--|---------------|--|----------------------|---------|---------------------------|----------------|----------------|
| PHA Name: Housing Authority of the City of Camden   |  |               | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: |                      |         | Federal FY of Grant: 2005 |                |                |
| Development Number<br>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 |                |
| Operations  | Operations Transfer                          | 1406          |  | \$245,690            |         |                           |                |                |
|   | <b>Subtotal</b>                              |               |  | <b>\$245,690</b>     |         |                           |                |                |
| Administration & Planning Administration  | Technical Salaries & Fringes                 | 1410          |  | \$245,690            |         |                           |                |                |
|   | Non-Technical Salaries & Fringes             | 1410          |  | \$0                  |         |                           |                |                |
|   | <b>Subtotal</b>                              |               |  | <b>\$245,690</b>     |         |                           |                |                |
| Management Improvements   | Management Improvements                      | 1408          |  | \$336,380            |         |                           |                |                |
|   | Staff Training                               | 1408          |  | \$50,000             |         |                           |                |                |
|   | Computer Upgrade - Software                  | 1408          |  | \$12,500             |         |                           |                |                |
|   | Computer Upgrade - Hardware                  | 1475          |  | \$12,500             |         |                           |                |                |
|   | <b>Subtotal</b>                              |               |  | <b>\$411,380</b>     |         |                           |                |                |
| Physical Improvements NJ10-1 Branch Village   | Unit Construction                            | 1460          |  | \$881,129            |         |                           |                |                |
|   | <b>Subtotal</b>                              |               |  | <b>\$881,129</b>     |         |                           |                |                |

| <b>Annual Statement/Performance and Evaluation Report</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b><br><b>Part II: Supporting Pages</b> |   |               |  |                      |         |                           |                |                |
|---|---|---------------|--|----------------------|---------|---------------------------|----------------|----------------|
| PHA Name: Housing Authority of the City of Camden   |   |               | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: |                      |         | Federal FY of Grant: 2005 |                |                |
| Development Number<br>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 |                |
| NJ10-8 Westfield Tower  | Furniture, Fixtures and Equipment                       | 1475          |  | \$15,000             |         |                           |                |                |
|   | <b>Subtotal</b>   |               |  | <b>\$15,000</b>      |         |                           |                |                |
| NJ10-10 Mickle Tower  | Furniture, Fixtures and Equipment                       | 1475          |  | \$15,000             |         |                           |                |                |
|   | Upgrade Public and Common Areas, Sidewalks, Landscaping | 1450          |  | \$226,000            |         |                           |                |                |
|   | <b>Subtotal</b>   |               |  | <b>\$241,000</b>     |         |                           |                |                |
| NJ10-13 Authority-Wide  | Collateralization or Debt Service                       | 1501          |  | \$635,022            |         |                           |                |                |
|   | Vacant Unit Rehab                                       | 1460          |  | \$124,000            |         |                           |                |                |
|   | Indefinite A/E Services                                 | 1430          |  | \$500,000            |         |                           |                |                |
|   | Relocation  | 1495          |  | \$59,000             |         |                           |                |                |
|   | Contingency   | 1502          |  | \$50,000             |         |                           |                |                |

| <b>Annual Statement/Performance and Evaluation Report</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b><br><b>Part II: Supporting Pages</b> |  |               |  |                      |         |                           |                |                |
|---|--|---------------|--|----------------------|---------|---------------------------|----------------|----------------|
| PHA Name: Housing Authority of the City of Camden   |  |               | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: |                      |         | Federal FY of Grant: 2005 |                |                |
| Development Number<br>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 |                |
| Resident Initiatives  | Grant Writer                                 | 1408          |  | \$50,000             |         |                           |                |                |
|   | Resident Training                            | 1408          |  | \$175,000            |         |                           |                |                |
|   | Housekeeping                                 |               |  |                      |         |                           |                |                |
|   | Homemaker                                    |               |  |                      |         |                           |                |                |
|   | Trades                                       |               |  |                      |         |                           |                |                |
|   | Entrepreneurial Conferences                  |               |  |                      |         |                           |                |                |
|   | Youth Program                                | 1408          |  | \$105,000            |         |                           |                |                |
|   | <b>Subtotal</b>                              |               |  | <b>\$1,698,022</b>   |         |                           |                |                |
|   | <b>Total</b>                                 |               |  | <b>\$3,737,911</b>   |         |                           |                |                |



| <b>Annual Statement/Performance and Evaluation Report</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b><br><b>Part III: Implementation Schedule</b> |   |  |        |   |         |                                  |                                  |
|---|---|--|--------|---|---------|----------------------------------|----------------------------------|
| PHA Name:<br><b>Housing Authority of the City of Camden</b>   |   | <b>Grant Type and Number</b><br>Capital Fund Program No:<br>Replacement Housing Factor No: |        |   |         | <b>Federal FY of Grant: 2005</b> |                                  |
| Development Number<br>Name/HA-Wide<br>Activities  | All Fund Obligated<br>(Quarter Ending Date) |  |        | All Funds Expended<br>(Quarter Ending Date) |         |                                  | Reasons for Revised Target Dates |
|   | Original                                    | Revised  | Actual | Original                                    | Revised | Actual                           |                                  |
| Administration & Planning Administration  | Sept-07                                     |  |        | Sept-09                                     |         |                                  |                                  |
| Management Improvement  | Sept-07                                     |  |        | Sept-09                                     |         |                                  |                                  |
| Physical Improvements   |   |  |        |   |         |                                  |                                  |
| NJ10-1 Branch Village   | Sept-07                                     |  |        | Sept-09                                     |         |                                  |                                  |
| NJ10-8 Westfield Tower  | Sept-07                                     |  |        | Sept-09                                     |         |                                  |                                  |
| NJ10-10 Mickle Tower  | Sept-07                                     |  |        | Sept-09                                     |         |                                  |                                  |
| Authority-Wide Resident Initiatives   | Sept-07                                     |  |        | Sept-09                                     |         |                                  |                                  |



## Capital Fund Program Five-Year Action Plan

### Part I: Summary

| PHA Name Housing Authority of the City of Camden |                  | <input type="checkbox"/> Original 5-Year Plan<br><input type="checkbox"/> Revision No: |  |  |  |
|--|------------------|--|--|--|--|
| Development Number/Name/HA-Wide                  | Year 1 2005      | Work Statement for Year 2<br>FFY Grant: 2006<br>PHA FY: 2006                           | Work Statement for Year 3<br>FFY Grant: 2007<br>PHA FY: 2007 | Work Statement for Year 4<br>FFY Grant: 2008<br>PHA FY: 2008 | Work Statement for Year 5<br>FFY Grant: 2009<br>PHA FY: 2009 |
|  | Annual Statement |  |  |  |  |
| NJ10-1 Branch Village                            |                  |  |  | \$40,000   | \$825,000  |
| NJ10-2 Ablett Village                            |                  | \$520,000  | \$1,989,600  |  | \$200,000  |
| NJ10-3 Roosevelt Manor                           |                  |  |  | \$1,927,504  | \$500,000  |
| NJ10-5 Chelton Terrace                           |                  |  |  |  |  |
| NJ10-7 Kennedy Tower                             |                  |  |  |  | \$500,000  |
| NJ10-8 Westfield Tower                           |                  | \$544,712  |  |  |  |
| NJ10-10 Mickle Tower                             |                  | \$325,752  |  |  |  |
| NJ10-13 Authority-Wide                           |                  | \$2,278,265  | \$2,438,039  | \$2,358,893  | \$2,356,172  |
|  |                  |  |  |  |  |
| CFP Funds Listed for 5-year planning             |                  | <b>\$3,668,729</b>   | <b>\$4,427,639</b>   | <b>\$4,326,397</b>   | <b>\$4,381,172</b>   |
|  |                  |  |  |  |  |
| Replacement Housing Factor Funds                 |                  |  |  |  |  |

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

| Activities for Year 1 | Activities for Year : <u>2</u><br>FFY Grant: 2006<br>PHA FY: 2006 |   |                  | Activities for Year: <u>3</u><br>FFY Grant: 2007<br>PHA FY: 2007 |   |                    |
|-----------------------|---|---|------------------|--|---|--------------------|
|                       | Development Name/Number   | Major Work Categories                     | Estimated Cost   | Development Name/Number  | Major Work Categories                     | Estimated Cost     |
|                       | NJ10-2 Ablett Village   | Reconfigure rear yards                    | \$520,000        | NJ10-2 Ablett Village  |   |                    |
|                       |   | <b>Subtotal</b>                           | <b>\$520,000</b> |  | Reconfigure parking lots and entry drives | \$520,000          |
| See                   |   |   |                  |  | Construct pitch roofs                     | \$856,800          |
| Annual                | NJ10-8 Westfield Tower  | A/E Services                              | \$43,312         |  | Replace apartment entry and screen doors  | \$368,000          |
|                       |   | Sidewalk, landscaping                     | \$150,000        |  | Clean, repair and point masonry           | \$244,800          |
|                       |   | Install additional phone jacks            | \$10,400         |  | <b>Subtotal</b>                           | <b>\$1,989,600</b> |
|                       |   | Install additional emergency call buttons | \$16,000         |  |   |                    |
|                       |   | Upgrade Public Areas                      | \$213,000        |  |   |                    |
| Statement             |   | Reconfigure main entry                    | \$112,000        |  |   |                    |
|                       |   | <b>Subtotal</b>                           | <b>\$544,712</b> |  |   |                    |
|                       | NJ10-10 Mickle Tower  | Sidewalks, landscaping                    | \$150,000        |  |   |                    |
|                       |   | Patch & paint walls & ceilings            | \$103,000        |  |   |                    |
|                       |   | Install additional phone jacks            | \$10,400         | NJ10-13 Authority Wide   | Contingency Fund                          | \$50,000           |
|                       |   | Install additional emergency call buttons | \$16,000         |  | Administration                            | \$330,500          |
|                       |   | A/E Services                              | \$46,352         |  | Management Improvements                   | \$290,000          |
|                       |   | <b>Subtotal</b>                           | <b>\$325,752</b> |  | Staff Training                            | \$50,000           |

|  |                        |                                   |                     |                        |                                   |                     |
|--|------------------------|-----------------------------------|---------------------|------------------------|-----------------------------------|---------------------|
|  | NJ10-13 Authority Wide | Contingency Fund                  | \$50,000            |                        | Collateralization or Debt Service | \$604,898           |
|  |                        | Operation Transfer                | \$562,988           | NJ10-13 Authority Wide | Grant Writer                      | \$50,000            |
|  |                        | Administration                    | \$480,000           |                        | Resident Training                 | \$175,000           |
|  |                        | Management Improvements           | \$187,500           |                        | Youth Program                     | \$105,000           |
|  |                        | Staff Training                    | \$62,500            |                        | Operation Transfer                | \$782,641           |
|  |                        | Grant Writer                      | \$50,000            |                        | <b>Subtotal</b>                   | <b>\$2,438,039</b>  |
|  |                        | Resident Training                 | \$175,000           |                        |                                   |                     |
|  |                        | Collateralization or Debt Service | \$605,277           |                        |                                   |                     |
|  | NJ10-13 Authority wide | Youth :Programs                   | \$105,000           |                        |                                   |                     |
|  | <b>Subtotal:</b>       |                                   | <b>\$2,278,265</b>  |                        |                                   |                     |
|  |                        |                                   |                     |                        |                                   |                     |
|  |                        |                                   |                     |                        |                                   |                     |
|  |                        |                                   |                     |                        |                                   |                     |
|  |                        | <b>Total CFP Estimated Cost</b>   | <b>\$ 3,668,729</b> |                        |                                   | <b>\$ 4,427,639</b> |

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

| Activities for Year : __4__<br>FFY Grant: 2008<br>PHA FY: 2008 |   |                    | Activities for Year: __5__<br>FFY Grant: 2009<br>PHA FY: 2009 |   |                  |
|--|---|--------------------|---|---|------------------|
| Development Name/Number  | Major Work Categories                   | Estimated Cost     | Development Name/Number                                       | Major Work Categories                     | Estimated Cost   |
| NJ10-1 Branch Village  |   |                    | NJ10-1 Branch Village   |   |                  |
|  | Parch/Repair Plaster Walls              | \$40,000           |   | Unit Construction                         | \$825,000        |
|  |   |                    |   |   |                  |
|  | <b>Subtotal</b>                         | <b>\$40,000</b>    |   | <b>Subtotal</b>                           | <b>\$825,000</b> |
|  |   |                    |   |   |                  |
|  |   |                    | NJ10-2 Ablett Village   |   |                  |
| NJ10-3 Roosevelt Manor   |   |                    |   | Reconfigure Parking Lots and Entry Drives | \$200,000        |
|  | Unit Construction                       | \$856,838          |   |   |                  |
|  | Reconfigure Streets                     | \$803,000          |   | <b>Subtotal</b>                           | <b>\$200,000</b> |
|  | Upgrade sidewalks, drainage & landscape | \$267,666          | NJ10-3 Roosevelt Manor  |   |                  |
|  |   |                    |   | Unit Construction                         | \$500,000        |
|  | <b>Subtotal</b>                         | <b>\$1,927,504</b> |   |   |                  |
| NJ10-13 Authority Wide   | Operation Transfer                      | \$600,000          |   | <b>Subtotal</b>                           | <b>\$500,000</b> |
|  | Contingency fund                        | \$50,000           |   |   |                  |
|  | Administration                          | \$330,500          |   |   |                  |
|  | Management Improvements                 | \$290,000          | NJ10-7 Kennedy Tower  |   |                  |
|  | Staff Training                          | \$50,000           |   | Replacement of Boiler System              | \$500,000        |
|  | Grant Writer                            | \$50,000           |   |   |                  |
|  | Resident Training                       | \$175,000          |   | <b>Subtotal</b>                           | <b>\$500,000</b> |
|  | Youth Program                           | \$105,000          |   |   |                  |

|  |                                     |                     |                        |                                     |                    |
|--|-------------------------------------|---------------------|------------------------|-------------------------------------|--------------------|
|  | Indefinite Delivery of A/E Services | \$100,000           | NJ10-13 Authority Wide | Operation Transfer                  | \$600,000          |
|  | Collateralization or Debt Service   | \$608,393           |                        | Contingency fund                    | \$50,000           |
|  |                                     |                     |                        | Administration                      | \$330,500          |
|  |                                     |                     |                        | Management Improvements             | \$290,000          |
|  |                                     |                     |                        | Staff Training                      | \$50,000           |
|  | <b>Subtotal</b>                     | <b>\$2,358,893</b>  |                        | Grant Writer                        | \$50,000           |
|  |                                     |                     |                        | Resident Training                   | \$175,000          |
|  |                                     |                     |                        | Youth Program                       | \$105,000          |
|  |                                     |                     |                        | Indefinite Delivery of A/E Services | \$100,000          |
|  |                                     |                     |                        | Collateralization or Debt Service   | \$605,672          |
|  |                                     |                     |                        | <b>Subtotal</b>                     | <b>\$2,356,172</b> |
|  |                                     |                     |                        |                                     |                    |
|  |                                     |                     |                        |                                     |                    |
|  | <b>Total CFP Estimated Cost</b>     | <b>\$ 4,326,397</b> |                        |                                     | <b>\$4,381,172</b> |

## CAPITAL FUND PROGRAM P & E REPORT

| Annual Statement /Performance and Evaluation Report  |  |   |         |                   |   |
|--|--|---|---------|-------------------|---|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary  |  |   |         |                   |   |
| PHA Name:<br><b>HOUSING AUTHORITY OF THE CITY OF CAMDEN</b>  |  | Grant Type and Number<br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: |         |                   | Federal FY of Grant:<br><br><b>2004</b> |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/04 <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-CGP Funds                      |   |         |                   |   |
| 2  | 1406 Operations                          | 245,690   |         |                   |   |
| 3  | 1408 Management Improvements             | 485,380   |         |                   |   |
| 4  | 1410 Administration                      | 245,690   |         |                   |   |
| 5  | 1411 Audit                               |   |         |                   |   |
| 6  | 1415 Liquidated Damages                  |   |         |                   |   |
| 7  | 1430 Fees and Costs                      | 40,000  |         |                   |   |
| 8  | 1440 Site Acquisition                    |   |         |                   |   |
| 9  | 1450 Site Improvement                    | 267,667   |         |                   |   |
| 10   | 1460 Dwelling Structures                 | 887,548   |         |                   |   |
| 11   | 1465 Dwelling Equipment - Non-Expendable | -   |         |                   |   |
| 12   | 1470 Non-Dwelling Structures             | -   |         |                   |   |
| 13   | 1475 Non-Dwelling Equipment              | 12,500  |         |                   |   |
| 14   | 1485 Demolition                          |   |         |                   |   |
| 15   | 1490 Replacement Reserve                 |   |         |                   |   |
| 16   | 1492 Moving to Work Demonstration        |   |         |                   |   |
| 17   | 1495.1 Relocation Costs                  | -   |         |                   |   |
| 18   | 1499 Development Activities              |   |         |                   |   |
| 19   | 1501 Collaterization or Debt Service     | 635,022   |         |                   |   |



## CAPITAL FUND PROGRAM P & E REPORT

| Annual Statement /Performance and Evaluation Report  |   |  |         |                   |   |
|--|---|--|---------|-------------------|---|
| <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>   |   |  |         |                   |   |
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF CAMDEN  |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: |         |                   | <b>Federal FY of Grant:</b><br><br>2004 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/04 <input type="checkbox"/> Final Performance and Evaluation Report |   |  |         |                   |   |
| Line No.   | Summary by Development Account                            | Total Estimated Cost   |         | Total Actual Cost |   |
|  |   | Original   | Revised | Obligated         | Expended                                |
| 20   | 1502 Contingency  | 50,000   |         |                   |   |
| <b>21</b>  | <b>Amount of Annual Grant (Sum of Lines 2-20)</b>         | <b>2,869,497</b>   |         |                   |   |
| 22   | Amount of Line 21 Related to LBP Activities               |  |         |                   |   |
| 23   | Amount of Line 21 Related to Section 504 Compliance       |  |         |                   |   |
| 24   | Amount of Line 21 Related to Security - Soft Costs        |  |         |                   |   |
| 25   | Amount of Line 21 Related to Security - Hard Costs        |  |         |                   |   |
| 26   | Amount of Line 21 Related to Energy Conservation Measures |  |         |                   |   |

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

| PHA Name:                                  |   | Grant Type and Number                |          |                      | Federal FY of Grant: 2004 |                   |                |                |
|--|---|--------------------------------------|----------|----------------------|---------------------------|-------------------|----------------|----------------|
| HOUSING AUTHORITY OF THE CITY OF CAMDEN    |   | Capital Fund Program Grant No:       |          |                      |                           |                   |                |                |
|  |   | Replacement Housing Factor Grant No: |          |                      |                           |                   |                |                |
| Development Number Name/HA-Wide Activities | General Description of Major Categories   | Dev. Acct No.                        | Quantity | Total Estimated Cost |                           | Total Actual Cost |                | Status of Work |
|  |   |                                      |          | Original             | Revised                   | Funds Obligated   | Funds Expended |                |
| NJ10-01 Branch Village                     |   |                                      |          |                      |                           |                   |                |                |
|  | Upgrade Sidewalks, Drainage and Landscape | 1450                                 |          | 267,667              |                           |                   |                |                |
|  | A/E Services                              | 1430                                 |          | 40,000               |                           |                   |                |                |
|  | Subtotal Branch Village                   |                                      |          | 307,667              | 0                         | 0                 | 0              |                |
| NJ10-02 Ablett Village                     |   |                                      |          |                      |                           |                   |                |                |
|  | Unit Redevelopment                        | 1460                                 |          | 198,500              |                           |                   |                |                |
|  | Subtotal Ablett Village                   |                                      |          | 198,500              | 0                         | 0                 | 0              |                |
| NJ10-13 Authority-Wide Projects            |   |                                      |          |                      |                           |                   |                |                |
|  | General Operations                        | 1406                                 |          | 245,690              |                           |                   |                |                |
|  | <b>Management Improvements</b>            | 1408                                 |          | 92,880               |                           |                   |                |                |
|  | Financial Management                      | 1408                                 |          | 25,000               |                           |                   |                |                |
|  | Fresh Start                               | 1408                                 |          | 105,000              |                           |                   |                |                |
|  | Computer Upgrades - Software              | 1408                                 |          | 12,500               |                           |                   |                |                |
|  | Staff Training                            | 1408                                 |          | 25,000               |                           |                   |                |                |
|  | Resident/Board of Commissioner's Training | 1408                                 |          | 175,000              |                           |                   |                |                |
|  | Grant Writer                              | 1408                                 |          | 50,000               |                           |                   |                |                |
|  | Administration (Staff and Related Items)  | 1410                                 |          | 245,690              |                           |                   |                |                |
|  | Computer Upgrades - Hardware              | 1475                                 |          | 12,500               |                           |                   |                |                |
|  | Unit Redevelopment                        | 1460                                 |          | 689,048              |                           |                   |                |                |
|  | Collateralization or Debt Service         | 1501                                 |          | 635,022              |                           |                   |                |                |
|  | Contingency                               | 1502                                 |          | 50,000               |                           |                   |                |                |
|  | Subtotal Authority Wide-Projects          |                                      |          | 2,363,330            | 0                         | 0                 | 0              |                |
|  | <b>GRAND TOTAL</b>                        |                                      |          | <b>2,869,497</b>     | <b>0</b>                  | <b>0</b>          | <b>0</b>       |                |



## CAPITAL FUND PROGRAM P & E REPORT

| <b>Annual Statement /Performance and Evaluation Report</b>   |  |   |         |                   |   |
|--|--|---|---------|-------------------|---|
| <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>   |  |   |         |                   |   |
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF CAMDEN  |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: NJ39PO10501-03<br>Replacement Housing Factor Grant No: |         |                   | <b>Federal FY of Grant:</b><br><br>2003 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/04 <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-CGP Funds                      |   |         |                   |   |
| 2  | 1406 Operations                          | 302,690   | 336,690 | 336,690           | 202,690                                 |
| 3  | 1408 Management Improvements             | 292,000   | 292,000 | 292,000           | 169,691                                 |
| 4  | 1410 Administration                      | 242,690   | 242,690 | 242,690           | 121,270                                 |
| 5  | 1411 Audit                               |   |         |                   |   |
| 6  | 1415 Liquidated Damages                  |   |         |                   |   |
| 7  | 1430 Fees and Costs                      | 508,300   | 288,450 | 142,450           | -                                       |
| 8  | 1440 Site Acquisition                    |   |         |                   |   |
| 9  | 1450 Site Improvement                    | 50,000  | 60,000  | -                 | -                                       |
| 10   | 1460 Dwelling Structures                 | 701,180   | 822,452 | 21,245            | 10,862                                  |
| 11   | 1465 Dwelling Equipment - Non-Expendable |   |         |                   |   |
| 12   | 1470 Non-Dwelling Structures             | 94,700  | -       | -                 | -                                       |
| 13   | 1475 Non-Dwelling Equipment              | 128,500   | 128,500 | 24,357            | 24,357                                  |
| 14   | 1485 Demolition                          | 106,840   | 106,840 | 106,840           | -                                       |
| 15   | 1490 Replacement Reserve                 |   |         |                   |   |
| 16   | 1492 Moving to Work Demonstration        |   |         |                   |   |
| 17   | 1495.1 Relocation Costs                  | -   | 20,000  | -                 | -                                       |
| 18   | 1499 Development Activities              |   |         |                   |   |
| 19   | 1501 Collaterization or Debt Service     |   |         |                   |   |

**CAPITAL FUND PROGRAM P & E REPORT**

| <b>Annual Statement /Performance and Evaluation Report</b>   |   |   |                  |                   |   |
|--|---|---|------------------|-------------------|---|
| <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>   |   |   |                  |                   |   |
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF CAMDEN  |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: NJ39PO10501-03<br>Replacement Housing Factor Grant No: |                  |                   | <b>Federal FY of Grant:</b><br><br>2003 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/04 <input type="checkbox"/> Final Performance and Evaluation Report |   |   |                  |                   |   |
| Line No.   | Summary by Development Account                            | Total Estimated Cost  |                  | Total Actual Cost |   |
|  |   | Original  | Revised          | Obligated         | Expended                                |
| 20   | 1502 Contingency  | -   | 129,278          | -                 | -                                       |
| <b>21</b>  | <b>Amount of Annual Grant (Sum of Lines 2-20)</b>         | <b>2,426,900</b>  | <b>2,426,900</b> | <b>1,166,272</b>  | <b>528,870</b>                          |
| 22   | Amount of Line 21 Related to LBP Activities               |   |                  |                   |   |
| 23   | Amount of Line 21 Related to Section 504 Compliance       |   |                  |                   |   |
| 24   | Amount of Line 21 Related to Security - Soft Costs        |   |                  |                   |   |
| 25   | Amount of Line 21 Related to Security - Hard Costs        |   |                  |                   |   |
| 26   | Amount of Line 21 Related to Energy Conservation Measures |   |                  |                   |   |

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

| PHA Name:  |  | Grant Type and Number   |          |                      | Federal FY of Grant: 2003 |                    |                   |                   |
|--|--|---|----------|----------------------|---------------------------|--------------------|-------------------|-------------------|
| HOUSING AUTHORITY OF THE CITY OF CAMDEN          |  | Capital Fund Program Grant No: NJ39PO10501-03<br>Replacement Housing Factor Grant No: |          |                      |                           |                    |                   |                   |
| Development Number<br>Name/HA-Wide<br>Activities | General Description of Major<br>Categories | Dev. Acct No.   | Quantity | Total Estimated Cost |                           | Total Actual Cost  |                   | Status of<br>Work |
|  |  |   |          | Original             | Revised                   | Funds<br>Obligated | Funds<br>Expended |                   |
| NJ10-01 Branch Village                           |  |   |          |                      |                           |                    |                   |                   |
|  | Site, Upgrade and Improvement              | 1450  |          | 50,000               | 50,000                    |                    |                   | No Work to Date.  |
|  | Subtotal Branch Village                    |   |          | 50,000               | 50,000                    | 0                  | 0                 |                   |
| NJ10-02 Ablett Village                           |  |   |          |                      |                           |                    |                   |                   |
|  | Upgrade Sidewalks                          | 1450  |          | 0                    | 10,000                    |                    |                   | No Work to Date.  |
|  | Subtotal Ablett Village                    |   |          | 0                    | 10,000                    | 0                  | 0                 |                   |
| NJ10-04 McGuire Gardens                          |  |   |          |                      |                           |                    |                   |                   |
|  | Community Building                         | 1470  |          | 94,700               | -                         | -                  |                   |                   |
|  | A/E Services                               | 1430  |          | 75,300               | -                         | -                  | -                 |                   |
|  | Legal Fees                                 | 1430  |          | 30,000               | -                         | -                  |                   |                   |
|  | Subtotal McGuire Gardens                   |   |          | 200,000              | 0                         | 0                  | 0                 |                   |
| NJ10-05 Chelton Terrace                          |  |   |          |                      |                           |                    |                   |                   |
|  | Demo Phase II                              | 1485  |          | 106,840              | 106,840                   | 106,840            |                   | In Progress.      |
|  | Subtotal Chelton Village                   |   |          | 106,840              | 106,840                   | 106,840            | 0                 |                   |
| NJ10-08 Westfield Tower                          |  |   |          |                      |                           |                    |                   |                   |
|  | Elevator Repair/Upgrade                    | 1460  |          | 124,000              | -                         | -                  | -                 |                   |
|  | A/E Services                               | 1430  |          | 14,000               | -                         | -                  |                   |                   |
|  | Subtotal Westfield Tower                   |   |          | 138,000              | 0                         | 0                  | 0                 |                   |
| NJ10-10 Mickle Tower                             |  |   |          |                      |                           |                    |                   |                   |
|  | Elevator Replacement                       | 1460  |          | 374,000              | 374,000                   |                    |                   | Being Procured.   |
|  | A/E Services                               | 1430  |          | 19,000               | 0                         |                    |                   |                   |
|  | Façade Restoration                         | 1460  |          | 44,800               | 44,800                    |                    |                   | No Work to Date.  |
|  | Repair / Upgrade (Bird Netting)            | 1460  |          |                      | 10,383                    | 10,383             |                   | In Progress.      |
|  | Subtotal Mickle Tower                      |   |          | 437,800              | 429,183                   | 10,383             | 0                 |                   |
| NJ10-13 Authority-Wide Projects                  |  |   |          |                      |                           |                    |                   |                   |
|  | General Operations                         | 1406  |          | 302,690              | 336,690                   | 336,690            | 202,690           | In Progress.      |
|  | Financial Management                       | 1408  |          | 100,000              | 100,000                   | 100,000            | 46,873            | In Progress.      |
|  | Fresh Start                                | 1408  |          | 132,000              | 132,000                   | 132,000            | 106,255           | In Progress.      |

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

| PHA Name:                                     |  | Grant Type and Number   |          |                      |                  | Federal FY of Grant: 2003 |                |                  |
|---|--|---|----------|----------------------|------------------|---------------------------|----------------|------------------|
| HOUSING AUTHORITY OF THE CITY OF CAMDEN       |  | Capital Fund Program Grant No: NJ39PO10501-03<br>Replacement Housing Factor Grant No: |          |                      |                  |                           |                |                  |
| Development Number<br>Name/HA-Wide Activities | General Description of Major Categories  | Dev. Acct No.   | Quantity | Total Estimated Cost |                  | Total Actual Cost         |                | Status of Work   |
|   |  |   |          | Original             | Revised          | Funds Obligated           | Funds Expended |                  |
|   | Staff Training                           | 1408  |          | 60,000               | 60,000           | 60,000                    | 16,563         | In Progress.     |
|   | Administration (Staff and Related Items) | 1410  |          | 242,690              | 242,690          | 242,690                   | 121,270        | In Progress.     |
|   | A&E Services                             | 1430  |          | 250,000              | 222,450          | 142,450                   |                | In Progress.     |
|   | A&E Services - H6 Application/Planning   | 1430  |          | 54,000               | -                | -                         | -              |                  |
|   | Comp System Maintenance & PMIS           | 1430  |          | 66,000               | 66,000           |                           |                | No Work to Date. |
|   | Vacant Unit Rehab                        | 1460  |          | 158,380              | 393,269          | 10,862                    | 10,862         | In Progress.     |
|   | Computer Upgrades - Hardware             | 1475  |          | 68,500               | 68,500           |                           |                | No Work to Date. |
|   | Vehicle Replacement                      | 1475  |          | 60,000               | 60,000           | 24,357                    | 24,357         | In Progress.     |
|   | Relocation                               | 1495  |          |                      | 20,000           |                           |                | No Work to Date. |
|   | Contingency                              | 1502  |          | -                    | 129,278          |                           |                |                  |
|   | Subtotal Authority Wide-Projects         |   |          | 1,494,260            | 1,830,877        | 1,049,049                 | 528,870        |                  |
|   | <b>GRAND TOTAL</b>                       |   |          | <b>2,426,900</b>     | <b>2,426,900</b> | <b>1,166,272</b>          | <b>528,870</b> |                  |





## CAPITAL FUND PROGRAM P & E REPORT

| <b>Annual Statement /Performance and Evaluation Report</b>   |  |   |         |                   |   |
|--|--|---|---------|-------------------|---|
| <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>   |  |   |         |                   |   |
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF CAMDEN  |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: NJ39PO10501-03<br>Replacement Housing Factor Grant No: |         |                   | <b>Federal FY of Grant:</b><br><br>2003 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/04 <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-CGP Funds                      |   |         |                   |   |
| 2  | 1406 Operations                          | 302,690   | 336,690 | 336,690           | 202,690                                 |
| 3  | 1408 Management Improvements             | 292,000   | 292,000 | 292,000           | 169,691                                 |
| 4  | 1410 Administration                      | 242,690   | 242,690 | 242,690           | 121,270                                 |
| 5  | 1411 Audit                               |   |         |                   |   |
| 6  | 1415 Liquidated Damages                  |   |         |                   |   |
| 7  | 1430 Fees and Costs                      | 508,300   | 288,450 | 142,450           | -                                       |
| 8  | 1440 Site Acquisition                    |   |         |                   |   |
| 9  | 1450 Site Improvement                    | 50,000  | 60,000  | -                 | -                                       |
| 10   | 1460 Dwelling Structures                 | 701,180   | 822,452 | 21,245            | 10,862                                  |
| 11   | 1465 Dwelling Equipment - Non-Expendable |   |         |                   |   |
| 12   | 1470 Non-Dwelling Structures             | 94,700  | -       | -                 | -                                       |
| 13   | 1475 Non-Dwelling Equipment              | 128,500   | 128,500 | 24,357            | 24,357                                  |
| 14   | 1485 Demolition                          | 106,840   | 106,840 | 106,840           | -                                       |
| 15   | 1490 Replacement Reserve                 |   |         |                   |   |
| 16   | 1492 Moving to Work Demonstration        |   |         |                   |   |
| 17   | 1495.1 Relocation Costs                  | -   | 20,000  | -                 | -                                       |
| 18   | 1499 Development Activities              |   |         |                   |   |
| 19   | 1501 Collaterization or Debt Service     |   |         |                   |   |

## CAPITAL FUND PROGRAM P & E REPORT

| <b>Annual Statement /Performance and Evaluation Report</b>   |   |   |                  |                   |   |
|--|---|---|------------------|-------------------|---|
| <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>   |   |   |                  |                   |   |
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF CAMDEN  |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: NJ39PO10501-03<br>Replacement Housing Factor Grant No: |                  |                   | <b>Federal FY of Grant:</b><br><br>2003 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/04 <input type="checkbox"/> Final Performance and Evaluation Report |   |   |                  |                   |   |
| Line No.   | Summary by Development Account                            | Total Estimated Cost  |                  | Total Actual Cost |   |
|  |   | Original  | Revised          | Obligated         | Expended                                |
| 20   | 1502 Contingency  | -   | 129,278          | -                 | -                                       |
| <b>21</b>  | <b>Amount of Annual Grant (Sum of Lines 2-20)</b>         | <b>2,426,900</b>  | <b>2,426,900</b> | <b>1,166,272</b>  | <b>528,870</b>                          |
| 22   | Amount of Line 21 Related to LBP Activities               |   |                  |                   |   |
| 23   | Amount of Line 21 Related to Section 504 Compliance       |   |                  |                   |   |
| 24   | Amount of Line 21 Related to Security - Soft Costs        |   |                  |                   |   |
| 25   | Amount of Line 21 Related to Security - Hard Costs        |   |                  |                   |   |
| 26   | Amount of Line 21 Related to Energy Conservation Measures |   |                  |                   |   |

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

| PHA Name:  |  | Grant Type and Number   |          |                      | Federal FY of Grant: 2003 |                    |                   |                   |
|--|--|---|----------|----------------------|---------------------------|--------------------|-------------------|-------------------|
| HOUSING AUTHORITY OF THE CITY OF CAMDEN          |  | Capital Fund Program Grant No: NJ39PO10501-03<br>Replacement Housing Factor Grant No: |          |                      |                           |                    |                   |                   |
| Development Number<br>Name/HA-Wide<br>Activities | General Description of Major<br>Categories | Dev. Acct No.   | Quantity | Total Estimated Cost |                           | Total Actual Cost  |                   | Status of<br>Work |
|  |  |   |          | Original             | Revised                   | Funds<br>Obligated | Funds<br>Expended |                   |
| NJ10-01 Branch Village                           |  |   |          |                      |                           |                    |                   |                   |
|  | Site, Upgrade and Improvement              | 1450  |          | 50,000               | 50,000                    |                    |                   | No Work to Date.  |
|  | Subtotal Branch Village                    |   |          | 50,000               | 50,000                    | 0                  | 0                 |                   |
| NJ10-02 Ablett Village                           |  |   |          |                      |                           |                    |                   |                   |
|  | Upgrade Sidewalks                          | 1450  |          | 0                    | 10,000                    |                    |                   | No Work to Date.  |
|  | Subtotal Ablett Village                    |   |          | 0                    | 10,000                    | 0                  | 0                 |                   |
| NJ10-04 McGuire Gardens                          |  |   |          |                      |                           |                    |                   |                   |
|  | Community Building                         | 1470  |          | 94,700               | -                         | -                  |                   |                   |
|  | A/E Services                               | 1430  |          | 75,300               | -                         | -                  | -                 |                   |
|  | Legal Fees                                 | 1430  |          | 30,000               | -                         | -                  |                   |                   |
|  | Subtotal McGuire Gardens                   |   |          | 200,000              | 0                         | 0                  | 0                 |                   |
| NJ10-05 Chelton Terrace                          |  |   |          |                      |                           |                    |                   |                   |
|  | Demo Phase II                              | 1485  |          | 106,840              | 106,840                   | 106,840            |                   | In Progress.      |
|  | Subtotal Chelton Village                   |   |          | 106,840              | 106,840                   | 106,840            | 0                 |                   |
| NJ10-08 Westfield Tower                          |  |   |          |                      |                           |                    |                   |                   |
|  | Elevator Repair/Upgrade                    | 1460  |          | 124,000              | -                         | -                  | -                 |                   |
|  | A/E Services                               | 1430  |          | 14,000               | -                         | -                  |                   |                   |
|  | Subtotal Westfield Tower                   |   |          | 138,000              | 0                         | 0                  | 0                 |                   |
| NJ10-10 Mickle Tower                             |  |   |          |                      |                           |                    |                   |                   |
|  | Elevator Replacement                       | 1460  |          | 374,000              | 374,000                   |                    |                   | Being Procured.   |
|  | A/E Services                               | 1430  |          | 19,000               | 0                         |                    |                   |                   |
|  | Façade Restoration                         | 1460  |          | 44,800               | 44,800                    |                    |                   | No Work to Date.  |
|  | Repair / Upgrade (Bird Netting)            | 1460  |          |                      | 10,383                    | 10,383             |                   | In Progress.      |
|  | Subtotal Mickle Tower                      |   |          | 437,800              | 429,183                   | 10,383             | 0                 |                   |
| NJ10-13 Authority-Wide Projects                  |  |   |          |                      |                           |                    |                   |                   |
|  | General Operations                         | 1406  |          | 302,690              | 336,690                   | 336,690            | 202,690           | In Progress.      |
|  | Financial Management                       | 1408  |          | 100,000              | 100,000                   | 100,000            | 46,873            | In Progress.      |
|  | Fresh Start                                | 1408  |          | 132,000              | 132,000                   | 132,000            | 106,255           | In Progress.      |

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

| PHA Name:                                     |  | Grant Type and Number   |          |                      |                  | Federal FY of Grant: 2003 |                |                  |  |
|---|--|---|----------|----------------------|------------------|---------------------------|----------------|------------------|--|
| HOUSING AUTHORITY OF THE CITY OF CAMDEN       |  | Capital Fund Program Grant No: NJ39PO10501-03<br>Replacement Housing Factor Grant No: |          |                      |                  |                           |                |                  |  |
| Development Number<br>Name/HA-Wide Activities | General Description of Major Categories  | Dev. Acct No.   | Quantity | Total Estimated Cost |                  | Total Actual Cost         |                | Status of Work   |  |
|   |  |   |          | Original             | Revised          | Funds Obligated           | Funds Expended |                  |  |
|   | Staff Training                           | 1408  |          | 60,000               | 60,000           | 60,000                    | 16,563         | In Progress.     |  |
|   | Administration (Staff and Related Items) | 1410  |          | 242,690              | 242,690          | 242,690                   | 121,270        | In Progress.     |  |
|   | A&E Services                             | 1430  |          | 250,000              | 222,450          | 142,450                   |                | In Progress.     |  |
|   | A&E Services - H6 Application/Planning   | 1430  |          | 54,000               | -                | -                         | -              |                  |  |
|   | Comp System Maintenance & PMIS           | 1430  |          | 66,000               | 66,000           |                           |                | No Work to Date. |  |
|   | Vacant Unit Rehab                        | 1460  |          | 158,380              | 393,269          | 10,862                    | 10,862         | In Progress.     |  |
|   | Computer Upgrades - Hardware             | 1475  |          | 68,500               | 68,500           |                           |                | No Work to Date. |  |
|   | Vehicle Replacement                      | 1475  |          | 60,000               | 60,000           | 24,357                    | 24,357         | In Progress.     |  |
|   | Relocation                               | 1495  |          |                      | 20,000           |                           |                | No Work to Date. |  |
|   | Contingency                              | 1502  |          | -                    | 129,278          |                           |                |                  |  |
|   | Subtotal Authority Wide-Projects         |   |          | 1,494,260            | 1,830,877        | 1,049,049                 | 528,870        |                  |  |
|   | <b>GRAND TOTAL</b>                       |   |          | <b>2,426,900</b>     | <b>2,426,900</b> | <b>1,166,272</b>          | <b>528,870</b> |                  |  |



## CAPITAL FUND PROGRAM P & E REPORT

| <b>Annual Statement /Performance and Evaluation Report</b>   |  |   |         |                   |   |
|--|--|---|---------|-------------------|---|
| <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>   |  |   |         |                   |   |
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF CAMDEN  |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: NJ39RO10501-03 |         |                   | <b>Federal FY of Grant:</b><br><br>2003 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/04 <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-CGP Funds                      |   |         |                   |   |
| 2  | 1406 Operations                          | -   | -       | -                 | -                                       |
| 3  | 1408 Management Improvements             | -   | -       | -                 | -                                       |
| 4  | 1410 Administration                      | -   | -       | -                 | -                                       |
| 5  | 1411 Audit                               |   |         |                   |   |
| 6  | 1415 Liquidated Damages                  |   |         |                   |   |
| 7  | 1430 Fees and Costs                      | -   | -       | -                 | -                                       |
| 8  | 1440 Site Acquisition                    |   |         |                   |   |
| 9  | 1450 Site Improvement                    | -   | -       | -                 | -                                       |
| 10   | 1460 Dwelling Structures                 | 1,321,989   | -       | 182,503           | -                                       |
| 11   | 1465 Dwelling Equipment - Non-Expendable |   |         |                   |   |
| 12   | 1470 Non-Dwelling Structures             | -   | -       | -                 | -                                       |
| 13   | 1475 Non-Dwelling Equipment              | -   | -       | -                 | -                                       |
| 14   | 1485 Demolition                          | -   | -       | -                 | -                                       |
| 15   | 1490 Replacement Reserve                 |   |         |                   |   |
| 16   | 1492 Moving to Work Demonstration        |   |         |                   |   |
| 17   | 1495.1 Relocation Costs                  | -   | -       | -                 | -                                       |
| 18   | 1499 Development Activities              | -   | -       | -                 | -                                       |
| 19   | 1501 Collateralization or Debt Service   |   |         |                   |   |

## CAPITAL FUND PROGRAM P & E REPORT

| <b>Annual Statement /Performance and Evaluation Report</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>   |   |   |         |                   |                                     |  |
|--|---|---|---------|-------------------|-------------------------------------|--|
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF CAMDEN  |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: NJ39RO10501-03 |         |                   | <b>Federal FY of Grant:</b><br>2003 |  |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/04 <input type="checkbox"/> Final Performance and Evaluation Report |   |   |         |                   |                                     |  |
| Line No.   | Summary by Development Account                            | Total Estimated Cost  |         | Total Actual Cost |                                     |  |
|  |   | Original  | Revised | Obligated         | Expended                            |  |
| 20   | 1502 Contingency  | -   | -       | -                 | -                                   |  |
| <b>21</b>  | <b>Amount of Annual Grant (Sum of Lines 2-20)</b>         | <b>1,321,989</b>  | -       | <b>182,503</b>    | -                                   |  |
| 22   | Amount of Line 21 Related to LBP Activities               |   |         |                   |                                     |  |
| 23   | Amount of Line 21 Related to Section 504 Compliance       |   |         |                   |                                     |  |
| 24   | Amount of Line 21 Related to Security - Soft Costs        |   |         |                   |                                     |  |
| 25   | Amount of Line 21 Related to Security - Hard Costs        |   |         |                   |                                     |  |
| 26   | Amount of Line 21 Related to Energy Conservation Measures |   |         |                   |                                     |  |

**Annual Statement /Performance and Evaluation Report**

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

**Part II: Supporting Pages**

| PHA Name:                                     |   | Grant Type and Number   |          |                      | Federal FY of Grant: 2003 |                   |                |                  |
|---|---|---|----------|----------------------|---------------------------|-------------------|----------------|------------------|
| HOUSING AUTHORITY OF THE CITY OF CAMDEN       |   | Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: NJ39RO10501-03 |          |                      |                           |                   |                |                  |
| Development Number<br>Name/HA-Wide Activities | General Description of Major Categories | Dev. Acct No.   | Quantity | Total Estimated Cost |                           | Total Actual Cost |                | Status of Work   |
|   |   |   |          | Original             | Revised                   | Funds Obligated   | Funds Expended |                  |
| NJ10-03 Roosevelt Manor                       |   |   |          |                      |                           |                   |                |                  |
|   | Construct New Units                     | 1460  |          | 1,139,486            |                           |                   |                | No Work to Date. |
|   | Subtotal Roosevelt Manor                |   |          | 1,139,486            | 0                         | 0                 | 0              |                  |
| NJ10-04 McGuire Gardens                       |   |   |          |                      |                           |                   |                |                  |
|   | Subtotal Roosevelt Manor                |   |          | 0                    | 0                         | 0                 | 0              |                  |
| NJ10-05 Chelton Village                       |   |   |          |                      |                           |                   |                |                  |
|   | Construct New Units - Phase II          | 1460  |          | 182,503              |                           | 182,503           |                | In Progress.     |
|   | Subtotal Chelton Village                |   |          | 182,503              | 0                         | 182,503           | 0              |                  |
| NJ10-06 Westfield Acres                       |   |   |          |                      |                           |                   |                |                  |
|   | Subtotal Westfield Acres                |   |          | 0                    | 0                         | 0                 | 0              |                  |
| NJ10-07 Kennedy Tower                         |   |   |          |                      |                           |                   |                |                  |
|   | Subtotal Kennedy Tower                  |   |          | 0                    | 0                         | 0                 | 0              |                  |
| NJ10-08 Westfield Tower                       |   |   |          |                      |                           |                   |                |                  |
|   | Subtotal Westfield Tower                |   |          | 0                    | 0                         | 0                 | 0              |                  |
| NJ10-10 Mickle Tower                          |   |   |          |                      |                           |                   |                |                  |
|   | Subtotal Mickle Tower                   |   |          | 0                    | 0                         | 0                 | 0              |                  |
| NJ10-13 Authority-Wide Projects               |   |   |          |                      |                           |                   |                |                  |
|   | Subtotal Authority Wide-Projects        |   |          | 0                    | 0                         | 0                 | 0              |                  |
|   | <b>GRAND TOTAL</b>                      |   |          | <b>1,321,989</b>     | <b>0</b>                  | <b>182,503</b>    | <b>0</b>       |                  |



## CAPITAL FUND PROGRAM P & E REPORT

| <b>Annual Statement /Performance and Evaluation Report</b>   |  |   |         |   |          |
|--|--|---|---------|---|----------|
| <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>   |  |   |         |   |          |
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF CAMDEN  |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: NJ39PO10502-03<br>Replacement Housing Factor Grant No: |         | <b>Federal FY of Grant:</b><br><br>2003 |          |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/04 <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-CGP Funds                      |   |         |   |          |
| 2  | 1406 Operations                          | -   |         |   |          |
| 3  | 1408 Management Improvements             | -   |         |   |          |
| 4  | 1410 Administration                      | -   |         |   |          |
| 5  | 1411 Audit                               |   |         |   |          |
| 6  | 1415 Liquidated Damages                  |   |         |   |          |
| 7  | 1430 Fees and Costs                      | 100,000   |         |   |          |
| 8  | 1440 Site Acquisition                    |   |         |   |          |
| 9  | 1450 Site Improvement                    | -   |         |   |          |
| 10   | 1460 Dwelling Structures                 | 570,000   |         |   |          |
| 11   | 1465 Dwelling Equipment - Non-Expendable |   |         |   |          |
| 12   | 1470 Non-Dwelling Structures             | -   |         |   |          |
| 13   | 1475 Non-Dwelling Equipment              | 90,000  |         |   |          |
| 14   | 1485 Demolition                          | -   |         |   |          |
| 15   | 1490 Replacement Reserve                 |   |         |   |          |
| 16   | 1492 Moving to Work Demonstration        |   |         |   |          |
| 17   | 1495.1 Relocation Costs                  | -   |         |   |          |
| 18   | 1499 Development Activities              |   |         |   |          |
| 19   | 1501 Collateralization or Debt Service   | -   |         |   |          |

## CAPITAL FUND PROGRAM P & E REPORT

| Annual Statement /Performance and Evaluation Report  |   |   |         |   |          |
|--|---|---|---------|---|----------|
| <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>   |   |   |         |   |          |
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF CAMDEN  |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: NJ39PO10502-03<br>Replacement Housing Factor Grant No: |         | <b>Federal FY of Grant:</b><br><br>2003 |          |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/04 <input type="checkbox"/> Final Performance and Evaluation Report |   |   |         |   |          |
| Line No.   | Summary by Development Account                            | Total Estimated Cost  |         | Total Actual Cost                       |          |
|  |   | Original  | Revised | Obligated                               | Expended |
| 20   | 1502 Contingency  | 31,800  |         |   |          |
| <b>21</b>  | <b>Amount of Annual Grant (Sum of Lines 2-20)</b>         | <b>791,800</b>  |         |   |          |
| 22   | Amount of Line 21 Related to LBP Activities               |   |         |   |          |
| 23   | Amount of Line 21 Related to Section 504 Compliance       |   |         |   |          |
| 24   | Amount of Line 21 Related to Security - Soft Costs        |   |         |   |          |
| 25   | Amount of Line 21 Related to Security - Hard Costs        |   |         |   |          |
| 26   | Amount of Line 21 Related to Energy Conservation Measures |   |         |   |          |

**Annual Statement /Performance and Evaluation Report**

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

**Part II: Supporting Pages**

| PHA Name:                                     |  | Grant Type and Number   |          |                      | Federal FY of Grant: 2003 |                   |                |                  |
|---|--|---|----------|----------------------|---------------------------|-------------------|----------------|------------------|
| HOUSING AUTHORITY OF THE CITY OF CAMDEN       |  | Capital Fund Program Grant No: NJ39PO10502-03<br>Replacement Housing Factor Grant No: |          |                      |                           |                   |                |                  |
| Development Number<br>Name/HA-Wide Activities | General Description of Major Categories    | Dev. Acct No.   | Quantity | Total Estimated Cost |                           | Total Actual Cost |                | Status of Work   |
|   |  |   |          | Original             | Revised                   | Funds Obligated   | Funds Expended |                  |
| NJ10-01 Branch Village                        |  |   |          |                      |                           |                   |                |                  |
|   | Site, Upgrade and Improvement              | 1450  |          | 0                    |                           |                   |                |                  |
|   | Subtotal Branch Village                    |   |          | 0                    | 0.00                      | 0.00              | 0.00           |                  |
| NJ10-02 Ablett Village                        |  |   |          |                      |                           |                   |                |                  |
|   | Site, Upgrade and Improvement              | 1450  |          | 0                    |                           |                   |                |                  |
|   | Replace Windows                            | 1460  |          | 0                    |                           |                   |                |                  |
|   | Subtotal Ablett Village                    |   |          | 0                    | 0.00                      | 0.00              | 0.00           |                  |
| NJ10-04 McGuire Gardens                       |  |   |          |                      |                           |                   |                |                  |
|   | Community Building                         | 1470  |          | 0                    |                           |                   |                |                  |
|   | A/E Services                               | 1430  |          | 0                    |                           |                   |                |                  |
|   | Subtotal McGuire Gardens                   |   |          | 0                    | 0.00                      | 0.00              | 0.00           |                  |
| NJ10-08 Westfield Tower                       |  |   |          |                      |                           |                   |                |                  |
|   | Sprinkler System Repair/Upgrade            | 1460  |          | 470,000              |                           |                   |                | No Work to Date. |
|   | A/E Services                               | 1430  |          | 80,000               |                           |                   |                | No Work to Date. |
|   | Subtotal Westfield Tower                   |   |          | 550,000              | 0.00                      | 0.00              | 0.00           |                  |
| NJ10-10 Mickle Tower                          |  |   |          |                      |                           |                   |                |                  |
|   | Sprinkler System Repair/Upgrade            | 1460  |          | 0                    |                           |                   |                |                  |
|   | A/E Services                               | 1430  |          | 0                    |                           |                   |                |                  |
|   | Subtotal Mickle Tower                      |   |          | 0                    | 0.00                      | 0.00              | 0.00           |                  |
| NJ10-13 Authority-Wide Projects               |  |   |          |                      |                           |                   |                |                  |
|   | General Operations                         | 1406  |          | 0                    |                           |                   |                |                  |
|   | Union Trades - Carpenter                   | 1408  |          | 0                    |                           |                   |                |                  |
|   | Financial Management                       | 1408  |          | 0                    |                           |                   |                |                  |
|   | Fresh Start                                | 1408  |          | 0                    |                           |                   |                |                  |
|   | Staff Training                             | 1408  |          | 0                    |                           |                   |                |                  |
|   | Program Mgt of Modernization Dept/A&E Serv | 1430  |          | 0                    |                           |                   |                |                  |
|   | A&E Services - H6 Application/Planning     | 1430  |          | 0                    |                           |                   |                |                  |
|   | Comp System Maintenance & PMIS             | 1430  |          | 20,000               |                           |                   |                | No Work to Date. |

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

| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF CAMDEN |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: NJ39PO10502-03<br>Replacement Housing Factor Grant No: |          |                      | <b>Federal FY of Grant: 2003</b> |                   |                |                  |
|---|---|---|----------|----------------------|----------------------------------|-------------------|----------------|------------------|
| Development Number<br>Name/HA-Wide Activities               | General Description of Major Categories | Dev. Acct No.   | Quantity | Total Estimated Cost |                                  | Total Actual Cost |                | Status of Work   |
|   |   |   |          | Original             | Revised                          | Funds Obligated   | Funds Expended |                  |
|   | Vacant Unit Rehab                       | 1460  |          | 100,000              |                                  |                   |                | No Work to Date. |
|   | Computer Upgrades                       | 1475  |          | 90,000               |                                  |                   |                | No Work to Date. |
|   | Vehicle Replacement                     | 1475  |          | 0                    |                                  |                   |                |                  |
|   | Relocation                              | 1495  |          | 0                    |                                  |                   |                |                  |
|   | Collateralization or Debt Service       | 1501  |          | 0                    |                                  |                   |                |                  |
|   | Contingency                             | 1502  |          | 31,800               |                                  |                   |                |                  |
|   | Subtotal Authority Wide-Projects        |   |          | 241,800              | 0.00                             | 0.00              | 0.00           |                  |
| <b>GRAND TOTAL</b>  |   |   |          |                      |                                  |                   |                |                  |
|   |   |   |          | <b>791,800</b>       | <b>0.00</b>                      | <b>0.00</b>       | <b>0.00</b>    |                  |



## CAPITAL FUND PROGRAM P & E REPORT

| <b>Annual Statement /Performance and Evaluation Report</b>   |  |   |         |                   |   |
|--|--|---|---------|-------------------|---|
| <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>   |  |   |         |                   |   |
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF CAMDEN  |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: NJ39PO10501-02<br>Replacement Housing Factor Grant No: |         |                   | <b>Federal FY of Grant:</b><br><br>2002 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/04 <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-CGP Funds                      |   |         |                   |   |
| 2  | 1406 Operations                          | 552,763   | 552,763 | 552,763           | 552,763                                 |
| 3  | 1408 Management Improvements             | 543,763   | 521,417 | 521,417           | 459,104                                 |
| 4  | 1410 Administration                      | 276,381   | 276,381 | 276,381           | 270,124                                 |
| 5  | 1411 Audit                               |   |         |                   |   |
| 6  | 1415 Liquidated Damages                  |   |         |                   |   |
| 7  | 1430 Fees and Costs                      | 81,000  | 516,421 | 516,421           | 160,411                                 |
| 8  | 1440 Site Acquisition                    |   |         |                   |   |
| 9  | 1450 Site Improvement                    | -   | -       | -                 | -                                       |
| 10   | 1460 Dwelling Structures                 | 549,907   | 85,112  | 85,112            | 85,112                                  |
| 11   | 1465 Dwelling Equipment - Non-Expendable |   |         |                   |   |
| 12   | 1470 Non-Dwelling Structures             | 700,000   | 790,000 | 790,000           | -                                       |
| 13   | 1475 Non-Dwelling Equipment              | -   | 21,360  | 21,360            | -                                       |
| 14   | 1485 Demolition                          | -   | -       | -                 | -                                       |
| 15   | 1490 Replacement Reserve                 |   |         |                   |   |
| 16   | 1492 Moving to Work Demonstration        |   |         |                   |   |
| 17   | 1495.1 Relocation Costs                  | 10,000  | 360     | 360               | 360                                     |
| 18   | 1499 Development Activities              |   |         |                   |   |

## CAPITAL FUND PROGRAM P & E REPORT

| <b>Annual Statement /Performance and Evaluation Report</b>   |   |   |                  |   |                  |
|--|---|---|------------------|---|------------------|
| <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>   |   |   |                  |   |                  |
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF CAMDEN  |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: NJ39PO10501-02<br>Replacement Housing Factor Grant No: |                  | <b>Federal FY of Grant:</b><br><br>2002 |                  |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/04 <input type="checkbox"/> Final Performance and Evaluation Report |   |   |                  |   |                  |
| Line No.   | Summary by Development Account                            | Total Estimated Cost  |                  | Total Actual Cost                       |                  |
|  |   | Original  | Revised          | Obligated                               | Expended         |
| 19   | 1501 Collaterization or Debt Service                      |   |                  |   |                  |
| 20   | 1502 Contingency  | 50,000  | -                | -                                       | -                |
| <b>21</b>  | <b>Amount of Annual Grant (Sum of Lines 2-20)</b>         | <b>2,763,814</b>  | <b>2,763,814</b> | <b>2,763,814</b>                        | <b>1,527,874</b> |
| 22   | Amount of Line 21 Related to LBP Activities               |   |                  |   |                  |
| 23   | Amount of Line 21 Related to Section 504 Compliance       |   |                  |   |                  |
| 24   | Amount of Line 21 Related to Security - Soft Costs        |   |                  |   |                  |
| 25   | Amount of Line 21 Related to Security - Hard Costs        |   |                  |   |                  |
| 26   | Amount of Line 21 Related to Energy Conservation Measures |   |                  |   |                  |

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

| PHA Name:  |  | Grant Type and Number   |          |                      |         | Federal FY of Grant: 2002 |                |                |
|--|--|---|----------|----------------------|---------|---------------------------|----------------|----------------|
| HOUSING AUTHORITY OF THE CITY OF CAMDEN          |  | Capital Fund Program Grant No: NJ39PO10501-02<br>Replacement Housing Factor Grant No: |          |                      |         |                           |                |                |
| Development Number<br>Name/HA-Wide<br>Activities | General Description of Major Work Categories<br>Categories | Dev. Acct No.   | Quantity | Total Estimated Cost |         | Total Actual Cost         |                | Status of Work |
|  |  |   |          | Original             | Revised | Funds Obligated           | Funds Expended |                |
| NJ10-04 McGuire Gardens                          |  |   |          |                      |         |                           |                |                |
|  | Community Building   | 1470  |          | 700,000              | 790,000 | 790,000                   |                | In Progress.   |
|  | A/E Services   | 1430  |          | 9,000                | 69,985  | 69,985                    | 19,619         | In Progress.   |
|  | Legal Fees   | 1430  |          | 0                    | 30,000  | 30,000                    |                | In Progress.   |
|  | Permits and Fees   | 1430  |          | 0                    | 20,000  | 20,000                    |                | In Progress.   |
|  | Subtotal Roosevelt Manor                                   |   |          | 709,000              | 909,985 | 909,985                   | 19,619         |                |
| NJ10-07 Kennedy Tower                            |  |   |          |                      |         |                           |                |                |
|  | A/E Fees - Façade Restoration                              | 1430  |          | 0                    | 2,000   | 2,000                     | 2,000          | Complete.      |
|  | Elevator Upgrade   | 1460  |          | 149,907              | 0       | 0                         | 0              |                |
|  | Subtotal Kennedy Tower                                     |   |          | 149,907              | 2,000   | 2,000                     | 2,000          |                |
| NJ10-13 Authority-Wide Projects                  |  |   |          |                      |         |                           |                |                |
|  | General Operations   | 1406  |          | 552,763              | 552,763 | 552,763                   | 552,763        | Complete.      |
|  | Capital Equipment/Supplies                                 | 1408  |          | 7,008                | 6,022   | 6,022                     | 4,852          | In Progress.   |
|  | Union Trades - Carpenter                                   | 1408  |          | 295,992              | 245,992 | 245,992                   | 245,992        | Complete.      |
|  | Financial Management                                       | 1408  |          | 50,117               | 50,117  | 50,117                    | 50,117         | Complete.      |
|  | Computer Upgrades  | 1408  |          | 10,000               | 10,000  | 10,000                    | 6,666          | In Progress.   |
|  | Fresh Start  | 1408  |          | 142,646              | 142,646 | 142,646                   | 139,003        | In Progress.   |
|  | Resident Training  | 1408  |          | 10,000               | 10,000  | 10,000                    | 5,834          | In Progress.   |
|  | IT Technical Assistance                                    | 1408  |          | 28,000               | 6,640   | 6,640                     | 6,640          | Complete.      |
|  | Youth Program  | 1408  |          |                      | 50,000  | 50,000                    | 0              | In Progress.   |
|  | Administration (Staff and Related Items)                   | 1410  |          | 247,685              | 259,685 | 259,685                   | 259,685        | Complete.      |
|  | Rent   | 1410  |          | 16,696               | 16,696  | 16,696                    | 10,439         | In Progress.   |
|  | Materials/Supplies   | 1410  |          | 12,000               | 0       | 0                         | 0              |                |
|  | Comp System Maintenance & PMIS                             | 1430  |          | 0                    | 84,308  | 84,308                    | 84,308         | Complete.      |
|  | A&E Services   | 1430  |          | 72,000               | 255,644 | 255,644                   | 0              | In Progress.   |
|  | A&E Services - H6 Application/Planning                     | 1430  |          | 0                    | 54,484  | 54,484                    | 54,484         | Complete.      |
|  | Vacant Unit Rehab  | 1460  |          | 400,000              | 85,112  | 85,112                    | 85,112         | Complete.      |
|  | Computer Upgrades - Hardware                               | 1475  |          |                      | 21,360  | 21,360                    |                | In Progress.   |



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

| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF CAMDEN |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: NJ39PO10501-02<br>Replacement Housing Factor Grant No: |          |                      | <b>Federal FY of Grant: 2002</b> |                   |                  |                |
|---|--|---|----------|----------------------|----------------------------------|-------------------|------------------|----------------|
| Development Number<br>Name/HA-Wide Activities               | General Description of Major Work Categories<br>Categories | Dev. Acct No.   | Quantity | Total Estimated Cost |                                  | Total Actual Cost |                  | Status of Work |
|   |  |   |          | Original             | Revised                          | Funds Obligated   | Funds Expended   |                |
|   | Relocation   | 1495  |          | 10,000               | 360                              | 360               | 360              | Complete.      |
|   | Contingency  | 1502  |          | 50,000               | 0                                | 0                 |                  |                |
|   | Subtotal Authority Wide-Projects                           |   |          | 1,904,907            | 1,851,829                        | 1,851,829         | 1,506,255        |                |
|   | <b>GRAND TOTAL</b>   |   |          | <b>2,763,814</b>     | <b>2,763,814</b>                 | <b>2,763,814</b>  | <b>1,527,874</b> |                |



## CAPITAL FUND PROGRAM P & E REPORT

| <b>Annual Statement /Performance and Evaluation Report</b>   |  |   |           |                   |   |
|--|--|---|-----------|-------------------|---|
| <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>   |  |   |           |                   |   |
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF CAMDEN  |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: NJ39PO10501-01<br>Replacement Housing Factor Grant No: |           |                   | <b>Federal FY of Grant:</b><br><br>2001 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/04 <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-CGP Funds                      |   |           |                   |   |
| 2  | 1406 Operations                          | 760,000   | 760,000   | 760,000           | 760,000                                 |
| 3  | 1408 Management Improvements             | 949,644   | 940,994   | 940,994           | 853,252                                 |
| 4  | 1410 Administration                      | 355,500   | 355,500   | 355,500           | 339,857                                 |
| 5  | 1411 Audit                               |   |           |                   |   |
| 6  | 1415 Liquidated Damages                  |   |           |                   |   |
| 7  | 1430 Fees and Costs                      | 320,609   | 392,697   | 392,697           | 277,291                                 |
| 8  | 1440 Site Acquisition                    |   |           |                   |   |
| 9  | 1450 Site Improvement                    | 101,000   | 32,014    | 32,014            | 32,014                                  |
| 10   | 1460 Dwelling Structures                 | 1,296,811   | 1,456,081 | 1,456,081         | 1,348,886                               |
| 11   | 1465 Dwelling Equipment - Non-Expendable |   |           |                   |   |
| 12   | 1470 Non-Dwelling Structures             | -   | -         | -                 | -                                       |
| 13   | 1475 Non-Dwelling Equipment              | 13,500  | 2,362     | 2,362             | 2,362                                   |
| 14   | 1485 Demolition                          | 370,215   | 339,502   | 339,502           | 339,502                                 |
| 15   | 1490 Replacement Reserve                 |   |           |                   |   |
| 16   | 1492 Moving to Work Demonstration        |   |           |                   |   |
| 17   | 1495.1 Relocation Costs                  | 8,480   | 8,480     | 8,480             | 8,480                                   |
| 18   | 1499 Development Activities              | 580,351   | 485,000   | 485,000           | 485,000                                 |
| 19   | 1501 Collateralization or Debt Service   |   |           |                   |   |

## CAPITAL FUND PROGRAM P & E REPORT

| <b>Annual Statement /Performance and Evaluation Report</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>   |   |   |                  |   |                  |
|--|---|---|------------------|---|------------------|
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF CAMDEN  |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: NJ39PO10501-01<br>Replacement Housing Factor Grant No: |                  | <b>Federal FY of Grant:</b><br><br>2001 |                  |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/04 <input type="checkbox"/> Final Performance and Evaluation Report |   |   |                  |   |                  |
| Line No.   | Summary by Development Account                            | Total Estimated Cost  |                  | Total Actual Cost                       |                  |
|  |   | Original  | Revised          | Obligated                               | Expended         |
| 20   | 1502 Contingency  | 16,520  | -                | -                                       | -                |
| <b>21</b>  | <b>Amount of Annual Grant (Sum of Lines 2-20)</b>         | <b>4,772,630</b>  | <b>4,772,630</b> | <b>4,772,630</b>                        | <b>4,446,644</b> |
| 22   | Amount of Line 21 Related to LBP Activities               |   |                  |   |                  |
| 23   | Amount of Line 21 Related to Section 504 Compliance       |   |                  |   |                  |
| 24   | Amount of Line 21 Related to Security - Soft Costs        |   |                  |   |                  |
| 25   | Amount of Line 21 Related to Security - Hard Costs        |   |                  |   |                  |
| 26   | Amount of Line 21 Related to Energy Conservation Measures |   |                  |   |                  |

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

| PHA Name:  |   | Grant Type and Number   |          |                      | Federal FY of Grant: 2001 |                    |                   |                   |
|--|---|---|----------|----------------------|---------------------------|--------------------|-------------------|-------------------|
| HOUSING AUTHORITY OF THE CITY OF CAMDEN          |   | Capital Fund Program Grant No: NJ39PO10501-01<br>Replacement Housing Factor Grant No: |          |                      |                           |                    |                   |                   |
| Development Number<br>Name/HA-Wide<br>Activities | General Description of Major Work<br>Categories | Dev. Acct No.   | Quantity | Total Estimated Cost |                           | Total Actual Cost  |                   | Status of<br>Work |
|  |   |   |          | Original             | Revised                   | Funds<br>Obligated | Funds<br>Expended |                   |
| NJ10-01 Branch Village                           |   |   |          |                      |                           |                    |                   |                   |
|  | Litigation / Settlement                         | 1460  |          | 0                    | 40,644                    | 40,644             | 40,644            | Complete.         |
|  | Subtotal Branch Village                         |   |          | 0                    | 40,644                    | 40,644             | 40,644            |                   |
| NJ10-02 Ablett Village                           |   |   |          |                      |                           |                    |                   |                   |
|  | Site, Upgrade and Improvement                   | 1450  |          | 101,000              | 32,014                    | 32,014             | 32,014            | Complete.         |
|  | Subtotal Ablett Village                         |   |          | 101,000              | 32,014                    | 32,014             | 32,014            |                   |
| NJ10-04 McGuire Gardens                          |   |   |          |                      |                           |                    |                   |                   |
|  | A/E Services                                    | 1430  |          | 70,000               | 13,300                    | 13,300             | 13,300            | Complete.         |
|  | Bock Settlement                                 | 1499  |          | 405,960              | 310,609                   | 310,609            | 310,609           | Complete.         |
|  | Subtotal Roosevelt Manor                        |   |          | 475,960              | 323,909                   | 323,909            | 323,909           |                   |
| NJ10-05 Chelton Terrace                          |   |   |          |                      |                           |                    |                   |                   |
|  | PILOT Fees                                      | 1430  |          | 10,000               | 10,000                    | 10,000             | 10,000            | Complete.         |
|  | Asbestos Removal                                | 1460  |          | 111,408              | 104,575                   | 104,575            | 104,575           | Complete.         |
|  | Construction New Dwelling Units                 | 1460  |          | 824,403              | 928,752                   | 928,752            | 928,752           | Complete.         |
|  | Demolition                                      | 1485  |          | 370,215              | 339,502                   | 339,502            | 339,502           | Complete.         |
|  | Relocation                                      | 1495  |          | 7,248                | 7,248                     | 7,248              | 7,248             | Complete.         |
|  | Subtotal Chelton Village                        |   |          | 1,323,274            | 1,390,077                 | 1,390,077          | 1,390,077         |                   |
| NJ10-06 Westfield Acres                          |   |   |          |                      |                           |                    |                   |                   |
|  | Asbestos Removal                                | 1460  |          | 111,000              | 0                         | 0                  | 0                 |                   |
|  | Subtotal Westfield Acres                        |   |          | 111,000              | 0                         | 0                  | 0                 |                   |
| NJ10-08 Westfield Tower                          |   |   |          |                      |                           |                    |                   |                   |
|  | A/E Services (Fees & Costs)                     | 1430  |          | 15,000               | 30,500                    | 30,500             | 17,000            | In Progress.      |
|  | Elevator Repair / Upgrade                       | 1460  |          | 250,000              | 369,150                   | 369,150            | 274,915           | In Progress.      |
|  | Repair / Upgrade (Bird Netting)                 | 1460  |          | 0                    | 12,960                    | 12,960             |                   | In Progress.      |

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

| PHA Name:                                     |  | Grant Type and Number   |          |                      | Federal FY of Grant: 2001 |                   |                  |                |
|---|--|---|----------|----------------------|---------------------------|-------------------|------------------|----------------|
| HOUSING AUTHORITY OF THE CITY OF CAMDEN       |  | Capital Fund Program Grant No: NJ39PO10501-01<br>Replacement Housing Factor Grant No: |          |                      |                           |                   |                  |                |
| Development Number<br>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   |                |
|   | Subtotal Westfield Tower                     |   |          | 265,000              | 412,610                   | 412,610           | 291,915          |                |
| NJ10-13 Authority-Wide Projects               |  |   |          |                      |                           |                   |                  |                |
|   | General Operations                           | 1406  |          | 760,000              | 760,000                   | 760,000           | 760,000          | Complete.      |
|   | Grant Analyst / Writer                       | 1408  |          | 37,565               | 37,565                    | 37,565            | 37,565           | Complete.      |
|   | Rent   | 1408  |          | 13,230               | 13,214                    | 13,214            | 13,214           | Complete.      |
|   | Resident/Board of Commissioner's Training    | 1408  |          | 100,000              | 53,072                    | 53,072            | 15,846           | In Progress.   |
|   | HACC Staff Training                          | 1408  |          | 72,801               | 0                         | 0                 | 0                |                |
|   | Staff Training & Development                 | 1408  |          | 64,028               | 136,829                   | 136,829           | 136,160          | Complete.      |
|   | Union Trades - Carpenters                    | 1408  |          | 300,000              | 347,129                   | 347,129           | 347,129          | Complete.      |
|   | Youth Program                                | 1408  |          | 100,118              | 50,118                    | 50,118            | 272              | In Progress.   |
|   | Financial Management                         | 1408  |          | 91,902               | 94,789                    | 94,789            | 94,788           | Complete.      |
|   | Fresh Start                                  | 1408  |          | 170,000              | 208,278                   | 208,278           | 208,278          | Complete.      |
|   | Computer Upgrades                            | 1410  |          | 25,000               | 25,000                    | 25,000            | 9,357            | In Progress.   |
|   | Staff Salaries, Technical                    | 1410  |          | 330,500              | 330,500                   | 330,500           | 330,500          | Complete.      |
|   | A&E Services - H6 Application/Planning       | 1430  |          | 225,609              | 236,991                   | 236,991           | 236,991          | Complete.      |
|   | A&E Services                                 | 1430  |          | 0                    | 101,906                   | 101,906           | 0                | In Progress.   |
|   | Bock Settlement / Liquidated Damages         | 1499  |          | 174,391              | 174,391                   | 174,391           | 174,391          | Complete.      |
|   | Computerization                              | 1475  |          | 13,500               | 2,362                     | 2,362             | 2,362            | Complete.      |
|   | Relocation                                   | 1495  |          | 1,232                | 1,232                     | 1,232             | 1,232            | Complete.      |
|   | Contingency                                  | 1502  |          | 16,520               | 0                         | 0                 | 0                |                |
|   | Subtotal Authority Wide-Projects             |   |          | 2,496,396            | 2,573,376                 | 2,573,376         | 2,368,085        |                |
|   | <b>GRAND TOTAL</b>                           |   |          | <b>4,772,630</b>     | <b>4,772,630</b>          | <b>4,772,630</b>  | <b>4,446,644</b> |                |



## CAPITAL FUND PROGRAM P & E REPORT

| <b>Annual Statement /Performance and Evaluation Report</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>   |  |   |         |   |          |
|--|--|---|---------|---|----------|
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF CAMDEN  |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: NJ39RO10501-01 |         | <b>Federal FY of Grant:</b><br><br>2001 |          |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/04 <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-CGP Funds                      |   |         |   |          |
| 2  | 1406 Operations                          |   |         |   |          |
| 3  | 1408 Management Improvements             |   |         |   |          |
| 4  | 1410 Administration                      |   |         |   |          |
| 5  | 1411 Audit                               |   |         |   |          |
| 6  | 1415 Liquidated Damages                  |   |         |   |          |
| 7  | 1430 Fees and Costs                      |   |         |   |          |
| 8  | 1440 Site Acquisition                    |   |         |   |          |
| 9  | 1450 Site Improvement                    |   |         |   |          |
| 10   | 1460 Dwelling Structures                 | 375,474   |         | 375,474                                 | -        |
| 11   | 1465 Dwelling Equipment - Non-Expendable |   |         |   |          |
| 12   | 1470 Non-Dwelling Structures             |   |         |   |          |
| 13   | 1475 Non-Dwelling Equipment              |   |         |   |          |
| 14   | 1485 Demolition                          |   |         |   |          |
| 15   | 1490 Replacement Reserve                 |   |         |   |          |
| 16   | 1492 Moving to Work Demonstration        |   |         |   |          |
| 17   | 1495.1 Relocation Costs                  |   |         |   |          |
| 18   | 1499 Development Activities              |   |         |   |          |
| 19   | 1501 Collateralization or Debt Service   |   |         |   |          |



## CAPITAL FUND PROGRAM P & E REPORT

| Annual Statement /Performance and Evaluation Report  |   |   |          |   |          |
|--|---|---|----------|---|----------|
| <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>   |   |   |          |   |          |
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF CAMDEN  |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: NJ39RO10501-01 |          | <b>Federal FY of Grant:</b><br><br>2001 |          |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/04 <input type="checkbox"/> Final Performance and Evaluation Report |   |   |          |   |          |
| Line No.   | Summary by Development Account                            | Total Estimated Cost  |          | Total Actual Cost                       |          |
|  |   | Original  | Revised  | Obligated                               | Expended |
| 20   | 1502 Contingency  |   |          |   |          |
| <b>21</b>  | <b>Amount of Annual Grant (Sum of Lines 2-20)</b>         | <b>375,474</b>  | <b>-</b> | <b>375,474</b>                          | <b>-</b> |
| 22   | Amount of Line 21 Related to LBP Activities               |   |          |   |          |
| 23   | Amount of Line 21 Related to Section 504 Compliance       |   |          |   |          |
| 24   | Amount of Line 21 Related to Security - Soft Costs        |   |          |   |          |
| 25   | Amount of Line 21 Related to Security - Hard Costs        |   |          |   |          |
| 26   | Amount of Line 21 Related to Energy Conservation Measures |   |          |   |          |

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

| PHA Name:                                     |   | Grant Type and Number   |          |                      | Federal FY of Grant: 2001 |                   |                |                |
|---|---|---|----------|----------------------|---------------------------|-------------------|----------------|----------------|
| HOUSING AUTHORITY OF THE CITY OF CAMDEN       |   | Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: NJ39RO10501-01 |          |                      |                           |                   |                |                |
| Development Number<br>Name/HA-Wide Activities | General Description of Major Categories | Dev. Acct No.   | Quantity | Total Estimated Cost |                           | Total Actual Cost |                | Status of Work |
|   |   |   |          | Original             | Revised                   | Funds Obligated   | Funds Expended |                |
| NJ10-05 Chelton Village                       |   |   |          |                      |                           |                   |                |                |
|   | Construct New Units - Phase II          | 1460  |          | 375,474              |                           | 375,474           |                | In Progress.   |
|   | Subtotal Chelton Village                |   |          | 375,474              | 0                         | 375,474           | 0              |                |
| NJ10-06 Westfield Acres                       |   |   |          |                      |                           |                   |                |                |
|   | Subtotal Westfield Acres                |   |          | 0                    | 0                         | 0                 | 0              |                |
| NJ10-07 Kennedy Tower                         |   |   |          |                      |                           |                   |                |                |
|   | Subtotal Kennedy Tower                  |   |          | 0                    | 0                         | 0                 | 0              |                |
| NJ10-08 Westfield Tower                       |   |   |          |                      |                           |                   |                |                |
|   | Subtotal Westfield Tower                |   |          | 0                    | 0                         | 0                 | 0              |                |
| NJ10-10 Mickle Tower                          |   |   |          |                      |                           |                   |                |                |
|   | Subtotal Mickle Tower                   |   |          | 0                    | 0                         | 0                 | 0              |                |
| NJ10-13 Authority-Wide Projects               |   |   |          |                      |                           |                   |                |                |
|   | Subtotal Authority Wide-Projects        |   |          | 0                    | 0                         | 0                 | 0              |                |
|   | <b>GRAND TOTAL</b>                      |   |          | <b>375,474</b>       | <b>0</b>                  | <b>375,474</b>    | <b>0</b>       |                |



**CAPITAL FUND PROGRAM P & E REPORT**

**Annual Statement /Performance and Evaluation Report**

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

|   |   |   |
|---|---|---|
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF CAMDEN | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: NJ39RO10501-00 | <b>Federal FY of Grant:</b><br><br>2000 |
|---|---|---|

Original Annual Statement     Reserve for Disaster/Emergencies     Revised Annual Statement (revision no: )

Performance and Evaluation Report for Period Ending: 06/30/04     Final Performance and Evaluation Report

| Line No. | Summary by Development Account           | Total Estimated Cost |         | Total Actual Cost |          |
|----------|--|----------------------|---------|-------------------|----------|
|          |  | Original             | Revised | Obligated         | Expended |
| 1        | Total Non-CGP Funds                      |                      |         |                   |          |
| 2        | 1406 Operations                          |                      |         |                   |          |
| 3        | 1408 Management Improvements             |                      |         |                   |          |
| 4        | 1410 Administration                      |                      |         |                   |          |
| 5        | 1411 Audit                               |                      |         |                   |          |
| 6        | 1415 Liquidated Damages                  |                      |         |                   |          |
| 7        | 1430 Fees and Costs                      |                      |         |                   |          |
| 8        | 1440 Site Acquisition                    |                      |         |                   |          |
| 9        | 1450 Site Improvement                    |                      |         |                   |          |
| 10       | 1460 Dwelling Structures                 | 80,030               |         | 80,030            |          |
| 11       | 1465 Dwelling Equipment - Non-Expendable |                      |         |                   |          |
| 12       | 1470 Non-Dwelling Structures             |                      |         |                   |          |
| 13       | 1475 Non-Dwelling Equipment              |                      |         |                   |          |
| 14       | 1485 Demolition                          |                      |         |                   |          |
| 15       | 1490 Replacement Reserve                 |                      |         |                   |          |
| 16       | 1492 Moving to Work Demonstration        |                      |         |                   |          |
| 17       | 1495.1 Relocation Costs                  |                      |         |                   |          |
| 18       | 1499 Development Activities              |                      |         |                   |          |
| 19       | 1501 Collateralization or Debt Service   |                      |         |                   |          |

**CAPITAL FUND PROGRAM P & E REPORT**

**Annual Statement /Performance and Evaluation Report**

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

|   |   |   |
|---|---|---|
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF CAMDEN | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: NJ39RO10501-00 | <b>Federal FY of Grant:</b><br><br>2000 |
|---|---|---|

Original Annual Statement     Reserve for Disaster/Emergencies     Revised Annual Statement (revision no: )

Performance and Evaluation Report for Period Ending: 06/30/04     Final Performance and Evaluation Report

| Line No.  | Summary by Development Account                            | Total Estimated Cost |          | Total Actual Cost |          |
|-----------|---|----------------------|----------|-------------------|----------|
|           |   | Original             | Revised  | Obligated         | Expended |
| 20        | 1502 Contingency  |                      |          |                   |          |
| <b>21</b> | <b>Amount of Annual Grant (Sum of Lines 2-20)</b>         | <b>80,030</b>        | <b>-</b> | <b>80,030</b>     | <b>-</b> |
| 22        | Amount of Line 21 Related to LBP Activities               |                      |          |                   |          |
| 23        | Amount of Line 21 Related to Section 504 Compliance       |                      |          |                   |          |
| 24        | Amount of Line 21 Related to Security - Soft Costs        |                      |          |                   |          |
| 25        | Amount of Line 21 Related to Security - Hard Costs        |                      |          |                   |          |
| 26        | Amount of Line 21 Related to Energy Conservation Measures |                      |          |                   |          |

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

| PHA Name:                                     |   | Grant Type and Number   |          |                      | Federal FY of Grant: 2000 |                   |                |                |
|---|---|---|----------|----------------------|---------------------------|-------------------|----------------|----------------|
| HOUSING AUTHORITY OF THE CITY OF CAMDEN       |   | Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: NJ39RO10501-00 |          |                      |                           |                   |                |                |
| Development Number<br>Name/HA-Wide Activities | General Description of Major Categories | Dev. Acct No.   | Quantity | Total Estimated Cost |                           | Total Actual Cost |                | Status of Work |
|   |   |   |          | Original             | Revised                   | Funds Obligated   | Funds Expended |                |
| NJ10-05 Chelton Village                       |   |   |          |                      |                           |                   |                |                |
|   | Construct New Units - Phase II          | 1460  |          | 80,030               |                           | 80,030            |                | In Progress.   |
|   | Subtotal Chelton Village                |   |          | 80,030               | 0                         | 80,030            | 0              |                |
| NJ10-06 Westfield Acres                       |   |   |          |                      |                           |                   |                |                |
|   | Subtotal Westfield Acres                |   |          | 0                    | 0                         | 0                 | 0              |                |
| NJ10-07 Kennedy Tower                         |   |   |          |                      |                           |                   |                |                |
|   | Subtotal Kennedy Tower                  |   |          | 0                    | 0                         | 0                 | 0              |                |
| NJ10-08 Westfield Tower                       |   |   |          |                      |                           |                   |                |                |
|   | Subtotal Westfield Tower                |   |          | 0                    | 0                         | 0                 | 0              |                |
| NJ10-10 Mickle Tower                          |   |   |          |                      |                           |                   |                |                |
|   | Subtotal Mickle Tower                   |   |          | 0                    | 0                         | 0                 | 0              |                |
| NJ10-13 Authority-Wide Projects               |   |   |          |                      |                           |                   |                |                |
|   | Subtotal Authority Wide-Projects        |   |          | 0                    | 0                         | 0                 | 0              |                |
|   | <b>GRAND TOTAL</b>                      |   |          | <b>80,030</b>        | <b>0</b>                  | <b>80,030</b>     | <b>0</b>       |                |



Required Attachment: nj010102

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

**Housing Authority of the City of Camden  
Fiscal Year 2005 Annual Plan**

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

| <b>Goal One: Expand the supply of assisted housing</b>                             |  |
|--|--|
| <b>Objective</b>   | <b>Progress</b>  |
| Apply for additional rental vouchers:  | No funding is currently available for additional vouchers.           |
| Reduce public housing vacancies.   | RFP pending for rehabilitation of long-term vacancies.               |
| Leverage private or other public funds to create additional housing opportunities: | A bond deal with 28 other PHA's has been created. Currently waiting. |
| Acquire or build units or developments   | HOPE VI to begin at Roosevelt Manor                                  |

| <b>Goal Two: Improve the quality of assisted housing</b>                                       |  |
|--|--|
| <b>Objective</b>   | <b>Progress</b>  |
| Improve public housing management: (PHAS score)  | Still maintaining Standard Performer status.   |
| Improve voucher management: (SEMAP score)  | Still maintaining High Performer status.   |
| Increase customer satisfaction:  | Continuing to respond to feed back from The City Wide Board, Resident Advisory Committee, and resident concerns.   |
| Concentrate on efforts to improve specific management functions                                | Providing additional ongoing training for management and maintenance personnel.  |
| Renovate or modernize public housing units: Apply for HOPE VI for Roosevelt Manor development. | We have applied for Hope VI grant for 2004 and have been approved. If the bond deal is approved, renovations to Branch Village will be made.   |
| Demolish or dispose of obsolete public housing:  | Open item contingent upon HOPE VI, which has been approved. Camden Redevelopment Plan as it pertains to the Cramer Hill section of the City will require demolition of Public Housing units at Ablett Village. |
| Other: Homeownership opportunities; Royal Court Town homes and Baldwin's Run; Apply            | 93 units belonging to Royal Court HOPE I, turnkey program are all sold. Present  |



Required Attachment: nj010102

|                                    |   |
|------------------------------------|---|
| for additional Section 8 vouchers. | homeownership opportunities are available at Baldwin's Run. |
|------------------------------------|---|

| <b>Goal Three: Increase assisted housing choices</b>   |  |
|--|--|
| <b>Objective</b>   | <b>Progress</b>  |
| Provide voucher mobility counseling:   | In addition to providing flexibility of the utilization of vouchers the HACC provided tenant briefings and also FSS support beginning with McGuire Gardens, Chelton Terrace and Baldwin's Run.                         |
| Conduct outreach efforts to potential voucher landlords  | In addition to our success in obtaining new landlords on a daily basis, current landlords continue to add new homes to our housing list.   |
| Implement voucher homeownership program:   | Still pending based on future availability of vouchers and funding to support the program. Currently homeownership option is offered through our FSS program.  |
| Implement public housing or other homeownership programs:  | Denied 2003 HOPE VI for Roosevelt Manor. We have applied for 2004 HOPE VI, and have been approved. Homeownership will be available.  |
| Implement public housing site-based waiting lists: Baldwin's Run, Chelton Terrace and McGuire Gardens. | Baldwin's Run, Chelton Terrace and McGuire Gardens have been approved to utilize a site-based waiting list. Until final approval from the HACC is received these sites will continue to utilize the HA's waiting list. |

| <b>Goal Four: Provide an improved living environment</b>  |  |
|---|--|
| <b>Objective</b>  | <b>Progress</b>  |
| Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:             | This has been accomplished through income mixing at Baldwin's Run, McGuire Gardens, and the second phase of Chelton Terrace. |
| Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: | This has been accomplished through income mixing at Baldwin's Run, McGuire Gardens, and the second phase of Chelton Terrace. |
| Implement public housing security   | The HACC has created a better working  |

Required Attachment: nj010102

|  |   |
|--|---|
| improvements:  | relationship with the Camden Police Department and Prosecutors Office in handling Quality of Life issues. |
| Designate developments or buildings for particular resident groups (elderly, persons with disabilities) Kennedy Tower elderly only Designation will be sought. | Still to be done.   |

| <b>Goal Five: Promote self-sufficiency and asset development of assisted households</b>                        |  |
|--|--|
| <b>Objective</b>   | <b>Progress</b>  |
| Increase the number and percentage of employed persons in assisted families:                                   | Working in coordination with Resident Services and the Community Service Initiative.   |
| Provide or attract supportive services to improve assistance recipients' employability:                        | The HACC works in partnership with The One Stop program on Welfare to Work. We also work with the Department of Labor. Regular job fairs are also offered.           |
| Provide or attract supportive services to increase independence for the elderly or families with disabilities. | The HACC works with the Area Health Educational Center (AHEC) to provide services to our elderly population.   |
| Other: Adult Basic Education/GED courses; home health aide certification training;                             | We continue to provide an array of training and educational courses to promote self-sufficiency to our residents. We also offer G.E. D. courses for high-risk youth. |

| <b>Goal Six: Ensure equal opportunity and affirmatively further fair housing</b>   |   |
|--|---|
| <b>Objective</b>   | <b>Progress</b>   |
| Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:   | The HACC continues to qualify applicants based on the eligibility criteria as set forth by HUD's Public Housing Occupancy Guidebook.  |
| 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 | The HACC continues to provide decent, safe, sanitary, and in good repair housing to our residents through annual UPCS inspections to monitor and address any repairs needed in units.   |
| Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:  | All new housing units that have been brought on line, the City has mandated the number of disability accessible units. This is in addition to all sites being designated with handicap accessible units in different bedroom sizes. |

Required Attachment: nj010102

| <b>Goal Seven: Other PHA Goals and Objectives:</b>  |  |
|---|--|
| <b>Objective</b>  | <b>Progress</b>  |
| Improve management and maintenance services.  | Ongoing training provided to management and maintenance personnel.   |
| Increase the quality of the current housing stock.  | Additional funding still being sought through tax credits, bonds, and HOPE VI.   |
| Institute diversified programs mandated by the city, state, and federal regulations (Community Service initiative). | This program has been initiated and will continue to be an ongoing process.  |
| Create viable recreational facilities at Branch Village and McGuire Gardens.  | Two Community Centers are planned for construction at McGuire Gardens and Baldwin's Run this year.   |
| Submit tax credit application for the completion of Chelton Terrace.  | This has been accomplished and received. Currently awaiting ground breaking.   |
| Develop bond deal for the renovation of Ablett Village and Branch Village   | We are awaiting outcome of the Camden Redevelopment Plan as it pertains to the Cramer Hill section of the City prior to planning changes to Ablett Village. Branch Village is also pending improvements. |

**REQUIRED ATTACHEMENT: SECTION 8 HOMEOWNERSHIP CAPACITY STATEMENT**

The Housing Authority of the City of Camden (HACC) shall offer to its Section 8 voucher holders the opportunity to utilize their Section 8 housing assistance towards the mortgage amount for ownership of a dwelling. The HACC will offer this program to 10 of its clients beginning in FY 2005, and the HACC reserves the right to increase or decrease this number at any point in time due to budget constraints or cuts in funding from HUD. For a voucher holder to be eligible, they must meet the following criteria:

- A. Qualified for a mortgage from an approved lending institution.
- B. Have saved or secured the necessary monies to handle down payment and closing cost.
- C. Have the unit chosen inspected by HACC and the unit passing that inspection and all subsequent complaint, quality control or annual inspections.
- D. Be a participant in the HACC Section 8 FSS Program and have met or completed at least 50% of their stated goals in the FSS Program.

The HACC reserves the right to terminate assistance on a Section 8 Homeownership unit if the client:

- A. Violates any of the family obligations outline in the Section 8 Administrative Plan.
- B. Does not maintain the unit in accordance with HQS standards and local municipal codes.
- C. Does not maintain their financial responsibilities associated with the unit.

## **SUMMARY OF PET POLICY**

In accordance with HUD mandate, The Housing Authority of the City of Camden (HACC) has developed a Pet Policy. The Policy was made available for 30-day review and comment period as of September 1, 2000. Review meetings were held with the City-wide Resident Advisory Board and their legal counsel. The first meeting was held on September 13, 2000. The second meeting was held on September 27, 2000. A Public Hearing was conducted on October 13, 2000. The Policy was presented and approved at the Camden Housing Board Meeting on November 3, 2000.

The HACC implemented the Pet Policy as of January 1, 2001. All HUD guidelines regarding the policy have been incorporated into the policy. The following are the areas addressed in the policy:

1. Number of pet allowances
2. Veterinarian requirements for all pets
3. Size requirements for all pets
4. Allowable areas for all pets
5. Prohibited areas for all pets
6. Required maintenance of all pets
7. Prohibited animals
8. Tenant responsibility
9. Fee and deposit schedule
10. Violations

The HACC will monitor the implementation of this policy. The condition of the pets' care will be examined annually and during unit inspections, the general welfare of the animals will be verified. The HACC will enforce the policy as written. It is the intent of the HACC to afford residents the opportunity to own pets while at the same time respect the rights of non-pet owning residents.

The HACC is thoroughly committed to providing safe, decent, and sanitary housing for all of our residents while at the same time maintaining full compliance with all HUD mandates.

Required Attachment: nj010o02

**Required Attachment : Resident Member on the PHA Governing Board**

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

A. Name of resident member(s) on the governing board: Debra Keyes

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

Elected

Appointed

C. The term of the appointment is (include the date term expires): June 17, 2004

Expiration date: June 17, 2007

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

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

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

other (explain)

B. Date of the term expiration of a governing board member: 6/2005

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Honorable Gwendolyn Faison

Camden City Council

Department of Community Affairs

Required Attachment: nj010p02

**Required Attachment Membership of the Resident Advisory Board or Boards**

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

Tracy Powell  
Kathryn Blackshear  
Toni Bailey  
Kimberly Imes  
Betty Samuels  
Ora Green  
Robert Hohney  
Bernedette Sample  
Laverne Williams

**REQUIRED ATTACHEMENT: COMMUNITY SERVICE SUMMARY**

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt public housing adult residents (18 or older) contribute eight (8) hours per month of community service (volunteer work) or participate in eight (8) hours of training, counseling, classes or other activities that help an individual toward self sufficiency and economic independence.

In accordance with the HUD mandate, The Housing Authority of the City of Camden (HACC) developed a Community Service Policy. The HACC implemented the Community Service Policy as of January 1, 2001. All HUD guidelines regarding the policy have been incorporated into the policy. The following are the areas addressed in the policy:

1. The indication of the HUD regulation requiring the Community Service Policy
2. Resident Exemptions
3. Community service opportunities in the HACC
4. Economic self-sufficiency programs accepted for community service requirements
5. Compliance verification by the HACC
6. Opportunity to cure

The HACC also employs a Community Service Coordinator to track and enforce the Policy. This employee notifies all residents of their required service, tracks their performance, notifies them of their violations, and provides opportunity for cure.

The HACC is thoroughly committed to providing safe, decent, and sanitary housing for all our residents while at the same time maintaining full compliance with all HUD mandates.



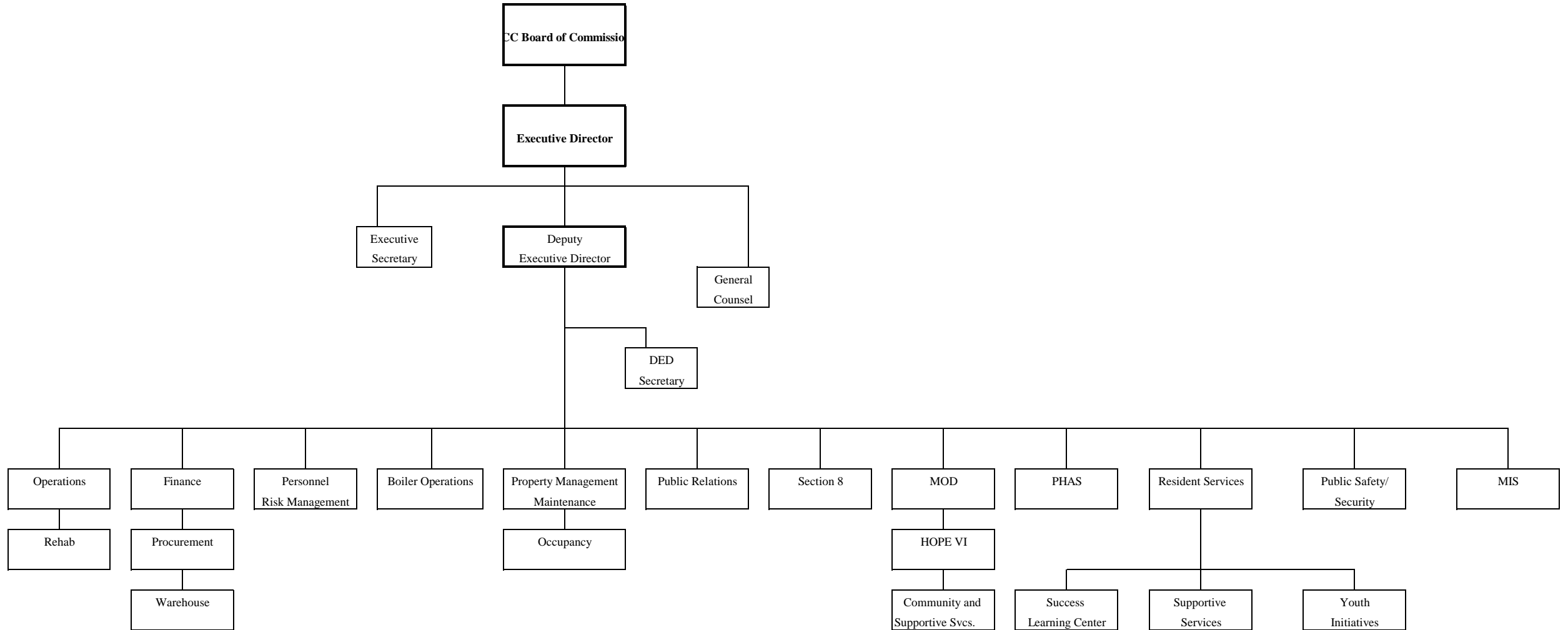
**REQUIRED ATTACHMENT – STATEMENT OF PHA PROJECT-BASED VOUCHERS**

The Housing Authority of the City of Camden (HACC) has entered into contract with Liberty Park Apartments for 149 units for project-based vouchers. All 149 units are under lease. With the submission of the Roosevelt Manor HOPE VI application the HACC has anticipated the housing needs within close proximity of the Roosevelt Manor development. Liberty Park Apartments are located in South Camden, an area with both public and private housing.

In addition, the HACC has also contracted with 1025 Collings Avenue located on the Collingswood/Camden borderline, for 20 units all of which are occupied. This was done to provide voucher holders with mental and/or physical disabilities a compatible living community that would ensure the health, safety, welfare, and the opportunity for adequate housing to these individuals.

# Housing Authority of the City of Camden

## Organizational Chart



**COMMENTS RECEIVED AT THE ANNUAL/5-YEAR PLANS  
MEETING WITH THE RAB HELD ON JULY 28, 2004 AT THE  
MAIN OFFICE**

COMMENT: A question was raised as to who authorized partial demolish of some Branch Village units.

RESPONSE: There is confusion here because people may have heard that we may demolish between 40 to 60 units in order to make room for 30 to 40 units on the site if feasible – which is all we can build now with the money we have. The only reason we may demolish more now than we replace is because of the number of vacant units at the site and the way the buildings are laid out. We will still ultimately replace the balance of the units we demolish but not at this time due to funding constraints. This is all subject to change based on the receipt of the Bond funds that will be paying for it (we have not receive the funds yet) and HUD's approval (we need to see if HUD will approve new construction instead of rehab, HUD will also have to approve of the demolition) now that we receive the HOPE VI grant for Roosevelt. There are a number of other things as well that might ultimately change the plan but we will work with the residents, resident leaders and their attorney as we move forward.

COMMENT: A resident asked how it will be decided what portions of Branch Village will be demolished.

RESPONSE: We will inform the residents about the demolition only when it becomes certain that the funds are in place, the Architects and Engineering (A&E) firm have completed their designs and HUD has approved them. So notifying the residents as to when relocation may or may not occur is still at least six months away from now. The resident leadership will be involved with the A&E firm as to where this development will occur and how it will be designed. At the present time if we proceed with new construction our recommendation is that we demolish units that are close to the main corridor of development – Ferry Avenue – since it is the street that we want to compliment since the new school, library, and community center will be constructed on this street.

COMMENT: A resident asked why the residents of Branch Village knew nothing about the planed demolition of some units, and when Mr. Valentine, from the Modernization Department, would be meeting with them.

RESPONSE: Mr. Valentine explained that there was a meeting planned for after the RAB meeting on the Annual Plan to discuss the work needed and plans for the bond monies to be used at Branch Village.

COMMENT: A resident asked what money is used to pay back the bond.

Required Attachment: nj010t02

RESPONSE: HUD makes it easy; HUD pays the Capital Fund debt directly before the HACC receives any money to ensure we will pay the money back.

COMMENT: A resident inquired why HUD gave money to every other HACC site except Branch Village.

RESPONSE: This pertains to HUD making three HOPE VI grants available to three family sites. We have only six family sites. Three of them received HOPE VI grants (McGuire, Westfield, and Roosevelt), and one (Chelton) was able to receive Capital Funds that were available to address one phase of the replacement units the rest are being done primarily with tax credit equity. The other two remaining sites Branch and Ablett need to be redeveloped over time as funds become available. At present, Ablett is being proposed for development with the Cramer Hill project but we are not certain how it will be financed. At present the HACC is waiting on approval for a bond of which approximately \$6.1 million will be made available to Branch for partial redevelopment.

COMMENT: A resident asked when the elevator replacement at Kennedy Tower would begin.

RESPONSE: We are not certain of the exact date because we are not sure yet whether the bond that the HACC has applied for will be approved. If it is the elevators will be paid for by that source of funding. If the bond does not come in then we will pay for it with Capital Funds. Nonetheless, the replacement of the elevators should commence within the next six months. The Mickle Tower elevators will be started first.

COMMENT: A resident asked when Mickle Tower would receive new air conditioning.

RESPONSE: It is our understanding that there are no problems with the air-conditioning at Mickle Tower. The only concern that has been raised is for a fan in the laundry room. If there is a problem it must be brought to the HACC's attention.

COMMENT: A comment was made by a resident of how Westfield Tower elevators were new and still were breaking down.

RESPONSE: At the time of the resident leadership meeting to review the annual and five year plan there was a minor glitch with the first new elevator at this site because the delay switch for keeping the door open was set to keep the door open for just a short period of time. As a result someone put something in the way of the door so that it would stay open. This made the elevator shut down because this is a safety precaution. The elevator shuts down because it makes sure that a person or object is not in the door

before something gets damaged or someone gets hurt. The resolution to the problem was to take the timer off so that the door doesn't close so that the elevator doesn't shut down. There has not been a problem since. As of this report, both of the new elevators have been inspected by the state on numerous occasions and have been found to be in good running order. The state has commissioned both elevators at Westfield Towers. The installation of the new elevators is now complete.

COMMENT: Some residents were unclear of the exact use of the Asset Management Table by HUD.

RESPONSE: Mr. Valentine explained that the Asset Management Table is a tool used to let HUD know what the HACC's plans are over the next 5-Years. What we expect to happen and/or what will happen. It does not necessarily mean that it will, but in case it does, the HACC has informed HUD.

COMMENT: A resident asked how many elderly units would be built at Roosevelt Manor.

RESPONSE: There will be 150 elderly units built at Roosevelt Manor.

COMMENT: A resident asked if the community center being built for Baldwin's Run would be built on-site or off-site.

RESPONSE: The community center will be located right on Westfield Avenue across the street from Westfield Towers.

COMMENT: A resident asked if the income guidelines could be explained.

RESPONSE: It was explained that AMI stood for Average Median Income, and based on the AMI families, depending on family size, if their income was  $\leq 30\%$  of AMI,  $>30\%$  but  $\leq 50\%$  of AMI, or  $>50\%$  but  $<80\%$  of AMI, categories were considered 30% of Median, Very Low Income, or Low-Income.

COMMENT: A resident asked if the income limits were the same for Section 8 and Public Housing.

RESPONSE: Yes, both programs use the same Income Limit Guidelines.

COMMENT: A resident asked if Branch Village would be enlarged.

RESPONSE: No we are not enlarging Branch we will only redevelop the site. We will also do other units off-site if we are not able to replace the units we demolished on-site.

Required Attachment: nj010t02

COMMENT: A resident asked if handicapped units would be built in the next Phase of Chelton Terrace, and were there any visually impaired units throughout the Housing Authority.

RESPONSE: There will be at least five handicap units built in Chelton Phase II as required by law. Two visually/hearing-impaired units will also be made available in Phase II. There are a small number of visually impaired units at Chelton, Westfield Acres (aka – Baldwins Run), McGuire Gardens, and Carpenter's Hill.

COMMENT: A resident asked what was meant by we market the Section 8 program to owners outside of areas of poverty/minority concentrations.

RESPONSE: The HACC has elected, with the encouragement from HUD, to market our program outside the City in its endeavor to provide our residents more housing opportunities.

COMMENT: A resident asked what Tenant Charges on the Financial Resources section of the Annual Plan meant.

RESPONSE: This is the income that the HACC expects to receive from charges to the residents other than rent. Examples include, maintenance fees, attorney fees, late charges, etc.

COMMENT: A resident asked if there was a charge for being locked out, and if so what was the cost.

RESPONSE: After working hours, the HACC imposes a charge of \$45, on Sunday's and Holidays there is a \$65 charge.

COMMENT: A resident wanted to know the status of the McGuire Gardens Community Center.

RESPONSE: Mr. Valentine stated that the Community Center at McGuire Gardens was scheduled to begin July 29, 2004.

COMMENT: A resident asked if the Public Housing Dwelling Income, came from the tenants.

RESPONSE: The Public Housing Dwelling Income is the money collected from tenant rents.

COMMENT: A resident asked what ABS stands for under Financial Resources: Non-federal sources.

Required Attachment: nj010t02

RESPONSE: ABS stands for Adult Basic Skills; programs such as the computer program, GED, and the learning center are funded this way.

COMMENT: A resident inquired why the HACC included a site-based waiting list in its Annual Plan, when we do not have a site-based waiting list.

RESPONSE: The HACC has not currently established a site-based waiting list, but plans to implement a site-based waiting list in 2005 beginning with the privatized sites first.

COMMENT: A resident asked if the Housing Authority still did criminal background checks.

RESPONSE: Per the HACC's Admission and Continued Occupancy Policy and the Administrative Plan, we still continue to run Criminal background checks on every applicant.

COMMENT: A resident asked what procedures were in place to get rid of all the drugs, alcohol, and prostitution.

RESPONSE: All residents of the HACC have Criminal Background checks run prior to inclusion into the program. Once they become a resident, the proper procedures and policies must be followed in order to begin any eviction proceedings. It has been the HACC's experience that even though a case has been thoroughly built against an individual, there is always the chance that the Court system may overturn the eviction and let the resident remain in the program.

COMMENT: Mr. Podell asked what criteria the HACC uses from an applicants credit report to deny the application. Do we use the FICA scores?

RESPONSE: The HACC does not use the FICA scores, we allow for 3 delinquent accounts or other adverse credit actions. Delinquent medical bills are not counted against an applicant.

COMMENT: A resident asked if credit cards were also counted against an applicant.

RESPONSE: If the credit card is listed on the applicants credit report, and shows delinquent then it would be counted as an adverse action.

COMMENT: A resident asked how many years the credit reporting agency went back on the credit report.

RESPONSE: Most credit reports received go back at least 10 years.

COMMENT: A resident feels that the minimum rent at \$50.00 is too high.

Required Attachment: nj010t02

RESPONSE: Due to the high costs of utilities and maintenance of the units, in order to remain viable, the HACC elected to raise the minimum rent to \$50.00 to offset these costs.

COMMENT: A resident asked about an increase in the utility allowances.

RESPONSE: The HACC is in the process of obtaining information from PSE&G regarding the utility increases. Once received, an evaluation will be completed and presented to HUD and the Board of Commissioners for approval.

COMMENT: A resident asked for an explanation of the flat rent.

RESPONSE: Flat rent is a fixed amount assigned to a bedroom size. Example: A three-bedroom unit is assigned a flat rent of \$632.00 a month, which is lower than the HUD Fair Market Rents of \$1,115.00 per month. If the family receives an increase in salary, the rent will not change. They are re-certified once every three (3) years.

COMMENT: A resident asked if a utility allowance was still given if a resident chooses to take the flat rent on their unit size.

RESPONSE: Yes, based on the bedroom size.

COMMENT: Dave Podell asked how many residents chose to take the flat rent.

RESPONSE: Five to Eight percent of our residents have chosen flat rent.

COMMENT: Dave Podell asked what happened to the residents who took the flat rent after the 3-year period was over.

RESPONSE: They have the choice to stay at the flat rent or choose the income based rent method.

COMMENT: A resident asked if we had ceiling rents, and the difference between flat rent and ceiling rent.

RESPONSE: There is no difference. We use the flat rent terminology.

COMMENT: A resident asked why the HACC offered no emergency housing, and why there was nothing in the Annual Plan about emergency housing.

RESPONSE: The HACC does not have emergency housing, we utilize a waiting list. The Volunteers of America provides emergency housing in this area.



**COMMENTS RECEIVED FROM THE PUBLIC HEARING HELD  
AT 6:00PM, SEPTEMBER 13, 2004 AT MICKLE TOWERS**

COMMENT: Ms. Blackshear commented that the fifty-dollar minimum rent amount is still a burden for some residents with no income.

RESPONSE: Due to the high costs of utilities and maintenance of the units, in order for the HACC to remain viable, we will retain the \$50 minimum rent.

COMMENT: Ms. Blackshear commented on our promise each year to designate Kennedy Tower as a Senior High Rise only, and asked if we would be actually doing it this year.

RESPONSE: The designation of Kennedy Tower will be done in 2005.

COMMENT: Mr. Podell requested that an independent Hearing Officer for Section 8 and Public Housing grievance hearings be hired.

RESPONSE: Beginning January 2005 an independent hearing officer will be in place.

COMMENT: Mr. Podell questioned the internal transferring of residents between units and sites.

RESPONSE: The HACC will ensure the ratio of 1 resident transfer for every 2 new move in's is being followed.

COMMENT: Mr. Podell asked that the minimum rent be reduced to \$25.00.

RESPONSE: As per the reasons stated above to Ms. Blackshear's comment, the HACC will retain the \$50 minimum rent.

COMMENT: Ms. Williams questioned the process in which transfers are done; she feels she was forced out of her unit and that the transfer policy should be fair.

RESPONSE: The HACC will ensure the ratio of 1 resident transfer for every 2 new move in's is being followed.

COMMENT: Ms. Williams questioned the security and safety at Branch Village and wants something done about it.

RESPONSE: The security of our residents is always a chief concern and is something that we are constantly working on and improving. Just because a resident does not see activity does not mean it is not occurring due to the often sensitive nature of security work. The HACC works very closely with law enforcement personnel to improve security.

Required Attachment: nj010t02

COMMENT: Ms. Williams asked why the Housing Authority allowed for a Pet Policy in Public Housing.

RESPONSE: It was explained to Ms. Williams that HUD mandated for Housing Authorities to develop and adopt a Pet Policy to allow Public Housing residents to have pets.

COMMENT: Ms. Williams requested a copy of the inter-local agreement and copies of residential police reports.

RESPONSE: Dr. Marquez informed Ms. Williams that she would receive a copy of the inter-local agreement, but would not be able to receive any residential police reports due to confidentiality laws.

COMMENT: Mr. Hohney wanted to know when the parking lot would be completed at Westfield Tower.

RESPONSE: The HACC cannot give a start date at this time. We are currently awaiting funding for this project.

COMMENT: Mr. Hohney stated that the gas stoves are deficient and are leaking gas.

RESPONSE: Mr. Hohney was informed that the Director of Operations would immediately be checking on the stoves at Westfield Tower.

COMMENT: Mr. Hohney stated that the toilets at Westfield Tower drain slowly and are defective, and mentioned that there are some issues with the exterminator.

RESPONSE: Dr. Marquez and her staff will do a walk through with Mr. Hohney at Westfield Tower on Thursday, September 16, 2004 to address his issues.

### **WRITTEN COMMENTS RECEIVED ON SEPTEMBER 13, 2004 FROM THE RAB'S LEGAL COUNSEL**

COMMENT: The RAB has proposed institution of a resident screening committee as part of the screening and admission process. They provided draft language to implement the proposal.

RESPONSE: At this time the HACC is unable to implement the proposed Resident Screening Committee. Confidentiality and fairness to the applicant are areas of concern for the Authority. We will investigate further the process used by other agencies, and based on the information received; we will work towards incorporating resident involvement in the admissions process.

Required Attachment: nj010t02

COMMENT: The RAB has previously submitted comments regarding the discretionary rent policies. In the One Year Plan and Admissions and Continued Occupancy Policy, the HACC has stated that it will utilize only the federally mandated exclusions. The RAB believes that there are compelling reasons for utilizing discretionary exclusions and has therefore submitted a proposal detailing specific exclusions and deductions as well as recommendations regarding temporary income disregards.

RESPONSE: It is not feasible possible at this time for the HACC to except this recommendation. The HACC will continue to utilize only the federally mandated exclusions.

COMMENT: The RAB recommends that the HACC adopt an informal review procedure for the Section 8 program modeled upon the public housing grievance procedure that is in place.

RESPONSE: The HACC is in the process of revising our Administrative Plan. The agency will take your recommendation into consideration.

COMMENT: The RAB recommends the HACC begin implementing the Homeownership Program.

RESPONSE: The HACC is currently working with residents of Section 8 through the FSS program to prepare them for homeownership. Staff training must be completed prior to implementation of the program. The HACC anticipates full implementation of the program by January 1, 2005.

COMMENT: Section 8.4 (N) and (O) of the ACOP discusses grounds for denial of admission to public housing. The RAB feels that exemptions have been provided for persons evicted for drug related criminal activity or alcohol use under paragraph L and under paragraph J for persons evicted for drug use, therefore, comparable exemptions should be afforded to applicants under paragraph (N) and (O) and proposed the following language be added under said paragraphs: The Housing Authority of the City of Camden may waive this requirement if the applicant demonstrates that the 1) the grounds that existed for eviction or termination no longer exist, 2) circumstances have changed or sufficient time has elapsed so that there is no reason to assume that the conduct giving rise to the eviction or termination is likely to reoccur, and 3) the family member in question now otherwise meets the criteria for suitability.

RESPONSE: The HACC is in the process of revising our Administrative Plan. The proposed changes will be added to Section 8.4 paragraphs (N) and (O) of the Administrative Plan.

COMMENT: A public housing admission preference is given to those currently enrolled in a job-training program. The RAB requests that this preference be expanded to include those who have completed a job-training program.

Required Attachment: nj010t02

RESPONSE: The HACC is declining to accept this recommendation. The HACC believes that persons who have completed a job-training program should be receiving the preference for working families (10.1 (E)) if they have successfully completed job training. Being currently enrolled displays a behavior the HACC is trying to encourage in all its unemployed heads of families who are able to work.

COMMENT: It is the position of the RAB that the Housing Authority should pay for the cost of transfer whenever the move is being made upon the request of the Authority.

RESPONSE: The policy as set forth in the ACOP requires families to pay for the move when it is to their benefit. The HACC does not feel this is unreasonable, however, we do take transfers on a case by case basis, if the HACC is requiring a transfer due to a hardship we have caused to a resident, the HACC has in the past and will in the future pay for cost.

COMMENT: The RAB requests that “emergency” be defined in order to avoid misunderstandings or prevent possible abuse of this provision by Authority staff.

RESPONSE: The HACC will define “emergency” under Section 17.7 of the ACOP as follows: Emergencies will include fire, plumbing leaks, stoppages, or overflows, electrical hazards, medical crisis, violent criminal activity, or other conditions which clearly pose an immediate threat to health and/or safety.

COMMENT: The RAB objects to the HACC’s dwelling lease, Section XIV (b)(9), formal charges being brought against a tenant without requiring proof of conviction, as grounds for termination of tenancy.

RESPONSE: The HACC will not be changing this clause, the clause was made part of the lease as another application of HUD’s “One Strike” policy as modified by QHWRA’s inclusion of “violent criminal acts” as grounds for eviction without use of the grievance procedure, and was further defined under Section XVI Grievance Procedure of the new dwelling lease.

COMMENT: The RAB suggest that the HACC clarify “affinity” in Section 3.2.A.1. of the Administrative Plan, to include unmarried couples.

RESPONSE: This is a classic public housing family definition and does not preclude the admission of unmarried couples as long as they are engaged in a stable relationship.

COMMENT: Section 4.8 (H), Grounds for Denial of the Section 8 Administrative Plan is missing, “The Housing Authority of the City of Camden may waive this requirement if:”

RESPONSE: The HACC agrees with the RAB and will make the necessary changes.

Required Attachment: nj010t02

COMMENT: The RAB requests that the HACC change Section 6.3 of the Administrative Plan to "Upon the family's request, the Housing Authority must assist the family in negotiating lease changes that may be required for the tenancy to be approved.

RESPONSE: The HACC agrees with the RAB and will make the necessary changes.

COMMENT: The RAB is concerned that a Section 8 client may have difficulty finding a landlord within the 120 maximum calendar days afforded, and encourages the HACC to eliminate the cap in its entirety.

RESPONSE: The HACC will retain the 120-day limitation on search time for most applicants; however, the HACC did incorporate into its Administrative Plan an extension possibility for disabled families if they have good cause as a reasonable accommodation.

COMMENT: The RAB urges the HACC to modify Section 8.1 of the Section 8 Administrative Plan to clarify that a family may move at any time when a landlord's Housing Assistance Payments contract is terminated for failing to cure a violation of the Housing Quality Standards.

RESPONSE: The portability section of the Administrative Plan is not where this concern would be addressed. It is addressed under the Section 7.0 (Moves with Continued Assistance), which states, "Participating families are allowed to move to another unit after the initial 12 months has expired, or if the Housing Authority has terminated the HAP contract."

COMMENT: The RAB suggest that the denial of rent reduction when income decreases due to a welfare sanction be modified to take effect after all appeals have taken place in Section 9.2(B)(6)(b) of the Section 8 Administrative Plan

RESPONSE: The HACC is in the process of revising our Section 8 Administrative Plan, and the relevant section will be modified to reflect the RAB's suggestion.

COMMENT: The RAB encourages the HACC to raise the Section 8 payment standard to 110 percent.

RESPONSE: The HACC cannot accept this recommendation. The HACC reviews the payment standards annually and HUD generates a new Fair Market Rent schedule. We will continue to utilize the HUD Fair Market Rent schedule to determine the total amount of rent including utilities that can be assigned to a unit.

COMMENT: The RAB encourages the HACC to adopt the current public housing grievance procedure to supplement the procedure for Section 8 informal hearings.

Required Attachment: nj010t02

RESPONSE: The HACC cannot accept this recommendation. The Section 8 program and Public Housing program operate under different rules and regulations. All HUD regulations were complied with in creating this section of the Administrative Plan.

COMMENT: The RAB requests that upon request, the HACC provide copies of its relevant documents to a family at no cost under Section 16.3.D.1 of the Administrative Plan.

RESPONSE: The families are the first recipients of any document that may apply to their Housing Choice Voucher. Therefore, the client should possess relevant documents that may apply to their file. The HACC presently assesses a fee to make copies of documents due to the costs incurred by out agency, which includes, staff time, paper, and copier maintenance. The HACC will continue to charge a fee for copies.

COMMENT: The RAB request that pursuant to 24 CFR 982.54(d)(18) that the HACC address more clearly when repayment agreements are appropriate. The RAB suggests that affordable repayment agreements be allowed when unintentional program violations occur.

RESPONSE: The HACC agrees with the RAB and will develop a policy to clarify repayment plans, however, the HACC does not wish to suggest what actions may or may not be “unintentional” program violations.

COMMENT: The HACC plans to designate Kennedy Tower as senior only. The RAB agrees with this proposal provided that there are no involuntary transfers of existing non-elderly tenants, the HACC creates more handicap-accessible units, and the HACC ensures that the housing needs of disabled persons are met. The RAB also recommends the designation of Westfield Tower and Mickle Tower as senior only.

RESPONSE: The HACC is currently working on the plan to designate Kennedy Tower as elderly only. Due to the extensive amount of work involved and requirements that need to be met, we cannot at this time give a definite plan of actions that will be taken in processing the designation.

COMMENT: The RAB urges the HACC to implement the Section 8 Homeownership Program.

RESPONSE: The HACC will implement the Section 8 Homeownership program by January 1, 2005.

COMMENT: The RAB recommends that the HACC grandfather in residents with preexisting pet prior to enforcing the Pet Policy.

RESPONSE: The HACC implemented the Pet Policy as of January 1, 2001. Prior to the implementation residents were given 45 days to register pets with the management office so that the records could indicate the preexistence of the pet.

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COMMENT: The RAB is concerned with the HACC using an applicants credit report to assist with determining eligibility for public housing, and that under Section 8.3B.1 and 8.4.D. of the ACOP does not reflect that credit checks will be a determining factor of eligibility. The RAB recommends that rent payment history remain the relevant criteria.

RESPONSE: Section 8.3.C.2 of the ACOP refers to applicant credit checks, but the HACC will revise Section 8 of the ACOP to clarify our position to continue to use applicant credit reports as part of relevant criteria.

COMMENT: The RAB is concerned with the HACC using an applicants credit report to assist with determining eligibility for the Section 8 program. The RAB states that many low-income families without medical insurance have bad credit. In addition, a denial based on a bankruptcy filing is illegal.

RESPONSE: The Section 8 Administrative Policy Section 3.2.F, states that the HACC will use credit history as a basis for denial. The HACC will continue to follow this policy. The HACC does not consider outstanding medical bills or bankruptcies against an applicant when deciding eligibility.

COMMENT: The RAB feels that the ratio of 1 transfer for every 2 new residents moved into each public housing site should be higher due to the significant number of residents that have been on the transfer lists for years.

RESPONSE: The HACC is unable to except this recommendation at this time. We will continue to do 1 transfer for every 2 new residents. We will institute measures to ensure that this is the process that is being followed in an effort to alleviate the wait time of a transfer.

COMMENT: The RAB feels that charging 50 cents a page for photocopies is excessive for the low-income individuals that the Section 8 program serves. This charge applies to policies, including the Section 8 Administrative Plan, which would cost \$80.00 to have copied.

RESPONSE: The HACC agrees with the RAB that \$80 is an excessive amount for low-income individuals and will begin to have a copy of the Administrative Plan inserted into the briefing packets for participates records. The families are the first recipients of any document that may apply to their Housing Choice Voucher. Therefore, the client should possess relevant documents that may apply to their file. The HACC presently assesses a fee to make copies of documents due to the costs incurred by our agency, which includes, staff time, paper and copier maintenance. The HACC will continue to charge a fee of 50 cents a copy.

COMMENT: The RAB feels that paragraph O Section 4.8, Grounds for Denial, of the Section 8 Administrative Plan is suggesting a lifetime ban if an applicant was evicted in court for nonpayment of rent or other cause and is inconsistent with a 3-year ban in

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Paragraph H if a family member was evicted from assisted housing for drug-related criminal activity involving personal use and possession, a 5-year ban in paragraph I if a family member was evicted from assisted housing for drug-related criminal activity involving manufacture, sale, or distribution, and a 3-year ban in paragraph L if a family member was terminated from the Section 8 voucher program.

RESPONSE: The HACC agrees with the RAB that clarification is needed under Section 4.8 and will incorporate clarification into this Section as we are revising the Administrative Plan.

COMMENT: The HACC had previously agreed to amend Section 6.3 of the Section 8 Administrative Plan to include that “Upon a family’s request, the Housing Authority must assist the family in negotiating rent and other lease changes that may be required for the tenancy to be approved. This change was never done.

RESPONSE: The HACC is in the process of revising the Section 8 Administrative Plan and will incorporate this change.

COMMENT: The RAB feels that the HACC has taken the position that provision Termination for Family HQS Violations applies to damage claims by landlords after the tenants vacate the premises. They feel this section applies to damages that the family is responsible for while the family still resides in the rental unit, and that it is not the HACC role to be a collection agency for landlords. They feel landlords are free to pursue claims for money damages against tenants and garnish the income of Section 8 participants that are not collection proof, and the HACC should not give landlords an advantage in collecting money damages that non-Section 8 landlords do not have.

RESPONSE: The HACC will retain its position on this provision of the Administrative Plan. By this provision the HACC’s intentions are to assist the participant in retaining their voucher even when they may have left a landlord’s unit in less than satisfactory conditions or owing outstanding rent.

COMMENT: The RAB feels that Section 16.3.B.9, No Hearing If Breach of Repayment Agreement, violates the right of Section 8 participants to procedural due process, and it is not appropriate for the HACC to serve as a collection agency for landlords and coerce Section 8 participants into entering into repayment agreements with ex-landlords on the threat of termination from the program.

RESPONSE: As stated previously, the HACC will retain its position on this Section of the Administrative Plan. The HACC’s intentions are to assist the participant in retaining their voucher even though they may be in violation of the Housing Choice Voucher program.

COMMENT: Section 16.3.D.1.c. requires representatives of participates in hearing to request files to review in writing 72 hours prior to the hearing. Camden Legal Services



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feels there is no reason that a file cannot be made available less than 72 hours before the hearing when it has to be available on the day of the hearing for the hearing officer.

RESPONSE: The HACC is in the process of revising the Section 8 Administrative Plan, the following change will be incorporated: upon written request the client's file will be made available to the clients representative up to 1 hour prior to the hearing.

COMMENT: In respect to Section 16.3.D.2. Notification to lawyer of hearing, Camden Legal Service sees no reason that notices, as well as final decisions, cannot be sent both to the Section 8 participant and the representative.

RESPONSE: The HACC is in the process of revising the Section 8 Administrative Plan, Section 16.3.D.2 of the Section 8 Administrative Plan will be changed to include that if the HACC is notified in writing of legal representation of a participant, the HACC will copy legal representation on correspondence sent to the participant.

COMMENT: The RAB recommends an exemption to the Community Service Policy for all residents who work at least 20 hours a week part-time. The RAB also request additional exemptions for 18-year-old high school students, full-time college students, and individuals who meet the exempt requirements in state welfare programs. Additionally, the RAB also asks the HACC to state in more detail the types of activities that count toward the 8 hours a month, specifically, attendance at tenant association meetings, community activities, and maintaining the grounds outside of the family's public housing unit.

RESPONSE: The HACC agrees with the RAB that a resident working 20 hours per week part-time should be exempt from Community Service and will make the necessary changes to the Community Service Policy, Lease, and ACOP. Exemptions for 18-year-old high school students, full-time college students, and individuals, who meet the exempt requirements in state welfare programs, are already allowed per our current Community Service Policy. The HACC has employed a Community Service and Self-Sufficiency Coordinator to assist residents with their Community Service requirements. The newly developed lease, ACOP, Community Service Policy, and literature used by the HACC list examples of activities that meet the Community Service requirements, the Coordinator discusses specific details of activities that a resident may choose to participate in such as maintaining grounds outside of the family's home, community activities, etc.

COMMENT: The RAB notes that utility allowances for public housing residents and Section 8 Voucher participants are inadequate, and request that the HACC review all schedules for utility allowances.

RESPONSE: The HACC agrees with the RAB and will update the utility allowances for public housing and Section 8 programs.

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COMMENT: The HACC has implemented an Application for Recertification, which public housing and Section 8 voucher participants are requested to fill out and bring to their annual recertification appointments. The RAB is concerned that many residents and Section 8 participants will not be able to complete the detailed application for the appointment and the HACC will use the failure to bring the completed form to the recertification appointment as a basis for termination. They ask that the HACC specifically state that failure to bring a completed recertification form to a recertification appointment is not grounds for termination.

RESPONSE: It has never been the intention of the HACC to bring unnecessary hardship to our residents or participants. Failure to bring the completed recertification application to the annual recertification appointment would not be used as grounds for termination. The HACC is in the process of revising our ACOP and Administrative Plan we will clarify this section in both.

COMMENT: The RAB strongly condemns the HACC for the way they conduct their administrative hearings.

RESPONSE: Beginning January 1, 2005, the HACC will have on board an independent hearing officer to preside over administrative hearings, and an HACC staff member will be assigned to take minutes and tape record all hearings.

COMMENT: The RAB states that there is no reason to keep the minimum rent at \$50, and should be decreased to \$25. Keeping the minimum rent at \$50 is a hardship to residents.

RESPONSE: The HACC cannot support this recommendation at this time. The minimum rent will remain at \$50 with the opportunity for the resident to request a hardship exemption. The HACC has committed to updating the utility allowances for both Section 8 and public housing programs. By increasing the utility allowances the majority of resident rents will be at zero or receiving a utility check reimbursement.

**CAMDEN HOUSING AUTHORITY**

**SECTION 8 ADMINISTRATIVE PLAN**

**APPROVED:**

**THE BOARD OF THE  
CAMDEN HOUSING AUTHORITY  
ON NOVEMBER 1999**

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## **SECTION 8 ADMINISTRATIVE PLAN**

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### **1.0 EQUAL OPPORTUNITY**

#### **1.1 FAIR HOUSING**

It is the policy of the Camden Housing Authority to comply fully with all Federal, State, and local nondiscrimination laws; the Americans with Disabilities Act; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity.

No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Camden Housing Authority housing programs.

To further its commitment to full compliance with applicable Civil Rights laws, the Camden Housing Authority will provide Federal/State/local information to applicants for and participants in the Section 8 Housing Program regarding discrimination and any recourse available to them if they believe they may be victims of discrimination. Such information will be made available with the application, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made available at the Camden Housing Authority office. In addition, all written information and advertisements will contain the appropriate Equal Opportunity language and logo.

The Camden Housing Authority will assist any family that believes they have suffered illegal discrimination by providing them copies of the housing discrimination form. The Camden Housing Authority will also assist them in completing the form, if requested, and will provide them with the address of the nearest HUD Office of Fair Housing and Equal Opportunity.

#### **1.2 REASONABLE ACCOMMODATION**

Sometimes people with disabilities may need a reasonable accommodation in order to take full advantage of the Camden Housing Authority housing programs and related services. When such accommodations are granted they do not confer special treatment or advantage for the person with a disability; rather, they make the program fully accessible to them in a way that would otherwise not be possible due to their disability. This policy clarifies how people can request accommodations and the guidelines the Camden Housing Authority will follow in determining whether it is reasonable to provide a requested accommodation. Because disabilities are not always apparent, the Camden Housing Authority will ensure that all applicants/participants are aware of the opportunity to request reasonable accommodations.

#### **1.3 COMMUNICATION**

Anyone requesting an application will also receive a Request for Reasonable Accommodation Form.

Notifications of reexamination, inspection, appointment, or eviction will include information about requesting a reasonable accommodation. Any notification requesting action by the participant will include information about requesting a reasonable accommodation.

All decisions granting or denying requests will be in writing.

## **1.4 QUESTIONS TO ASK IN GRANTING THE ACCOMMODATION**

- A. Is the requestor a person with disabilities?

For this purpose the definition of disabilities is different than the definition used for admission. The Fair Housing definition used for this purpose is:

A person with a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. (The disability may not be apparent to others, i.e., a heart condition).

If the disability is apparent or already documented, the answer to this question is yes. It is possible that the disability for which the accommodation is being requested is a disability other than the apparent disability. If the disability is not apparent or documented, the Camden Housing Authority will obtain verification that the person is a person with a disability.

- B. Is the requested accommodation related to the disability?

If it is apparent that the request is related to the apparent or documented disability, the answer to this question is yes. If it is not apparent, the Camden Housing Authority will obtain documentation that the requested accommodation is needed due to the disability. The Camden Housing Authority will not inquire as to the nature of the disability.

- C. Is the requested accommodation reasonable?

In order to be determined reasonable, the accommodation must meet two criteria:

1. Would the accommodation constitute a fundamental alteration?

The Camden Housing Authority's business is housing. If the request would alter the fundamental business that the Camden Housing Authority conducts, that would not be reasonable. For instance, the Camden Housing Authority would deny a request to have the Camden Housing Authority do grocery shopping for the person with disabilities.

2. Would the requested accommodation create an undue financial hardship or administrative burden?

Frequently the requested accommodation costs little or nothing. If the cost would be an undue burden, the Camden Housing Authority may request a meeting with the individual to investigate and consider equally effective alternatives.

Generally the individual knows best what they need; however, the Camden Housing Authority retains the right to be shown how the requested accommodation enables the individual to access or use the Camden Housing Authority's programs or services.

If more than one accommodation is equally effective in providing access to the Camden Housing Authority's programs and services, the Camden Housing Authority retains the right to select the most efficient or economic choice.

The cost necessary to carry out approved requests will be borne by the Camden Housing Authority if there is no one else willing to pay for the modifications. If another party pays for the modification, the Camden Housing Authority will seek to have the same entity pay for any restoration costs.

If the participant requests, as a reasonable accommodation, that he or she be permitted to make physical modifications to their dwelling unit, at their own expense, the request should be made to the property owner/manager. The Housing Authority does not have responsibility for the owner's unit and does not have responsibility to make the unit accessible.

Any request for an accommodation that would enable a participant to materially violate family obligations will not be approved.

## **1.5 SERVICES FOR NON-ENGLISH SPEAKING APPLICANTS AND PARTICIPANTS**

The Camden Housing Authority will endeavor to have bilingual staff or access to people who speak languages other than English to assist non-English speaking families. The following languages will be covered: Spanish

## **1.6 FAMILY/OWNER OUTREACH**

The Camden Housing Authority will publicize the availability and nature of the Section 8 Program for extremely low-income, very low and low-income families in a newspaper of general circulation, minority media, and by other suitable means.

To reach persons, who cannot or do not read newspapers, the Camden Housing Authority will distribute fact sheets to the broadcasting media and initiate personal contacts with members of the news media and community service personnel. The Camden Housing Authority will also try to utilize public service announcements.

The Camden Housing Authority will communicate the status of program availability to other service providers in the community and advise them of housing eligibility factors and guidelines so that they can make proper referral of their clients to the program.

The Camden Housing Authority will hold briefings for owners who participate in or who are seeking information about the Section 8 Program. The briefings will be conducted in association with the appropriate property owners' association. Owners and managers participating in the Section 8 Program will participate in making this presentation. The briefing is intended to:

- A. Explain how the program works;

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- B. Explain how the program benefits owners;
- C. Explain owners' responsibilities under the program. Emphasis is placed on quality screening and ways the Camden Housing Authority helps owners do better screening; and
- D. Provide an opportunity for owners to ask questions, obtain written materials, and meet Camden Housing Authority staff.

The Camden Housing Authority will particularly encourage owners of suitable units located outside of low-income or minority concentration to attend. Targeted mailing lists will be developed and announcements mailed.

## **1.7 RIGHT TO PRIVACY**

All adult members of both applicant and participant households are required to sign HUD Form 9886, *Authorization for Release of Information and Privacy Act Notice*. The *Authorization for Release of Information and Privacy Act Notice* states how family information will be released and includes the *Federal Privacy Act Statement*.

Any request for applicant or participant information will not be released unless there is a signed release of information request from the applicant or participant.

## **1.8 REQUIRED POSTINGS**

The Camden Housing Authority will post in each of its offices in a conspicuous place and at a height easily read by all persons including persons with mobility disabilities, the following information:

- A. The Section 8 Administrative Plan
- B. Notice of the status of the waiting list (opened or closed)
- C. Address of all Camden Housing Authority offices, office hours, telephone numbers, TDD numbers, and hours of operation
- D. Income Limits for Admission
- E. Informal Review and Informal Hearing Procedures
- F. Fair Housing Poster
- G. Equal Opportunity in Employment Poster

## **1.9 REQUESTED DOCUMENTS**

Clients or outside agencies who request copies of HACC policies or of documents from a client file approved for release by either the Section 8 Director, The Executive Director or the Staff Attorney shall be assessed a cost

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per page of 50 cents. This cost will be collected on C.O.D. basis and must be had before said documents can be released.

## **2.0 CAMDEN HOUSING AUTHORITY/OWNER RESPONSIBILITY/ OBLIGATION OF THE FAMILY**

This Section outlines the responsibilities and obligations of the Camden Housing Authority, the Section 8 Owners/Landlords, and the participating families.

### **2.1 CAMDEN HOUSING AUTHORITY RESPONSIBILITIES**

- A. The Camden Housing Authority will comply with the consolidated ACC, the application, HUD regulations and other requirements, and the Camden Housing Authority Section 8 Administrative Plan.
- B. In administering the program, the Camden Housing Authority must:
  - 1. Publish and disseminate information about the availability and nature of housing assistance under the program;
  - 2. Explain the program to owners and families;
  - 3. Seek expanded opportunities for assisted families to locate housing outside areas of poverty or racial concentration;
  - 4. Encourage owners to make units available for leasing in the program, including owners of suitable units located outside areas of poverty or racial concentration;
  - 5. Affirmatively further fair housing goals and comply with equal opportunity requirements;
  - 6. Make efforts to help disabled persons find satisfactory housing;
  - 7. Receive applications from families, determine eligibility, maintain the waiting list, select applicants, issue a voucher to each selected family, and provide housing information to families selected;
  - 8. Determine who can live in the assisted unit at admission and during the family's participation in the program;
  - 9. Obtain and verify evidence of citizenship and eligible immigration status in accordance with 24 CFR part 5;
  - 10. Review the family's request for approval of the tenancy and the owner/landlord lease, including the HUD prescribed tenancy addendum;
  - 11. Inspect the unit before the assisted occupancy begins and at least annually during the assisted tenancy;

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12. Determine the amount of the housing assistance payment for a family;
13. Determine the maximum rent to the owner and whether the rent is reasonable;
14. Make timely housing assistance payments to an owner in accordance with the HAP contract;
15. Examine family income, size and composition at admission and during the family's participation in the program. The examination includes verification of income and other family information;
16. Establish and adjust Camden Housing Authority utility allowance;
17. Administer and enforce the housing assistance payments contract with an owner, including taking appropriate action as determined by the Camden Housing Authority, if the owner defaults (e.g., HQS violation);
18. Determine whether to terminate assistance to a participant family for violation of family obligations;
19. Conduct informal reviews of certain Camden Housing Authority decisions concerning applicants for participation in the program;
20. Conduct informal hearings on certain Camden Housing Authority decisions concerning participant families;
21. Provide sound financial management of the program, including engaging an independent public accountant to conduct audits; and
22. Administer an FSS program(**if applicable**) .

## **2.2 OWNER RESPONSIBILITY**

- A. The owner is responsible for performing all of the owner's obligations under the HAP contract and the lease.
- B. The owner is responsible for:
  1. Performing all management and rental functions for the assisted unit, including selecting a voucher holder to lease the unit, and deciding if the family is suitable for tenancy of the unit.
  2. Maintaining the unit in accordance with HQS, including performance of ordinary and extraordinary maintenance.
  3. Complying with equal opportunity requirements.
  4. Preparing and furnishing to the Camden Housing Authority information required under the HAP contract.

5. Collecting from the family:
    - a. Any security deposit required under the lease.
    - b. The tenant contribution (the part of rent to owner not covered by the housing assistance payment.
    - c. Any charges for unit damage by the family.
  6. Enforcing tenant obligations under the lease.
  7. Paying for utilities and services (unless paid by the family under the lease.)
- C. For provisions on modifications to a dwelling unit occupied or to be occupied by a person with disabilities see 24 CFR 100.203.

## **2.3 OBLIGATIONS OF THE PARTICIPANT**

This Section states the obligations of a participant family under the program.

- A. Supplying required information.
  1. The family must supply any information that the Camden Housing Authority or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status. Information includes any requested certification, release or other documentation.
  2. The family must supply any information requested by the Camden Housing Authority or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.
  3. The family must disclose and verify Social Security Numbers and must sign and submit consent forms for obtaining information.
  4. Any information supplied by the family must be true and complete.
- B. HQS breach caused by the Family  

The family is responsible for any HQS breach caused by the family or its guests.
- C. Allowing Camden Housing Authority Inspection  

The family must allow the Camden Housing Authority to inspect the unit at reasonable times and after at least 2 days notice.
- D. Violation of Lease  

The family may not commit any serious or repeated violation of the lease.

E. Family Notice of Move or Lease Termination

The family must notify the Camden Housing Authority and the owner before the family moves out of the unit or terminates the lease by a notice to the owner. The 60 day notification must be in writing to both the Camden Housing Authority and the landlord and if the notice does not coincide with the end of the lease term, the Camden Housing Authority must give the approval to break the lease if a court judgment has not been gotten to do so.

F. Owner Eviction Notice

The family must promptly give the Camden Housing Authority a copy of any owner eviction notice it receives.

G. Use and Occupancy of the Unit

1. The family must use the assisted unit for a residence by the family. The unit must be the family's only residence.
2. The Camden Housing Authority must approve the composition of the assisted family residing in the unit. The family must promptly inform the Camden Housing Authority of the birth, adoption or court-awarded custody of a child. The family must request approval from the Camden Housing Authority to add any other family member as an occupant of the unit. No other person (i.e., no one but members of the assisted family) may reside in the unit (except for a foster child/foster adult or live-in aide as provided in paragraph (4) of this Section).
3. The family must promptly notify the Camden Housing Authority if any family member no longer resides in the unit.
4. If the Camden Housing Authority has given approval, a foster child/foster adult or a live-in aide may reside in the unit. The Camden Housing Authority has the discretion to decide who or whom will reside in said unit.
5. Members of the household may engage in legal profit making activities in the unit, but only if such activities are incidental to primary use of the unit for residence by members of the family. Any business uses of the unit must comply with zoning requirements and the affected household member must obtain all appropriate licenses.
6. The family must not sublease or let the unit.
7. The family must not assign the lease or transfer the unit.
8. The head or co-head of household or a legal guardian must have full custody from the court for any minor children in the household in order for those children to be counted as part of the income calculation and subsidy calculation.

H. Absence from the Unit



The family must supply any information or certification requested by the Camden Housing Authority to verify that the family is living in the unit, or relating to family absence from the unit, including any Camden Housing Authority requested information or certification on the purposes of family absences. The family must cooperate with the Camden Housing Authority for this purpose. The family must promptly notify the Camden Housing Authority of its absence from the unit.

“Absence means that the head of household is not residing in the unit. The head of household or any other member of the family may be absent from the unit for up to 30 days. The family must request permission from the Camden Housing Authority for any absences by any members of the household exceeding 30 days. The Camden Housing Authority will make a determination within 5 business days of the request. An authorized absence may not exceed 180 days. Any family member absent for more than 30 days without authorization will result in the termination of assistance to that household as a whole.”

Authorized absences may include, but are not limited to:

1. Prolonged hospitalization
2. Absences beyond the control of the family (i.e., death in the family, other family member illness)
3. Other absences that are deemed necessary by the Camden Housing Authority

I. Interest in the Unit

The family may not own or have any interest in the unit (except for owners of manufactured housing renting the manufactured home space).

J. Fraud and Other Program Violation

The members of the family must not commit fraud, bribery, or any other corrupt or criminal act in connection with the programs.

K. Crime by Family Members

The members of the family may not engage in drug-related criminal activity or other violent criminal activity.

L. Other Housing Assistance

An assisted family, or members of the family, may not receive Section 8 tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative (as determined by HUD or in accordance with HUD requirements) Federal, State or local housing assistance program.

## 3.0 ELIGIBILITY FOR ADMISSION

### 3.1 INTRODUCTION

There are five eligibility requirements for admission to Section 8 -- qualifies as a family, has an income within the income limits, meets citizenship/eligible immigrant criteria, provides documentation of Social Security Numbers, and signs consent authorization documents. In addition to the eligibility criteria, families must also meet the Camden Housing Authority screening criteria in order to be admitted to the Section 8 Program.

### 3.2 ELIGIBILITY CRITERIA

#### A. Family status.

1. A **family with or without children**. Such a family is defined as a group of people related by blood, marriage, adoption or affinity that lives together in a stable family relationship.
  - a. Children temporarily absent from the home due to placement in foster care are considered family members.
  - b. Unborn children and children in the process of being adopted are considered family members for purposes of determining bedroom size, but are not considered family members for determining income limit.
2. An **elderly family**, which is:
  - a. A family whose head, spouse, or sole member is a person who is at least 62 years of age;
  - b. Two or more persons who are at least 62 years of age living together; or
  - c. One or more persons who are at least 62 years of age living with one or more live-in aides
3. A **near elderly family**, which is:
  - a. A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62;
  - b. Two or more persons who are at least 50 years of age but below the age of 62 living together; or
  - c. One or more persons who are at least 50 years of age but below the age of 62 living with one or more live-in aides.
4. A **disabled family**, which is:
  - a. A family whose head, spouse, or sole member is a person with disabilities;

- b. Two or more persons with disabilities living together; or
  - c. One or more persons with disabilities living with one or more live-in aides.
5. A **displaced family** is a family in which each member, or whose sole member, has been displaced by governmental action, or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.
  6. A **remaining member of a tenant family**.
  7. A **single person** who is not an elderly or displaced person, or a person with disabilities, or the remaining member of a tenant family.
- B. Income eligibility
1. To be eligible to receive assistance a family shall, at the time the family initially receives assistance under the Section 8 program shall be a low-income family that is:
    - a. A very low-income family;
    - b. A low-income family continuously assisted under the 1937 Housing Act;
    - c. A low-income family that meets additional eligibility criteria specified by the Housing Authority;
    - d. A low-income family that is a non-purchasing tenant in a HOPE 1 or HOPE 2 project or a property subject to a resident homeownership program under 24 CFR 248.173;
    - e. A low-income family or moderate-income family that is displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing.
    - f. A low-income family that qualifies for voucher assistance as a non-purchasing family residing in a HOPE 1 (HOPE for public housing homeownership) or HOPE 2 (HOPE for homeownership of multifamily units) project.
  2. Income limits apply only at admission and are not applicable for continued occupancy; however, as income rises the assistance will decrease.
  3. The applicable income limit for issuance of a voucher is the highest income limit for the family size for areas within the housing authority's jurisdiction. The applicable income limit for admission to the program is the income limit for the area in which the family is initially assisted in the program. The family may only use the voucher to rent a unit in an area where the family is income eligible at admission to the program.
  4. Families who are moving into the Camden Housing Authority's jurisdiction under

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portability and have the status of applicant rather than of participant at their initial housing authority, must meet the income limit for the area where they were initially assisted under the program.

5. Families who are moving into the Camden Housing Authority's jurisdiction under portability and are already program participants at their initial housing authority do not have to meet the income eligibility requirement for the Camden Housing Authority program.
6. Income limit restrictions do not apply to families transferring units within the Camden Housing Authority Section 8 Program.

C. Citizenship/Eligible Immigrant status

To be eligible each member of the family must be a citizen, national, or a non-citizen who has eligible immigration status under one of the categories set forth in Section 214 of the Housing and Community Development Act of 1980 (see 42 U.S.C. 1436a(a)).

Family eligibility for assistance.

1. A family shall not be eligible for assistance unless every member of the family residing in the unit is determined to have eligible status, with the exception noted below.
2. Despite the ineligibility of one or more family members, a mixed family may be eligible for one of three types of assistance. (See Section 11.5(K) for calculating rents under the non-citizen rule).
3. A family without any eligible members and receiving assistance on June 19, 1995 may be eligible for temporary deferral of termination of assistance.

D. Social Security Number Documentation

To be eligible, all family members 6 years of age and older must provide a Social Security Number or certify that they do not have one.

E. Signing Consent Forms

1. In order to be eligible each member of the family who is at least 18 years of age, and each family head and spouse regardless of age, shall sign one or more consent forms.
2. The consent form must contain, at a minimum, the following:
  - a. A provision authorizing HUD and the Camden Housing Authority to obtain from State Wage Information Collection Agencies (SWICAs) any information or materials necessary to complete or verify the application for participation or for eligibility for continued occupancy;

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- b. A provision authorizing HUD or the Camden Housing Authority to verify with previous or current employers income information pertinent to the family's eligibility for or level of assistance;
- c. A provision authorizing HUD to request income information from the IRS and the SSA for the sole purpose of verifying income information pertinent to the family's eligibility or level of benefits; and
- d. A statement that the authorization to release the information requested by the consent form expires 15 months after the date the consent form is signed.

F. Suitability for Tenancy.

The Camden Housing Authority determines eligibility for participation and will also conduct criminal, credit, and rental history checks on all adult household members, including live-in aides. The Camden Housing Authority will deny assistance to a family because of drug related criminal activity or any other criminal activity by family members that the Camden Housing Authority deems significant or serious enough to deny admission. The criminal background checks will be made through state and/or local law enforcement, or court records in those cases where the household member has lived in the local jurisdiction for the last 3 years. If the individual has lived outside the local area, the Camden Housing Authority may contact law enforcement agencies where the individual had lived or request a check through the FBI's National Crime Information Center (NCIC). Denial for admission for drug related criminal activity or any other criminal activity will be based on the activities done in the previous 5 years, but HACC reserves the right to deny admission of or such activities that were undertaken for periods beyond 5 years where the severity or the showing of a pattern of activities exist.

On credit history, HACC may deny admission for, but not limited to multiple accounts in collections, bankruptcies, liens, or multiple accounts with late payment histories of 90 or more days.

On rental history, HACC may deny admission for, but not limited to, any court filings for non-payment of rent, any court filings for lease violations, and any other court filings, which relate to an applicants rental history. The rental history shall be judged based on the previous 5 years, but HACC reserves the right to extend the period of years where a pattern exists or the volume of filings justify the extended time period.

### **3.3. RESIDENT RECORD MANAGEMENT PROCEDURES**

PUBLIC HOUSING AND SECTION 8  
CAMDEN HOUSING AUTHORITY  
RESIDENT RECORD MANAGEMENT  
PROCEDURES

To provide safety, security and confidentiality of our resident/applicant files, the following procedures will be implemented and conducted daily:

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1. The Director/Supervisor will designate with the approval of the Executive Director one (1) individual to distribute and sign in and out files of our residents and applicants. An alternate staff member will be designated in the event the designated staff member is absence or unavailable.
2. The Tenant Interviewer/Housing Specialist must sign the file out and then return the file back to the designated individual who is responsible for returning and securing the files at the end of each workday.
3. If by 4:00 p.m., the Tenant Interviewer/Housing Specialists fails to return the file, the designated employee will personally retrieve the file and return it to the secured designated file cabinet/room.
4. The designated employee/Supervisor will be responsible for securing and locking all file cabinets and doors where the resident/applicant files are stored.

The above procedures will be strictly enforced at all times.

**CAMDEN HOUSING AUTHORITY  
PUBLIC HOUSING AND SECTION 8  
RESIDENT RECORD MANAGEMENT LOG**

| Date | Resident File Name | Time File Signed Out | Time File Signed In | Name of Employee |
|------|--------------------|----------------------|---------------------|------------------|
|      |                    |                      |                     |                  |
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**INTERVIEW GUIDE AND CHECKLIST**

In order for the staff Camden Housing Authority to accurately certify and verify the income, family composition, assets, and deductions and allowances, an Interview Guide and Checklist has been created to assist in this endeavor as follows:

1. At the initial certification, annual re-certification, or interim re-certification, the CHA interviewer would check the appropriate box for the type of action, accurately record the responses of the Head of Household, and sign the Interview Guide and Checklist.
2. The Head of Household would answer each question and sign the certification statement.
3. Following the interview, the interviewer would record the requests for 3<sup>rd</sup> party verifications and receipt of verifications of all data relevant to the household.
4. The interviewer would initial beside each verification requested and each verification received.
5. All verifications shall be retained with this Interview Guide and Checklist in the tenant’s file.

**Public Housing and Section 8 Housing Choice Voucher Program  
INTERVIEW GUIDE AND CHECKLIST**

**DEDUCTIONS AND ALLOWANCES**

Instructions: At the initial certification, annual recertification, or interview recertification, the PHA interviewer should check the appropriate box the type of action, accurately record the responses of the Head of Household, and sign the Interview Guide and Checklist. The Head of Household should answer each question and sign the certification statement. Following the interview, the interviewer should record the requests for 3<sup>rd</sup> party verifications and receipt of verifications of all data relevant to this household and initial beside each verification requested and each verification requested and each verification received verification shall be retained with the Interview Guide and Checklist in the tenant’s file. Note: If conducting an interim Recertification, only that information which has changed must be verified.

Name Head of Household: \_\_\_\_\_ [ ] initial Certification [ ] Annual Recertification [ ] Interim Recertification

| Interview Questions                 | No | Yes | Name (s) of Household Members(s) | Additional Information Needed to Verify | Date Verification Requested | Requested by: Initials | Date Verification Received | Received by: Initials | Comments or Reason that Verification other than 3 <sup>rd</sup> party used |
|-------------------------------------|----|-----|----------------------------------|---|-----------------------------|------------------------|----------------------------|-----------------------|--|
|                                     |    |     |                                  |   |                             |                        |                            |                       |  |
| <b>DEPENDENT DEDUCTIONS</b>         |    |     |                                  |   |                             |                        |                            |                       |  |
| Is any household member, other than |    |     |                                  |   |                             |                        |                            |                       |  |

Required Attachment: nj010u02

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| the Head of Household or Spouse, Live-in Aide or foster children, under the age of 18?   |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Is any household member age 18 or older, other than the Head of Household or Spouse, Live-in Aide or foster children/adults, a full Student? |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Is any household member, other than the Head of Household or Spouse, Live-in Aide or foster children/adults, disabled?                       |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| <b>ELDERLY/DISABLED HOUSEHOLD ALLOWANCE</b>  |  |  |  |  |  |  |  |  |  |
| Is the Head, Spouse or sole member of the Household disabled?  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Is the Head, Spouse or sole member of the Household age 62 or older?   |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| <b>CHILD CARE ALLOWANCE</b>  |  |  |  |  |  |  |  |  |  |
| Is any household member disabled? (Provide disability definition)  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**DEDUCTIONS AND ALLOWANCE (Continued)**

Name of Head of Household: \_\_\_\_\_

| Interview Questions  |    |     | Name (s) of Household Members(s) | Additional Information Needed to Verify | Date Verification Requested | Requested by: Initials | Date Verification Received | Received by: Initials | Comments or Reason that Verification other than 3 <sup>rd</sup> party used |
|--|----|-----|----------------------------------|---|-----------------------------|------------------------|----------------------------|-----------------------|--|
|  | No | Yes |                                  |   |                             |                        |                            |                       |  |
| <b>DISABILITY ASSISTANCE EXPENSES ALLOWANCE</b>  |    |     |                                  |   |                             |                        |                            |                       |  |
| Does the family pay for care or auxiliary apparatus for a disabled family member so that an adult family member can work?  |    |     |                                  |   |                             |                        |                            |                       |  |
|  |    |     |                                  |   |                             |                        |                            |                       |  |
|  |    |     |                                  |   |                             |                        |                            |                       |  |
| <b>MEDICAL EXPENSES ALLOWANCE</b>  |    |     |                                  |   |                             |                        |                            |                       |  |
| If the Head of Household, Spouse, or Sole Member of the Household is disabled or is age 62 or older, does the family expect to incur any unreimbursed medical expenses for the 12 months period covered by this certification? |    |     |                                  |   |                             |                        |                            |                       |  |
|  |    |     |                                  |   |                             |                        |                            |                       |  |
|  |    |     |                                  |   |                             |                        |                            |                       |  |
|  |    |     |                                  |   |                             |                        |                            |                       |  |
|  |    |     |                                  |   |                             |                        |                            |                       |  |
| <b>PERMISSIBLE DEDUCTIONS (List each permissible deduction adopted by the PHA in first column and complete line.)</b>  |    |     |                                  |   |                             |                        |                            |                       |  |
|  |    |     |                                  |   |                             |                        |                            |                       |  |
|  |    |     |                                  |   |                             |                        |                            |                       |  |
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I hereby certify that I have truthfully provided the answers as recorded to the above questions and that no persons than those I have stated above will in the assisted unit.

Signature of Household: \_\_\_\_\_

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

Signature of PHA Interviewer: \_\_\_\_\_

Quality Control File Review Date: \_\_\_\_\_

Signature of File Reviewer: \_\_\_\_\_

## Public Housing and Section 8 Housing Choice Voucher Program INTERVIEW GUIDE AND CHECKLIST

### ASSETS

Instructions: At the initial certification, annual recertification, or interview recertification, the PHA interviewer should check the appropriate box the type of action, accurately record the responses of the Head of Household, and sign the Interview Guide and Checklist. The Head of Household should answer each question and sign the certification statement. Following the interview, the interviewer should record the requests for 3<sup>rd</sup> party verifications and receipt of verifications of all data relevant to this household and initial beside each verification requested and each verification received verification shall be retained with the Interview Guide and Checklist in the tenant's file. Note: If conducting an interim Recertification, only that information which has changed must be verified.

Name Head of Household: \_\_\_\_\_ [ ] initial Certification [ ] Annual Recertification [ ] Interim Recertification

| Interview Questions   |    |     | Name (s) of Household Members(s) | Source of Income | Additional Information Needed to Verify | Assets value | Income From Assets | Date Verification Requested | Requested by: Initials |
|---|----|-----|----------------------------------|------------------|---|--------------|--------------------|-----------------------------|------------------------|
|   | No | Yes |                                  |                  |   |              |                    |                             |                        |
| Does you or any other household member have checking account?                     |    |     |                                  |                  |   |              |                    |                             |                        |
| Do you or any other household member have a saving account?                       |    |     |                                  |                  |   |              |                    |                             |                        |
| Do you or any other household member keep cash at home or elsewhere?              |    |     |                                  |                  |   |              |                    |                             |                        |
| Do you or any other household member have equity in real estate?                  |    |     |                                  |                  |   |              |                    |                             |                        |
| Does any household member have access to retirement or pension funds or accounts? |    |     |                                  |                  |   |              |                    |                             |                        |

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| Does any household member have access to a trust fund?   |  |     |                                  |                  |   |              |                    |                             |                        |
|--|--|-----|----------------------------------|------------------|---|--------------|--------------------|-----------------------------|------------------------|
| Interview Questions  | No   | Yes | Name (s) of Household Members(s) | Source of Income | Additional Information Needed to Verify | Assets value | Income From Assets | Date Verification Requested | Requested by: Initials |
|  | Do you or any other household member have any stocks or bonds? |     |                                  |                  |   |              |                    |                             |                        |
| Do you or any other household member have any certificates of deposit, money market funds or treasury bills? |  |     |                                  |                  |   |              |                    |                             |                        |
| Do you or any other household member have a life insurance policy that has a cash value?                     |  |     |                                  |                  |   |              |                    |                             |                        |
| Does any household member anticipate any lump sum receipts in the coming year?                               |  |     |                                  |                  |   |              |                    |                             |                        |
| Do you or any household member hold any type of property as an investment?                                   |  |     |                                  |                  |   |              |                    |                             |                        |
| Do you or any other household member have any other assets?  |  |     |                                  |                  |   |              |                    |                             |                        |
| Do you or any household member anticipant receiving any other type of income in the coming year?             |  |     |                                  |                  |   |              |                    |                             |                        |

I hereby certify that I have truthfully provided the answers as recorded to the above questions and that no persons than those I have stated above will in the assisted unit.

Signature of Household: \_\_\_\_\_

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

Signature of PHA Interviewer: \_\_\_\_\_

Quality Control File Review Date: \_\_\_\_\_

Signature of File Reviewer: \_\_\_\_\_

## Public Housing and Section 8 Housing Choice Voucher Program INTERVIEW GUIDE AND CHECKLIST

### HOUSEHOLD COMPOSITION

Instructions: At the initial certification, annual recertification, or interview recertification, the PHA interviewer should check the appropriate box the type of action, accurately record the responses of the Head of Household, and sign the Interview Guide and Checklist. The Head of Household should answer each question and sign the certification statement. Following the interview, the interviewer should record the requests for 3<sup>rd</sup> party verifications and receipt of verifications of all data relevant to this household and initial beside each verification requested and each verification received verification shall be retained with the Interview Guide and Checklist in the tenant's file. Note: If conducting an interim Recertification, only that information which has changed must be verified.

Name Head of Household: \_\_\_\_\_ [ ] initial Certification [ ] Annual Recertification [ ] Interim Recertification

| Interview Questions   |    |     | Name (s) of Household Members(s) | Additional Information Needed to Verify | Date Verification Requested | Requested by: Initials | Date Verification Received | Received by: Initials | Comments or Reason that Verification other than 3 <sup>rd</sup> party used |
|---|----|-----|----------------------------------|---|-----------------------------|------------------------|----------------------------|-----------------------|--|
|   | No | Yes |                                  |   |                             |                        |                            |                       |  |
| Is any household member, other than the Head of Household or Spouse, under the age of 18?                 |    |     |                                  |   |                             |                        |                            |                       |  |
|   |    |     |                                  |   |                             |                        |                            |                       |  |
|   |    |     |                                  |   |                             |                        |                            |                       |  |
|   |    |     |                                  |   |                             |                        |                            |                       |  |
| Is any household member age 18 or older, other than the Head of Household or Spouse, a full time Student? |    |     |                                  |   |                             |                        |                            |                       |  |
|   |    |     |                                  |   |                             |                        |                            |                       |  |
|   |    |     |                                  |   |                             |                        |                            |                       |  |
|   |    |     |                                  |   |                             |                        |                            |                       |  |
| Is any household member age 18 or older, participating in job training or other self sufficiency          |    |     |                                  |   |                             |                        |                            |                       |  |
|   |    |     |                                  |   |                             |                        |                            |                       |  |
|   |    |     |                                  |   |                             |                        |                            |                       |  |
|   |    |     |                                  |   |                             |                        |                            |                       |  |
| Will any household member be temporarily absent from home during the coming year?                         |    |     |                                  |   |                             |                        |                            |                       |  |
|   |    |     |                                  |   |                             |                        |                            |                       |  |
|   |    |     |                                  |   |                             |                        |                            |                       |  |
|   |    |     |                                  |   |                             |                        |                            |                       |  |
| Will any household member permanently move out of the home during the coming year?                        |    |     |                                  |   |                             |                        |                            |                       |  |
|   |    |     |                                  |   |                             |                        |                            |                       |  |
|   |    |     |                                  |   |                             |                        |                            |                       |  |
|   |    |     |                                  |   |                             |                        |                            |                       |  |
| Is any household member disabled?<br>(Provide disability definition)                                      |    |     |                                  |   |                             |                        |                            |                       |  |
|   |    |     |                                  |   |                             |                        |                            |                       |  |
|   |    |     |                                  |   |                             |                        |                            |                       |  |
|   |    |     |                                  |   |                             |                        |                            |                       |  |

| Interview Questions  |    |     | Name (s) of Household Members(s) | Additional Information Needed to Verify | Date Verification Requested | Requested by: Initials | Date Verification Received | Received by: Initials | Comments or Reason that Verification other than 3 <sup>rd</sup> party used |
|--|----|-----|----------------------------------|---|-----------------------------|------------------------|----------------------------|-----------------------|--|
|  | No | Yes |                                  |   |                             |                        |                            |                       |  |
| Are any special accommodations required to accommodate a household member's disability?                            |    |     |                                  |   |                             |                        |                            |                       |  |
| Which household member (s) if any, are not U.S. citizens or nationals?   |    |     |                                  |   |                             |                        |                            |                       |  |
| Does any household member pay out of pocket for childcare while working or attending school? (not reimbursed)      |    |     |                                  |   |                             |                        |                            |                       |  |
| If the Head of Household or spouse is 62 or older or disabled: Do you pay for any non-reimbursed medical expenses? |    |     |                                  |   |                             |                        |                            |                       |  |
| If there is a disabled household member: Are expenses incurred that are necessary in order for someone to work?    |    |     |                                  |   |                             |                        |                            |                       |  |

I hereby certify that I have truthfully provided the answers as recorded to the above questions and that no persons than those I have stated above will in in the assisted unit.

Signature of Household: \_\_\_\_\_

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

Signature of PHA Interviewer: \_\_\_\_\_

Quality Control File Review Date: \_\_\_\_\_

Signature of File Reviewer: \_\_\_\_\_

**Public Housing and Section 8 Housing Choice Voucher Program**

## INTERVIEW GUIDE AND CHECKLIST

### INCOME

Instructions: At the initial certification, annual recertification, or interview recertification, the PHA interviewer should check the appropriate box the type of action, accurately record the responses of the Head of Household, and sign the Interview Guide and Checklist. The Head of Household should answer each question and sign the certification statement. Following the interview, the interviewer should record the requests for 3<sup>rd</sup> party verifications and receipt of verifications of all data relevant to this household and initial beside each verification requested and each verification received verification shall be retained with the Interview Guide and Checklist in the tenant's file. Note: If conducting an interim Recertification, only that information which has changed must be verified.

Name Head of Household: \_\_\_\_\_ [ ] initial Certification [ ] Annual Recertification [ ] Interim Recertification

| Interview Questions  | No | Yes | Name (s) of Household Members(s) | Surce of Income  | Additional Information Needed to Verify | Amount | Amount per (hour, week, etc) | Date Verification Requested | Requested by: Initials |
|--|----|-----|----------------------------------|------------------|---|--------|------------------------------|-----------------------------|------------------------|
|  |    |     |                                  |                  |   |        |                              |                             |                        |
| Does any household member currently receive TANF benefits?   |    |     |                                  |                  |   |        |                              |                             |                        |
| Do you anticipate any household member starting to receive TANF?                                   |    |     |                                  |                  |   |        |                              |                             |                        |
| If any household member previously received TANF, when was it last received?                       |    |     |                                  |                  |   |        |                              |                             |                        |
| Has any unemployed adult household member worked previously? List last working day under comments. |    |     |                                  |                  |   |        |                              |                             |                        |
| Does any household member anticipate going to work or receiving an increase in earnings?           |    |     |                                  |                  |   |        |                              |                             |                        |
| Interview Questions  | No | Yes | Name (s) of Household Members(s) | Source of Income | Additional Information Needed to Verify | Amount | Amount per (hour, week, etc) | DATE VERIFICATION REQUESTED | Requested by: Initials |
| Will you or any household  |    |     |                                  |                  |   |        |                              |                             |                        |

Required Attachment: nj010u02

|   |           |            |   |                         |  |               |                                     |                                    |                               |
|---|-----------|------------|---|-------------------------|--|---------------|-------------------------------------|------------------------------------|-------------------------------|
| member receive income from a family owned business or self-employment?  |           |            |   |                         |  |               |                                     |                                    |                               |
| Will you or any household member receive Social Security or SSI Benefits?                                     |           |            |   |                         |  |               |                                     |                                    |                               |
| Will any household member receive income from retirement/pension funds, annuities, or insurance?              |           |            |   |                         |  |               |                                     |                                    |                               |
| Will any household member receive unemployment income severance pay, or worker's compensation?                |           |            |   |                         |  |               |                                     |                                    |                               |
| Will any household member receive spousal support or Child Support?   |           |            |   |                         |  |               |                                     |                                    |                               |
| Will any household member receive pay from the Armed Forces (or money from a member of the Armed Forces)?     |           |            |   |                         |  |               |                                     |                                    |                               |
| Will anyone outside your household provide recurring non-monetary gifts or contributions to your household?   |           |            |   |                         |  |               |                                     |                                    |                               |
| Will anyone outside your household provide recurring cash gifts or contributions to anyone in your household? |           |            |   |                         |  |               |                                     |                                    |                               |
| <b>Interview Questions</b>  | <b>No</b> | <b>Yes</b> | <b>Name (s) of Household Members(s)</b> | <b>Source of Income</b> | <b>Additional Information Needed to Verify</b> | <b>Amount</b> | <b>Amount per (hour, week, etc)</b> | <b>DATE VERIFICATION REQUESTED</b> | <b>Requested by: Initials</b> |
| Will anyone outside your household assist you with payment of any bills, such as utilities or car insurance?  |           |            |   |                         |  |               |                                     |                                    |                               |
| Will anyone outside your household assist you with payment of any bills, such as utilities or car insurance?  |           |            |   |                         |  |               |                                     |                                    |                               |
| Will anyone in the household receive periodic payments from lottery winnings?                                 |           |            |   |                         |  |               |                                     |                                    |                               |
| Do you or any household member anticipant receiving any other type of income in the coming year?              |           |            |   |                         |  |               |                                     |                                    |                               |

Required Attachment: nj010u02

I hereby certify that I have truthfully provided the answers as recorded to the above questions and that no persons than those I have stated above will in the assisted unit.

Signature of Household: \_\_\_\_\_

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

Signature of PHA Interviewer: \_\_\_\_\_

Quality Control File Review Date: \_\_\_\_\_

Signature of File Reviewer: \_\_\_\_\_

## **Public Housing and Section 8 Housing Choice Voucher Program INTERVIEW GUIDE AND CHECKLIST Family Reports Zero Income or income Insufficient to Support Lifestyle**

**Instructions:** In order to compute the annual value of cash and non-cash contributions, this Interview Guide and Checklist is to be completed for all families who report 'zero' income or for all families reporting less income than would be sufficient to support their lifestyle. At the initial certification, annual re-certification, or interim re-certification interview, the PHA interviewer should check the appropriate box for the type of action, accurately record the responses of the Head of Household, and sign the Interview Guide and Checklist. The Head of Household should answer each question and sign the certification statement. Following the interview, the interviewer will verify through appropriate 3<sup>rd</sup> parties the responses of the Head of Household. Verifications are to be retained with this Interview Guide and Checklist in the tenant's file.

Head of Household: \_\_\_\_\_ [ ] Initial [ ] Annual Re-certification [ ] Interim Re-certification

How much is the weekly grocery bill (including baby food/formula) for your household? \$ \_\_\_\_\_

Does the family receive food stamps? [ ] yes [ ] no

If yes, what is the monthly value of food stamps received? \$ \_\_\_\_\_

Does anyone contribute groceries to the family on a regular basis? [ ] yes [ ] no

If yes, who contributes groceries to the family? \_\_\_\_\_

What is the value of the groceries contributed? \$ \_\_\_\_\_

What is the weekly value of paper products (such as napkins, toilet tissue, paper towels, trash bags and disposable diapers) used by the family? \$ \_\_\_\_\_

How does the family pay for these products? \_\_\_\_\_

Does someone contribute these items to the family on a regular basis? [ ] yes [ ] no

If yes, who contributes these products to the family? \_\_\_\_\_

What is the weekly value of the paper products contributed? \$ \_\_\_\_\_

What is the weekly value of grooming products and services (such as hair care products and haircuts, soap, deodorant, toothpaste, shampoo, toothbrushes, cosmetics, and personal hygiene products) used by the family? \$ \_\_\_\_\_

How does the family pay for these products and services? \_\_\_\_\_

Does someone contribute these products to the family on a regular basis? [ ] yes [ ] no

If yes, who contributes these products to the family? \_\_\_\_\_

What is the weekly value of the products contributed? \$ \_\_\_\_\_

What is the weekly value of cleaning products/services (such as laundry/dish detergent, bleach, fabric softener and laundry/dry cleaning service) used by the family? \$ \_\_\_\_\_

How does the family pay for cleaning products and services? \_\_\_\_\_

Does someone contribute these products to the family on a regular basis? [ ] yes [ ] no

Required Attachment: nj010u02

If yes, who contributes these products to the family? \_\_\_\_\_  
What is the weekly value of the products and services contributed? \$ \_\_\_\_\_

Does the family own a car?  yes  no

If yes, are there still payments due on the car?  yes  no Monthly payment: \_\_\_\_\_

How does the family make the car payment? \_\_\_\_\_

Does someone contribute to these car payments on a regular basis?  yes  no

If yes, who? \_\_\_\_\_ Amount of monthly contribution: \$ \_\_\_\_\_

If the family owns a car that is paid for in-full, what are the average monthly amounts the family pays for: Gas \$ \_\_\_\_\_

Maintenance \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_

Head of Household: \_\_\_\_\_

How does the family pay for these auto-related expenses? \_\_\_\_\_

If someone contributes to the car's operating costs, who contributes? \_\_\_\_\_

What is the average monthly cash or direct payment contribution? \$ \_\_\_\_\_

If the family does not own a car, what does the family use for transportation? \_\_\_\_\_

How does the family pay for this transportation? \_\_\_\_\_

If someone outside your immediate household contributes to transportation costs, what is the average monthly amount of cash or other contribution to transportation? \$ \_\_\_\_\_

What are the average monthly costs of other types of entertainment to the family (such as)?

Newspapers \$ \_\_\_\_\_ Magazines \$ \_\_\_\_\_ Video Rentals \$ \_\_\_\_\_

Movies \$ \_\_\_\_\_

Sporting Events/Activities \$ \_\_\_\_\_ Lottery Tickets \$ \_\_\_\_\_

Liquor/Beer/Wine \$ \_\_\_\_\_ Other entertainment expenses \$ \_\_\_\_\_

How do you pay for entertainment costs? \_\_\_\_\_ If someone outside the household contributes of entertainment, who? \_\_\_\_\_

What is the average monthly contribution (in cash or entertainment provided)? \$ \_\_\_\_\_

Does the family have a cable or satellite TV connection?  yes  no

If yes, what is the average monthly cost of cable or satellite TV service? \$ \_\_\_\_\_

How does the family pay for the cable TV service? \_\_\_\_\_

If someone outside the household contributes to the cost of cable/satellite TV service, who contributes?

\_\_\_\_\_ How much do they contribute? \$ \_\_\_\_\_

Does the household have telephone service  yes  no *If yes, how many lines?* \_\_\_\_\_

Do you have call waiting?  yes  no Do you have caller ID?  yes  no

How much is the average monthly telephone bill (for all lines)? \$ \_\_\_\_\_

How does the family pay for the telephone service? \_\_\_\_\_

If someone outside the household pays for or contributes to the monthly telephone bill, who? \_\_\_\_\_

How much is paid/contributed monthly? \$ \_\_\_\_\_

Does anyone in the family have a pager/beeper or cell phone?  yes  no

If yes, how many members have beepers/pagers or cell phones? \_\_\_\_\_

What is the average monthly cost for the beepers/pagers and cell phones? \$ \_\_\_\_\_

How does the family pay for the cost of beepers/pagers and cell phones? \_\_\_\_\_

If someone outside the household contributes to the cost of beeper/pager service, who contributes?

\_\_\_\_\_ What is the average monthly contribution (in cash or direct payment of the beeper/pager bill)? \$ \_\_\_\_\_



Required Attachment: nj010u02

Does the family have an Internet connection? [ ] yes [ ] no If yes, is it a DSL or dial up connection?  
\_\_\_\_\_ If dial up, is there a dedicated line? [ ] yes [ ] no

Who is the Internet Service Provider? \_\_\_\_\_

How does the family pay for the Internet connection? \_\_\_\_\_

What is the average monthly cost of the Internet connection? \$ \_\_\_\_\_

If someone outside the household contributes to the cost of the Internet connection, who contributes? \_\_\_\_\_

\_\_\_\_\_

What is the average monthly contribution (in cash to the household or direct payment to the Internet provider) for Internet services? \$ \_\_\_\_\_

Head of Household: \_\_\_\_\_

What is the average monthly cost for clothing and shoes for the family? \$ \_\_\_\_\_  
How does the family pay for clothing and shoes? \_\_\_\_\_  
If someone outside the household provides clothing or contributes to the cost of clothing, who contributes? \_\_\_\_\_  
What is the average monthly contribution (in cash or new clothes and shoes)? \$ \_\_\_\_\_

Does the family have any unreimbursed medical expenses? [ ] yes [ ] no  
If yes, what is the average monthly cost of unreimbursed medical expenses? \$ \_\_\_\_\_  
How does the family pay for unreimbursed medical expenses? \_\_\_\_\_  
If someone outside the household pays for or contributes toward medical expenses, who? \_\_\_\_\_  
\_\_\_\_\_ How much is contributed? \$ \_\_\_\_\_

Listed below are a series of miscellaneous expenses the family might have. List the family's applicable monthly expenses and how they are met. Church contributions \$ \_\_\_\_\_  
Educational Expenses \$ \_\_\_\_\_ Childcare \$ \_\_\_\_\_ Job Expenses \$ \_\_\_\_\_  
How does the family pay for these expenses? \_\_\_\_\_

*For applicants only:*

What is the current average monthly cost for housing and utilities? \$ \_\_\_\_\_  
How does the applicant pay these costs? \_\_\_\_\_  
If someone other than a member of the applicant household contributes to housing or utility costs, who contributes? \_\_\_\_\_  
How much is contributed or paid on your behalf monthly? \$ \_\_\_\_\_  
Will the person(s) contributing toward shelter continue to do so when the family is admitted to public housing? [ ] yes [ ] no If no, why not? \_\_\_\_\_

*For tenants only:*

What is your average monthly cost for housing and utilities? \$ \_\_\_\_\_  
How do you pay the cost of rent and utilities? \_\_\_\_\_  
If someone other than a member of the tenant household makes a contribution toward the rent and utilities (either to you or directly to the utility company), who? \_\_\_\_\_  
What is the total monthly value of the contribution toward rent and utilities? \$ \_\_\_\_\_

I hereby certify that I have truthfully provided the answers as recorded to the above questions and that my household does not receive any other cash or non-cash contributions from any source outside the household.

Signature Head of Household: \_\_\_\_\_  
\_\_\_\_\_

Date:

Signature of PHA Interviewer: \_\_\_\_\_

Quality Control File Review Date: \_\_\_\_\_ Signature of File Reviewer: \_\_\_\_\_

# APPLICATION FOR RE- CERTIFICATION

## SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

Agency Name: \_\_\_\_\_

Bring this form, completed in ink in your own handwriting to your appointment for re-certification. Use the legal name for each person who will reside in the apartment as it appears on his/her Social Security card. All Persons age 18 and over must sign this application certifying that the information pertaining to them is correct. Do not leave any blanks. If a section or question does not apply to you, write N/A in it. 7/15/2003

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

### I. HOUSEHOLD COMPOSITION (list all persons in household)

| Adults (age 18 and older) |       |    | Social Security | Relation to Head | Sex | Race/ Ethnicity | Birth Date | Age | Disabled Yes/No | Stud Yes/No |
|---------------------------|-------|----|-----------------|------------------|-----|-----------------|------------|-----|-----------------|-------------|
| Last                      | First | MI |                 |                  |     |                 |            |     |                 |             |
|                           |       |    |                 |                  |     |                 |            |     |                 |             |
|                           |       |    |                 |                  |     |                 |            |     |                 |             |
|                           |       |    |                 |                  |     |                 |            |     |                 |             |
|                           |       |    |                 |                  |     |                 |            |     |                 |             |

| Minors (Under age 18) |       |    | Social Security | Relation to Head | Sex | Race/ Ethnicity | Birth Date | Age | Dis-abled Y/N | Name/Address Absent Parent (if applicable) |
|-----------------------|-------|----|-----------------|------------------|-----|-----------------|------------|-----|---------------|--|
| LAST                  | FIRST | MI |                 |                  |     |                 |            |     |               |  |
|                       |       |    |                 |                  |     |                 |            |     |               |  |

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
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|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. Is any household member age 18 or older a full time student (other than head of household or spouse of head of household)? If yes, list name and the school they attend: \_\_\_\_\_
  
2. Is the Spouse of the Head of Household temporarily absent form the home? [ ] yes [ ] no  
If yes, Where? \_\_\_\_\_
  
3. Does anyone outside of the household help with bills on a regular basis? \_\_\_\_\_ If yes, list name of each person or agency that assists with bills: \_\_\_\_\_
  
4. Does anyone in your household require special accommodations due to a handicap or disability? \_\_\_\_\_  
If yes, specify requirements: \_\_\_\_\_  
\_\_\_\_\_

**II. INCOME AVAILABLE TO HOUSEHOLD**

List all income earned or received by everyone living in the household regardless of age. List gross amounts of income (before any deductions).

| Income Source         | Yes | No | Family Member | Source | Amount |
|-----------------------|-----|----|---------------|--------|--------|
| Self-employment       |     |    |               |        | \$     |
|                       |     |    |               |        | \$     |
| Wages or Earnings     |     |    |               |        | \$     |
|                       |     |    |               |        | \$     |
| Pension or Retirement |     |    |               |        | \$     |
|                       |     |    |               |        | \$     |
| SSI                   |     |    |               |        | \$     |
|                       |     |    |               |        | \$     |
| Social Security       |     |    |               |        | \$     |
|                       |     |    |               |        | \$     |
| Child Support         |     |    |               |        | \$     |
|                       |     |    |               |        | \$     |
| Unemployment Benefits |     |    |               |        | \$     |
|                       |     |    |               |        | \$     |
| Worker's Compensation |     |    |               |        | \$     |
|                       |     |    |               |        | \$     |
| Alimony               |     |    |               |        | \$     |
|                       |     |    |               |        | \$     |
| Income from Rental    |     |    |               |        | \$     |
|                       |     |    |               |        | \$     |

Required Attachment: nj010u02

|                               |  |  |  |  |    |
|-------------------------------|--|--|--|--|----|
| Property                      |  |  |  |  | \$ |
| Babysitting or Adult Care     |  |  |  |  | \$ |
|                               |  |  |  |  | \$ |
| Regular Contributions or Gift |  |  |  |  | \$ |
|                               |  |  |  |  | \$ |
| Other                         |  |  |  |  | \$ |
|                               |  |  |  |  | \$ |

**III. QUALIFYING FOR THE EARNED INCOME EXCLUSION** (If there is not a disabled adult the household, skip to Section IV. Assets)

- Has any disabled adult household member started a new job or had an increase in earnings since last certification? \_\_\_\_\_ If yes, who? \_\_\_\_\_ If no, skip to Section IV. Assets.
- How much did the person listed above earn in 12 months immediately before his/her increased earnings or new employment? \_\_\_\_\_ Where was previous employment? \_\_\_\_\_
- Did the person listed above receive TANF benefits at any time in the six months before this employment or increase in earnings began? \_\_\_\_\_
- Was the employed person participating in a self-sufficiency or job training program at the time he/she starting this job or received the increases in earnings? \_\_\_\_\_ If yes, list training program and dates of enrollment: \_\_\_\_\_

**IV. ASSETS**

- Does any household member have assets or receive any income from assets? (Check all that apply)
 

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Real Estate    | <input type="checkbox"/> Company Retirement/Pension Fund | <input type="checkbox"/> Trusts           |
| <input type="checkbox"/> Stocks         | <input type="checkbox"/> Real Estate                     | <input type="checkbox"/> Bonds            |
| <input type="checkbox"/> Saving Account | <input type="checkbox"/> Real Estate                     | <input type="checkbox"/> Checking Account |
| <input type="checkbox"/> Other:         |  |   |
- Has an assets been given away or sold in the past 2 years? \_\_\_\_\_ If yes, what was the assets? \_\_\_\_\_  
Date: \_\_\_\_\_ What was it's market value? \_\_\_\_\_ How much did you receive for it? \_\_\_\_\_

**V. MEDICAL** (complete only if the Head of household or Spouse is disabled or is 62 years of age or older)

- List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. Do Not include life or burial insurance premiums.

|                        |               |                        |
|------------------------|---------------|------------------------|
| <b>TYPE OF EXPENSE</b> | <b>AMOUNT</b> | <b>TYPE OF EXPENSE</b> |
| <b>AMOUNT</b>          |               |                        |

Required Attachment: nj010u02

Medical Insurance \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
Prescription medicine \$ \_\_\_\_\_  
\$ \_\_\_\_\_

1. Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work? \_\_\_\_\_ If yes, Itemize: \_\_\_\_\_

**VI. CHILD CARE**

1. Do you pay for Child Care for children age 12 or younger while you work or attend school? \_\_\_\_\_  
If yes, to whom are expenses paid \_\_\_\_\_ How much per month?  
\$ \_\_\_\_\_  
2. Address of Child Care provider: \_\_\_\_\_

**VII. ADDITIONAL INFORMATION**

1. Did you fail to report any income received by any members of your household during the pass 12 months to this housing Agency?  yes  no If yes, list amounts unreported at this time: \$ \_\_\_\_\_  
Source: \_\_\_\_\_ If you report the income at this time you will be given the opportunity to enter into a repayment agreement.

2. Answer the following questions only if you are requesting a transfer:

A. Are you current with your share of the rent to the landlord?  yes  no  
If not, explain: \_\_\_\_\_

B. Are all utilities in your unit (gas, electricity, water) currently turned on by the utility company?  
 yes  no If not, Specify: \_\_\_\_\_  
\_\_\_\_\_

All household members age 18 and over should review the information on this form and **MUST** sign below. *All information provided on this form is subject to verification by the Housing Agency.*

I do hereby swear and attest that all the information provided on this application by me and about me is true and correct. I understand that I must report any changes in income, assets, and family composition to the Housing Agency in writing within 10 days of such change. I further understand the false statements or information provided by me are punishable under federal and state law and constitute grounds for termination of my housing assistance.

\_\_\_\_\_  
Signature of Head of Household Date

\_\_\_\_\_  
Signature of Spouse of Head of Household or Other Adult Date

Required Attachment: nj010u02

Signature of Other Adult

Date

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-669-9777.

## APPLICATION FOR RE-CERTIFICATION

Agency Name: \_\_\_\_\_

### PUBLIC HOUSING

Bring this form, completed in ink in your own handwriting to your appointment for re-certification. Use the legal name for each person who will reside in the apartment as it appears on his/her Social Security card. All Persons age 18 and over must sign this application certifying that the information pertaining to them is correct. Do not leave any blanks. If a section or question does not apply to you, write N/A in it.

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work  
Phone# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Address: \_\_\_\_\_ Phone  
# \_\_\_\_\_

#### I. HOUSEHOLD COMPOSITION (list all persons who will stay in the apartment/house)

| Adults (age 18 and older) |       |    | Social Security | Relation to Head | Sex | Race/Ethnicity | Birth Date | Age | Disabled Yes/No | Student Yes/No |
|---------------------------|-------|----|-----------------|------------------|-----|----------------|------------|-----|-----------------|----------------|
| Last                      | First | MI |                 |                  |     |                |            |     |                 |                |
|                           |       |    |                 |                  |     |                |            |     |                 |                |
|                           |       |    |                 |                  |     |                |            |     |                 |                |
|                           |       |    |                 |                  |     |                |            |     |                 |                |
|                           |       |    |                 |                  |     |                |            |     |                 |                |

| Minors (Under age 18) |       |    | Social Security | Relation to Head | Sex | Race/Ethnicity | Birth Date | Age | Disabled Y/N | Name/Address Absent Parent (if applicable) |
|-----------------------|-------|----|-----------------|------------------|-----|----------------|------------|-----|--------------|--|
| LAST                  | FIRST | MI |                 |                  |     |                |            |     |              |  |
|                       |       |    |                 |                  |     |                |            |     |              |  |
|                       |       |    |                 |                  |     |                |            |     |              |  |
|                       |       |    |                 |                  |     |                |            |     |              |  |
|                       |       |    |                 |                  |     |                |            |     |              |  |
|                       |       |    |                 |                  |     |                |            |     |              |  |
|                       |       |    |                 |                  |     |                |            |     |              |  |

1. Is any household member age 18 or older a full time student (other than head of household or spouse of head of household)? If yes, list name and the school they attend: \_\_\_\_\_
2. Is the Spouse of the Head of Household temporarily absent form the home? [ ] yes [ ] no  
If yes, Where? \_\_\_\_\_
3. Does anyone outside of the household help with bills on a regular basis? \_\_\_\_\_ If yes, list name of each person or agency that assists with bills: \_\_\_\_\_  
\_\_\_\_\_
4. Does anyone in your household require special accommodations due to a handicap or disability? \_\_\_\_\_  
If yes, specify requirements: \_\_\_\_\_

**II. INCOME AVAILABLE TO HOUSEHOLD**

List all income earned or received by everyone living in the household regardless of age. List gross amounts of income (before any deductions).

| Income Source | Yes | No | Family Member | Source | Amount |
|---------------|-----|----|---------------|--------|--------|
|---------------|-----|----|---------------|--------|--------|



|                               |  |  |  |  |    |
|-------------------------------|--|--|--|--|----|
| Self-employment               |  |  |  |  | \$ |
|                               |  |  |  |  | \$ |
| Wages or Earnings             |  |  |  |  | \$ |
|                               |  |  |  |  | \$ |
| Pension or Retirement         |  |  |  |  | \$ |
|                               |  |  |  |  | \$ |
| SSI                           |  |  |  |  | \$ |
|                               |  |  |  |  | \$ |
| Social Security               |  |  |  |  | \$ |
|                               |  |  |  |  | \$ |
| Child Support                 |  |  |  |  | \$ |
|                               |  |  |  |  | \$ |
| Unemployment Benefits         |  |  |  |  | \$ |
|                               |  |  |  |  | \$ |
| Worker's Compensation         |  |  |  |  | \$ |
|                               |  |  |  |  | \$ |
| Alimony                       |  |  |  |  | \$ |
|                               |  |  |  |  | \$ |
| Income from Rental Property   |  |  |  |  | \$ |
|                               |  |  |  |  | \$ |
| Babysitting or Adult Care     |  |  |  |  | \$ |
|                               |  |  |  |  | \$ |
| Regular Contributions or Gift |  |  |  |  | \$ |
|                               |  |  |  |  | \$ |
| Other                         |  |  |  |  | \$ |
|                               |  |  |  |  | \$ |

**III. FAMILY SELF-SUFFICIENCY/EARN INCOME EXCLUSION**

- Has any disabled adult household member started a new job or had an increase in earnings since last certification? \_\_\_\_\_ If yes, who? \_\_\_\_\_ If no, skip to Section IV. Assets.
- Was he/she previously employed? \_\_\_\_\_ If previously unemployed, what was the last date this person worked before starting the new job? \_\_\_\_\_ Where was previous employment? \_\_\_\_\_
- Did the person listed above receive TANF benefits at any time in the six months before this employment or increase in earnings began? \_\_\_\_\_
- Was the employed person participating in any economic self-sufficiency or job training program at the time he/she starting this job or received the increases in earnings? [ ] yes [ ] no If yes, list training program and dates of enrollment: \_\_\_\_\_

**IV. ASSETS**

- Does any household member have assets or receive any income from assets? (Check all that apply)
 

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Real Estate    | <input type="checkbox"/> Company Retirement/Pension Fund | <input type="checkbox"/> Trusts           |
| <input type="checkbox"/> Stocks         | <input type="checkbox"/> Real Estate                     | <input type="checkbox"/> Bonds            |
| <input type="checkbox"/> Saving Account | <input type="checkbox"/> Real Estate                     | <input type="checkbox"/> Checking Account |

Required Attachment: nj010u02

[ ] Other:

2. Has an assets been given away or sold in the past 2 years? \_\_\_\_\_ If yes, what was the assets? \_

Date: \_\_\_\_\_ What was it's market value? \_\_\_\_\_ How much did you receive for it? \_  
\_\_\_\_\_

**V. MEDICAL** (complete only if the Head of household or Spouse is disabled or is 62 years of age or older)

1. List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. Do Not include life or burial insurance premiums.

| TYPE OF EXPENSE              | AMOUNT   | TYPE OF EXPENSE              |
|------------------------------|----------|------------------------------|
| <u>Medical Insurance</u>     | \$ _____ | <u>Doctor's Office Calls</u> |
| \$ _____                     |          |                              |
| <u>Prescription medicine</u> | \$ _____ | _____                        |
| \$ _____                     |          |                              |

2. Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work? \_\_\_\_\_ If yes, Itemize: \_\_\_\_\_

**VI. CHILD CARE**

1. Do you pay for Child Care for children age 12 or younger while you work or attend school? \_\_\_\_\_  
If yes, to whom are expenses paid \_\_\_\_\_ How much per month?  
\$ \_\_\_\_\_

2. Address of Child Care provider: \_\_\_\_\_

**VII. ADDITIONAL INFORMATION**

1. Are your rent and other charges payable to the Housing Authority paid up-to-date? \_\_\_\_\_  
\_\_\_\_\_

2. Are all utilities in your unit (gas, electricity, water) currently turned on by the utility company? \_\_\_\_\_  
If not, Specify: \_\_\_\_\_  
\_\_\_\_\_

3. Did you fail to report any income received by household members during the past 12 months? \_\_\_\_\_  
Yes, list at this time: \$ \_\_\_\_\_ Source: \_\_\_\_\_

4. List all Vehicles that household members will park on PHA property:

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Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

**All household members age 18 and over should review the information on this form and MUST sign below.** All information provided on this form is subject to verification by the Housing Agency.

I do hereby swear and attest that all the information provided on this application by me and about me is true and correct. I understand that I must report any changes in income, assets, and family composition to the Housing Agency in writing within 10 days of such change. I further understand the false statements or information provided by me are punishable under federal and state law and constitute grounds for termination of my housing assistance.

\_\_\_\_\_  
Signature of Head of Household Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Spouse of Head of Household or Other Adult Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Other Adult Date \_\_\_\_\_

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-669-9777.

**FAMILY CHOICE OF RENTAL PAYMENT**

*At the initial lease up and at annual re-certification, each family residing in public housing chooses whether to pay rent based on income received by their household or that flat (market) rent for the rental unit. A family may request to change the method used to determine monthly rent once between annual re-certifications.*

Effective \_\_\_\_\_, my household's income-based monthly rent (after deduction of any applicable utility Allowance) will be \$\_\_\_\_\_.

Flat rent for my rental unit, # \_\_\_\_\_, is \$ \_\_\_\_\_ per month.  
Utility allowances are not deducted from flat rent.

I elect to pay (select one):  rent based on income.

flat rent.

\_\_\_\_\_  
Signature of Head of Household Date \_\_\_\_\_

**OPPORTUNITY FOR DISREGARD OF EARNED INCOME**

*For 12 cumulative months, the PHA will exclude from the calculation of rent 100% of increase earnings of qualifying tenant families. For an additional 12 months, 50% of increased earnings of qualifying tenant families will be excluded. This exclusion is limited to one 48 months window of opportunity in the lifetime of each family member.*

*The following tenant families are eligible for this earned income disregard:*

- 1. Families whose income increases because a family member who was previously unemployed for one or more years goes to work; or*
- 2. Families whose annual income increases due to increased earnings by a family member participating in a self-sufficiency or job training program; or*
- 3. Families whose annual income increases due to new employment or increased earnings during, or within six month after the receipt of TANF assistance, including one time payments totaling at least \$500.00*

*By my signature below, I acknowledge that I have been advised of this opportunity.*

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

**APLICACION PARA LA RECCERTIFICACION**

**AGENCIA DE LA VIVIENDA DE LA CIUDAD DE \_\_\_\_\_**

**CASA PUBLICA**

Traiga esta forma completa, en tinta con su propia mano escrita a la cita de su re-certificación. Use el nombre legal de cada persona quien residirá en el apartamento así com aparece en la targeta del Seguro Social. Todas las personas mayores de 18 años deveran firmar esta aplicación certificando que la información perteneciente a ellos es correcta. **NO DEJE ESPACIOS EN BLANCO**. Si alguna de las secciones o preguntas no aplican a usted, solo escriba N/A en el espacio.

Nombre: \_\_\_\_\_ Tel de su case # \_\_\_\_\_ Tel de su trabajo # \_\_\_\_\_

\_\_\_\_\_  
Domicilio Postal: \_\_\_\_\_ Domicilio Fisico: \_\_\_\_\_  
\_\_\_\_\_

Required Attachment: nj010u02

Contacto en caso de emergencia: \_\_\_\_\_ Domicilio: \_\_\_\_\_

Telefono# \_\_\_\_\_

I. COMPOSICION DE LA CASA (indique todas las personas que viviran en el apartamento)

| Adultos (18 en adelante) |           | Seguro Social # | Relación<br>Con el<br>jefe(a) de<br>la familia |  | Raza/<br>Etnico | Fecha<br>de de<br>Naci-<br>miento | E<br>d<br>a<br>d | Desabilitado<br>Si/No | Estudia<br>Si/N |
|--------------------------|-----------|-----------------|--|--|-----------------|-----------------------------------|------------------|-----------------------|-----------------|
| Apellido                 | Nombre(s) |                 |  |  |                 |                                   |                  |                       |                 |
|                          |           |                 |  |  |                 |                                   |                  |                       |                 |
|                          |           |                 |  |  |                 |                                   |                  |                       |                 |
|                          |           |                 |  |  |                 |                                   |                  |                       |                 |
|                          |           |                 |  |  |                 |                                   |                  |                       |                 |

| Memores (18 o menos) |           | Seguro Social # | Relación<br>Con el<br>jefe(a) de<br>la familia | S<br>e<br>x<br>o | Raza/<br>Etnic<br>o | Fecha de<br>de<br>Nacim<br>iento | E<br>d<br>a<br>d | Desa<br>bilita<br>do<br>Si/No | Nombre/Direcc<br>Padre/Madre A<br>(Si aplica |
|----------------------|-----------|-----------------|--|------------------|---------------------|----------------------------------|------------------|-------------------------------|--|
| Apellido             | Nombre(s) |                 |  |                  |                     |                                  |                  |                               |  |
|                      |           |                 |  |                  |                     |                                  |                  |                               |  |
|                      |           |                 |  |                  |                     |                                  |                  |                               |  |
|                      |           |                 |  |                  |                     |                                  |                  |                               |  |
|                      |           |                 |  |                  |                     |                                  |                  |                               |  |
|                      |           |                 |  |                  |                     |                                  |                  |                               |  |

1. Algún miembro de la casa mayor de 18, es un estudiante de tiempo completo, (otro además del Jefe(a) de Familia o el esposo(a) de la Familia)? Si es así, escriba el nombre y la escuela a la que asiste: \_\_\_\_\_

2. Está el esposo(a) del Jefe(a) de la Familia temporalmente ausente de la casa? Si es así, Dónde? \_\_\_\_\_

3. Algúna persona fuera del la casa ayuda con los pagos en un período regular? \_\_\_\_\_ Si es así, escriba el

nombre de cada persona o agencia que le asista con los pagos: \_\_\_\_\_

\_\_\_\_\_

4. Alguna persona de la casa requiere de acomodaciones especiales debido a una desventaja o incapacidad? \_\_\_\_\_

Si es así, especifique los requerimientos: \_\_\_\_\_

\_\_\_\_\_

**II. INGRESOS DISPONIBLES EN LA CASA**

Indique toda los ingresos ganados y recibidos por todas las personas que viven en la casa sin onsiderar su dad. Indique el grueso de los ingresos (Antes de las deducciones).

| Fuente de Ingreso                                 | Si | No | Miembro de la Familia | Fuente | Cantidad |
|---|----|----|-----------------------|--------|----------|
| Auto empleo                                       |    |    |                       |        | \$       |
|   |    |    |                       |        | \$       |
| Sueldos o Genancias                               |    |    |                       |        | \$       |
|   |    |    |                       |        | \$       |
| Pensión o Retiro                                  |    |    |                       |        | \$       |
|   |    |    |                       |        | \$       |
| SSI   |    |    |                       |        | \$       |
|   |    |    |                       |        | \$       |
| Seguro Social                                     |    |    |                       |        | \$       |
|   |    |    |                       |        | \$       |
| Soporte de Menores                                |    |    |                       |        | \$       |
|   |    |    |                       |        | \$       |
| Deneficios de Desempleo                           |    |    |                       |        | \$       |
|   |    |    |                       |        | \$       |
| Compensación del Empleado                         |    |    |                       |        | \$       |
|   |    |    |                       |        | \$       |
| Pensión Alimenticia                               |    |    |                       |        | \$       |
|   |    |    |                       |        | \$       |
| Ingresos por propiedades en Renta u otros activos |    |    |                       |        | \$       |
|   |    |    |                       |        | \$       |
| Niñeras o Cuidado de algun adulto                 |    |    |                       |        | \$       |
|   |    |    |                       |        | \$       |
| Contribuciones Regulara o donaciones              |    |    |                       |        | \$       |
|   |    |    |                       |        | \$       |
| Otro  |    |    |                       |        | \$       |
|   |    |    |                       |        | \$       |

**III. AUTO SUFICIENCIA DE LA FAMILIA/EXCLUSION DE SUELDOS GANADOS**

1. Algún miembro adulto incapacitado de la familia comenzó un Nuevo trabajo o tuvo un incremento salarial

desde la última certificación? \_\_\_\_\_ Si es así quién? \_\_\_\_\_ Si no pase a la sección

IV.

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Activos.

- 2. Estaba el/ella previamente empleado(a)/ \_\_\_\_\_ Si estaba previamente empleado, Cúal fué el último día que esta persona trabajó antes de empezar un nuevo trabajo? \_\_\_\_\_ En dónde estaba empleado(a) previamente? \_\_\_\_\_
- 3. Algúna persona en la familia recibió beneficios del TANF alguna vez en los seis meses antes de comenzar este empleo o aumentó sus ganancias? \_\_\_\_\_
- 4. La persona empleada participaba en un programa de autosuficiencia familiar o algúno tipo de programa de entrenamiento en el tiempo que el/ella comenzó este trabajo recibió un aumento en ganancias? \_\_\_\_\_ Si es así, indique el nombre del programa \_\_\_\_\_

**IV. ACTIVOS**

- 1. Algún miembro de la casa de los ya mencionados posee activos o recibe ingresos de créditos activos? (Marque todos los que apliquen)
  - Bienes y Raices       Compañía de Retiro/Fondos de Pensión       Fideicomisos
  - Inversiones                       Pago de Seguros                       Enlace
 Financiero
  - Cuenta de ahorros       Certificados de Depósito                       Cuenta de Cheques
  - Otro:
- 2. Usted ha regalado o vendido algúno activo en los pasados dos años? \_\_\_\_\_  
 Si es así, que activo? \_\_\_\_\_ Fecha: \_\_\_\_\_ Cúal era su valor en el mercado? \_\_\_\_\_ Cuánto recibió por el? \_\_\_\_\_

**V. GASTOS MEDICOS** (complete la sección solo si la cabeza de la familia o el cónyuge es deshabilitado o si es mayor de la edad de 62)

- 1. Indique todos los gastos médicos que la familia anticipa se pagará durante los siguientes 12 meses que no serán reembolsados por la compañía de seguros o algúno otro fuente externa. No incluya primas de seguro de vida o de entierro.

| TIPO DE GASTO | CANTIDAD | TIPO DE GASTO |
|---------------|----------|---------------|
| CANTIDAD      |          |               |

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|                                 |          |   |
|---------------------------------|----------|---|
| <u>Seguro médico</u>            | \$ _____ | <u>Llamadas a la oficina del Doctor</u> |
| <u>Prescripción de medicina</u> | \$ _____ | _____                                   |
| \$ _____                        |          |   |
| _____                           |          | _____                                   |
| _____                           |          | _____                                   |

1. Paga usted o asistencia de aparatos auxiliares para un miembro incapacitado de la casa para que ellos o cualquier miembro de la familia puedan trabajar? \_\_\_\_\_ Si es así, indíquelo: \_\_\_\_\_

**VI. CUIDO DE NIÑOS**

1. Paga usted por el cuidado de sus niños de menores de la edad de 12 años mientras usted trabaja o atiende a la escuela? \_\_\_\_\_ Si es así, a quién es pagado? \_\_\_\_\_  
Cuánto al mes? \_\_\_\_\_
2. Dirección y Numero telefonico de el Proveedor: \_\_\_\_\_  
\_\_\_\_\_

**VII. INFORMACION ADICIONAL**

1. Está la renta y otros servicios que usted paga a la Agencia de la Vivienda al día? \_\_\_\_\_  
\_\_\_\_\_ Si no es así, explique: \_\_\_\_\_
2. Están todas las utilidades (gas, electricidad, agua) en su unidad al día de hoy? \_\_\_\_\_ Si no es así, especifique: \_\_\_\_\_
3. Falló usted en reportar algún ingreso recibido por algún miembro de la casa durante los pasados 12 meses? \_\_\_\_\_ Si es así, hagalo en este momento: \$ \_\_\_\_\_ Fuente: \_\_\_\_\_

Si usted falló en reportar algún ingreso durante los pasados 12 meses que pudiera generar un cambio en la renta que usted debia pagar y lo menciona ahora, a usted les sera dada la oportunidad de entrar en un acuerdo de devolución



4. Lista todos los vehículos que los miembros estacionaran en la propiedad del PHA:

Marca \_\_\_\_\_ Modelo \_\_\_\_\_ Color \_\_\_\_\_ Número de Placa # \_

Marca \_\_\_\_\_ Modelo \_\_\_\_\_ Color \_\_\_\_\_ Número de Placa # \_

5. Tiene usted mascota? \_\_\_\_\_ Descríbala: \_\_\_\_\_

Todos los miembros de la casa mayores de 18 años deberan revisar la información de esta forma y firmar en el espacio de abajo. Toda información proporcionada en esta forma, está sujeta a verificación por parte de la Agencia de la Vivienda.

Yo juro por la presente y declaro que toda la información proporcionada por mi y acerca de mi persona es verdadera y correcta. Yo entiendo que debo reportar algún cambio de ingreso, activos, y composicion en la familia por escrito a la Agencia de la Vivienda dentro de los 10 dias de tal cambio. Entiendo además que declaraciones o información falsa proporcionada por mi son castigadas bajo la ley federal y estatal y constituyen motivos para la terminación de la asistencia de la renta de mi vivienda.

\_\_\_\_\_  
Firma del Jefe (a) de la familia Fecha

\_\_\_\_\_  
Firma del esposo(a) del Jefe (a) de la familia u otro adulto Fecha

\_\_\_\_\_  
Firma del otro adulto Fecha

**ADVERTENCIA: EL TITULO 18, SECCION 1001 DEL CODIGO DE LOS ESTADOS UNIDOS, DECLARA QUE LA PERSONA ES CULPABLE DE FELONIA POR HACER CONSCIENTEMENTE Y CON GUSTO DECLARACIONES FALSAS O FRAUDULENTAS A CUALQUIER DEPARTAMENTO O AGENCIA DE LOS ESTADOS UNIDOS.**

*Si usted cree que ha sido discriminado, usted puede llamar al Fair Housing and Equal Opportunity national toll-free hot line al 1-800-669-9777.*

**ELECCION FAMILIAR DEL PAGO DE RENTA**

En el arrendamiento inicial y en el recertificado anual, cada familia que resida en la Vivienda

Pública escoge si paga el alquiler basado en el ingreso percibidos por familia o la tarifa fija (del mercado) por la unidad en renta. La familia puede requerir un cambio del método usada, para determinar la renta mensual una vez entre recertificaciones anuales.

Efectivo \_\_\_\_\_, mis ingresos de la casa se basan en el alquiler mensual

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(despues de la deducción de algún Servicio Utilizado que sea aplicable) será \$ \_\_\_\_\_  
\_\_\_\_\_.

La renta fija por la unidad, # \_\_\_\_\_, es \$ \_\_\_\_\_ Cada mes. Los Servicios que utilizo no son deducibles en la renta fija.

Yo escogo pagar (seleccione una):     [ ] renta basada en mi ingreso.  
  [ ] renta fija.

\_\_\_\_\_  
Firma del Jefe (a) de la familia

\_\_\_\_\_  
Fecha

---

#### OPORTUNIDAD PARA OMITIR INGRESOS GANADOS

Por 12 meses acumulados, la PHA excluirá en la calculación de la renta el 100% de las ganancias incrementadas en familias arrendatarias calificadas. Por 12 meses adicionales, 50% de las ganancias incrementadas en familias arrendatarias calificadas seran excluidas. Esta exclusion es limitada a una ventana de oportunidad de 48 meses en el tiempo de vida de cada miembro de la familia elegible para la omisión de ingresos.

Las siguientes familias arrendatarias son elegibles para esta omisión de ingresos ganados:

1. Aquellas familias que tuvieron un aumento en sus ingresos ganados porque uno de los miembros quien estuviera previamente por uno a mas años desempleado vaya a trabajar; o
2. Aquellas familias quienes ingresos ganados anuales se incrementen debido a ganancias aumentadas par un miembro de la familia que forme parte de un programa de capacitación de autosuficiencia a un programa de entrenamiento de trabajo; o
3. Aquellas familias quienes ingresos ganados anuales se incrementen debido a un empleo nuevo o aumento de las ganancias durante, o dentro de los seis meses después de recibir la asistencia de TANF, incluyendo un solo pago que totalice por lo menos \$500.

Con mi firma abajo, reconozco que he sido avisado de esta oportunidad.

\_\_\_\_\_  
Firma del Jefe (a) de la familia

\_\_\_\_\_  
Fecha

#### APLICACION PARA LA RECCERTIFICACION

**SECTION 8, ELECCION DEL PROGRAMA DE VIVIENDA**

Nombre de la Agencia: \_\_\_\_\_  
 \_\_\_\_\_

Traiga esta forma completa, en tinta con su propia mano escrita a la cita de su re-certificación. Use el nombre legal de cada persona quien residirá en el apartamento así como aparece en la targeta del Seguro Social. Todas las personas mayores de 18 años deberán firmar esta aplicacion certificando que la información perteneciente a ellos es correcta. **NO DEJE ESPACIOS EN BLANCO**. Si Algúna de las secciones o preguntas no aplican a usted solo escriba N/A en el espacio.

Nombre: \_\_\_\_\_ Tel de su casa # \_\_\_\_\_ Tel de su trabajo # \_\_\_\_\_  
 \_\_\_\_\_

Domicilio Postal: \_\_\_\_\_ Domicilio Fisico: \_\_\_\_\_  
 \_\_\_\_\_

Contacto en caso de emergencia: \_\_\_\_\_ Domicilio: \_\_\_\_\_  
 Telefono# \_\_\_\_\_

**I. COMPOSICION DE LA FAMILIA (indique todas las personas que residenrá en el hogar)**

| Adultos (18 en adelante) |           | Seguro Social # | Relación Con el jefe(a) de la familia | Sexo | Raza/ Etnico | Fecha de de Nacimiento | E d a d | Desabilitado Si/No | Estudia Si/N |
|--------------------------|-----------|-----------------|---------------------------------------|------|--------------|------------------------|---------|--------------------|--------------|
| Apellido                 | Nombre(s) |                 |                                       |      |              |                        |         |                    |              |
|                          |           |                 |                                       |      |              |                        |         |                    |              |
|                          |           |                 |                                       |      |              |                        |         |                    |              |
|                          |           |                 |                                       |      |              |                        |         |                    |              |
|                          |           |                 |                                       |      |              |                        |         |                    |              |

| Memores (18 o menos) |           | Seguro Social # | Relación Con el jefe(a) de la familia | S e x o | Raza/ Etnico | Fecha de de Nacimiento | E d a d | Desa bilita do Si/No | Nombre/Direcc Padre/Madre A (Si aplica |
|----------------------|-----------|-----------------|---------------------------------------|---------|--------------|------------------------|---------|----------------------|--|
| Apellido             | Nombre(s) |                 |                                       |         |              |                        |         |                      |  |
|                      |           |                 |                                       |         |              |                        |         |                      |  |
|                      |           |                 |                                       |         |              |                        |         |                      |  |
|                      |           |                 |                                       |         |              |                        |         |                      |  |
|                      |           |                 |                                       |         |              |                        |         |                      |  |
|                      |           |                 |                                       |         |              |                        |         |                      |  |

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1. Algún miembro de la casa mayor de 18, es un estudiante de tiempo completo, (otro además del Jefe(a) de Familia o el esposo(a) de la Familia)? Si es así, escriba el nombre y la escuela a la que asiste: \_\_\_\_\_

\_\_\_\_\_

2. Está el esposo(a) del Jefe(a) de la Familia temporalmente ausente de la casa?

Si es así, Dónde? \_\_\_\_\_

\_\_\_\_\_

3. Alguna persona fuera del la casa ayuda con los pagos en un período regular? \_\_\_\_\_ Si es así, escriba el nombre de cada persona o agencia que le asista con los pagos: \_\_\_\_\_

\_\_\_\_\_

4. Alguna persona del la casa requiere de acomodaciones especiales debido a una desventaja o incapacidad? \_\_\_\_\_

Si es así, especifique los requerimientos: \_\_\_\_\_

\_\_\_\_\_

## II. INGRESOS DISPONIBLES EN LA CASA

Indique toda los ingresos ganados y recibidos por todas las personas que viven en la casa sin considerar su

edad. Indique el grueso de los ingresos (Antes de las deducciones).

| Fuente de Ingreso                                 | <u>Si</u> | No | Miembro de la Familia | Fuente | Cantidad |
|---|-----------|----|-----------------------|--------|----------|
| Auto empleo                                       |           |    |                       |        | \$       |
|   |           |    |                       |        | \$       |
| Sueldos o Genancias                               |           |    |                       |        | \$       |
|   |           |    |                       |        | \$       |
| Pensión o Retiro                                  |           |    |                       |        | \$       |
|   |           |    |                       |        | \$       |
| SSI   |           |    |                       |        | \$       |
|   |           |    |                       |        | \$       |
| Seguro Social                                     |           |    |                       |        | \$       |
|   |           |    |                       |        | \$       |
| Soporte de Menores                                |           |    |                       |        | \$       |
|   |           |    |                       |        | \$       |
| Deneficios de Desempleo                           |           |    |                       |        | \$       |
|   |           |    |                       |        | \$       |
| Compensación del Empleado                         |           |    |                       |        | \$       |
|   |           |    |                       |        | \$       |
| Pensión Alimenticia                               |           |    |                       |        | \$       |
|   |           |    |                       |        | \$       |
| Ingresos por propiedades en Renta u otros activos |           |    |                       |        | \$       |
|   |           |    |                       |        | \$       |
| Niñeras o Cuidado de algun adulto                 |           |    |                       |        | \$       |
|   |           |    |                       |        | \$       |
| Contribuciones                                    |           |    |                       |        | \$       |

|                        |  |  |  |  |    |
|------------------------|--|--|--|--|----|
| Regularea o donaciones |  |  |  |  | \$ |
| Otro                   |  |  |  |  | \$ |
|                        |  |  |  |  | \$ |

**III. CUALIFICANDO PARA LA EXCLUSION DE INGRESOS GANADOS** (Si no hay un adulto incapacitado en la casa, pase a la seccion IV. Activos.)

1. Algún miembro adulto incapacitado de la familia comenzó un Nuevo trabajo o tuvo un incremento salarial desde la última certificación? \_\_\_\_\_ Si es así quién? \_\_\_\_\_ Si no pase a la sección IV.

Activos.

2. **Cúanto la persona listada arriba ganó en los 12 meses inmediatos antes que el/ella incrementara sus ingresos o tuviera el nuevo empleo?** \_\_\_\_\_ **Dónde estaba empleado(a) anteriormente?** \_\_\_\_\_

3. Esta persona listada arriba, recibió beneficios del TANF alguna vez en los seis meses antes de comenzar este empleo o el aumento de sus ganancias comenzaran? \_\_\_\_\_

4. La persona empleada participaba en un programa de autosuficiencia familiar o algún tipo de programa de entrenamiento en el tiempo que el/ella comenzó este trabajo recibió un aumento en ganancias? \_\_\_\_\_ Si es así, indique el nombre del programa de entrenamiento y fechas de inscripción: \_\_\_\_\_

**IV. ACTIVOS**

1. Algún miembro de la casa de los ya mencionados posee activos o recibe ingresos de créditos activos? (Marque todos los que apliquen)

- Bienes y Raices
- Fideicomisos
- Inversiones
- Cuenta de ahorros
- Cheques
- Otro:
- Compañía de Retiro/Fondos de Pensión
- Pago de Seguros
- Enlace
- Certificados de Depósito
- Cuenta de

2. Usted ha regalado o vendido algún activo en los pasados dos años? \_\_\_\_\_ Si es así, que activo? \_\_\_\_\_ Fecha: \_\_\_\_\_ Cúal era su valor en el

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mercado? \_\_\_\_\_ Cuánto recibió por el ? \_\_\_\_\_

**V. GASTOS MEDICOS** (complete la sección solo si la cabeza de la familia o el cónyuge es deshabilitado o si es mayor de la edad de 62)

1. Indique todos los gastos médicos que la familia anticipa se pagará durante los siguientes 12 meses que no serán reembolsados por la compañía de seguros o alguna otra fuente externa. No incluya primas de seguro de vida o de entierro.

| <b>TIPO DE GASTO</b>            | <b>CANTIDAD</b> | <b>TIPO DE GASTO</b>                    |
|---------------------------------|-----------------|---|
| <u>Seguro médico</u>            | \$ _____        | <u>Llamadas a la oficina del Doctor</u> |
| <u>Prescripción de medicina</u> | \$ _____        | _____                                   |
| \$ _____                        |                 |   |
| _____                           |                 | _____                                   |
| _____                           |                 | _____                                   |
| _____                           |                 | _____                                   |

1. Paga usted o asistencia de aparatos auxiliares para un miembro incapacitado de la casa para que ellos o cualquier miembro de la familia puedan trabajar? \_\_\_\_\_ Si es así, indíquelo:

**VI. CUIDO DE NIÑOS**

1. Paga usted por el cuidado de sus niños de menores de la edad de 12 años mientras usted trabaja o atiende a la escuela? \_\_\_\_\_ Si es así, a quién es pagado? \_\_\_\_\_  
Cuánto al mes? \_\_\_\_\_
2. Dirección y Numero telefonico de el Proveedor: \_\_\_\_\_

**VII. INFORMACION ADICIONAL**

1. Falló usted en reportar algún ingreso recibido por algún miembro de la casa durante los pasados 12 meses?  
\_\_\_\_\_ Si es así, hagalo en este momento: \$ \_\_\_\_\_ Fuente: \_\_\_\_\_

Si usted falló en reportar algun ingreso durante los pasados 12 meses que pudiera generar un cambio en la renta que usted debenia pagar y lo menciona ahora, a usted les sera dada la oportunidad de entrar en un acuerdo de devolución

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**2. Conteste las siguientes preguntas: solo si usted está requiriendo ser transferido:**

**B.** Está usted al corriente con la porción de renta que se le da al arrendador?  si  no

Si no es así, explque: \_\_\_\_\_

\_\_\_\_\_

**B.** Están todas las utilidades (gas, electricidad, agua) en su unidad al día?  si  no

Si no es así, especifique: \_\_\_\_\_

\_\_\_\_\_

Todos los miembros de la casa mayores de 18 años deberán revisar la información de esta forma y firmar en el espacio de abajo. Toda información proporcionada en esta forma, está sujeta a verificación por parte de la Agencia de la Vivienda.

Yo juro por la presente y declaro que toda la información proporcionada por mi y acerca de mi persona es verdadera y correcta. Yo entiendo que debo reportar algún cambio de ingreso, activos, y composición en la familia por escrito a la Agencia de la Vivienda dentro de los 10 días de tal cambio. Entiendo además que declaraciones o información falsa proporcionada por mi son castigadas bajo la ley federal y estatal y constituyen motivos para la terminación de la asistencia de la renta de mi vivienda.

\_\_\_\_\_  
Firma del Jefe (a) de la familia

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del esposo(a) del Jefe (a) de la familia u otro adulto

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del otro adulto

\_\_\_\_\_  
Fecha

**ADVERTENCIA: EL TÍTULO 18, SECCIÓN 1001 DEL CÓDIGO DE LOS ESTADOS UNIDOS, DECLARA QUE LA PERSONA ES CULPABLE DE FELONÍA POR HACER CONSCIENTEMENTE Y CON GUSTO DECLARACIONES FALSAS O FRAUDULENTAS A CUALQUIER DEPARTAMENTO O AGENCIA DE LOS ESTADOS UNIDOS.**

Si usted cree que ha sido discriminado, usted puede llamar al Fair Housing and Equal Opportunity national toll-free hot line al 1-800-669

## **4.0 MANAGING THE WAITING LIST**

### **4.1 OPENING AND CLOSING THE WAITING LIST**

Opening of the waiting list will be announced via public notice that applications for Section 8 will again be accepted. The public notice will state where, when, and how to apply. The notice will be published in a local newspaper of general circulation, and also

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by any available minority media. The public notice will state any limitations to who may apply.

The notice will state that applicants already on waiting lists for other housing programs must apply separately for this program, and that such applicants will not lose their place on other waiting lists when they apply for Section 8. The notice will include the Fair Housing logo and slogan and otherwise be in compliance with Fair Housing requirements.

Closing of the waiting list will be announced via public notice. The public notice will state the date the waiting list will be closed. The public notice will be published in a local newspaper of general circulation, and also by any available minority media.

## **4.2 TAKING APPLICATIONS**

Families wishing to apply for the Section 8 Program will be required to complete an application for housing assistance. Applications will be accepted during regular business hours at: 1300 Admiral Wilson Blvd., Camden, N.J.

Applications are taken to compile a waiting list. Due to the demand for Section 8 assistance in the Camden Housing Authority jurisdiction, the Camden Housing Authority may take applications on an open enrollment basis, depending on the length of the waiting list.

When the waiting list is open, completed applications will be accepted from all applicants. The Camden Housing Authority will later verify the information in the applications relevant to the applicant's eligibility, admission, and level of benefit.

Applications may be made in person at the Section 8 Office, 1300 Admiral Wilson Blvd., Camden, N.J., on Monday, Tuesday, and Wednesday from 8:30 AM to 3:30 PM. Applications will be mailed to interested families upon request.

The completed application will be dated and time stamped upon its return to the Camden Housing Authority.

Persons with disabilities who require a reasonable accommodation in completing an application may call the Camden Housing Authority to make special arrangements to complete their application. A Telecommunication Device for the Deaf (TDD) is available for the deaf.

The application process will involve two phases. The first phase is the initial application for housing assistance or the pre-application. The pre-application requires the family to provide limited basic information including name, address, phone number, family composition and family unit size, racial or ethnic designation of the head of household, income category, and information establishing any preferences to which they may be entitled. This first phase results in the family's placement on the waiting list.



Upon receipt of the families pre-application, the Camden Housing Authority will make a preliminary determination of eligibility. The Camden Housing Authority will notify the family in writing of the date and time of placement on the waiting list and the approximate amount of time before housing assistance may be offered. If the Camden Housing Authority determines the family to be ineligible, the notice will state the reasons therefore and offer the family the opportunity of an informal review of this determination.

An applicant may at any time report changes in their applicant status including changes in family composition, income, or preference factors. The Camden Housing Authority will annotate the applicant's file and will update their place on the waiting list. Confirmation of the changes will be confirmed with the family in writing.

The second phase is the final determination of eligibility, referred to as the full application. The full application takes place when the family nears the top of the waiting list. The Camden Housing Authority will ensure that verification of all preferences, eligibility, suitability selection factors are current in order to determine the family's final eligibility for admission into the Section 8 Program.

#### **4.3 ORGANIZATION OF THE WAITING LIST**

The waiting list will be maintained in accordance with the following guidelines:

- A. The application will be a permanent file;
- B. All applications will be maintained in order of preference and then in order of date and time of application;
- C. Any contact between the Camden Housing Authority and the applicant will be documented in the applicant file.

Note: The waiting list cannot be maintained by bedroom size under current HUD regulations.

#### **4.4 FAMILIES NEARING THE TOP OF THE WAITING LIST**

When a family appears to be within 3 months of being offered assistance, the family will be invited to an interview and the verification process will begin. It is at this point in time that the family's waiting list preference will be verified. If the family no longer qualifies to be near the top of the list, the family's name will be returned to the appropriate spot on the waiting list. The Camden Housing Authority must notify the family in writing of this determination, and give the family the opportunity for an informal review.

Once the preference has been verified the family will complete a full application, present Social Security Number information, citizenship/eligible immigrant information, and sign the Consent for Release of Information forms.

#### **4.5 MISSED APPOINTMENTS**

All applicants who fail to keep a scheduled appointment in accordance with the paragraph below will be sent a notice of denial.

The Camden Housing Authority will allow the family to reschedule appointments for good cause. Generally, no more than one opportunity will be given to reschedule without good cause, and no more than two opportunities for good cause. When a good cause exists, the Camden Housing Authority will work closely with the family to find a more suitable time. Applicants will be offered the right to an informal review before being removed from the waiting list.

#### **4.6 PURGING THE WAITING LIST**

The Camden Housing Authority will update and purge its waiting list at least annually to ensure that the pool of applicants reasonably represents interested families. Purging also enables the Housing Authority to update the information regarding address, family composition, income category and preferences.

#### **4.7 REMOVAL OF APPLICANTS FROM THE WAITING LIST**

The Camden Housing Authority will not remove an applicant's name from the waiting list unless:

- A. The applicant requests that the name be removed;
- B. The applicant fails to respond to a written request for information or a request to declare their continued interest in the program or misses scheduled appointments; or
- C. The applicant does not meet either the eligibility or screening criteria for the program.
- D. The applicant may deny a placement from the project based waiting but still maintain their position on the tenant based waiting list.  
Denial of a project based unit will however remove the applicant from the project based waiting list.

#### **4.8 GROUNDS FOR DENIAL**

The Camden Housing Authority will deny assistance to applicants who:

- A. Do not meet any one or more of the eligibility criteria;
- B. Do not supply information or documentation required by the application process;
- C. Fail to respond to a written request for information or a request to declare their continued interest in the program;
- D. Fail to complete any aspect of the application or lease-up process;
- E. Have a history of criminal activity by any household member involving crimes of physical violence against persons or property, and any other criminal activity including drug-related criminal activity that would adversely affect the health, safety, or well being of other tenants or staff, or cause damage to the property.
- F. Currently owes rent or other amounts to any housing authority in connection with the public housing or Section 8 Programs.
- G. Have committed fraud, bribery, or any other corruption in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from;
- H. Were evicted from assisted housing within three years of the projected date of admission because of drug-related criminal activity involving the personal use or possession for personal use;
  - 1. The person demonstrates to the Camden Housing Authority's satisfaction that the person is no longer engaging in drug-related criminal activity or abuse of alcohol;
  - 2. Has successfully completed a supervised drug or alcohol rehabilitation program;
  - 3. Has otherwise been rehabilitated successfully; or
  - 4. Is participating in a supervised drug or alcohol rehabilitation program.
- I. Have a family member who was evicted from assisted housing within five years of the projected date of admission because of drug-related criminal activity involving the illegal manufacture, sale, distribution, or possession with the intent to manufacture, sell, distribute a controlled substance as defined in Section 102 of the Controlled Substances Act, 21 U.S.C. 802;

- J. Have a family member who is illegally using a controlled substance or abuses alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. The Camden Housing Authority may waive this requirement if:
  - 1. The person demonstrates to the Camden Housing Authority's satisfaction that the person is no longer engaging in drug-related criminal activity or abuse of alcohol;
  - 2. The person has successfully completed a supervised drug or alcohol rehabilitation program;
  - 3. The person has otherwise been rehabilitated successfully; or
  - 4. The person is participating in a supervised drug or alcohol rehabilitation program.
- K. Have engaged in or threatened abusive or violent behavior towards any Camden Housing staff or residents;
- L. Have a family household member who has been terminated under the Certificate or Voucher Program during the last three years;
- M. Have a family member who has been convicted of manufacturing or producing methamphetamine (speed) (Denied for life);
- N. Have a family member with a lifetime registration under a State sex offender registration program (Denied for life).
- O. Have been or have formal documentation that he or she will be or has been evicted from their current place of dwelling for non-payment of rent or for a cause eviction as determined by Superior Court – Special Civil Part.

#### **4.9 NOTIFICATION OF NEGATIVE ACTIONS**

Any applicant whose name is being removed from the waiting list will be notified by the Camden Housing Authority, in writing, that they have ten (10) business days, from the date of the written correspondence, to present mitigating circumstances or request an informal review. The letter will also indicate that their name will be removed from the waiting list if they fail to respond within the timeframe specified. The Camden Housing Authority's system of removing applicants' names from the waiting list will not violate the rights of persons with disabilities. If an applicant's failure to respond to a request for information or updates was caused by the applicant's disability, the Camden Housing

Authority will provide a reasonable accommodation. If the applicant indicates that they did not respond due to a disability, the Camden Housing Authority will verify that there is in fact a disability and that the accommodation they are requesting is necessary based on the disability. An example of a reasonable accommodation would be to reinstate the applicant on the waiting list based on the date and time of the original application.

#### **4.10 INFORMAL REVIEW**

If the Camden Housing Authority determines that an applicant does not meet the criteria for receiving Section 8 assistance, the Camden Housing Authority will promptly provide the applicant with written notice of the determination. The notice must contain a brief statement of the reason(s) for the decision, and state that the applicant may request an informal review of the decision within 10 business days of the denial. The Camden Housing Authority will describe how to obtain the informal review. The informal review process is described in Section 16.2 of this Plan.

### **5.0 SELECTING FAMILIES FROM THE WAITING LIST**

#### **5.1 WAITING LIST ADMISSIONS AND SPECIAL ADMISSIONS**

The Housing Authority may admit an applicant for participation in the program either as a special admission or as a waiting list admission. The Housing Authority may also admit applicant off the Section 8 waiting list who have not reached the top of the list in order to meet emergency housing needs or to conform to the guidelines of certain HUD Programs.

If HUD awards funding that is targeted for families with specific characteristics or families living in specific units, the Camden Housing Authority will use the assistance for those families.

The Housing Authority may also enter into agreements through Memorandums of Understanding (MOU) with non-profit entities for the distribution of a selected amount of HACC vouchers as part of various programs, any such agreements will require Board approval and the individuals or families selected will still need to meet all HACC eligibility and screening criteria's.

#### **5.2 PREFERENCES**

The Camden Housing Authority will select families based on the following preferences.

- A. People that live or work in Camden at the time they submit their application.
- B. Families who are involuntarily displaced.

- C. Families currently living in substandard housing.
- D. Families who are currently paying more than 50% of their income for rent, including utilities.
- E. Families who are elderly or disabled as defined by HUD.
- F. Families where the head of household is enrolled in job training program.
- G. Victims of Domestic Violence.
- H. Homeless, as defined by the HACC and is included in the Glossary in the back of the Plan.
- I. Veterans of foreign wars.
- J. Families where the head of household is working more than 20 hours a week.
- K. All other applicants.

### **5.3 SELECTION FROM THE WAITING LIST**

Based on the above preferences, an applicant shall receive 2 points for either the homeless preference or where the head of household is working more than 20 hours a week. For all other preferences the applicant possesses, they shall receive 1 point.

The date and time of application will be utilized to determine the sequence within the above-prescribed preferences.

Notwithstanding the above, families who are elderly, disabled, or displaced will be offered housing before other single persons.

Notwithstanding the above, if necessary to meet the statutory requirement that 75% of newly admitted families in any fiscal year be families who are extremely low-income, the Camden Housing Authority retains the right to skip higher income families on the waiting to reach extremely low-income families. This measure will only be taken if it appears the goal will not otherwise be met. To ensure this goal is met, the Housing Authority will monitor incomes of newly admitted families and the income of the families on the waiting list.

If there are not enough extremely low-income families on the waiting list we will conduct outreach on a non-discriminatory basis to attract extremely low-income families to reach the statutory requirement.

#### 5.4 Site Based Waiting List(s) for Project-Based Developments

The Camden Housing Authority may enter into site-based waiting lists for project based Section 8 housing developments it has partnered with. The procedures to be followed for these waiting lists will be as follows:

- A. Every applicant or family currently on the HCV waiting list or project-based waiting list shall be afforded the opportunity to be on a site-based waiting list. Eligibility or ineligibility shall be determined at the time the family's name comes up on site-based list.
- B. Every applicant or current waiting list family (Section 8 only) will be given information on the sites. The information is to include location, occupancy type, number of units, size of units, amenities, and average waiting time for each unit.
- C. The adoption of any site-based waiting list will not violate any court orders settlement agreements or be inconsistent with any pending civil rights complaints.
- D. The marketing of any of the site-based waiting lists will be done so in such a manner as to attract applicants regardless of race, ethnicity or disability.
- E. HACC will do annual reviews of its site-based waiting list policy(s) to ensure compliance with civil rights laws and certifications.
- F. HACC will also perform random testing of the implementation of And all of its site-based waiting list policies every 3 years.

#### 6.0 ASSIGNMENT OF BEDROOM SIZES (SUBSIDY STANDARDS)

The Camden Housing Authority will issue a voucher for a particular bedroom size – the bedroom size is a factor in determining the family's level of assistance. The following guidelines will determine each family's unit size without overcrowding or over-housing:

| Number of Bedrooms | Number of Persons |         |
|--------------------|-------------------|---------|
|                    | Minimum           | Maximum |
| 0                  | 1                 | 1       |
| 1                  | 1                 | 3       |

|   |   |     |
|---|---|-----|
| 2 | 2 | 5   |
| 3 | 3 | 7   |
| 4 | 4 | 9   |
| 5 | 5 | 11+ |

In determining bedroom size, the Camden Housing Authority will include the presence of children to be born to a pregnant woman, children who are in the process of being adopted, children whose custody is being obtained, children who are temporarily away at school or temporarily in foster-care.

Bedroom size will also be determined using the following guidelines:

- A. Children of the same sex will share a bedroom.
- B. Children of the opposite sex, both under the age of five will share a bedroom.
- C. Adults and children over the age of 6 may be required to share a bedroom.
- D. Foster-adults and children will not be required to share a bedroom with family members.
- E. Live-in aides will get a separate bedroom.

The Camden Housing Authority will grant exceptions to normal occupancy standards when a family requests a larger size than the guidelines allow and documents a medical reason why the larger size is necessary.

The family unit size will be determined by the Camden Housing Authority in accordance with the above guidelines and will determine the maximum rent subsidy for the family; however, the family may select a unit that may be larger or smaller than the family unit size. If the family selects a smaller unit, the payment standard for the smaller size will be used to calculate the subsidy. If the family selects a larger size, the payment standard for the family unit size will determine the maximum subsidy.

## **6.1 BRIEFING**

When the Camden Housing Authority selects a family from the waiting list, the family will be invited to attend a briefing explaining how the program works. In order to receive a voucher the family is required to attend the briefing. If they cannot attend the originally scheduled briefing, they may attend a later session. If the family fails to attend two briefings without good cause, they will be denied admission.



If an applicant with a disability requires auxiliary aids to gain full benefit from the briefing, the Housing Authority will furnish such aids where doing so would not result in a fundamental alteration of the nature of the program or in an undue financial or administrative burden. In determining the most suitable auxiliary aid, the Housing Authority will give primary consideration to the requests of the applicant. Families unable to attend a briefing due to a disability may request a reasonable accommodation such as having the briefing presented at an alternate location.

The briefing will cover at least the following subjects:

- A. A description of how the program works;
- B. Family and owner responsibilities;
- C. Where the family may rent a unit, including inside and outside the Housing Authority's jurisdiction;
- D. Types of eligible housing;
- E. For families qualified to lease a unit outside the Housing Authority's jurisdiction under portability, an explanation of how portability works;
- F. An explanation of the advantages of living in an area that does not have a high concentration of poor families; and
- G. An explanation that the family share of rent may not exceed 40% of the family's monthly adjusted income.

## **6.2 PACKET**

During the briefing, the Housing Authority will give the family a packet covering at least the following subjects:

- A. The term of the voucher and the Housing Authority's policy on extensions and suspensions of the term. The packet will include information on how to request an extension and forms for requesting extensions;
- B. How the Housing Authority determines the housing assistance payment and total tenant payment for the family;
- C. Information on the payment standard, exception payment standard rent areas, and the utility allowance schedule;
- D. How the Housing Authority determines the maximum rent for an assisted unit;

- E. Where the family may lease a unit. For families qualified to lease outside the Housing Authority's jurisdiction, the packet includes an explanation of how portability works;
- F. The HUD-required tenancy addendum that provides the language that must be included in any assisted lease, and a sample contract;
- G. The request for approval of the tenancy form and an explanation of how to request Housing Authority approval of a unit;
- H. A statement of the Housing Authority's policy on providing information to prospective owners. This policy requires applicants to sign disclosure statements allowing the Housing Authority to provide prospective owners with the family's current and prior addresses and the names and addresses of the landlords for those addresses. Upon request, the Housing Authority will also supply any factual information or third party verification relating to the applicant's history as a tenant or their ability to comply with material standard lease terms or any history of drug trafficking, drug-related criminal activity or any violent criminal activity;
- I. The Housing Authority's subsidy standards, including when the Housing Authority will consider granting exceptions to the standards;
- J. The HUD brochure on how to select a unit ("A Good Place to Live");
- K. The HUD-required lead-based paint brochure;
- L. Information on Federal, State, and local equal opportunity laws; the brochure "Fair Housing: It's Your Right;" and a copy of the housing discrimination complaint form;
- M. A list of landlords or other parties known to the Camden Housing Authority who may be willing to lease a unit to the family or help the family find a unit;
- N. Notice that if the family includes a person with disabilities, the family may request a current list of accessible units known to the Camden Housing Authority that may be available;
- O. The family's obligations under the program;
- P. The grounds upon which the Housing Authority may terminate assistance because of the family's action or inaction;

- Q. Camden Housing Authority informal hearing procedures, including when the Housing Authority is required to provide the opportunity for an informal hearing, and information on how to request a hearing; and
- R. The Camden Housing Authority owner information brochure. This brochure can be given by the applicant to a prospective owner to help explain the program.

### **6.3 ISSUANCE OF VOUCHER; REQUEST FOR APPROVAL OF TENANCY**

Beginning October 1, 1999, the Camden Housing Authority will issue only vouchers.

Once all family information has been verified, their eligibility determined, their subsidy calculated, and they have attended the family briefing, the Camden Housing Authority will issue the voucher. At this point the family begins their search for a unit.

When the family finds a unit that the owner is willing to lease under the program, the family and the owner will complete and sign a proposed lease, the HUD required tenancy addendum and the request for approval of the tenancy form. The family will submit the proposed lease and the request form to the Housing Authority during the term of the voucher. The Housing Authority will review the request, the lease, and the HUD required tenancy addendum and make an initial determination of approval of tenancy. The Housing Authority may assist the family in negotiating changes that may be required for the tenancy to be approvable. Once it appears the tenancy may be approvable, the Housing Authority will schedule an appointment to inspect the unit within 21 days after the receipt of inspection request from the family and owner. The calendar day period is suspended during any period the unit is unavailable for inspection. The Housing Authority will promptly notify the owner and the family whether the unit and tenancy are approvable.

During the initial stage of qualifying the unit, the Housing Authority will provide the prospective owner with information regarding the program. Information will include Housing Authority and owner responsibilities for screening and other essential program elements. The Housing Authority will provide the owner with the family's current and prior address as shown in the Housing Authority records along with the name and address (if known) of the landlords for those addresses.

Additional screening is the responsibility of the owner. Upon request by a prospective owner, the Housing Authority will provide any factual information or third party written information they have relevant to a voucher holder's history of, or ability to, comply with standard material lease terms.

## **6.4 TERM OF THE VOUCHER**

The initial term of the voucher will be 60 days and will be stated on the Housing Choice Voucher.

The Housing Authority may grant one or more extensions of the term, but the initial term plus any extensions will never exceed 120 calendar days from the initial date of issuance. To obtain an extension, the family must make a request in writing prior to the expiration date. A statement of the efforts the family has made to find a unit must accompany the request. A sample extension request form and a form for recording their search efforts will be included in the family's briefing packet. If the family documents their efforts and additional time can reasonably be expected to result in success, the Housing Authority will grant the length of request sought by the family or 60 days, whichever is less.

If the family includes a person with disabilities and the family requires an extension due to the disability, the Housing Authority will grant an extension allowing the family the full 120 days search time. If the Housing Authority determines that additional search time would be a reasonable accommodation, the Housing Authority will request HUD to approve an additional extension.

Upon submittal of a completed request for approval of tenancy form, the Camden Housing Authority will suspend the term of the voucher. The term will be in suspension until the date the Housing Authority provides notice that the request has been approved or denied. This policy allows families the full term (60 days, or more with extensions) to find a unit, not penalizing them for the period during which the Housing Authority is taking action on their request. A family may submit a second request for approval of tenancy before the Housing Authority finalizes action on the first request. In this case the suspension will last from the date of the first submittal through the Housing Authority's action on the second submittal. No more than two requests will be concurrently considered.

## **6.5 APPROVAL TO LEASE A UNIT**

The Camden Housing Authority will approve a lease if all of the following conditions are met:

- A. The unit is eligible;
- B. The unit is inspected by the Housing Authority and passes HQS;

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- C. The lease is approvable and includes the language of the tenancy addendum;
- D. The rent to owner is reasonable;
- E. The family's share of rent does not exceed 40% of their monthly adjusted income;
- F. The owner has not been found to be debarred, suspended, or subject to a limited denial of participation by HUD or the Housing Authority; and
- G. The family continues to meet all eligibility and screening criteria.

If tenancy approval is denied, the Housing Authority will advise the owner and the family in writing and advise them also of any actions they could take that would enable the Housing Authority to approve the tenancy.

The lease term may begin only after all of the following conditions are met:

- A. The unit passes the Housing Authority HQS inspection;
- B. The family's share of rent does not exceed 40% of their monthly adjusted income;
- C. The landlord and tenant sign the lease to include the HUD required addendum; and
- D. The Housing Authority approves the leasing of the unit.

The Housing Authority will prepare the contract when the unit is approved for tenancy. Generally, the landlord, simultaneously with the signing of the lease and the HUD required tenancy addendum, will execute the contract. Upon receipt of the executed lease and the signed contract by the landlord, the Housing Authority will execute the contract. The Housing Authority will not pay any housing assistance to the owner until the contract is executed.

In no case will the contract be executed later than 60 days after the beginning of the lease term.

Any contract executed after the 60-day period will be void and the Housing Authority will not pay housing assistance to the owner.

## **6.6 CAMDEN HOUSING AUTHORITY DISAPPROVAL OF OWNER**

The Housing Authority will deny participation by an owner at the direction of HUD. The Housing Authority will also deny the owner's participation for any of the following reasons:

- A. The owner has violated any obligations under a Section 8 Housing Assistance Payments Contract;
- B. The owner has committed fraud, bribery, or any other corrupt or criminal act in connection with any Federal housing program;
- C. The owner has engaged in drug-related criminal activity or any violent criminal activity;
- D. The owner has a history or practice of non-compliance with HQS for units leased under Section 8 or with applicable housing standards for units leased with project-based Section 8 assistance or leased under any other Federal housing program;
- E. The owner has a history or practice of renting units that fail to meet State or local codes; or
- F. The owner has not paid State or local real estate taxes, fines, or assessments.
- G. The owner refuses (or has a history of refusing) to evict families for drug-related or violent criminal activity, or for activity that threatens the health, safety or right of peaceful enjoyment of the:
  - 1. premises by tenants, Camden Housing Authority employees or owner employees; or
  - 2. residences by neighbors;
- H. If the owner is the parent, child, grandparent, grandchild, sister, or brother or any member of the family unless the Camden Housing Authority determines that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities.
- I. Other conflicts of interest under Federal, State, or local law.

## **6.7 INELIGIBLE/ELIGIBLE HOUSING**

The following types of housing cannot be assisted under the Section 8 Tenant-Based Program:

- A. A public housing or Indian housing unit;

- B. A unit receiving project-based assistance under a Section 8 Program;
- C. Nursing homes, board and care homes, or facilities providing continual psychiatric, medical or nursing services;
- D. College or other school dormitories;
- E. Units on the grounds of penal, reformatory, medical, mental, and similar public or private institutions;
- F. A unit occupied by its owner. This restriction does not apply to cooperatives or to assistance on behalf of a manufactured home owner leasing a manufactured home space; and
- G. A unit receiving any duplicative Federal, State, or local housing subsidy. This does not prohibit renting a unit that has a reduced rent because of a tax credit.

The Camden Housing Authority will not approve a lease for any of the following special housing types, except as a reasonable accommodation for a family with disabilities:

- A. Congregate housing
- B. Group homes
- C. Shared housing
- D. Cooperative housing
- E. Single room occupancy housing

The Camden Housing Authority will approve leases for the following housing types:

- A. Single family dwellings
- B. Apartments
- C. Manufactured housing
- D. Manufactured home space rentals
- E. House boats

## **6.8 SECURITY DEPOSIT**

The owner may collect a security deposit from the tenant in an amount not in excess of amounts charged in private market practice and not in excess of amounts charged by the owner to unassisted tenants.

When the tenant moves out of the dwelling unit, the owner, subject to State or local law, may use the security deposit, including any interest on the deposit, in accordance with the lease, as reimbursement for any unpaid rent payable by the tenant, damages to the unit or for other amounts the tenant owes under the lease.

The owner must give the tenant a written list of all items charged against the security deposit and the amount of each item. After deducting the amount, if any, used to reimburse the owner, the owner must refund promptly the full amount of the unused balance to the tenant.

If the security deposit is not sufficient to cover amounts the tenant owes under the lease, the owner may seek to collect the balance from the tenant.

If the security deposit for the tenant was paid by HACC as part of their relocation under a HOPE VI Project, the security deposit is the property of HACC.

- A. If the tenant remains in the program and is in good standing, the security deposit will be transferred with the tenant, with the provision above.
- B. If the tenant's new unit requires a higher security deposit, HACC will only transfer the original amount. Any difference will be the responsibility of the tenant.
- C. Any damages above normal wear and tear as documented by HACC's HQS Inspectors, which will entail the landlord keeping a portion, or all of the security deposit will be the responsibility of the tenant. A payment agreement between the tenant and HACC will be drawn up; failure to abide by the terms of the agreement will result in suspension and/or termination of assistance.

## **7.0 MOVES WITH CONTINUED ASSISTANCE**

Participating families are allowed to move to another unit after the initial 12 months has expired, or if the Housing Authority has terminated the HAP contract. The Camden Housing Authority will issue the family a new voucher if the family does not owe the Camden Housing Authority or any other Housing Authority money, has not violated a Family Obligation, has not moved or been issued a certificate or voucher within the last 12 months, and if the Camden Housing Authority has sufficient funding for continued assistance. If the move is necessitated for a reason other than family choice, the 12-month requirement will be waived.

### **7.1 WHEN A FAMILY MAY MOVE**

For families already participating in the Certificate and Voucher Program, the Camden Housing Authority will allow the family to move to a new unit if:



- A. The assisted lease for the old unit has terminated;
- B. The owner has given the tenant a notice to vacate, has commenced an action to evict the tenant, or has obtained a court judgment or other process allowing the owner to evict the tenant; or
- C. The tenant has given notice of lease termination (if the tenant has a right to terminate the lease on notice to the owner).

## **7.2 PROCEDURES REGARDING FAMILY MOVES**

Families considering transferring to a new unit will be scheduled to attend a mover's briefing. All families who are moving, including any families moving into or out of the Camden Housing Authority's jurisdiction, will be required to attend a mover's briefing prior to the Camden Housing Authority entering a new HAP contract on their behalf.

This briefing is intended to provide the following:

- A. A refresher on program requirements and the family's responsibilities. Emphasis will be on giving proper notice and meeting all lease requirements such as leaving the unit in good condition;
- B. Information about finding suitable housing and the advantages of moving to an area that does not have a high concentration of poor families;
- C. Payment standards, exception payment standard rent areas, and the utility allowance schedule;
- D. An explanation that the family share of rent may not exceed 40% of the family's monthly adjusted income;
- E. Portability requirements and opportunities;
- F. The need to have a reexamination conducted within 120 days prior to the move;
- G. An explanation and copies of the forms required to initiate and complete the move; and
- H. All forms and brochures provided to applicants at the initial briefing.

Families are required to give proper written notice of their intent to terminate the lease. In accordance with HUD regulations, no notice requirement may exceed 60 days. During the initial term, families may not end the lease unless they and the owner mutually agree to end the lease. If the family moves from the unit before the initial term of the lease ends

without the owner's and the Camden Housing Authority's approval, it will be considered a serious lease violation and subject the family to termination from the program.

The family is required to give the Camden Housing Authority a copy of the notice to terminate the lease at the same time as it gives the notice to the landlord. A family's failure to provide a copy of the lease termination notice to the Camden Housing Authority will be considered a violation of Family Obligations and may cause the family to be terminated from the program.

A family who gives notice to terminate the lease must mail the notice by certified mail or have the landlord or his agent sign a statement stating the date and time received. The family will be required to provide the certified mail receipt and a copy of the lease termination notice to the Camden Housing Authority, or a copy of the lease termination notice and the signed statement stating the date and time the notice was received. If the landlord or his/her agent does not accept the certified mail receipt, the family will be required to provide the receipt and envelope showing that the attempt was made.

Failure to follow the above procedures may subject the family to termination from the program.

## **8.0 PORTABILITY**

### **8.1 GENERAL POLICIES OF THE CAMDEN HOUSING AUTHORITY**

A family whose head or spouse has a domicile (legal residence) or works in the jurisdiction of the Camden Housing Authority at the time the family first submits its application for participation in the program to the Camden Housing Authority may only lease a unit in the jurisdiction of the Camden Housing Authority. Exceptions to this will only be made for reasonable accommodation or special needs cases and will be at discretion of the Camden Housing Authority.

If the head or spouse of the assisted family does not have a legal residence or work in the jurisdiction of the Camden Housing Authority at the time of its application, the family will not have any right to lease a unit outside of the Camden Housing Authority jurisdiction for a 12-month period beginning when the family is first admitted to the program. During this period, the family may only lease a unit located in the jurisdiction of the Camden Housing Authority.

Families participating in the Voucher Program will not be allowed to move more than once in any 12-month period and under no circumstances will the Camden Housing Authority allow a participant to improperly break a lease. Under extraordinary circumstances the Camden Housing Authority may consider allowing more than one move in a 12-month period.

Families may only move to a jurisdiction where a Section 8 Program is being administered.

If a family has moved out of their assisted unit in violation of the lease, the Camden Housing Authority will not issue a voucher, and will terminate assistance in compliance with Section 17.0, Grounds for Termination of the Lease and Contract.

## **8.2 INCOME ELIGIBILITY**

### **A. Admission**

A family must be income-eligible in the area where the family first leases a unit with assistance in the Voucher Program.

### **B. If a portable family is already a participant in the Initial Housing Authority's Voucher Program, income eligibility is not re-determined.**

## **8.3 PORTABILITY: ADMINISTRATION BY RECEIVING HOUSING AUTHORITY**

### **A. When a family utilizes portability to move to an area outside the Initial Housing Authority jurisdiction, another Housing Authority (the Receiving Housing Authority) must administer assistance for the family if that Housing Authority has a tenant-based program covering the area where the unit is located.**

### **B. A Housing Authority with jurisdiction in the area where the family wants to lease a unit must issue the family a voucher. If there is more than one such housing authority, the Initial Housing Authority may choose which housing authority shall become the Receiving Housing Authority.**

## **8.4 PORTABILITY PROCEDURES**

### **A. When the Camden Housing Authority is the Initial Housing Authority:**

#### **1. The Camden Housing Authority will brief the family on the process that must take place to exercise portability. The family will be required to attend an applicant or mover's briefing.**

2. The Camden Housing Authority will determine whether the family is income-eligible in the area where the family wants to lease a unit (if applicable).
  3. The Camden Housing Authority will advise the family how to contact and request assistance from the Receiving Housing Authority.
  4. The Camden Housing Authority will, within ten (10) calendar days, notify the Receiving Housing Authority to expect the family.
  5. The Camden Housing Authority will immediately mail to the Receiving Housing Authority the most recent HUD Form 50058 (Family Report) for the family, and related verification information.
- B. When the Camden Housing Authority is the Receiving Housing Authority:
1. When the portable family requests assistance from the Camden Housing Authority, the Camden Housing Authority will within ten (10) calendar days inform the Initial Housing Authority whether it will bill the Initial Housing Authority for assistance on behalf of the portable family, or absorb the family into its own program. When the Camden Housing Authority receives a portable family, the family will be absorbed if funds are available and a voucher will be issued.
  2. The Camden Housing Authority will issue a voucher to the family. The term of the Camden Housing Authority's voucher will not expire before the expiration date of any Initial Housing Authority's voucher. The Camden Housing Authority will determine whether to extend the voucher term. The family must submit a request for tenancy approval to the Camden Housing Authority during the term of the Camden Housing Authority's voucher.
  3. The Camden Housing Authority will determine the family unit size for the portable family. The family unit size is determined in accordance with the Camden Housing Authority's subsidy standards.
  4. The Camden Housing Authority will within ten (10) calendar days notify the Initial Housing Authority if the family has leased an eligible unit under the program, or if the family fails to submit a request for tenancy approval for an eligible unit within the term of the voucher.

5. If the Camden Housing Authority opts to conduct a new reexamination, the Camden Housing Authority will not delay issuing the family a voucher or otherwise delay approval of a unit unless the re-certification is necessary to determine income eligibility.
6. In order to provide tenant-based assistance for portable families, the Camden Housing Authority will perform all Housing Authority program functions, such as reexaminations of family income and composition. At any time, either the Initial Housing Authority or the Camden Housing Authority may make a determination to deny or terminate assistance to the family in accordance with 24 CFR 982.552.

C. Absorption by the Camden Housing Authority

1. If funding is available under the consolidated ACC for the Camden Housing Authority's Voucher Program when the portable family is received, the Camden Housing Authority will absorb the family into its Voucher Program. After absorption, the family is assisted with funds available under the consolidated ACC for the Camden Housing Authority's Tenant-Based Program.

D. Portability Billing

1. To cover assistance for a portable family, the Receiving Housing Authority may bill the Initial Housing Authority for housing assistance payments and administrative fees. The billing procedure will be as follows:
  - a. As the Initial Housing Authority, the Camden Housing Authority will promptly reimburse the Receiving Housing Authority for the full amount of the housing assistance payments made by the Receiving Housing Authority for the portable family. The amount of the housing assistance payment for a portable family in the Receiving Housing Authority's program is determined in the same manner as for other families in the Receiving Housing Authority's program.
  - b. The Initial Housing Authority will promptly reimburse the Receiving Housing Authority for 80% of the Initial Housing Authority's on-going administrative fee for each unit month that the family receives assistance under the tenant-based programs and is assisted by the Receiving

Housing Authority. If both Housing Authorities agree, we may negotiate a different amount of reimbursement.

E. When a Portable Family Moves

When a portable family moves out of the tenant-based program of a Receiving Housing Authority that has not absorbed the family, the Housing Authority in the new jurisdiction to which the family moves becomes the Receiving Housing Authority, and the first Receiving Housing Authority is no longer required to provide assistance for the family.

## **9.0 DETERMINATION OF FAMILY INCOME**

### **9.1 INCOME, EXCLUSIONS FROM INCOME, DEDUCTIONS FROM INCOME**

To determine annual income, the Camden Housing Authority counts the income of all family members, excluding the types and sources of income that are specifically excluded. Once the annual income is determined, the Camden Housing Authority subtracts out all allowable deductions (allowances) as the next step in determining the Total Tenant Payment.

### **9.2 INCOME**

A. Annual income means all amounts, monetary or not, that:

1. Go to (or on behalf of) the family head or spouse (even if temporarily absent) or to any other family member, or
2. Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and
3. Are not specifically excluded from annual income.

B. Annual income includes, but is not limited to:

1. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.
2. The net income from the operation of a business or

profession. Expenditures for business expansion or amortization of capital indebtedness are not used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession is included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.

3. Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness are not used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from an investment is included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income includes the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.
4. The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount. (However, deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts are excluded.)
5. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay. (However, lump sum additions such as

insurance payments from worker's compensation are excluded.)

6. Welfare assistance.

- a. If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income consists of:
  - i. The amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus
  - ii. The maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this requirement is the amount resulting from one application of the percentage.
- b. If the amount of welfare is reduced due to an act of fraud by a family member or because of any family member's failure to comply with requirements to participate in an economic self-sufficiency program or work activity, the amount of rent required to be paid by the family will not be decreased. In such cases, the amount of income attributable to the family will include what the family would have received had they complied with the welfare requirements and/or had not committed an act of fraud.



- c. If the amount of welfare assistance is reduced as a result of a lifetime time limit, the reduced amount is the amount that shall be counted.
7. Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.
8. All regular pay, special pay, and allowances of a member of the Armed Forces. (Special pay to a member exposed to hostile fire is excluded.)

### **9.3 EXCLUSIONS FROM INCOME**

Annual income does not include the following:

- A. Income from employment of children (including foster children) under the age of 18 years;
- B. Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone);
- C. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses;
- D. Amounts received by the family that is specifically for, or in reimbursement of, the cost of medical expenses for any family member;
- E. Income of a live-in aide;
- F. The full amount of student financial assistance paid directly to the student or to the educational institution;
- G. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
- H. The amounts received from the following programs:
  1. Amounts received under training programs funded by HUD;

2. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);
3. Amounts received by a participant in other publicly assisted programs that are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and that are made solely to allow participation in a specific program;
4. Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the Housing Authority or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, and resident initiative coordination. No resident may receive more than one such stipend during the same period of time;
5. Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives and are excluded only for the period during which the family member participates in the employment training program;
6. Temporary, nonrecurring, or sporadic income (including gifts);
7. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
8. Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse);
9. Adoption assistance payments in excess of \$480 per adopted child;
10. Deferred periodic amounts from Supplemental Security Income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts;

11. Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit;
12. Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or
13. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits.

These exclusions include:

- a. The value of the allotment of food stamps
- b. Payments to volunteers under the Domestic Volunteer Services Act of 1973
- c. Payments received under the Alaska Native Claims Settlement Act
- d. Income from submarginal land of the U.S. that is held in trust for certain Indian tribes
- e. Payments made under HHS's Low-Income Energy Assistance Program
- f. Payments received under the Job Training Partnership Act
- g. Income from the disposition of funds of the Grand River Band of Ottawa Indians
- h. The first \$2000 per capita received from judgment funds awarded for certain Indian claims
- i. Amount of scholarships awarded under Title IV including Work-Study
- j. Payments received under the Older Americans Act of 1965
- k. Payments from Agent Orange Settlement
- l. Payments received under the Maine Indian Claims Act

- m. The value of child care under the Child Care and Development Block Grant Act of 1990
- n. Earned income tax credit refund payments
- o. Payments for living expenses under the AmeriCorps Program

#### **9.4 DEDUCTIONS FROM ANNUAL INCOME**

The following deductions will be made from annual income:

- A. \$480 for each dependent
- B. \$400 for any elderly family or disabled family
- C. For any family that is not an elderly or disabled family but has a member (other than the head or spouse) who is a person with a disability, disability assistance expenses in excess of 3% of annual income. This allowance may not exceed the employment income received by family members who are 18 years of age or older as a result of the assistance to the person with disabilities.
- D. For any elderly or disabled family:
  - 1. That has no disability assistance expenses, an allowance for medical expenses equal to the amount by which the medical expenses exceed 3% of annual income;
  - 2. That has disability expenses greater than or equal to 3% of annual income, an allowance for disability assistance expenses computed in accordance with paragraph C, plus an allowance for medical expenses that equal the family's medical expenses;
  - 3. That has disability assistance expenses that are less than 3% of annual income, an allowance for combined disability assistance expenses and medical expenses that is equal to the total of these expenses less 3% of annual income.
- E. Child care expenses.

#### **9.5 RECEIPT OF A LETTER OR NOTICE FROM HUD CONCERNING INCOME**

- A. If a Section 8 participant receives a letter or notice from HUD concerning

the amount or verification of family income, the letter shall be brought to the person responsible for income verification within thirty (30) days of receipt by the participant.

- B. The Camden Housing Authority shall reconcile any difference between the amount reported by the participant and the amount listed in the HUD communication. This shall be done as promptly as possible.
- C. After the reconciliation is complete, the Camden Housing Authority shall adjust the participant's rental contribution beginning at the start of the next month unless the reconciliation is completed during the final five (5) days of the month and then the new rent shall take effect on the first day of the second month following the end of the current month. In addition, if the participant had not previously reported the proper income, the Camden Housing Authority shall do one of the following:
  - 1. Immediately collect the back over paid assistance paid by the agency;
  - 2. Establish a repayment plan for the resident to pay the sum due to the agency.
  - 3. Terminate the participant from the program for failure to report income; or
  - 4. Terminate the participant from the program for failure to report income and collect the back over paid assistance paid by the agency.

## **9.6 COOPERATING WITH WELFARE AGENCIES**

The Camden Housing Authority will make its best efforts to enter into cooperation agreements with local welfare agencies under which the welfare agencies will agree:

- A. To target assistance, benefits and services to families receiving assistance in the public housing and Section 8 tenant-based assistance program to achieve self-sufficiency.
- B. To provide written verification to the Camden Housing Authority concerning welfare benefits for families applying for or receiving assistance in our housing assistance programs.
- C. As it is the policy of the Camden County Board of Social Services to deny assistance via TANF to applicants until such time as they apply for child support if such support is warranted based on the families composition, it shall also be the policy of the Housing Authority of the City of Camden for such families. When

a family is admitted into the Public Housing or Section 8 Programs, or comes in for recertification and when minor children are in the household, HACC shall require the family to show evidence that child support assistance is either in place or has been applied for if the care of the children is not being handled monetarily through the wages of the biological or step father or mother. In cases where the head of household has chosen for whatever reason to waive child support payments, HACC will require a court document indicating such. However, should HACC discover at a later date that child support payments either through the court or on an informal basis have or are being made and such income has not been reported to HACC, this shall constitute a breach of the Housing Choice Voucher Agreement or Public Housing Lease Contract, and termination of assistance proceedings from Section 8 assistance or eviction proceedings from public housing shall commence.

## **9.7 QUALITY CONTROL PROCEDURES**

In order to provide accuracy of the Camden Housing Authority's interim and annual rent certifications, the following procedures will be implemented and conducted daily:

1. The Supervisor will randomly select 10% of the total monthly rent certifications from each Tenant Interviewer to verify accuracy.
2. The Supervisor will manually calculate the rent and verify documentation is in the correct format. If any changes and/or corrections need to be made, the Occupancy Supervisor will notify the Tenant Interviewer/Housing Specialist immediately. The Tenant Interviewer/Housing Specialist will be personally informed of any errors and or changes which needs to be made.
3. The Supervisor will then re-check all work again, for accuracy and make any necessary changes.

## **9.8 INCOME DISCREPANCY PROCEDURES**

In order for the Housing Authority to effectively and efficiently report, monitor and track the unreported income and income discrepancies of our residents of public housing and the Section 8 program, the Camden Housing Authority has established a collaborative partnership with the State Wage Information Collection Agencies (SWICA).

This program has allowed all Public Housing Authorities access to the State Wage Information Collection Agencies to verify the reporting of income of our public housing residents.

The following procedures has been established by the Camden Housing Authority to monitor this program:

1. Income verification submitted by the Resident/Program participant will be verified through the State Wage Information Collection Agencies (SWICA).
2. The resident income information will be reviewed for the previous year to verify consistency and accuracy.
3. If it is found that the Resident/Program participant has omitted and/or falsely provided information to the Camden Housing Authority, the Resident/Program participant will be notified immediately. At which time, they will be informed of the dollar amount of the income discrepancy and they must report to the Tenant Interviewer/Housing Specialist. The Camden Housing will charge the resident retroactive to the date the income becomes effective but was not reported by the resident.
4. The Resident/Program participant will be afforded an opportunity to enter into a Repayment Agreement with the Camden Housing Authority. If the Resident/Program participant refuses to enter into an agreement, eviction proceedings will begin immediately for public housing residents and termination procedures for Section 8 clients. Should the Resident/Program participant volunteer to enter into a Repayment agreement, a monthly repayment amount will be required, in addition to the new calculated rent amount, must be paid each month on time.

If the Resident/Program participant fail to complete the Repayment agreement or miss a payment, the agreement will be void and the Resident/Program participant will be required to pay the entire balance in full. Should the tenant refuse or does not make the entire payment, eviction proceedings will be taken against the Resident/Program participant. Within the Section 8 Program, the Program participant's Housing Choice voucher would be terminated

## **9.9 FAMILY REPORTS ZERO INCOME OR NO INCOME PROCEDURES**

In order for the Camden Housing Authority to accurately certify the income of our families who report Zero Income in public housing and Section 8 programs, the family must complete an Interview Guide and Checklist for Family's who report zero or income insufficient to support their lifestyle.

1. When a family reports "zero" income or for all families reporting less income than would be sufficient to support their lifestyle, they will be required to complete an Interview Guide and Checklist. At the initial certification, annual certification or interim recertification interview, the Tenant Interviewer/Housing Specialist must record the responses of the Head of Household, and sign the Interview Guide and Checklist.

2. The Head of Household should answer each questions and sign the certification statement. Following the interview, the interviewer will verify through appropriate 3<sup>rd</sup> parties, the responses of the head of household.
3. All verifications will be retained with the Interview Guide and Checklist in the tenant's file. Families will be required to recertify at least every forty-five (45) days.
4. For all zero income tenants or Section 8 clients, the Housing Authority may require that the tenants or clients report every 45 days for an interim re-determination to conform with HUD's Rental Housing Income Integrity Program.

## **9.10 POLICY ON DISREGARD OF EARNED INCOME**

For 12 cumulative months, HACC will exclude from the calculation of rent 100% of increase earnings of qualifying tenant families. For an additional 12 months, 50% of increased earnings of qualifying tenant families will be excluded. This exclusion is limited to one 48-month window of opportunity in the lifetime of each family member.

The following tenant families are eligible for this earned income disregard:

1. Families whose income increases because a family member who was previously unemployed for one or more years goes to work; or
2. Families whose annual income increases due to increased earnings by a family member participating in a self-sufficiency or job training program; or
3. Families whose annual income increases due to new employment or increased earnings during, or within six month after the receipt of TANF assistance, including one time payments totaling at least \$500.00.

## **9.11 CHANGE IN WORK STATUS**

In order that the policies of the HACC remain consistent with other state and federal agencies, it shall be the policy of the Housing Authority that should a Section 8 client or public housing resident quit or for any reason voluntarily leave their place of employment, a change in the rental portion paid by the client/resident will not be changed for a period of 45 days.

## **10.0 VERIFICATION**

The Camden Housing Authority will verify information related to waiting list preferences, eligibility, admission and level of benefits prior to admission. Periodically during occupancy, items related to eligibility and rent determination shall also be reviewed and verified. Income, assets, and expenses will be verified, as well as disability



status, need for a live-in aide and other reasonable accommodations, full time student status of family members 18 years of age and older, Social Security Numbers, citizenship/eligible noncitizen status. Age and relationship will only be verified in those instances where needed to make a determination of level of assistance.

## **10.1 ACCEPTABLE METHODS OF VERIFICATION**

Age, relationship, U.S. citizenship, and Social Security Numbers will generally be verified with documentation provided by the family. For citizenship, the family's certification will be accepted. (Or for citizenship documentation such as listed below will be required.) Verification of these items will include photocopies of the Social Security cards and other documents presented by the family, the INS SAVE approval code, and forms signed by the family.

Other information will be verified by third party verification. This type of verification includes written documentation (with forms sent directly to and received directly from a source, not passed through the hands of the family). This verification may also be direct contact with the source, in person or by telephone. It may also be a report generated by a request from the Camden Housing Authority or automatically by another government agency, i.e. the Social Security Administration. Verification forms and reports received will be contained in the applicant/tenant file. Oral third party documentation will include the same information as if the documentation had been written, i.e. name date of contact, amount received, etc.

When third party verification cannot be obtained, the Camden Housing Authority will accept documentation received from the applicant/participant. Hand-carried documentation will be accepted if the Camden Housing Authority has been unable to obtain third party verification in a four week period of time. Photocopies of the documents provided by the family will be maintained in the file.

When neither third party verification nor hand-carried verification can be obtained, the Camden Housing Authority will accept a notarized statement signed by the head, spouse or co-head. Such documents will be maintained in the file.

## **10.2 TYPES OF VERIFICATION**

The chart below outlines the factors that may be verified and gives common examples of the verification that will be sought. To obtain written third party verification, the Camden Housing Authority will send a request form to the source along with a release form signed by the applicant/participant via first class mail.

| Verification Requirements for Individual Items |   |  |
|--|---|--|
| Item to Be Verified                            | 3 <sup>rd</sup> party verification  | Hand-carried verification  |
| <b>General Eligibility Items</b>               |   |  |
| Social Security Number                         | Letter from Social Security, electronic reports   | Social Security card   |
| Citizenship                                    | N/A   | Signed certification, voter's registration card, birth certificate, etc.                       |
| Eligible immigration status                    | INS SAVE confirmation #   | INS card   |
| Disability                                     | Letter from medical professional, SSI, etc  | Proof of SSI or Social Security disability payments  |
| Full time student status (if >18)              | Letter from school  | For high school students, any document evidencing enrollment                                   |
| Need for a live-in aide                        | Letter from doctor or other professional knowledgeable of condition   | N/A  |
| Child care costs                               | Letter from care provider   | Bills and receipts   |
| Disability assistance expenses                 | Letters from suppliers, care givers, etc.   | Bills and records of payment   |
| Medical expenses                               | Letters from providers, prescription record from pharmacy, medical professional's letter stating assistance or a companion animal is needed | Bills, receipts, records of payment, dates of trips, mileage log, receipts for fares and tolls |
| <b>Value of and Income from Assets</b>         |   |  |
| Savings, checking accounts                     | Letter from institution   | Passbook, most current statements  |
| CDs, bonds, etc                                | Letter from institution   | Tax return, information brochure from institution, the CD, the bond                            |
| Stocks   | Letter from broker or holding company   | Stock or most current statement, price in newspaper  |

| Verification Requirements for Individual Items  |   |  |
|---|---|--|
| Item to Be Verified   | 3 <sup>rd</sup> party verification  | Hand-carried verification  |
|   |   | or through Internet  |
| Real property   | Letter from tax office, assessment, etc.  | Property tax statement (for current value), assessment, records or income and expenses, tax return |
| Personal property   | Assessment, bluebook, etc   | Receipt for purchase, other evidence of worth  |
| Cash value of life insurance policies   | Letter from insurance company   | Current statement  |
| Assets disposed of for less than fair market value  | N/A   | Original receipt and receipt at disposition, other evidence of worth                               |
| <b>Income</b>   |   |  |
| Earned income   | Letter from employer  | Multiple pay stubs   |
| Self-employed   | N/A   | Tax return from prior year, books of accounts  |
| Regular gifts and contributions   | Letter from source, letter from organization receiving gift (i.e., if grandmother pays day care provider, the day care provider could so state)   | Bank deposits, other similar evidence  |
| Alimony/child support   | Court order, letter from source, letter from Human Services   | Record of deposits, divorce decree   |
| Periodic payments (i.e., social security, welfare, pensions, workers' comp, unemployment) | Letter or electronic reports from the source  | Award letter, letter announcing change in amount of future payments                                |
| Training program participation  | Letter from program provider indicating<br>- whether enrolled<br>- whether training is HUD-funded<br>- whether State or local program<br>- whether it is employment training<br>- whether payments are for out-of-pocket expenses incurred in order to participate in a program | N/A  |

| Verification Requirements for Individual Items |                                    |                           |
|--|------------------------------------|---------------------------|
| Item to Be Verified                            | 3 <sup>rd</sup> party verification | Hand-carried verification |
|  |                                    |                           |

### **10.3 VERIFICATION OF CITIZENSHIP OR ELIGIBLE NONCITIZEN STATUS**

The citizenship/ eligible noncitizen status of each family member regardless of age must be determined.

Prior to being admitted, or at the first reexamination, all citizens and nationals will be required to sign a declaration under penalty of perjury. (They will be required to show proof of their status by such means as birth certificate, military ID or military DD 214 Form.)

Prior to being admitted or at the first reexamination, all eligible noncitizens who are 62 years of age or older will be required to sign a declaration under penalty of perjury. They will also be required to show proof of age.

Prior to being admitted or at the first reexamination, all eligible noncitizens must sign a declaration of their status and a verification consent form and provide their original INS documentation. The Camden Housing Authority will make a copy of the individual's INS documentation and place the copy in the file. The Camden Housing Authority also will verify their status through the INS SAVE system. If the INS SAVE system cannot confirm eligibility, the Camden Housing Authority will mail information to the INS so a manual check can be made of INS records.

Family members who do not claim to be citizens, nationals or eligible noncitizens, or whose status cannot be confirmed, must be listed on a statement of non-eligible members and the list must be signed by the head of the household.

Noncitizen students on student visas, though in the country legally, are not eligible to be admitted to the Section 8 Program.

Any family member who does not choose to declare their status must be listed on the statement of non-eligible members.

If no family member is determined to be eligible under this Section, the family's admission will be denied.

The family's assistance will not be denied, delayed, reduced or terminated because of a delay in the process of determining eligible status under this Section, except to the extent that the delay is caused by the family.

If the Camden Housing Authority determines that a family member has knowingly permitted an ineligible noncitizen (other than any ineligible noncitizens listed on the lease) to permanently reside in their Section 8 unit, the family's assistance will be terminated. Such family will not be eligible to be readmitted to Section 8 for a period of 24 months from the date of termination.

#### **10.4 VERIFICATION OF SOCIAL SECURITY NUMBERS**

Prior to admission, each family member who has a Social Security Number and who is at least six years of age must provide verification of his or her Social Security Number. New family members at least six years of age must provide this verification prior to being added to the lease. Children in assisted households must provide this verification at the first regular reexamination after turning six.

The best verification of the Social Security Number is the original Social Security card. If the card is not available, the Camden Housing Authority will accept letters from Social Security that establish and state the number. Documentation from other governmental agencies will also be accepted that establish and state the number. Driver's license, military ID, passports, or other official documents that establish and state the number are also acceptable.

If an individual states that they do not have a Social Security Number they will be required to sign a statement to this effect. The Camden Housing Authority will not require any individual who does not have a Social Security Number to obtain a Social Security Number.

If a member of an applicant family indicates they have a Social Security Number, but cannot readily verify it, the family cannot be assisted until

verification is provided.

If a member of a tenant family indicates they have a Social Security Number, but cannot readily verify it, they shall be asked to certify to this fact and shall up to 60 days to provide the verification. If the individual is at least 62 years of age, they will be given 120 days to provide the verification. If the individual fails to provide the verification within the time allowed, the family will be denied assistance or will have their assistance terminated.

### **10.5 TIMING OF VERIFICATION**

Verification must be dated within 90 days of certification or reexamination. If the verification is older than this, the source will be contacted and asked to provide information regarding any changes.

When an interim reexamination is conducted, the Housing Authority will verify and update only those elements reported to have changed.

### **10.6 FREQUENCY OF OBTAINING VERIFICATION**

For each family member, citizenship/eligible noncitizen status will be verified only once. This verification will be obtained prior to admission. If the status of any family member was not determined prior to admission, verification of their status will be obtained at the next regular reexamination. Prior to a new member joining the family, their status will be verified.

For each family member age 6 and above, verification of Social Security Number will be obtained only once. This verification will be accomplished prior to admission. When a family member who did not have a Social Security Number at admission receives a Social Security Number, that number will be verified at the next regular reexamination. Likewise, when a child turns six, their verification will be obtained at the next regular reexamination.

### **10.7 VERIFICATION OF PREFERENCES**

For all preferences claimed by an applicant to the HACCC Section 8 program, verifications will be done by the 3<sup>rd</sup> party method as the first option and by the other HUD acceptable verification options should the 3<sup>rd</sup> party method not be feasible. Verification of preferences will not be done until the

applicants slot on the waiting list has come up, but must be verified before the applicant is entered into the program.

The Camden Housing Authority will also do up front income verifications via the internet through its MOA's with the NJ Department of Labor, Camden County Board of Social Services, SWICA, etc. Up front income verifications shall also be gotten through HUD's website access and all up front income verifications will count as 3<sup>rd</sup> party verifications according to HUD edicts."

## **11.0 RENT AND HOUSING ASSISTANCE PAYMENT**

### **11.1 GENERAL**

After October 1, 1999, the Camden Housing Authority will issue only vouchers to applicants, movers, and families entering the jurisdiction through portability. Certificates currently held will continue to be honored until the transition of the merger of the Section 8 Certificate and Voucher programs as outlined in 24 CFR 982.502 is complete (see Section 21.0 for additional guidance).

### **11.2 RENT REASONABLENESS**

The Housing Authority will not approve an initial rent or a rent increase in any of the tenant-based programs without determining that the rent amount is reasonable. Reasonableness is determined prior to the initial lease and at the following times:

- A. Before any increase in rent to owner is approved;
- B. If 60 days before the contract anniversary date there is a 5% decrease in the published FMR as compared to the previous FMR; and
- C. If the Housing Authority or HUD directs that reasonableness be re-determined.

### **11.3 COMPARABILITY**

In making a rent reasonableness determination, the Housing Authority will compare the rent for the unit to the rent of comparable units in the same or

comparable neighborhoods. The Housing Authority will consider the location, quality, size, number of bedrooms, age, amenities, housing services, maintenance and utilities of the unit and the comparable units.

The Housing Authority will maintain current survey information on rental units in the jurisdiction. The Housing Authority will also obtain from landlord associations and management firms the value of the array of amenities.

The Housing Authority will establish minimum base rent amounts for each unit type and bedroom size. To the base the Housing Authority will be able to add or subtract the dollar value for each characteristic and amenity of a proposed unit.

Owners are invited to submit information to the survey at any time. Owners may review the determination made on their unit and may submit additional information or make improvements to the unit that will enable the Housing Authority to establish a higher value.

The owner must certify the rents charged for other units. By accepting the housing assistance payment each month the owner is certifying that the rent to owner is not more than the rent charged by the owner for comparable unassisted units in the premises.

#### **11.4 MAXIMUM SUBSIDY**

The Fair Market Rent (FMR) published by HUD or the exception payment standard rent (requested by the Camden Housing Authority and approved by HUD) determines the maximum subsidy for a family.

For a regular tenancy under the Certificate Program, the FMR/exception rent limit is the maximum initial gross rent under the assisted lease. This only applies until the transition of the merger of the Section 8 Certificate and Voucher programs as outlined in 24 CFR 982.502 is complete.

For the Voucher Program, the maximum payment standard will be 110% of the FMR without prior approval from HUD, or the exception payment standard approved by HUD.



For a voucher tenancy in an insured or noninsured 236 project, a 515 project of the Rural Development Administration, or a Section 221(d)(3) below market interest rate project the payment standard may not exceed the basic rent charged including the cost of tenant-paid utilities.

For manufactured home space rental, the maximum subsidy under any form of assistance is the Fair Market Rent for the space as outlined in 24 CFR 982.888.

#### ***11.4.1 Setting the Payment Standard***

HUD requires that the payment standard be set by the Housing Authority at between 90 and 110% of the FMR. The Camden Housing Authority will review its determination of the payment standard annually after publication of the FMRs. The Camden Housing Authority will consider vacancy rates and rents in the market area, size and quality of units leased under the program, rents for units leased under the program, success rates of voucher holders in finding units, and the percentage of annual income families are paying for rent under the Voucher Program. If it is determined that success rates will suffer or that families are having to rent low quality units or pay over 40% of income for rent, the payment standard may be raised to the level judged necessary to alleviate these hardships.

The Camden Housing Authority may establish a higher payment standard (although still within 110% of the published fair market rent) as a reasonable accommodation for a family that includes people with disabilities.

Payment standards will not be raised solely to allow the renting of luxury quality units.

If success levels are projected to be extremely high and rents are projected to be at or below 30% of income, the Housing Authority will reduce the payment standard. Payment standards for each bedroom size are evaluated separately so that the payment standard for one bedroom size may increase or decrease while another remains unchanged. The Camden Housing Authority may consider adjusting payment standards at times other than the annual review when circumstances warrant.

Before increasing any payment standard, the Housing Authority will conduct a financial feasibility test to ensure that in using the higher standard, adequate funds will continue to be available to assist families in the program.

#### **11.4.2 Selecting the Correct Payment Standard for a Family**

- A. For the voucher tenancy, the payment standard for a family is the lower of:
  - 1. The payment standard for the family unit size; or
  - 2. The payment standard for the unit size rented by the family.
- B. If the unit rented by a family is located in an exception rent area, the Housing Authority will use the appropriate payment standard for the exception rent area.
- C. During the HAP contract term for a unit, the amount of the payment standard for a family is the higher of:
  - 1. The initial payment standard (at the beginning of the lease term) minus any amount by which the initial rent to owner exceeds the current rent to owner; or
  - 2. The payment standard as determined at the most recent regular reexamination of family income and composition effective after the beginning of the HAP contract term.
- D. At the next annual reexamination following a change in family size or composition during the HAP contract term and for any reexamination thereafter, paragraph C above does not apply.
- E. If there is a change in family unit size resulting from a change in family size or composition, the new family unit size will be considered when determining the payment standard at the next annual reexamination.

#### ***11.4.3 Area Exception Rents***

In order to help families find housing outside areas of high poverty or when voucher holders are having trouble finding housing for lease under the program, the Housing Authority may request that HUD approve an exception payment standard rent for certain areas within its jurisdiction. The areas may be of any size, though generally not smaller than a census tract. The Housing Authority may request one such exception payment standard area or many. Exception

payment standard rent authority may be requested for all or some unit sizes, or for all or some unit types.

When an exception payment standard rent has been approved and the FMR increases, the exception rent remains unchanged until such time as the Housing Authority requests and HUD approves a higher exception payment standard rent. If the FMR decreases, the exception payment standard rent authority automatically expires.

## **11.5 ASSISTANCE AND RENT FORMULAS**

### **A. Total Tenant Payment**

The total tenant payment is equal to the highest of:

1. 10% of monthly income
2. 30% of adjusted monthly income
3. Minimum rent
4. The welfare rent

Plus any rent above the payment standard.

### **B. Minimum Rent.**

The Camden Housing Authority has set the minimum rent as \$50.00. However, if the family requests a hardship exemption, the Camden Housing Authority will suspend the minimum rent for the family beginning the month following the family's hardship request. The suspension will continue until the Housing Authority can determine whether hardship exists and whether the hardship is of a temporary or long-term nature. During suspension, the family will not be required to pay a minimum rent and the Housing Assistance Payment will be increased accordingly.

1. A hardship exists in the following circumstances:
  - a. When the family has lost eligibility for or is awaiting an eligibility determination for a Federal, State or local assistance program;
  - b. When the family would be evicted as a result of the imposition of the minimum rent requirement;

- c. When the income of the family has decreased because of changed circumstances, including loss of employment;
  - d. When the family has an increase in expenses because of changed circumstances, for medical costs, childcare, transportation, education, or similar items;
  - e. When a death has occurred in the family.
2. No hardship. If the Housing Authority determines there is no qualifying hardship, the minimum rent will be reinstated, including requiring back payment of minimum rent to the Housing Authority for the time of suspension.
  3. Temporary hardship. If the Housing Authority determines that there is a qualifying hardship but that it is of a temporary nature, the minimum rent will not be imposed for a period of 90 days from the date of the family's request. At the end of the 90-day period, the minimum rent will be imposed retroactively to the time of suspension. The Housing Authority will offer a reasonable repayment agreement for any minimum rent back payment paid by the Housing Authority on the family's behalf during the period of suspension.
  4. Long-term hardship. If the Housing Authority determines there is a long-term hardship, the family will be exempt from the minimum rent requirement until the hardship no longer exists.
  5. Appeals. The family may use the informal hearing procedure to appeal the Housing Authority's determination regarding the hardship. No escrow deposit will be required in order to access the informal hearing procedures.

C. Section 8 Merged Vouchers

1. The payment standard is set by the Housing Authority between 90% and 110% of the FMR or higher or lower with HUD approval.
2. The participant pays the greater of the Total Tenant Payment or the minimum rent, plus the amount by which the gross rent exceeds the payment standard.
3. No participant when initially receiving tenant-based assistance on a unit shall pay more than 40% of their monthly-adjusted income.

D. Section 8 Preservation Vouchers

1. Payment Standard
  - a. The payment standard is the lower of:
    - i. The payment standard amount for the appropriate family unit size; or
    - ii. The payment standard amount for the size of the dwelling unit actually rented by the family.
  - b. If the dwelling unit is located in an exception area, the Camden Housing Authority will use the appropriate payment standard for the exception area.
  - c. During the HAP contract term, the payment standard for the family is the higher of :
    - i. The initial payment standard (at the beginning of the HAP contract term), as determined in accordance with paragraph (1)(a) or (1)(b) of this section, minus any amount by which the initial rent to the owner exceeds the current rent to the owner; or
    - ii. The payment standard as determined in accordance with paragraph (1)(a) or (1)(b) of this section, as determined at the most recent regular reexamination of family income and composition effective after the beginning of the HAP contract term.
  - d. At the next regular reexamination following a change in family composition that causes a change in family unit size during the HAP contract term, and for any examination thereafter during the term:
    - i. Paragraph (c)(i) of this section does not apply; and
    - ii. The new family unit size must be used to determine the payment standard.
2. The Camden Housing Authority will pay a monthly housing assistance payment on behalf of the family that equals the lesser of:
  - a. The payment standard minus the total tenant payment; or

b. The gross rent minus the total tenant payment.

E. Manufactured Home Space Rental: Section 8 Vouchers

1. The payment standard for a participant renting a manufactured home space is the published FMR for rental of a manufactured home space.
2. The space rent is the sum of the following as determined by the Housing Authority:
  - a. Rent to the owner for the manufactured home space;
  - b. Owner maintenance and management charges for the space; and
  - c. Utility allowance for tenant paid utilities.
3. The participant pays the rent to owner less the HAP.
4. HAP equals the lesser of:
  - a. The payment standard minus the total tenant payment; or
  - b. The rent paid for rental of the real property on which the manufactured home owned by the family is located.

F. Rent for Families under the Noncitizen Rule

A mixed family will receive full continuation of assistance if all of the following conditions are met:

1. The family was receiving assistance on June 19, 1995;
2. The family was granted continuation of assistance before November 29, 1996;
3. The family's head or spouse has eligible immigration status; and
4. The family does not include any person who does not have eligible status other than the head of household, the spouse of the head of household, any parent of the head

or spouse, or any child (under the age of 18) of the head or spouse.

If a mixed family qualifies for prorated assistance but decides not to accept it, or if the family has no eligible members, the family may be eligible for temporary deferral of termination of assistance to permit the family additional time for the orderly transition of some or all of its members to locate other affordable housing. Under this provision the family receives full assistance. If assistance is granted under this provision prior to November 29, 1996, it may last no longer than three years. If granted after that date, the maximum period of time for assistance under the provision is 18 months. The Camden Housing Authority will grant each family a period of 6 months to find suitable affordable housing. If the family cannot find suitable affordable housing, the Camden Housing Authority will provide additional search periods up to the maximum time allowable.

Suitable housing means housing that is not substandard and is of appropriate size for the family. Affordable housing means that it can be rented for an amount not exceeding the amount the family pays for rent, plus utilities, plus 25%.

The family's assistance is prorated in the following manner:

1. Find the prorated housing assistance payment (HAP) by dividing the HAP by the total number of family members, and then multiplying the result by the number of eligible family members.
2. Obtain the prorated family share by subtracting the prorated HAP from the gross rent (contract rent plus utility allowance).
3. The prorated tenant rent equals the prorated family share minus the full utility allowance.

## **11.6 UTILITY ALLOWANCE**

The Housing Authority maintains a utility allowance schedule for all tenant-paid utilities (except telephone), for cost of tenant-supplied refrigerators and ranges, and for other tenant-paid housing services (e.g., trash collection (disposal of waste and refuse)).

The utility allowance schedule is determined based on the typical cost of utilities and services paid by energy-conservative households that occupy housing of similar size and type in the same locality. In developing the schedule, the Housing Authority uses normal patterns of consumption for the community as a whole and current utility rates.

The Housing Authority reviews the utility allowance schedule annually and revises any allowance for a utility category if there has been a change of 10% or more in the utility rate since the last time the utility allowance schedule was revised. The Housing Authority maintains information supporting the annual review of utility allowances and any revisions made in its utility allowance schedule. Participants may review this information at any time by making an appointment with the Finance Department.

The Housing Authority uses the appropriate utility allowance for the size of dwelling unit actually leased by the family (rather than the family unit size as determined under the Housing Authority subsidy standards).

At each reexamination, the Housing Authority applies the utility allowance from the most current utility allowance schedule.

The Housing Authority will approve a request for a utility allowance that is higher than the applicable amount on the utility allowance schedule if a higher utility allowance is needed as a reasonable accommodation to make the program accessible to and usable by the family member with a disability.

The utility allowance will be subtracted from the family's share to determine the amount of the Tenant Rent. The Tenant Rent is the amount the family owes each month to the owner. The amount of the utility allowance is then still available to the family to pay the cost of their utilities. Any utility cost above the allowance is the responsibility of the tenant. Any savings resulting from utility costs below the amount of the allowance belong to the tenant.

## **11.7 DISTRIBUTION OF HOUSING ASSISTANCE PAYMENT**

The Housing Authority pays the owner the lesser of the housing assistance payment or the rent to owner. If payments are not made when due, the owner may charge the Camden Housing Authority a late payment, agreed to in the Contract and in accordance with generally accepted practices in the Camden jurisdiction.

## **11.8 CHANGE OF OWNERSHIP**

The Camden Housing Authority requires a written request by the owner who executed the HAP contract in order to make changes regarding who is to receive the Camden Housing Authority's rent payment or the address as to where the rent payment should be sent.



In addition, the Camden Housing Authority requires a written request from the new owner to process a change of ownership. The following documents must accompany the written request:

- A. Deed of Trust showing the transfer of title; and
- B. Tax Identification Number or Social Security Number.

New owners will be required to execute IRS form W-9. The Camden Housing Authority may withhold the rent payment until the taxpayer identification number is received.

## **12.0 INSPECTION POLICIES, HOUSING QUALITY STANDARDS, AND DAMAGE CLAIMS**

The Camden Housing Authority will inspect all units to ensure that they meet Housing Quality Standards (HQS). No unit will be initially placed on the Section 8 Existing Program unless the HQS is met. Units will be inspected at least annually, and at other times as needed, to determine if the units meet HQS.

The Camden Housing Authority must be allowed to inspect the dwelling unit at reasonable times with reasonable notice. The family and owner will be notified of the inspection appointment by first class mail. If the family cannot be at home for the scheduled inspection appointment, the family must call and reschedule the inspection or make arrangements to enable the Housing Authority to enter the unit and complete the inspection.

If the family misses the scheduled inspection and fails to reschedule the inspection, the Camden Housing Authority will only schedule one more inspection. If the family misses two inspections, the Camden Housing Authority will consider the family to have violated a Family Obligation and their assistance will be terminated.

### **12.1 TYPES OF INSPECTIONS**

There are seven types of inspections the Camden Housing Authority will perform:

- A. Initial Inspection - An inspection that must take place to insure that the unit passes HQS before assistance can begin.
- B. Annual Inspection - An inspection to determine that the unit continues to meet HQS.

- C. Complaint Inspection - An inspection caused by the Authority receiving a complaint on the unit by anyone.
- D. Special Inspection - An inspection caused by a third party, i.e. HUD, needing to view the unit.
- E. Emergency - An inspection that takes place in the event of a perceived emergency. These will take precedence over all other inspections.
- F. Move Out Inspection (if applicable) - An inspection required for units in service before October 2, 1995, and optional after that date. These inspections document the condition of the unit at the time of the move-out.
- G. Quality Control Inspection - Supervisory inspections on at least 5% of the total number of units that were under lease during the Housing Authority's previous fiscal year.
- H. Exit or move-out inspection – will be done if requested by either the property owner/manager or the Section 8 client. The inspection will have a fee of \$25.00, which must be paid by check or money order prior to the inspection being performed by the party who requested the inspection.

## **12.2 OWNER AND FAMILY RESPONSIBILITY**

- A. Owner Responsibility for HQS
  - 1. The owner must maintain the unit in accordance with HQS.
  - 2. If the owner fails to maintain the dwelling unit in accordance with HQS, the Camden Housing Authority will take prompt and vigorous action to enforce the owner obligations. The Camden Housing Authority's remedies for such breach of the HQS include termination, suspension or reduction of housing assistance payments and termination of the HAP contract.
  - 3. The Camden Housing Authority will not make any housing assistance payments for a dwelling unit that fails to meet the HQS, unless the owner corrects the defect within the period specified by the Camden Housing Authority and the Camden Housing Authority verifies the correction. If a defect is life threatening, the owner must correct the defect within no more than 24 hours. For other defects the owner must correct the defect within no more than 30 calendar days (or any Camden Housing Authority approved extension).

4. The owner is not responsible for a breach of the HQS that is not caused by the owner, and for which the family is responsible. Furthermore, the Camden Housing Authority may terminate assistance to a family because of the HQS breach caused by the family.

B. Family Responsibility for HQS

1. The family is responsible for a breach of the HQS that is caused by any of the following:
  - a. The family fails to pay for any utilities that the owner is not required to pay for, but which are to be paid by the tenant;
  - b. The family fails to provide and maintain any appliances that the owner is not required to provide, but which are to be provided by the tenant; or
  - c. Any member of the household or a guest damages the dwelling unit or premises (damage beyond ordinary wear and tear).
  - d. The family fails to maintain property housekeeping standards as determined by HACC. Proper housekeeping includes, but is not limited to proper sanitation of kitchen and bath areas, proper maintenance of floors and/or rugs, proper storage and disposal of trash and debris, etc.
2. If an HQS breach caused by the family is life threatening, the family must correct the defect within no more than 24 hours. For other family-caused defects, the family must correct the defect within no more than 30 calendar days (or any Camden Housing Authority approved extension).
3. If the family has caused a breach of the HQS, the Camden Housing Authority will take prompt and vigorous action to enforce the family obligations. The Camden Housing Authority may terminate assistance for the family in accordance with 24 CFR 982.552.

The Camden Housing Authority may also, at their discretion, allow for a payment agreement to be enacted between the tenant and the landlord for all the costs incurred with the breach of HQS so as to allow for continued housing assistance to the tenant under HACC's Section 8 Program.

*12.3 Housing Quality Standards (HQS) 24 CFR 982.401*

This Section states performance and acceptability criteria for these key aspects of the following housing quality standards:

A. Sanitary Facilities

1. Performance Requirements

The dwelling unit must include sanitary facilities located in the unit. The sanitary facilities must be in proper operating condition and adequate for personal cleanliness and the disposal of human waste. The sanitary facilities must be usable in privacy.

2. Acceptability Criteria

- a. The bathroom must be located in a separate private room and have a flush toilet in proper operating condition.
- b. The dwelling unit must have a fixed basin in proper operating condition, with a sink trap and hot and cold running water.
- c. The dwelling unit must have a shower or a tub in proper operating condition with hot and cold running water.
- d. The facilities must utilize an approvable public or private disposal system (including a locally approvable septic system).

B. Food Preparation and Refuse Disposal

1. Performance Requirements

- a. The dwelling unit must have suitable space and equipment to store, prepare, and serve foods in a sanitary manner.
- b. There must be adequate facilities and services for the sanitary disposal of food wastes and refuse,

including facilities for temporary storage where necessary (e.g., garbage cans).

2. Acceptability Criteria

- a. The dwelling unit must have an oven, a stove or range, and a refrigerator of appropriate size for the family. All of the equipment must be in proper operating condition. Either the owner or the family may supply the equipment. A microwave oven may be substituted for a tenant-supplied oven and stove or range. A microwave oven may be substituted for an owner-supplied oven and stove or range if the tenant agrees and microwave ovens are furnished instead of an oven and stove or range to both subsidized and unsubsidized tenants in the building or premises.
- b. The dwelling unit must have a kitchen sink in proper operating condition, with a sink trap and hot and cold running water. The sink must drain into an approvable public or private system.
- c. The dwelling unit must have space for the storage, preparation, and serving of food.
- d. There must be facilities and services for the sanitary disposal of food waste and refuse, including temporary storage facilities where necessary (e.g., garbage cans).

C. Space and security

1. Performance Requirement

The dwelling unit must provide adequate space and security for the family.

2. Acceptability Criteria

- a. At a minimum, the dwelling unit must have a living room, a kitchen area, and a bathroom.
- b. The dwelling unit must have at least one bedroom or living/sleeping room for each two persons. Children of opposite sex, other than very young children, may not be required to occupy the same bedroom or living/sleeping room.

- c. Dwelling unit windows that are accessible from the outside, such as basement, first floor, and fire escape windows, must be lockable (such as window units with sash pins or sash locks, and combination windows with latches). Windows that are nailed shut are acceptable only if these windows are not needed for ventilation or as an alternate exit in case of fire.
- d. The exterior doors of the dwelling unit must be lockable. Exterior doors are doors by which someone can enter or exit the dwelling unit.

D. Thermal Environment

1. Performance Requirement

The dwelling unit must have and be capable of maintaining a thermal environment healthy for the human body.

2. Acceptability Criteria

- a. There must be a safe system for heating the dwelling unit (and a safe cooling system, where present). The system must be in proper operating condition. The system must be able to provide adequate heat (and cooling, if applicable), either directly or indirectly, to each room, in order to assure a healthy living environment appropriate to the climate.
- b. The dwelling unit must not contain unvented room heaters that burn gas, oil, or kerosene. Electric heaters are acceptable.

E. Illumination and Electricity

1. Performance Requirement

Each room must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of occupants. The dwelling unit must have sufficient electrical sources so occupants can use essential electrical appliances. The electrical fixtures and wiring must ensure safety from fire.

2. Acceptability Criteria

- a. There must be at least one window in the living room and in each sleeping room.
- b. The kitchen area and the bathroom must have a permanent ceiling or wall light fixture in proper operating condition. The kitchen area must also have at least one electrical outlet in proper operating condition.
- c. The living room and each bedroom must have at least two electrical outlets in proper operating condition. Permanent overhead or wall-mounted light fixtures may count as one of the required electrical outlets.

F. Structure and Materials

1. Performance Requirement

The dwelling unit must be structurally sound. The structure must not present any threat to the health and safety of the occupants and must protect the occupants from the environment.

2. Acceptability Criteria

- a. Ceilings, walls, and floors must not have any serious defects such as severe bulging or leaning, large holes, loose surface materials, severe buckling, missing parts, or other serious damage.
- b. The roof must be structurally sound and weather tight.
- c. The exterior wall structure and surface must not have any serious defects such as serious leaning, buckling, sagging, large holes, or defects that may result in air infiltration or vermin infestation.
- d. The condition and equipment of interior and exterior stairs, halls, porches, walkways, etc., must not present a danger of tripping and falling. For example, broken or missing steps or loose boards are unacceptable.
- e. Elevators must be working and safe.

G. Interior Air Quality

1. Performance Requirement

The dwelling unit must be free of pollutants in the air at levels that threaten the health of the occupants.

2. Acceptability Criteria

- a. The dwelling unit must be free from dangerous levels of air pollution from carbon monoxide, sewer gas, fuel gas, dust, and other harmful pollutants.
- b. There must be adequate air circulation in the dwelling unit.
- c. Bathroom areas must have one window that can be opened or other adequate exhaust ventilation.
- d. Any room used for sleeping must have at least one window. If the window is designed to be opened, the window must work.

H. Water Supply

1. Performance Requirements

The water supply must be free from contamination.

2. Acceptability Criteria

The dwelling unit must be served by an approvable public or private water supply that is sanitary and free from contamination.

I. Lead-based Paint

1. Definitions

- a. Chewable surface: Protruding painted surfaces up to five feet from the floor or ground that are readily accessible to children under six years of age; for example, protruding corners, window sills and frames, doors and frames, and other protruding woodwork.
- b. Component: An element of a residential structure identified by type and location, such as a bedroom wall, an exterior window sill, a baseboard in a living room, a kitchen floor, an interior window sill in a bathroom, a porch floor, stair treads in a common stairwell, or an exterior wall.



- c. Defective paint surface: A surface on which the paint is cracking, scaling, chipping, peeling, or loose.
  - d. Elevated blood level (EBL): Excessive absorption of lead. Excessive absorption is a confirmed concentration of lead in whole blood of 20 ug/dl (micrograms of lead per deciliter) for a single test or of 15-19 ug/dl in two consecutive tests 3-4 months apart.
  - e. HEPA: A high efficiency particle accumulator as used in lead abatement vacuum cleaners.
  - f. Lead-based paint: A paint surface, whether or not defective, identified as having a lead content greater than or equal to 1 milligram per centimeter squared ( $\text{mg}/\text{cm}^2$ ), or 0.5 % by weight or 5000 parts per million (PPM).
2. Performance Requirements
- a. The purpose of this paragraph of this Section is to implement Section 302 of the Lead-Based Paint Poisoning Prevention Act, 42 U.S.C. 4822, by establishing procedures to eliminate as far as practicable the hazards of lead-based paint poisoning for units assisted under this part. This paragraph is issued under 24 CFR 35.24(b)(4) and supersedes, for all housing to which it applies, the requirements of subpart C of 24 CFR part 35.
  - b. The requirements of this paragraph of this Section do not apply to 0-bedroom units, units that are certified by a qualified inspector to be free of lead-based paint, or units designated exclusively for the elderly. The requirements of subpart A of 24 CFR part 35 apply to all units constructed prior to 1978 covered by a HAP contract under part 982.
  - c. If a dwelling unit constructed before 1978 is occupied by a family that includes a child under the age of six years, the initial and each periodic inspection (as required under this part), must include a visual inspection for defective paint surfaces. If defective paint surfaces are found, such surfaces must be treated in accordance with paragraph k of this Section.
  - d. The Housing Authority may exempt from such treatment defective paint surfaces that are found in a report by a

qualified lead-based paint inspector not to be lead-based paint, as defined in paragraph 1(f) of this Section. For purposes of this Section, a qualified lead-based paint inspector is a State or local health or housing agency, a lead-based paint inspector certified or regulated by a State or local health or housing agency, or an organization recognized by HUD.

- e. Treatment of defective paint surfaces required under this Section must be completed within 30 calendar days of Housing Authority notification to the owner. When weather conditions prevent treatment of the defective paint conditions on exterior surfaces within the 30-day period, treatment as required by paragraph k of this Section may be delayed for a reasonable time.
- f. The requirements in this paragraph apply to:
  - i. All painted interior surfaces within the unit (including ceilings but excluding furniture);
  - ii. The entrance and hallway providing access to a unit in a multi-unit building; and
  - iii. Exterior surfaces up to five feet from the floor or ground that are readily accessible to children under six years of age (including walls, stairs, decks, porches, railings, windows and doors, but excluding outbuildings such as garages and sheds).
- g. In addition to the requirements of paragraph c of this Section, for a dwelling unit constructed before 1978 that is occupied by a family with a child under the age of six years with an identified EBL condition, the initial and each periodic inspection (as required under this part) must include a test for lead-based paint on chewable surfaces. Testing is not required if previous testing of chewable surfaces is negative for lead-based paint or if the chewable surfaces have already been treated.
- h. Testing must be conducted by a State or local health or housing agency, an inspector certified or regulated by a State or local health or housing agency, or an organization recognized by HUD. Lead content must be tested by using an X-ray fluorescence analyzer (XRF) or by laboratory analysis of paint samples. Where lead-based paint on

chewable surfaces is identified, treatment of the paint surface in accordance with paragraph k of this Section is required, and treatment shall be completed within the time limits in paragraph c of this Section.

- i. The requirements in paragraph g of this Section apply to all protruding painted surfaces up to five feet from the floor or ground that are readily accessible to children under six years of age:
  - i. Within the unit;
  - ii. The entrance and hallway providing access to a unit in a multi-unit building; and
  - iii. Exterior surfaces (including walls, stairs, decks, porches, railings, windows and doors, but excluding outbuildings such as garages and sheds).
- j. In lieu of the procedures set forth in paragraph g of this Section, the housing authority may, at its discretion, waive the testing requirement and require the owner to treat all interior and exterior chewable surfaces in accordance with the methods set out in paragraph k of this Section.
- k. Treatment of defective paint surfaces and chewable surfaces must consist of covering or removal of the paint in accordance with the following requirements:
  - i. A defective paint surface shall be treated if the total area of defective paint on a component is:
    - (1) More than 10 square feet on an exterior wall;
    - (2) More than 2 square feet on an interior or exterior component with a large surface area, excluding exterior walls and including, but not limited to, ceilings, floors, doors, and interior walls;
    - (3) More than 10% of the total surface area on an interior or exterior component with a small surface area, including, but not limited to, windowsills, baseboards and trim.

- ii. Acceptable methods of treatment are the following: removal by wet scraping, wet sanding, chemical stripping on or off site, replacing painted components, scraping with infra-red or coil type heat gun with temperatures below 1100 degrees, HEPA vacuum sanding, HEPA vacuum needle gun, contained hydroblasting or high pressure wash with HEPA vacuum, and abrasive sandblasting with HEPA vacuum. Surfaces must be covered with durable materials with joint edges sealed and caulked as needed to prevent the escape of lead contaminated dust.
- iii. Prohibited methods of removal are the following: open flame burning or torching, machine sanding or grinding without a HEPA exhaust, uncontained hydroblasting or high pressure wash, and dry scraping except around electrical outlets or except when treating defective paint spots no more than two square feet in any one interior room or space (hallway, pantry, etc.) or totaling no more than twenty square feet on exterior surfaces.
- iv. During exterior treatment soil and playground equipment must be protected from contamination.
- v. All treatment procedures must be concluded with a thorough cleaning of all surfaces in the room or area of treatment to remove fine dust particles. Cleanup must be accomplished by wet washing surfaces with a lead solubilizing detergent such as trisodium phosphate or an equivalent solution.
- vi. Waste and debris must be disposed of in accordance with all applicable Federal, State, and local laws.
- l. The owner must take appropriate action to protect residents and their belongings from hazards associated with treatment procedures. Residents must not enter spaces undergoing treatment until cleanup is completed. Personal belongings that are in work areas must be relocated or otherwise protected from contamination.
- m. Prior to execution of the HAP contract, the owner must inform the Housing Authority and the family of any

knowledge of the presence of lead-based paint on the surfaces of the residential unit.

- n. The Housing Authority must attempt to obtain annually from local health agencies the names and addresses of children with identified EBLs and must annually match this information with the names and addresses of participants under this part. If a match occurs, the Housing Authority must determine whether local health officials have tested the unit for lead-based paint. If the unit has lead-based paint, the Housing Authority must require the owner to treat the lead-based paint. If the owner does not complete the corrective actions required by this Section, the family must be issued a certificate or voucher to move.
- o. The Housing Authority must keep a copy of each inspection report for at least three years. If a dwelling unit requires testing, or if the dwelling unit requires treatment of chewable surfaces based on the testing, the Housing Authority must keep the test results indefinitely and, if applicable, the owner certification and treatment. The records must indicate which chewable surfaces in the dwelling units have been tested and which chewable surfaces were tested or tested and treated in accordance with the standards prescribed in this Section, such chewable surfaces do not have to be tested or treated at any subsequent time.
- p. The dwelling unit must be able to be used and maintained without unauthorized use of other private properties. The building must provide an alternate means of exit in case of fire (such as fire stairs or egress through windows).

J. Access

1. Performance Requirements

The dwelling unit must be able to be used and maintained without unauthorized use of other private properties. The building must provide an alternate means of exit in case of fire (such as fire stairs or egress through windows).

K. Site and Neighborhood

1. Performance Requirements

The site and neighborhood must be reasonably free from disturbing noises and reverberations and other dangers to the health, safety, and general welfare of the occupants.

2. Acceptability Criteria

The site and neighborhood may not be subject to serious adverse environmental conditions, natural or manmade, such as dangerous walks or steps; instability; flooding, poor drainage, septic tank back-ups or sewage hazards; mudslides; abnormal air pollution, smoke or dust; excessive noise, vibration or vehicular traffic; excessive accumulations of trash; vermin or rodent infestation; or fire hazards.

L. Sanitary Condition

1. Performance Requirements

The dwelling unit and its equipment must be in sanitary condition.

2. Acceptability Criteria

The dwelling unit and its equipment must be free of vermin and rodent infestation.

M. Smoke Detectors

1. Performance Requirements

a. Except as provided in paragraph b below of this Section, each dwelling unit must have at least one battery-operated or hard-wired smoke detector, in proper operating condition, on each level of the dwelling unit, including basements but excepting crawl spaces and unfinished attics. Smoke detectors must be installed in accordance with and meet the requirements of the National Fire Protection Association Standard (NFPA) 74 (or its successor standards). If the dwelling unit is occupied by any hearing-impaired person, smoke detectors must have an alarm system, designed for hearing-impaired persons as specified in NFPA 74 (or successor standards).

b. For units assisted prior to April 24, 1993, owners who installed battery-operated or hard-wired smoke detectors prior to April 24, 1993, in compliance with HUD's smoke detector requirements, including the regulations published

on July 30, 1992, (57 FR 33846), will not be required subsequently to comply with any additional requirements mandated by NFPA 74 (i.e., the owner would not be required to install a smoke detector in a basement not used for living purposes, nor would the owner be required to change the location of the smoke detectors that have already been installed on the other floors of the unit).

## **12.4 EXCEPTIONS TO THE HQS ACCEPTABILITY CRITERIA**

The Camden Housing Authority will utilize the acceptability criteria as outlined above with applicable State and local codes. Additionally, the Camden Housing Authority has received HUD approval to require the following additional criteria:

- A. In each room, there will be at least one exterior window that can be opened and that contains a screen.
- B. Owners will be required to scrape peeling paint and repaint all surfaces cited for peeling paint with 2 coats of non-lead paint. An extension may be granted as a severe weather related item as defined below.
- C. Adequate heat shall be considered to be 68 degrees.
- D. In units where the tenant must pay for utilities, each unit must have separate metering device(s) for measuring utility consumption.
- E. A ¾" overflow pipe must be present on the hot water heater safety valves and installed down to within 6 inches of the floor.

## **12.5 TIME FRAMES AND CORRECTIONS OF HQS FAIL ITEMS**

- A. Correcting Initial HQS Fail Items

The Camden Housing Authority will schedule a timely inspection of the unit on the date the owner indicates that the unit will be ready for inspection, or as soon as possible thereafter (within 5 working days) upon receipt of a Request for Tenancy Approval. The owner and participant will be notified in writing of the results of the inspection. If the unit fails HQS again, the owner and the participant will be advised to notify the Camden Housing Authority to reschedule a re-inspection when the repairs have been properly completed.

On an initial inspection, the owner will be given up to 30 days to correct the items noted as failed, depending on the extent of the repairs that are

required to be made. No unit will be placed in the program until the unit meets the HQS requirements.

#### B. HQS Fail Items for Units under Contract

The owner or participant will be given time to correct the failed items cited on the inspection report for a unit already under contract. If the failed items endanger the family's health or safety (using the emergency item list below), the owner or participant will be given 24 hours to correct the violations. For less serious failures, the owner or participant will be given up to 30 days to correct the failed item(s).

If the owner fails to correct the HQS failed items after proper notification has been given, the Camden Housing Authority will abate payment and terminate the contract in accordance with Sections 12.7 and 17.0(B)(3).

If the participant fails to correct the HQS failed items that are family-caused after proper notification has been given, the Camden Housing Authority will terminate assistance for the family in accordance with Sections 12.2(B) and 17.0(B)(3).

#### C. Time Frames for Corrections

1. Emergency repair items must be abated within 24 hours.
2. Repair of refrigerators, range and oven, or a major plumbing fixture supplied by the owner must be abated within 72 hours.
3. Non-emergency items must be completed within 10 days of the initial inspection.
4. For major repairs, the owner will have up to 30 days to complete.

#### D. Extensions

At the sole discretion of the Camden Housing Authority, extensions of up to 30 days may be granted to permit an owner to complete repairs if the owner has made a good faith effort to initiate repairs. If repairs are not completed within 60 days after the initial inspection date, the Camden Housing Authority will abate the rent and cancel the HAP contract for owner noncompliance. Appropriate extensions will be granted if a severe weather condition exists for such items as exterior painting and outside concrete work for porches, steps, and sidewalks.

## **12.6 EMERGENCY FAIL ITEMS**



The following items are to be considered examples of emergency items that need to be abated within 24 hours:

- A. No hot or cold water
- B. No electricity
- C. Inability to maintain adequate heat
- D. Major plumbing leak
- E. Natural gas leak
- F. Broken lock(s) on first floor doors or windows
- G. Broken windows that unduly allow weather elements into the unit
- H. Electrical outlet smoking or sparking
- I. Exposed electrical wires which could result in shock or fire
- J. Unusable toilet when only one toilet is present in the unit
- K. Security risks such as broken doors or windows that would allow intrusion
- L. Other conditions which pose an immediate threat to health or safety

## **12.7 ABATEMENT**

When a unit fails to meet HQS and the owner has been given an opportunity to correct the deficiencies, but has failed to do so within in the required timeframe, the rent for the dwelling unit will be abated.

The initial abatement period will not exceed 7 days. If the corrections of deficiencies are not made within the 7-day timeframe, the abatement will continue until the HAP contract is terminated. When the deficiencies are corrected, the Camden Housing Authority will end the abatement the day the unit passes inspection. Rent will resume the following day and be paid the first day of the next month.

For tenant caused HQS deficiencies, the owner will not be held accountable and the rent will not be abated. The tenant is held to the same standard and timeframes for correction of deficiencies as owners. If repairs are not completed by the deadline, the Camden Housing Authority will send a notice of termination to both the tenant and the owner. The tenant will be given the opportunity to request an informal hearing.

### **13.0 OWNER CLAIMS FOR DAMAGES, UNPAID RENT, AND VACANCY LOSS AND PARTICIPANT'S ENSUING RESPONSIBILITIES**

This Section only applies to HAP contracts in effect before October 2, 1995. Certificates have a provision for damages, unpaid rent, and vacancy loss. Vouchers have a provision for damages and unpaid rent. No vacancy loss is paid on vouchers. No Damage Claims will be processed unless the Camden Housing Authority has performed a move-out inspection. Either the tenant or the owner can request the move-out inspection. Ultimately, it is the owner's responsibility to request the move-out inspection if he/she believes there may be a claim.

Damage claims are limited in the following manner:

- A. In the Certificate Program, owners are allowed to claim up to two (2) months contract rent minus greater of the security deposit collected or the security deposit that should have been collected under the lease.
- B. In the Voucher Program, owners are allowed to claim up to one (1) month contract rent minus greater of the security deposit collected or the security deposit that should have been collected under the lease. There will be no payment for vacancy losses under the Voucher Program.
- C. No damage claims will be paid under either program effective on or after October 2, 1995.

### **13.1 OWNER CLAIMS FOR PRE-OCTOBER 2, 1995, UNITS**

In accordance with the HAP contract, owners can make special claims for damages, unpaid rent, and vacancy loss (vacancy loss can not be claimed for vouchers) after the tenant has vacated or a proper eviction proceeding has been conducted.

Owner claims for damages, unpaid rent, and vacancy loss are reviewed for accuracy and completeness. Claims are then compared to the move-in and move-out inspections to determine if an actual claim is warranted. No claim will be paid for normal wear and tear. Unpaid utility bills are not an eligible claim item.

The Camden Housing Authority will make payments to owners for approved claims. It should be noted that the tenant is ultimately responsible for any damages, unpaid rent, and vacancy loss paid to the owner and will be held responsible to repay the Camden Housing Authority to remain eligible for the Section 8 Program.

Actual bills and receipts for repairs, materials, and labor must support claims for damages. The Camden Housing Authority will develop a list of

reasonable costs and charges for items routinely included on damage claims. This list will be used as a guide.

Owners can claim unpaid rent owned by the tenant up to the date of HAP termination.

In the Certificate Program, owners can claim for a vacancy loss as outlined in the HAP contract. In order to claim a vacancy loss, the owner must notify the Camden Housing Authority immediately upon learning of the vacancy or suspected vacancy. The owner must make a good faith effort to rent the unit as quickly as possible to another renter.

All claims and supporting documentation under this Section must be submitted to the Camden Housing Authority within thirty (30) days of the move-out inspection. Any reimbursement shall be applied first towards any unpaid rent. No reimbursement may be claimed for unpaid rent for the period after the family vacates.

## **13.2 PARTICIPANT RESPONSIBILITIES**

If a damage claim or unpaid rent claim has been paid to an owner, the participant is responsible for repaying the amount to the Camden Housing Authority. This shall be done by either paying the full amount due immediately upon the Camden Housing Authority requesting it or through a Repayment Agreement that is approved by the Camden Housing Authority.

If the participant is not current on any Repayment Agreements or has unpaid claims on more than one unit, the participant shall be terminated from the program. The participant retains the right to request an informal hearing.

## **14.0 RECERTIFICATION**

### **14.1 ANNUAL REEXAMINATION**

At least annually the Camden Housing Authority will conduct a reexamination of family income and circumstances. The results of the reexamination determine (1) the rent the family will pay, and (2) whether the family subsidy is correct based on the family unit size.

The Camden Housing Authority will send a notification letter to the family letting them know that it is time for their annual reexamination and scheduling an appointment. The letter includes forms for the family to complete in preparation for the interview. The letter includes instructions permitting the family to reschedule the interview if necessary. The letter tells families who may need to make alternate arrangements due to a disability that they may contact staff to request an accommodation of their needs.

During the interview, the family will provide all information regarding income, assets, expenses, and other information necessary to determine the family's share of rent. The family will sign the HUD consent form and other consent forms that later will be mailed to the sources that will verify the family circumstances.

Upon receipt of verification, the Camden Housing Authority will determine the family's annual income and will calculate their family share.

#### ***14.1.1 Effective Date of Rent Changes for Annual Reexaminations***

The new family share will generally be effective upon the anniversary date with 30 days notice of any rent increase to the family.

If the rent determination is delayed due to a reason beyond the control of the family, then any rent increase will be effective the first of the month after the month in which the family receives a 30 day notice of the amount. If the new rent is a reduction and the delay is beyond the control of the family, the reduction will be effective as scheduled on the anniversary date.

If the family caused the delay, then any increase will be effective on the anniversary date. Any reduction will be effective the first of the month after the rent amount is determined.

#### ***14.1.2 Missed Appointments***

If the family fails to respond to the letter and fails to attend the interview, a second letter will be mailed. The second letter will advise of a new time and date for the interview, allowing for the same considerations for rescheduling and accommodation as above. The letter will also advise that failure by the family to attend the second scheduled interview will result in the Camden Housing Authority taking action to terminate the family's assistance.

### **14.2 INTERIM REEXAMINATIONS**

During an interim reexamination only the information affected by the changes being reported will be reviewed and verified.

Families will be required to report any increase in income or decreases in allowable expenses between annual reexaminations.

Families are required to report the following changes to the Camden Housing Authority between regular reexaminations. These changes will

trigger an interim reexamination.

- A. Increases in income or decreases in allowable expenses.
- B. A member has been added to the family through birth or adoption or court-awarded custody.
- C. A household member is leaving or has left the family unit.
- D. Family break-up

In circumstances of a family break-up, the Camden Housing Authority will make a determination of which family member will retain the certificate or voucher, taking into consideration the following factors:

1. To whom the certificate or voucher was issued.
2. The interest of minor children or of ill, elderly, or disabled family members.
3. Whether the assistance should remain with the family members remaining in the unit.
4. Whether family members were forced to leave the unit as a result of actual or threatened physical violence by a spouse or other member(s) of the household.
5. If a court determines the disposition of property between members of the assisted family in a divorce or separation under a settlement of judicial decree, the Camden Housing Authority will be bound by the court's determination of which family members continue to receive assistance in the program.
6. Because of the number of possible different circumstances in which a determination will have to be made, the Camden Housing Authority will make determinations on a case by case basis.
7. The Camden Housing Authority will issue a determination within 10 business days of the request for a determination. The family member requesting the

determination may request an informal hearing in compliance with the informal hearings in Section 16.3.

In order to add a household member other than through birth or adoption (including a live-in aide) the family must request that the new member be added to the lease. Before adding the new member to the lease, the individual must complete an application form stating their income, assets, and all other information required of an applicant. The individual must provide their Social Security Number if they have one, and must verify their citizenship/eligible immigrant status (Their housing will not be delayed due to delays in verifying eligible immigrant status other than delays caused by the family). The new family member will go through the screening process similar to the process for applicants. The Camden Housing Authority will determine the eligibility of the individual before allowing them to be added to the lease. If the individual is found to be ineligible or does not pass the screening criteria, they will be advised in writing and given the opportunity for an informal review. If they are found to be eligible and do pass the screening criteria, the Camden Housing Authority will grant approval to add their name to the lease. At the same time, the family's annual income will be recalculated taking into account the income and circumstances of the new family member. The effective date of the new rent will be in accordance with paragraph below 14.2.2.

Families are not required to, but may at any time, request an interim reexamination based on a decrease in income, an increase in allowable expenses, or other changes in family circumstances. Upon such request, the Camden Housing Authority will take timely action to process the interim reexamination and recalculate the family share.

#### ***14.2.1 Special Reexaminations***

If a family's income is too unstable to project for 12 months, including families that temporarily have no income or have a temporary decrease in income, the Camden Housing Authority may schedule special reexaminations every 60 days until the income stabilizes and an annual income can be determined.

#### ***14.2.2 Effective Date of Rent Changes Due to Interim or Special Reexaminations***

Unless there is a delay in reexamination processing caused by the family, any rent increase will be effective the first of the second month after the month in which the family receives notice of the new rent amount. If the family causes a delay,

then the rent increase will be effective on the date it would have been effective had the process not been delayed (even if this means a retroactive increase).

In cases where there has been an increase in income during the year, but is not reported by the family until regular reexamination, then the increase in rent shall be retroactive to the date the increase in income occurred.

If the new rent is a reduction and any delay is beyond the control of the family, the reduction will be effective the first of the month after the interim reexamination should have been completed.

If the new rent is a reduction and the family caused the delay or did not report the change in a timely manner, the change will be effective the first of the month after the rent amount is determined.

#### ***14.2.3 Denial of rent reduction***

Notwithstanding the provisions listed above, a Tenant's rent shall not be reduced if the decrease in the family's annual income is caused by a reduction in the welfare or public assistance benefits received by the family that is a result of the Tenant's failure to comply with the conditions of the assistance program requiring participation in an economic self-sufficiency program or other work activities. In addition, if the decrease in the family's annual income is caused by a reduction in welfare or public assistance benefits received by the family that is the result of an act of fraud, such decrease in income shall not result in a rent reduction.

In such cases, the amount of the income to be attributed to the family shall include what the family would have received had they complied with the welfare requirements or had not committed an act of fraud.

For purposes of rent adjustments, the reduction of welfare or public assistance benefits to a family that occurs as a result of the expiration of a time limit for the receipt of assistance will not be considered a failure to comply with program requirements. Accordingly, a Tenant's rent will be reduced as a result of such a decrease.

In all circumstances, the Authority shall verify the information provided by the Tenant to determine if a decrease in the rent is warranted.

### **14.3 Criminal Background Checks During Annual Recertifications**

In order to ensure that the participant family is abiding by the family obligations outlined in the Housing Choice Voucher Agreement, the Housing Authority will perform criminal background checks as part of the

annual re-determination process. The head of household and all members of the household over the age of 18 will be sent consent for Release of Information forms with their re-determination packet that is to be filled out and presented at the time of their appointment. If any member of the household who is over 18 years of age or an emancipated minor does not sign Consent for Release of Information form, termination of housing assistance procedures will be undertaken.

## **15.0 TERMINATION OF ASSISTANCE TO THE FAMILY BY THE CAMDEN HOUSING AUTHORITY**

The Housing Authority may at any time terminate program assistance for a participant, because of any of the actions or inaction by the household:

- A. If the family violates any family obligations under the program.
- B. If a family member fails to sign and submit consent forms.
- C. If a family fails to establish citizenship or eligible immigrant status and is not eligible for or does not elect continuation of assistance, pro-ration of assistance, or temporary deferral of assistance. If the Camden Housing Authority determines that a family member has knowingly permitted an ineligible noncitizen (other than any ineligible noncitizens listed on the lease) to permanently reside in their Section 8 unit, the family's assistance will be terminated. Such family will not be eligible to be readmitted to Section 8 for a period of 24 months from the date of termination.
- D. If any member of the family has ever been evicted from public or private housing or has gotten an eviction ruling from the court. Hardship stays awarded by the court shall allow the tenant to remain in the leased unit under the terms of the landlord/tenant lease. However housing assistance on behalf of the client from HACC shall be terminated as of the date of the original eviction ruling.
- E. If the Housing Authority has ever terminated assistance under the Certificate or Voucher Program for any member of the family.
- F. If any member of the family commits drug-related criminal activity, or violent criminal activity, or other criminal activity which threatens the health, safety or right to peaceful enjoyment of other residents residing in the immediate vicinity of the premises.
- G. If any member of the family commits fraud, bribery or any other corrupt or criminal act in connection with any Federal housing program.



- H. If the family currently owes rent or other amounts to the Housing Authority or to another Housing Authority in connection with Section 8 or public housing assistance under the 1937 Act.
- I. If the family has not reimbursed any Housing Authority for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease.
- J. If the family breaches an agreement with the Housing Authority to pay amounts owed to a Housing Authority, or amounts paid to an owner by a Housing Authority. (The Housing Authority, at its discretion, may offer a family the opportunity to enter an agreement to pay amounts owed to a Housing Authority or amounts paid to an owner by a Housing Authority. The Housing Authority may prescribe the terms of the agreement.)
- K. If a family participating in the FSS program fails to comply, without good cause, with the family's FSS contract of participation.
- L. If the family has engaged in or threatened abusive or violent behavior toward Housing Authority personnel.
- M. If any household member is subject to a lifetime registration requirement under a State sex offender registration program.
- N. If a household member's illegal use (or pattern of illegal use) of a controlled substance, or whose abuse (or pattern of abuse) of alcohol, is determined by the Camden Housing Authority to interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.

## **16.0 COMPLAINTS, INFORMAL REVIEWS FOR APPLICANTS, INFORMAL HEARINGS FOR PARTICIPANTS**

### **16.1 COMPLAINTS**

The Camden Housing Authority will investigate and respond to complaints by participant families, owners, and the general public. The Camden Housing Authority may require that complaints other than HQS violations be put in writing. Anonymous complaints are investigated whenever possible.

### **16.2 INFORMAL REVIEW FOR THE APPLICANT**

- A. Informal Review for the Applicant

The Camden Housing Authority will give an applicant for participation in the Section 8 Existing Program prompt notice of a decision denying assistance to the applicant. The notice will contain a brief statement of the reasons for the Camden Housing Authority decision. The notice will state that the applicant may request an informal review within 10 business days of the denial and will describe how to obtain the informal review.

B. When an Informal Review is not Required

The Camden Housing Authority will not provide the applicant an opportunity for an informal review for any of the following reasons:

1. A determination of the family unit size under the Camden Housing Authority subsidy standards.
2. A Camden Housing Authority determination not to approve an extension or suspension of a certificate or voucher term.
3. A Camden Housing Authority determination not to grant approval to lease a unit under the program or to approve a proposed lease.
4. A Camden Housing Authority determination that a unit selected by the applicant is not in compliance with HQS.
5. A Camden Housing Authority determination that the unit is not in accordance with HQS because of family size or composition.
6. General policy issues or class grievances.
7. Discretionary administrative determinations by the Camden Housing Authority.

C. Informal Review Process

The Camden Housing Authority will give an applicant an opportunity for an informal review of the Camden Housing Authority decision denying assistance to the applicant. The procedure is as follows:

1. The review will be conducted by any person or persons designated by the Camden Housing Authority other than the person who made or approved the decision under review or a subordinate of this person.
2. The applicant will be given an opportunity to present written or oral objections to the Camden Housing Authority decision.
3. The Camden Housing Authority will notify the applicant of the Camden Housing Authority decision after the informal review within 14 calendar days. The notification will include a brief statement of the reasons for the final decision.

#### D. Considering Circumstances

In deciding whether to terminate assistance because of action or inaction by members of the family, the Housing Authority may consider all of the circumstances in each case, including the seriousness of the case, the extent of participation or culpability of individual family members, and the effects of denial or termination of assistance on other family members who were not involved in the action or failure.

The Housing Authority may impose, as a condition of continued assistance for other family members, a requirement that family members who participated in or were culpable for the action or failure will not reside in the unit. The Housing Authority may permit the other members of a participant family to continue receiving assistance.

If the Housing Authority seeks to terminate assistance because of illegal use, or possession for personal use, of a controlled substance, or pattern of abuse of alcohol, such use or possession or pattern of abuse will be evaluated by HACC and the determination to deny or terminate assistance because of these actions will be done on a case by case basis at the discretion of HACC. In determining whether to terminate assistance for

these reasons the CHA will consider evidence of whether the household member.”

1. Has successfully completed a supervised drug or alcohol rehabilitation program (as applicable) and is no longer engaging in the illegal use of a controlled substance or abuse of alcohol;
2. Has otherwise been rehabilitated successfully and is no longer engaging in the illegal use of a controlled substance or abuse of alcohol; or
3. Is participating in a supervised drug or alcohol rehabilitation program and is no longer engaging in the illegal use of a controlled substance or abuse of alcohol.

E. Informal Review Procedures for Denial of Assistance on the Basis of Ineligible Immigration Status

The applicant family may request that the Camden Housing Authority provide for an informal review after the family has notification of the INS decision on appeal, or in lieu of request of appeal to the INS. The applicant family must make this request within 30 days of receipt of the *Notice of Denial or Termination of Assistance*, or within 30 days of receipt of the INS appeal decision.

For applicant families, the Informal Review Process above will be utilized with the exception that the applicant family will have up to 30 days of receipt of the *Notice of Denial or Termination of Assistance*, or of the INS appeal decision to request the review.

### **16.3 INFORMAL HEARINGS FOR PARTICIPANTS**

A. When a Hearing is Required

1. The Camden Housing Authority will give a participant family an opportunity for an informal hearing to consider whether the following Camden Housing Authority decisions relating to the individual circumstances of a participant family are in accordance with the law, HUD regulations, and Camden Housing Authority policies:

- a. A determination of the family's annual or adjusted income, and the use of such income to compute the housing assistance payment.
  - b. A determination of the appropriate utility allowance (if any) for tenant-paid utilities from the Camden Housing Authority utility allowance schedule.
  - c. A determination of the family unit size under the Camden Housing Authority subsidy standards.
  - d. A determination that a Certificate Program family is residing in a unit with a larger number of bedrooms than appropriate for the family unit size under the Camden Housing Authority subsidy standards, or the Camden Housing Authority determination to deny the family's request for an exception from the standards.
  - e. A determination to terminate assistance for a participant family because of the family's action or failure to act.
  - f. A determination to terminate assistance because the participant family has been absent from the assisted unit for longer than the maximum period permitted under the Camden Housing Authority policy and HUD rules.
2. In cases described in paragraphs 16.3(A)(1)(d), (e), and (f), of this Section, the Camden Housing Authority will give the opportunity for an informal hearing before the Camden Housing Authority terminates housing assistance payments for the family under an outstanding HAP contract.

B. When a Hearing is not Required

The Camden Housing Authority will not provide a participant family an opportunity for an informal hearing for any of the following reasons:

1. Discretionary administrative determinations by the Camden Housing Authority.
2. General policy issues or class grievances.
3. Establishment of the Camden Housing Authority schedule of utility allowances for families in the program.

4. A Camden Housing Authority determination not to approve an extension or suspension of a certificate or voucher term.
5. A Camden Housing Authority determination not to approve a unit or lease.
6. A Camden Housing Authority determination that an assisted unit is not in compliance with HQS. (However, the Camden Housing Authority will provide the opportunity for an informal hearing for a decision to terminate assistance for a breach of the HQS caused by the family.)
7. A Camden Housing Authority determination that the unit is not in accordance with HQS because of the family size.
8. A determination by the Camden Housing Authority to exercise or not exercise any right or remedy against the owner under a HAP contract.
9. When a participant fails to abide by the terms of a payment agreement with HACC for monies owned or fails to abide by the terms of a payment agreement with a landlord/property owner for monies owed which HACC has deemed appropriate.

C. Notice to the Family

1. In the cases described in paragraphs 16.3(A)(1)(a), (b), and (c), of this Section, the Camden Housing Authority will notify the family that the family may ask for an explanation of the basis of the Camden Housing Authority's determination, and that if the family does not agree with the determination, the family may request an informal hearing on the decision.
2. In the cases described in paragraphs 16.3(A)(1)(d), (e), and (f), of this Section, the Camden Housing Authority will give the family prompt written notice that the family may request a hearing within 10 business days of the notification. The notice will:
  - a. Contain a brief statement of the reasons for the decision; and
  - b. State this if the family does not agree with the decision, the family may request an informal hearing on the decision within 10 business days of the notification.

D. Hearing Procedures

The Camden Housing Authority and participants will adhere to the following procedures:

1. Discovery

- a. The family will be given the opportunity to examine before the hearing any Camden Housing Authority documents that are directly relevant to the hearing. The family will be allowed to copy any such document at the family's expense. If the Camden Housing Authority does not make the document(s) available for examination on request of the family, the Camden Housing Authority may not rely on the document at the hearing.
- b. The Camden Housing Authority will be given the opportunity to examine, at the Camden Housing Authority's offices before the hearing, any family documents that are directly relevant to the hearing. The Camden Housing Authority will be allowed to copy any such document at the Camden Housing Authority's expense. If the family does not make the document(s) available for examination on request of the Camden Housing Authority, the family may not rely on the document at the hearing.
- c. If the family is choosing to exercise their right to a lawyer or other representative and such person(s) wish to review documents prior to the date of the actual hearing, the request for such must be received in writing and no less than 72 hours before the said scheduled hearing date. Upon receipt of the request, the Camden Housing Authority will schedule hearing date and time for such a review.

Note: The term **document** includes records and regulations.

2. Representation of the Family

At its own expense, a lawyer or other representative may represent the family. Notification of the lawyer or other representative as to the date and time of the hearing shall be the sole responsibility of the family.

3. Hearing Officer

- a. The hearing will be conducted by any person or persons designated by the Camden Housing Authority, other than a person who made or approved the decision under review or a subordinate of this person.
- b. The person who conducts the hearing will regulate the conduct of the hearing in accordance with the Camden Housing Authority hearing procedures.

4. Evidence

The Camden Housing Authority and the family must have the opportunity to present evidence and may question any witnesses. Evidence may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings.

5. Issuance of Decision

The person who conducts the hearing must issue a written decision within 14 calendar days from the date of the hearing, stating briefly the reasons for the decision. Factual determinations relating to the individual circumstances of the family shall be based on a preponderance of the evidence presented at the hearing.

6. Effect of the Decision

The Camden Housing Authority is not bound by a hearing decision:

- a. Concerning a matter for which the Camden Housing Authority is not required to provide an opportunity for an informal hearing under this Section, or that otherwise exceeds the authority of the person conducting the hearing under the Camden Housing Authority hearing procedures.
- b. Contrary to HUD regulations or requirements, or otherwise contrary to Federal, State, or local law.
- c. If the Camden Housing Authority determines that it is not bound by a hearing decision, the Camden Housing Authority will notify the family within 14 calendar days of the determination, and of the reasons for the determination.

E. Considering Circumstances



In deciding whether to terminate assistance because of action or inaction by members of the family, the Housing Authority may consider all of the circumstances in each case, including the seriousness of the case, the extent of participation or culpability of individual family members, and the effects of denial or termination of assistance on other family members who were not involved in the action or failure.

The Housing Authority may impose, as a condition of continued assistance for other family members, a requirement that family members who participated in or were culpable for the action or failure will not reside in the unit. The Housing Authority may permit the other members of a participant family to continue receiving assistance.

If the Housing Authority seeks to terminate assistance because of illegal use, or possession for personal use, of a controlled substance, or pattern of abuse of alcohol, such use or possession or pattern of abuse must have occurred within one year before the date that the Housing Authority provides notice to the family of the Housing Authority determination to deny or terminate assistance. In determining whether to terminate assistance for these reasons the Camden Housing Authority will consider evidence of whether the household member:

1. Has successfully completed a supervised drug or alcohol rehabilitation program (as applicable) and is no longer engaging in the illegal use of a controlled substance or abuse of alcohol;
2. Has otherwise been rehabilitated successfully and is no longer engaging in the illegal use of a controlled substance or abuse of alcohol; or
3. Is participating in a supervised drug or alcohol rehabilitation program and is no longer engaging in the illegal use of a controlled substance or abuse of alcohol.

F. Informal Hearing Procedures for Denial of Assistance on the Basis of Ineligible Immigration Status

The participant family may request that the Camden Housing Authority provide for an informal hearing after the family has notification of the INS decision on appeal, or in lieu of request of appeal to the INS. This request must be made by the participant family within 30 days of receipt of the *Notice of Denial or Termination of Assistance*, or within 30 days of receipt of the INS appeal decision.

For the participant families, the Informal Hearing Process above will be utilized with the exception that the participant family will have up to 30 days of receipt of the *Notice of Denial or Termination of Assistance*, or of the INS appeal decision.

## **17.0 TERMINATION OF THE LEASE AND CONTRACT**

The term of the lease and the term of the HAP contract are the same. They begin on the same date and they end on the same date. The lease may be terminated by the owner, by the tenant, or by the mutual agreement of both. The owner may only terminate the contract by terminating the lease. The HAP contract may be terminated by the Camden Housing Authority. Under some circumstances the contract automatically terminates.

A. Termination of the lease

1. By the family

The family may terminate the lease without cause upon proper notice to the owner and to the Camden Housing Authority after the first year of the lease. The length of the notice that is required is stated in the lease (generally 30 days).

2. By the owner.

a. The owner may terminate the lease during its term on the following grounds:

- i. Serious or repeated violations of the terms or conditions of the lease;
- ii. Violation of Federal, State, or local law that impose obligations on the tenant in connection with the occupancy or use of the unit and its premises;
- iii. Criminal activity by the household, a guest, or another person under the control of the household that threatens the health, safety, or right to peaceful enjoyment of the premises by other persons residing in the immediate vicinity of the premises;

- iv. Any drug-related criminal activity or other violent criminal activity on or near the premises;
- v. Other good cause. Other good cause may include, but is not limited to:
  - (1) Failure by the family to accept the offer of a new lease;
  - (2) Family history of disturbances of neighbors or destruction of property, or living or housekeeping habits resulting in damage to the property or unit;
  - (3) The owner's desire to utilize the unit for personal or family use or for a purpose other than use as a residential rental unit;
  - (4) A business or economic reason such as sale of the property, renovation of the unit, desire to rent at a higher rental amount.

b. During the first year the owner may not terminate tenancy for other good cause unless the reason is because of something the household did or failed to do.

c. The owner may only evict the tenant by instituting court action. The owner must give the Camden Housing Authority a copy of any owner eviction notice to the tenant at the same time that the owner gives the notice to the tenant.

d. The owner may terminate the contract at the end of the initial lease term or any extension of the lease term without cause by providing notice to the family that the lease term will not be renewed.

3. Termination of the Lease by mutual agreement

The family and the owner may at any time mutually agree to terminate the lease.

B. Termination of the Contract

1. Automatic termination of the Contract

- a. If the Camden Housing Authority terminates assistance to the family, the contract terminates automatically.
  - b. If the family moves out of the unit, the contract terminates automatically.
  - c. The contract terminates automatically 180 calendar days after the last housing assistance payment to the owner.
2. Termination of the contract by the owner

The owner may only terminate tenancy in accordance with lease and State and local law.

3. Termination of the HAP contract by the Camden Housing Authority

The Housing Authority may terminate the HAP contract because:

- a. The Housing Authority has terminated assistance to the family.
- b. The unit does not meet HQS space standards because of an increase in family size or change in family composition.
- c. The unit is larger than appropriate for the family size or composition under the regular Certificate Program.
- d. When the family breaks up and the Camden Housing Authority determines that the family members who move from the unit will continue to receive the assistance.
- e. The Camden Housing Authority determines that there is insufficient funding in their contract with HUD to support continued assistance for families in the program.
- f. The owner has breached the contract in any of the following ways:
  - i. If the owner has violated any obligation under the HAP contract for the dwelling unit, including the owner's obligation to maintain the unit in accordance with the HQS.

- ii. If the owner has violated any obligation under any other housing assistance payments contract under Section 8 of the 1937.
  - iii. If the owner has committed fraud, bribery, or any other corrupt or criminal act in connection with any Federal housing program.
  - iv. For projects with mortgages insured by HUD or loans made by HUD, if the owner has failed to comply with the regulations for the applicable mortgage insurance or loan program, with the mortgage or mortgage note, or with the regulatory agreement;
  - v. If the owner has engaged in drug trafficking.
4. Final HAP payment to owner

The HAP payment stops when the lease terminates. The owner may keep the payment for the month in which the family moves out. If the owner has begun eviction proceedings and the family continues to occupy the unit, the Housing Authority will continue to make payments until the owner obtains a judgment or the family moves out.

## **18.0 CHARGES AGAINST THE SECTION 8 ADMINISTRATIVE FEE RESERVE**

Occasionally, it is necessary for the Camden Housing Authority to spend money of its Section 8 Administrative Fee Reserve to meet unseen or extraordinary expenditures or for its other housing related purposes consistent with State law.

The Camden Housing Authority Board of Commissioners authorizes the Executive Director to expend without prior Board approval up to \$1,000 for authorized expenditures.

Any item(s) exceeding \$1,000 will require prior Board of Commissioner approval before any charge is made against the Section 8 Administrative Fee Reserve.

## **19.0 INTELLECTUAL PROPERTY RIGHTS**

No program receipts may be used to indemnify contractors or subcontractors of the Camden Housing Authority against costs associated with any judgment of infringement of intellectual property rights.

## **20.0 CAMDEN HOUSING AUTHORITY OWNED HOUSING**

Units owned by the Camden Housing Authority and not receiving subsidy under any other program are eligible housing units for Housing Choice Voucher holders. In order to comply with federal regulation, the Camden Housing Authority will do the following:

- A. The Camden Housing Authority will make available through the briefing process both orally and in writing the availability of Camden Housing Authority owned units (notification will also include other properties owned/managed by the private sector available to Housing Choice Voucher holders).
- B. The Camden Housing Authority will obtain the services of an independent entity to perform the following Camden Housing Authority functions:
  1. Determine rent reasonableness for the unit. The independent entity will communicate the rent reasonableness determination to the family and the Camden Housing Authority.
  2. To assist the family in negotiating the rent.
  3. To inspect the unit for compliance with HQS.
- C. The Camden Housing Authority will gain HUD approval for the independent agency/agencies utilized to perform the above functions
- D. The Camden Housing Authority will compensate the independent agency/agencies from our ongoing administrative fee income.
- E. The Camden Housing Authority, or the independent agency/agencies will not charge the family any fee or charge for the services provided by the independent agency.

## **21.0 QUALITY CONTROL OF SECTION 8 PROGRAM**

In order to maintain the appropriate quality standards for the Section 8 program, the Camden Housing Authority will annually review files and records to determine if the work documented in the files or records conforms to program requirements. This shall be accomplished by a supervisor or another qualified person other than the one originally responsible for the work or someone subordinate to that person. The number of files and/or records checked shall be at least equal to the number specified in the Section 8 Management Assessment Program for our size housing authority.

## **22.0 TRANSITION TO THE NEW HOUSING CHOICE VOUCHER PROGRAM**

### **A. New HAP Contracts**

On and after October 1, 1999, the Camden Housing Authority will only enter into a HAP contract for a tenancy under the voucher program, and will not enter into a new HAP contract for a tenancy under the certificate program.

### **B. Over-FMR Tenancy**

If the Camden Housing Authority had entered into any HAP contract for an over-FMR tenancy under the certificate program prior to the merger date of October 1, 1999, on and after October 1, 1999 such tenancy shall be considered and treated as a tenancy under the voucher program, and will be subject to the voucher program requirements under 24 CFR 982.502, including calculation of the voucher housing assistance payment in accordance with 24 CFR 982.505. However, 24 CFR 982.505(b)(2) will not be applicable for calculation of the housing assistance payment prior to the effective date of the second regular reexamination of family income and composition on or after the merger date of October 1, 1999.

### **C. Voucher Tenancy**

If the Camden Housing Authority had entered into any HAP contract for a voucher tenancy prior to the merger date of October 1, 1999, on and after October 1, 1999 such tenancy will continue to be considered and treated as a tenancy under the voucher program, and will be subject to the voucher

program requirements under 24 CFR 982.502, including calculation of the voucher housing assistance payment in accordance with 24 CFR 982.505. However, 24 CFR 982.505(b) (2) will not be applicable for calculation of the housing assistance payment prior to the effective date of the second regular reexamination of family income and composition on or after the merger date of October 1, 1999.

D. Regular Certificate Tenancy

The Camden Housing Authority will terminate program assistance under any outstanding HAP contract for a regular tenancy under the certificate program entered into prior to the merger date of October 1, 1999 at the effective date of the second regular reexamination of family income and composition on or after the merger date of October 1, 1999. Upon such termination of assistance, the HAP contract for such tenancy terminates automatically. The Camden Housing Authority will give at least 120 days written notice of such termination to the family and the owner, and the Camden Housing Authority will offer the family the opportunity for continued tenant-based assistance under the voucher program. The Camden Housing Authority may deny the family the opportunity for continued assistance in accordance with 24 CFR 982.552 and 24 CFR 982.553.

## **23.0 Section 8 Housing Committee**

### **23.1 Purpose**

The purpose of the Section 8 Housing Committee will be to discuss problems, and make recommendations on policy and procedure.

### **23.2 Committee Make-up**

The Committee will be comprised as follows:

- A. 2 members of CHA administration or their designees
- B. The Director of Section 8 or his/her designee
- C. 2 members as chosen by the City Wide Board
- D. The Director of Section 8 will act as Chairperson of the Committee
- E. The Committee shall meet no less than bi-monthly. Interim meetings may be called by the Chairperson or by a 3/5 vote of the recognized members.

## **24.0 ONE STRIKE AND YOU'RE OUT POLICY**

### **1. Purpose**



It is the policy of the Housing Authority of the City of Camden (CHA) that all

public housing low rent conventional and Section 8 Assisted residents and

families shall enjoy decent, safe and sanitary living conditions.

## 2. Authority

Drug related criminal activity, any other criminal activity, and drug and alcohol abuse in our community increases resident fear and decreases unit marketability. Therefore, CHA will not tolerate such behavior from its applicants or residents.

## 3. Definitions

Drug related criminal activity is the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use a controlled substance, or have in possession of one's person or in their dwelling unit and drug related paraphernalia.

## 4. Procedures for Applicants

The Authority shall screen out and deny admission to any applicant who:

- A. Has a recent history of criminal activity involving crimes to persons or property and/or criminal acts that affect the health, safety, or right to peaceful enjoyment of the premises by other residents;
- B. Was evicted from any assisted housing program within three years of the date of application because of drugs; related criminal activity;
- C. The Authority has determined the individual to be illegally using a Controlled substance;
- D. The Authority has determined the individual to be abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents;
- E. The Authority has determined that there is reasonable cause to believe that the applicants pattern of illegal use of a controlled substance or pattern of abuse may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents;
- F. Anyone convicted of manufacturing methamphetamine will automatically be denied admission to Public Housing or Section 8 as required by the

Quality Housing Work Responsibility Act (QHWRA);

- i. The applicant can present credible, verifiable evidence of successful completion of a treatment program and evidence of remaining drug-free at least 2 years following the program; or
- ii. The applicant can present credible, verifiable evidence of having otherwise been rehabilitated successfully and evidence of remaining drug-free at least 2 years following the rehabilitation.

5. Procedures for Residents

The Authority shall terminate the tenancy of any resident family whose members (including) foster children and/or live-in aides), guests or other invitees who:

- A. The Authority has determined is illegally using a controlled substance;
- B. The Authority has determined that the resident's abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents;
- C. The authority has determined to e engaging in drug-related criminal activity on or off the premises.
- D. Possession of drug paraphernalia;
- E. Criminal activity involving crimes t persons or property and/or criminal acts that affect eh health, safety or right to peaceful enjoyment of the premises by other residents;
- F. Engages in any activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents.
- G. Anyone convicted of manufacturing methamphetamine will automatically be denied admission or continued occupancy to Public Housing or Section 8 as required by the Quality Housing Work Responsibility Act (QHWRA).

Further, the Housing Authority will issue a defiant trespass notice to such evicted persons or families restricting them from entering into any Camden Housing Authority property or unit under lease in Section 8 for any reason. Persons violating said notice may be subject to arrest as disorderly person and face penalties up to six months in jail and 1,000.00 in fines; or as amended.

6. Procedures for Housing Authority

Required Attachment: nj010u02

- A. The Authority shall track crime related problems at its developments and at units under lease under the Section 8 Program and report any incidence of crime to the local police authorities to improve law enforcement and crime prevention.
  - i. The Housing Authority will forward to the local police authorities any resident complaints received concerning crime related problems; and
  - ii. The Housing Authority will review the police reports and newspaper articles concerning crime related problems with our residents and bring the problems to the attention of the proper local police personnel.
- B. The Housing Authority shall document that it is meeting its goals under the implementation plan for any drug prevention or crime reduction program funded by the Department of Housing and Urban Development or other funding source and being administered by the Housing Authority.

I have read and understand the “One Strike and You’re Out” Policy. I further understand that this policy applies to all applicants and residents o the Camden Housing Authority and supercedes any related provisions in all admission, administrative and continued occupancy agreements.

Applicant/Resident Signature \_\_\_\_\_

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

## 25.0 FSS ACTION PLAN

### **CAMDEN HOUSING AUTHORITY**

### **FAMILY SELF-SUFFICIENCY PROGRAM ACTION PLAN**

Submitted  
June 20, 2002

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**RESIDENT CHARACTERISTICS REPORT**

Program Type: Vouchers

Level of Information: Housing Agency within Field Office 2FPH

Report Start Date: November 01, 2000  
2002

Report End Date: April 30,

**UNITS INFORMATION**

| HA    | Total Available Units | Total Occupied Units | Port Move-in Billing | Port Move-outs Being Billed | Number Administered | Number Reported | Percent Report |
|-------|-----------------------|----------------------|----------------------|-----------------------------|---------------------|-----------------|----------------|
| 2FPH  | 59,173                | 42,880               | 840                  | 1,109                       | 42,611              | 40,999          | 96             |
| NJ010 | 711                   | 154                  | 0                    | 0                           | 154                 | 605             | 393            |

**INCOME INFORMATION**

| Distribution by Income, Average Annual (%) |                             |                      |                    |                  |                          |
|--|-----------------------------|----------------------|--------------------|------------------|--------------------------|
| HA   | Extremely Low Income, Below | Very Low Income, 50% | Low Income, 80% of | Above Low Income | Income Limit Unavailable |
|  |                             |                      |                    |                  |                          |

|       | 30% of Median | of Median | Median |   |    |
|-------|---------------|-----------|--------|---|----|
| 2FPH  | 22            | 8         | 2      | 0 | 67 |
| NJ010 | 73            | 9         | 2      | 0 | 17 |

| Average Annual Income (\$) |                       |
|----------------------------|-----------------------|
| HA                         | Average Annual Income |
| 2FPH                       | 12,512                |
| NJ010                      | 8,543                 |

| Distribution by Income (%) |      |             |                  |                   |                   |                   |                |
|----------------------------|------|-------------|------------------|-------------------|-------------------|-------------------|----------------|
| HA                         | \$ 0 | \$1-\$5,000 | \$5,000-\$10,000 | \$10,001-\$15,000 | \$15,001-\$20,000 | \$20,001-\$25,000 | Above \$25,000 |
| 2FPH                       | 1    | 9           | 38               | 22                | 14                | 9                 | 8              |
| NJ010                      | 0    | 24          | 36               | 19                | 11                | 2                 | 1              |

| Distribution by Source of Income |                |                  |                         |                       |
|----------------------------------|----------------|------------------|-------------------------|-----------------------|
| HA                               | With any Wages | With any Welfare | With any SSI/SS/Pension | With any other Income |
| 2FPH                             | 41             | 16               | 48                      | 21                    |
| NJ010                            | 40             | 32               | 25                      | 9                     |

## TTP/HOUSEHOLD TYPE INFORMATION

| Distribution by Total tenant Payment (%) |     |          |           |            |             |             |             |                 |
|--|-----|----------|-----------|------------|-------------|-------------|-------------|-----------------|
| HA                                       | \$0 | \$1-\$25 | \$26-\$50 | \$51-\$100 | \$101-\$200 | \$201-\$350 | \$351-\$500 | \$501 and above |
| 2FPH                                     | 0   | 1        | 3         | 8          | 30          | 29          | 15          | 13              |
| NJ010                                    | 0   | 0        | 12        | 22         | 29          | 24          | 10          | 2               |

## AVERAGE MONTHLY TTP

| HA    | Average Monthly TTP |
|-------|---------------------|
| 2FPH  | 283                 |
| NJ010 | 184                 |

| Distribution of Family Type (%) |                                    |                                      |  |  |                                |                                  |                                    |                                      |  |
|---------------------------------|------------------------------------|--------------------------------------|--|--|--------------------------------|----------------------------------|------------------------------------|--------------------------------------|--|
| HA                              | Elderly, No Children, Non-Disabled | Elderly, with Children, Non-Disabled | Non-Elderly, No Children, Non-Disabled | Non-Elderly, with Children, Non-Disabled | Elderly, No Children, Disabled | Elderly, with Children, Disabled | Non-Elderly, No Children, Disabled | Non-Elderly, with Children, Disabled | All Female Headed Household with Children, |
| 2FPH                            | 12                                 | 1                                    | 10                                     | 44                                       | 7                              | 1                                | 15                                 | 11                                   | 51   |
| NJ010                           | 1                                  | 1                                    | 14                                     | 78                                       | 0                              | 0                                | 3                                  | 1                                    | 77   |

| Average TTP by Family type |                                    |                                      |  |  |                                |                                  |                                    |                                      |  |
|----------------------------|------------------------------------|--------------------------------------|--|--|--------------------------------|----------------------------------|------------------------------------|--------------------------------------|--|
| HA                         | Elderly, No Children, Non-Disabled | Elderly, with Children, Non-Disabled | Non-Elderly, No Children, Non-Disabled | Non-Elderly, with Children, Non-Disabled | Elderly, No Children, Disabled | Elderly, with Children, Disabled | Non-Elderly, No Children, Disabled | Non-Elderly, with Children, Disabled | All Female Headed Household with Children, |
| 2FPH                       | 258                                | 338                                  | 295                                    | 313                                      | 237                            | 336                              | 222                                | 282                                  | 304  |
| NJ010                      | 215                                | 232                                  | 165                                    | 185                                      | 168                            | 356                              | 162                                | 260                                  | 189  |

**RACE/ETHNICITY/FAMILY SUBSIDY STATUS INFORMATION**

| Distribution by Head of Household's Race |            |                             |                                       |            |   |  |                                   |                  |       |
|--|------------|-----------------------------|---------------------------------------|------------|---|--|-----------------------------------|------------------|-------|
| HA                                       | White Only | Black/African American Only | American Indian or Alaska Native Only | Asian Only | Native Hawaiian/Other Pacific Islander Only | White American Indian/Alaska Native Only | White Black/African American Only | White Asian Only | Other |
| 2FPH                                     | 57         | 41                          | 0                                     | 0          | 0   | 0  | 0                                 | 0                | 0     |
| NJ010                                    | 2          | 97                          | 0                                     | 0          | 0   | 0  | 0                                 | 0                | 0     |

| Distribution by Head of Household's Ethnicity (%) |          |                |
|---|----------|----------------|
| HA  | Hispanic | Non - Hispanic |
| 2FPH  | 22       | 78             |
| NJ010   | 38       | 62             |

| Distribution by Family Subsidy Status (%) |                 |                     |
|---|-----------------|---------------------|
| HA  | Full Assistance | Prorated Assistance |
| 2FPH                                      | 99              | 0                   |
| NJ010                                     | 100             | 0                   |

**MEMBERS AGE INFORMATION**

| HA    | Total Number of Household Member |
|-------|----------------------------------|
| 2FPH  | 106,086                          |
| NJ010 | 1,856                            |

| Distribution by Household Member's Age (%) |     |      |       |       |       |     |
|--|-----|------|-------|-------|-------|-----|
| HA   | 0-5 | 6-17 | 18-50 | 51-61 | 62-82 | 83+ |
| 2FPH                                       | 11  | 35   | 38    | 6     | 8     | 2   |
| NJ010                                      | 22  | 39   | 35    | 3     | 1     | 0   |



**LENGTH OF STAY INFORMATION**

| HA    | Moved in Past year | 1 + 2 years Ago | 2 + 5 years Ago | 5 + 10 year Ago | 10 + 20 year Ago | Over 20 year Ago | Not Reported |
|-------|--------------------|-----------------|-----------------|-----------------|------------------|------------------|--------------|
| 2FPH  | 14                 | 19              | 22              | 22              | 18               | 2                | 3            |
| NJ010 | 8                  | 74              | 15              | 0               | 0                | 0                | 2            |

**HOUSEHOLD/UNITS SIZE INFORMATION**

Distribution by Household Size (%)

| HA    | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 + Persons |
|-------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--------------|
| 2FPH  | 32       | 24        | 19        | 13        | 7         | 4         | 1         | 0         | 0         | 0            |
| NJ010 | 14       | 27        | 25        | 18        | 10        | 4         | 2         | 0         | 0         | 0            |

| Average Household Size |                        |
|------------------------|------------------------|
| HA                     | Average Household Size |
| 2FPH                   | 2.6                    |
| NJ010                  | 3.1                    |

Distribution by Number of Bedrooms (%)

| HA   | 0 Bedrooms | 1 Bedrooms | 2 Bedrooms | 3 Bedrooms | 4 Bedrooms | 5 + Bedroom |
|------|------------|------------|------------|------------|------------|-------------|
| 2FPH | 2          | 31         | 37         | 25         | 4          | 1           |

- A Housing Choice Voucher participant
- Camden City agencies responsible for employment, training, education, and human services
- A non-profit corporation
- A bank
- A higher educational institution
- A CHA representative, and
- A representative from the Mayors Office.

The PCC will be used to help the Program Coordinator secure the necessary services to meet the families’ needs. The Major functions of the Pc will be;

- To develop and implement a FSS program;

- To recommend methods of generating private sector involvement;
- To provide and encourage the provision of program implementation services and to meet the self-sufficiency needs of the participants;
- To support the program Coordinator in overcoming barriers faced by participants in satisfying the goals of the action plans;
- To monitor participant progress, and;
- To assist in developing interagency agreements to facilitate implementation of the FSS action.

**B. Staffing**

A Program Coordinator will be responsible for implementing the FSS program. Initially, the Program Coordinator will hold primary responsibility for providing case management to all families.

The Program Coordinator will be supported by the CHA staff in completing interim evaluations for family applicant. In addition, the detailed assessment of TANF families currently enrolled in a Welfare-to-Work program or FSS-related program will be coordinated with the agency liaison responsible for TANF administration.

The Program Coordinator and the Section 8 Accountant will assume full responsibility for establishing the escrow account and the notification to families of their escrow account balance.

**4. OUTREACH AND SELECTION**

FSS Family Selection Criteria And Procedures

**EXHIBIT 9-2  
FSS WORKPLAN/TIMETABLE**

| <b>TASKS</b> | <b>INDIVIDUAL RESPONSIBLE</b> | <b>COMPLETION DATE</b> |
|--------------|-------------------------------|------------------------|
|              |                               | <b>Projected</b>       |

|   |  |   |
|---|--|---|
| <p><b>Task 1. Finalize FSS Action Plan</b></p> <ol style="list-style-type: none"> <li>1. Finalize Plan</li> <li>2. Submit FSS Action Plan for HUD Approval</li> </ol>   | <p>Glenn Barnett<br/>Dr. Maria Marquez</p>   | <p>5-20<br/>5.24</p>  |
| <p><b>TASK 2. ESTABLISH PROGRAM COORDINATION COMMITTEE</b></p> <ol style="list-style-type: none"> <li>1. Develop letter for distribution to targeted PCC members</li> <li>2. Identify CHA staff person &amp; PH/S8 resident</li> <li>3. Conduct informational session with PCC members</li> <li>4. Develop Memoranda of Understanding for PCC member and CHA</li> <li>5. Sign Memoranda of Understanding with each PCC member and CHA</li> </ol>  | <p>Glenn Barnett<br/>Program Coordinator</p> | <p>7-1-02<br/>7-8-02<br/>7-15-02<br/>7-22-02<br/><br/>7-29-02</p>   |
| <p><b>TASK 3. CONDUCT OUTREACH TO ELIGIBLE FSS PARTICIPANTS</b></p> <ol style="list-style-type: none"> <li>1. Develop FSS brochure</li> <li>2. Develop pre-assessment form for interested FSS Participants</li> <li>3. Conduct in-house briefing on program for CHA</li> <li>4. Schedule three FSS informational sessions and identify location</li> <li>5. Develop invitation flier with dates and times of FSS Briefings</li> <li>6. Develop press releases and public service announcements</li> <li>7. Print labels and conduct mass mailing to CHA families</li> <li>8. Conduct three FSS information al sessions (one per month)</li> </ol> | <p>Glenn Barnett<br/>Program Coordinator</p> | <p>8-1-02<br/>8-8-02<br/>8-8-02<br/>8-8-02<br/><br/>8-8-02<br/>8-15-02<br/>8-22-02<br/>9/1 to 12/1/02</p> |
| <p><b>Task 4. Schedule one-one-one interviews with interested participants</b></p> <ol style="list-style-type: none"> <li>1. Review pre-assessment forms</li> <li>2. Schedule one-on-one interview (30 per month for first six months)</li> <li>3. Assign task to each eligible interested interviewee</li> <li>4. Conduct one follow-up call to determine if task was completed by assigned date</li> </ol>  | <p>FSS Program<br/>Coordinator</p>           | <p>9-02 to 11-02</p>  |
| <p><b>TASKS</b></p>   | <p><b>INDIVIDUAL RESPONSIBLE</b></p>         | <p><b>COMPLE DAT</b></p>  |
| <p><b>Task 5. Execute Contracts of Participation/Develop Individual Service Plans</b></p> <ol style="list-style-type: none"> <li>1. Schedule one-on-one interview to execute Contract of Participation and Individual Service Plan based on pre-assessment and initial interview. (25 per month)</li> <li>2. Conduct re-certification of participant, if need.</li> <li>3. Enter information on HUD Form-50058 and submit to MTCS as new FSS Participant</li> </ol>   | <p>FSS Program<br/>Coordinator</p>           | <p><b>Projected</b><br/><br/>10-02 to 1-03<br/><br/>Ongoing<br/>Ongoing</p>                               |

|  |  |                      |
|--|--|----------------------|
| <p><b><i>TASK 6. ESTABLISH FSS ESCROW SAVING ACCOUNT</i></b></p> <ol style="list-style-type: none"> <li>1. Open/Establish savings account with banking institution</li> <li>2. Establish computer database in Excel or Access for FSS participant tracking</li> <li>3. Develop procedures for monthly escrow deposits</li> <li>4. Develop reporting format for FSS participants</li> </ol> | <p>Melvin Gibson/FSS<br/>Program Coordinator</p> | <p>Ongoing upon</p>  |
| <p><b><i>TASK 7. MONITOR MTCS SUBMISSION</i></b></p> <ol style="list-style-type: none"> <li>1. Monitor FSS MTCS submissions monthly to ensure reporting requirements for SEMAP</li> </ol>  | <p>Laurie Lynard/FSS<br/>Program Coordinator</p> | <p>10-02-ongoing</p> |
| <p><b><i>TASK 8. DEVELOP MONTHLY REPORTING FORMAT</i></b></p> <ol style="list-style-type: none"> <li>1. Begin Monthly reporting for SEMAP</li> </ol>   | <p>Laurie Lynard</p>                             | <p>Ongoing upon</p>  |

**CAMDEN HOUSING AUTHORITY  
FAMILY SELF-SUFFICIENCY PROGRAM ACTION PLAN**

## **1. INTRODUCTION**

The Purpose of the move towards the Family Self-Sufficiency (FSS) program for Voucher holders is to empower families to long-term independence through stable employment. Since most family heads are able to work and want to work, the FSS program's abiding philosophy is that the best first step toward long-term self-sufficiency for these families is a decent job. In keeping with this philosophy, and based on the assessed skills, experience, needs, and current employment situation of FSS participants, the program will emphasize:

- Short and long-term paths toward employment;
- Job retention and upward job mobility;
- Financial self-sufficiency within five years.

The CHA will establish partnerships and linkages with the private sector to provide self-sufficiency services to the participants.

### **A. Family Demographics**

The Camden Housing Authority currently administers 1067 Housing Choice Vouchers. All families that hold Vouchers issued by the Camden Housing Authority are eligible to participate in the Family Self-Sufficiency Program. Enclosed are some basic demographic numbers. See (exhibit 9-1)

Thirty six percent of FSS eligible families receive TANF. With the implementation of the Welfare to Work program, coupled with additional federal requirements concerning welfare reform, current TANF families will face stricter conditions to maintain their eligibility for public assistance. Their need for self-sufficiency services makes these families a logical target group for FSS.

### **B. Eligible families from other self-sufficiency programs**

The Camden Housing Authority also administers a self-sufficiency program for its public housing residents at McGuire Gardens and the former Westfield Acres (now Baldwins Run) as part of its Hope VI relocation plans FSS. Program services in the Housing Choice Voucher program will be coordinated with other Section 8 related programs.

## **2. GOALS AND OBJECTIVES**

### **A. Program objectives and estimate of participating families**

- To assist families in achieving economic self-sufficiency;
- Upon completion of the program, to enter into possible Section 8 homeownership;
- It is estimated that 50 families will initially be enrolled in the program.

#### B. Family Participant Objectives

- Elevate the family from a status of dependence to that of self-reliance and self-sufficiency;
- Achieve a greater level of self-discipline, self-esteem, and self-motivation by accepting responsibility for decisions and actions;
- Demonstrate commitment and accountability to a customized service plan for the individual and family in which goals are identified and barriers are Addressed.

#### C. Expected Outcomes

- At least 75% of the target group, who have completed high school, will achieve self-sufficiency within the specified five (5) year time frame;
- Improved services delivery resulting from effective assessment and evaluation methodologies to measure performance and results.

### 3. ORGANIZATION AND STAFFING

#### A. Program Coordinating Committee

To support the CHA in securing the commitments of public and private resources needed to complete the individual training and service plans, the CHA will establish a Program Coordinating Committee (PCC). The PCC will meet on a quarterly basis or more frequently as the need is determined by the Program Coordinator to monitor program progress or to handle any special problems or barriers confronted by the families.

The membership of the PCC shall consist of least the following persons, agencies or organizations:

- A Housing Choice Voucher participant
- Camden City agencies responsible for employment, training, education, and human services
- A non-profit corporation
- A bank
- A higher educational institution
- A CHA representative, and
- A representative from the Mayors Office.

The PCC will be used to help the Program Coordinator secure the necessary services to meet the families' needs. The major functions of the PCC will be;

- To develop and implement a FSS program;

- To recommend methods of generating private sector involvement;
- To provide and encourage the provision of program implementation services and to meet the self-sufficiency needs of the participants;
- To support the program Coordinator in overcoming barriers faced by participants in satisfying the goals of the action plans;
- To monitor participant progress, and;
- To assist in developing interagency agreements to facilitate implementation of the FSS action.

#### B. Staffing

A Program Coordinator will be responsible for implementing the FSS program. Initially, the Program Coordinator will hold primary responsibility for providing case management to all families.

The Program Coordinator will be supported by the CHA staff in completing interim evaluations for family applicants. In addition, the detailed assessment of TANF families currently enrolled in a Welfare-to-Work program or FSS-related program will be coordinated with the agency liaison responsible for TANF administration.

The Program Coordinator and the Section 8 Accountant will assume full responsibility for establishing the escrow account and the notification to families of their escrow account balances.

### **4. OUTREACH AND SELECTION**

#### **A. FSS Family Selection Criteria and Procedures**

To be eligible for participation in the FSS program, the family must meet the following criteria;

- The family must be a current participant in the Housing Choice Voucher program;
- The family must not have any outstanding debt owed to the CHA or be willing to pay this debt as a condition of FSS program participation.

All selections will be current voucher residents who express an interest in the program and meet selection criteria. Families will first be selected in order of date and time of application. The estimated number of participant families will be 50.

The families will then be selected based on their willingness to complete a series of motivational tasks and assignments. The following motivational factors will be assessed in determining selection for the FSS program.

- A letter will be mailed to all participating CHA Housing Choice Voucher holders advising them of the FSS program and informational orientation sessions. Three orientation sessions will be held for interested applicants. Attendance at one of these three orientation sessions is mandatory;
- Attendance at a one-on-one meeting with the FSS Program Coordinator for pre-assessment of self-sufficiency needs is required; and
- Completion by the family and/or family members of one or more tasks related to the self-sufficiency goals such as calling the JOBS program for placement or assessment, following up on a job search or training opportunities as requested by the program Coordinator by an agreed upon time.

The CHA will maintain a list of interested families submitting applications after the orientation sessions.

#### B. Incentives to Encourage Participation

The primary incentives for participation in the FSS program will include the establishment of an escrow savings account and the provision of services needed to support the family in achieving self-sufficiency.

#### C. Outreach

The FSS program will be open to all current Housing Choice Voucher holders. Any FSS-eligible family willing to commit to the goal of attaining financial independence will be welcomed into the program. To make the most effective use of program resources, we will focus outreach and recruitment efforts on those who demonstrate a strong interest in improving their economic situation and who express a willingness to take on the obligations required under the FSS agreement. The estimated number of participant families will be 50.

- A mass mailing will be made to all CHA Housing Choice Voucher Program participants advising them of the FSS program and required attendance at one of the three scheduled informational sessions.
- A FSS brochure will be developed and provided to local service providers explaining the FSS program, eligibility, and requirements. A separate flier describing the dates and times of the three seminars to be held will also be distributed to local TANF agencies and other social service providers.



- An invitational letter will be mailed to all current participants receiving TANF advising them of the program and its benefits;
- Brochures and the invitational letters will be available in the waiting area and be given to the Housing Specialists to mail out with the recertification packages for at least the first year until an adequate waiting list is established.
- The program will also utilize the CSS programs of the Hope VI Westfield Acres program and McGuire Gardens program.

#### D. Assurances of Non-interference with Rights of Non-participating Families

Eligible families for FSS will be selected from existing participants in the Housing Choice Voucher program, not from the waiting lists. Therefore, a family's election not to participate in the FSS program will not affect the family's admission to the Housing Choice Voucher program or the family's right to occupancy in accordance with its lease.

If a family is denied participation in the program, the family would be eligible for an informal review of the decision under the same guidelines outlined in the CHA Section 8 Administrative Plan for informal reviews for applicants to the Section 8 program. Examples of reasons why the CHA would deny participation could be but not be limited to owing the CHA an outstanding money balance, clients rental history, criminal background checks, etc.

## 5. ASSESSMENT

### A. FSS method of Assessment and Identification of Needs

A comprehensive assessment will be conducted for each household who expresses interest in the FSS Program. First, interested families will be invited to attend a monthly orientation session. Program staff will explain the program's design, requirements, and services. Families who wish to enroll will be asked to complete a brief pre-assessment form. The FSS Program Coordinator will contact applicants who return completed forms to schedule an appointment for a one-on-one interview. The pre-assessment will help applicants identify the family's goals as well as the family's skills, resources, and needs for services.

The pre-assessment will provide the basis for a more in-depth, comprehensive assessment which an enrolling participant and the FSS Program Coordinator will develop together. For those without jobs, the assessment will address needs and resources related to job stability, retention, and career advancement. The assessment will identify the families resources and needs in such areas as work experience, job search and retention skills, education, training, child care and transportation. The assessment will also address such issues as physical and mental health, parenting, budgeting and household management, English language skills, coping skills, and other skills necessary to gain and sustain financial independence. Several principles will guide the assessment process.

- A key objective of the assessment process will be to determine whether the participant is ready to look for work, including whether the participant has the skills needed for the type of employment sought and whether additional training would enhance the participants long-term employability;
- Assessment will be an ongoing process that encompasses many topics over the course of a participant's preparation for an entry into employment;
- Staff will be encouraged to identify and build on the positive life skills, strengths, and capabilities they already possess;
- The assessment will establish priorities among identified needs.

The assessment will be the basis for developing the Contract of Participation and individual service plans that will outline the steps toward the long-term goal of independence from TANF.

#### B. FSS Activities and Supportive Services

The FSS Program Coordinator will assist participants to identify the resources needed to implement their plans for reaching self-sufficiency. Participants seeking further education will be referred for additional academic assessment, if needed; those who are still identifying their employment goals may be referred for more in-depth aptitude testing and career counseling. Depending on the participant's interests and prior education, referrals may be made to local providers of basic deductions (GED), vocational or technical education, English as a second language courses, and/or academic training. Participants who are already looking for work or who are planning to begin a job search may be referred to programs such as the New Jersey Employment and Training office and the Camden Employment Service Department. Participants may also receive referrals for supportive services, such as child care and transportation assistance, personal or family counseling, or medical services.

The FSS Program Coordinator will follow up with participants and service providers regarding the outcomes of the referrals. Staff will make sure the participants were able to contact the provider, that the needed services were available, and that the participant is satisfied with the quality of services. Service providers will be contacted to confirm that the provider was able to assist the participant and to resolve any problems that might have arisen.

### 6. Program Implementation

#### A. Contract of Participation

The CHA will enter into a Contract of Participation with each head of household or family member who participates in the FSS program. The contract will outline the

number and identity of participating family members and the designated head of household.

The contract will establish specific interim and final goals as a means for measuring the family's progress. The contract will specify the services, achievements and interim goals leading ultimately to self-sufficiency. Where appropriate, the contract will take into account similar plans that may have been developed by other employment-related programs and agencies. The contract will also include the obligation of the CHA and its FSS partners to facilitate access to, or directly provided, the services and support required for the participant to achieve interim and final self-sufficiency goals.

The Contract of Participation will also outline the FSS Program's commitment to support the participants' efforts, and the roles and responsibilities of program staff in helping participants reach their goals. The FSS Contract of Participation and individual service plans will be reviewed periodically. Staff and participants may choose to revise agreements as appropriate.

#### B. Individual Service Plans

The FSS contract will include interim goals, so that progress may be monitored toward the ultimate goal of financial independence. If a participant fails to achieve an interim goal, or to maintain attendance and/or performance standards in any particular service or services, the FSS Program Coordinator will determine first if FSS or any of its network of service providers failed to fulfill their obligations. If the responsibility lays with the program itself or a service provider, the FSS Program Coordinator will investigate the reasons for the failure to take steps to correct it. The FSS Program Coordinator and participant may also, if mutually agreeable, change the contract to substitute a different service or provider.

#### C. Term of the Contract of Participation

The term of the contract will be for a period of five (5) years from the effective date of the contract. The contract's effective date is the first day of the month following the date the contract was signed by the family and the Program Coordinator.

#### D. Extension of the Contract

The contract term may be extended for up to two (2) years beyond the original five (5) year term. If the contract is extended, the family will continue to receive FSS escrow credits during the time period associated with the extension. An extension of the contract term will be allowed for good cause such as:

- A serious illness affecting the had of household;
- An involuntary loss of employment, or;
- The existence of difficulties or delays in providing the family the services needed to meet the contract goals.

#### E. Termination of the Contract of Participation

If the FSS Program Coordinator concludes that a participant has failed to fulfill the specific terms of the agreement without good cause or has violated the FSS general rules of conduct, the FSS program Coordinator may terminate the participant from the FSS program. Termination from FSS will not affect the family's eligibility under the Housing Choice Voucher program as long as the participant continues to meet the requirement of the Voucher program.

Reasons for termination of the Contract of Participation could include:

- The mutual consent of both the participant and the FSS Program Coordinator to terminate the contract;
- The failure of the family to honor the terms of the contract;
- The achievement of self-sufficiency by the family;
- The expiration of the contract term, and any associated extension period thereof;
- The family's withdrawal from the program; or
- A family moves to a different jurisdiction;
- The family under reports initially or when changes occur while in the program of income or assets.

If a participant fails to maintain the contract, the FSS Program Coordinator will investigate the specific causes for the failure. If the causes are external barriers to participation, the FSS Program Coordinator will take steps to remove them. If the failure is due to the participant's dissatisfaction with the contract or any part of the contract, the FSS Program Coordinator will attempt to discover the reasons for the dissatisfaction and remove or remediate the problems.

The CHA will give written notice of possible termination of the FSS Contract to the head of household within 30 days of the proposed termination, stating the specific reasons for the proposed termination. The client will then have an opportunity to request a hearing before the Director of Section 8 Rental Assistance. If the client fails to request a hearing within 14 days from the date of the letter, the Program Coordinator may proceed with the final termination of the contract.

#### F. Contract Completion

A family has fulfilled its obligations under the Contract under the following circumstances:

- When the FSS family has completed with all requirements under the Contract and completed all activities outlined in the contract, within the term of the contract including any extension and has been off of TANF for 12 months;
- When 30% of the family's monthly adjusted income equals or exceeds the published existing housing fair market rent for the unit size the family qualifies to rent.

#### G. Establishment of the Escrow Account

The CHA will establish an interest bearing escrow account into which the CHA will make monthly deposits on behalf of the family. The amount of the monthly escrow credit will be determined based on any increase in rent paid by the family because of increases in earned income. The CHA will give the family a quarterly report on the escrow account balance. The CHA will cease making credits to a family's escrow account when the family has completed the contract.

#### H. Withdrawal from the Escrow Account

A family is eligible to receive the balance in its FSS escrow account including any accumulated interest under the following circumstances:

- The family has met its obligations under the Contract of Participation on or before the Contract's expiration date and;
- At the time of Contract completion, the head of the family certifies that no family members received or have received Federal or state welfare assistance for at least 12 months. Federal or state welfare assistance includes TANF, General Assistance, or other assistance provided under a Federal or state program for general living expenses such as food, health care and child care. (Welfare assistance does not include transitional welfare assistance like Medicaid and child care for JOBS participants. Welfare assistance does not include participation in local, state or Federal housing programs where the assistance is paid to the housing owner or administering agency.); or

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- Thirty percent of the family's monthly adjusted income equals or exceeds the existing housing Fair Market Rent for the size of the unit for which the family qualifies.

The CHA may verify the family's certification that it is no longer receiving welfare assistance by contacting welfare agencies and requesting relevant documents. At its sole discretion, the CHA may also advance to the FSS family a portion of the escrow account prior to completion of the contract if the CHA determines that the family has fulfilled certain interim goals, and the family needs the funds to complete the contract (e.g., to pay for school tuition or other school costs, small business start-up expenses, a car when public transportation is unavailable, or job training expenses).

#### I. Loss of FSS Escrow Account Funds

The family will not receive the funds in its escrow account if:

- The Contract is terminated;
- The Contract is declared null and void by mutual consent;
- The head of household has not met the terms of the Contract; or
- The family violates the provisions of its lease.

#### J. Portability

A participant in the FSS program must live in the jurisdiction of the CHA during the first year of program participation. If a family moves outside the CHA's jurisdiction after the first year of program participation, the CHA may take the following actions;

- Terminate the Contract;
- Transfer the family's escrow account balance to the new jurisdiction, if the jurisdiction has an FSS program and selects the family to participate in the program.

## 7. CERTIFICATION OF COORDINATION

The development of services and activities under the FSS program will be closely coordinated with the Hope VI CSS Program, and with other services available to FSS eligible families. A task force will also be established and the CHA FSS Program Coordinator is a member of the task force, which is also comprised of the following social service providers:

- Camden Board of Education/Adult Education
- Office of the Mayor
- Camden County Board of Social Services
- Division of Youth and Family Services
- Volunteers of America
- OEO

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- Commerce Bank
- Castle Development
- Catholic Social Services
- Hispanic Family Center of South Jersey
- Hispanic Affairs & Community Development
- Professional Educational Development Corporation
- Camden County Vocational & Technical School

The development of the individual training and services plan signed by each participant as part of the FSS Contract will be carefully Coordinated with similar documents that clients must sign in other TWT program that they may be participating in. Coordination of these training and service plans will help to minimize the administrative burdens on the clients and focus the efforts of both participants and staff on meeting the employment needs of FSS families.

## **8. PROGRAM MONITORING AND EVALUATION**

### **A. Section Eight Management Assessment Program (SEMAP)**

In order to track compliance with SEMAP and to determine the effectiveness of the FSS Program, the Program Coordinator will prepare monthly reports to the Section 8 Director detailing the progress of FSS families. At a minimum, these monthly reports will include the following:

- Number of mandatory FSS slots;
- Number of FSS families currently enrolled;
- Percent of FSS slots filled;
- Percent of FSS participants with escrow account balances;
- Number of families with FSS escrow accounts currently enrolled but who have moved under portability and whose Section 8 assistance is administered by another HA;
- Relevant FSS activities conducted by the Program Coordinator or participating partners.

Also, at least annually, the Program Coordinator will submit to HUD, in the form prescribed by HUD, a report regarding its FSS program. The report shall include the following information:

- A description of the activities carried out under the program.

- A description of the effectiveness of the program in assisting families to achieve economic independence and self-sufficiency;
- A description of the effectiveness of the program in coordinating resources of communities to assist families to achieve economic independence and self-sufficiency, and
- Any recommendations by the CHA or Program Coordinating Committee for legislative or administrative action that would improve the FSS program and ensure the effectiveness of the program.

## **9. TIMETABLE FOR PROGRAM IMPLEMENTATION**

It is the goal of the CHA to implement the FSS program immediately and have the full complement of 50 families under contract by 2-1-2003. Exhibit 9-2 is a detailed workplan describing the scheduled for implementation of this plan and filling FSS slots with eligible families.

## **26.0 CRIMINAL, DRUG TREATMENT, AND REGISTERED SEX OFFENDER CLASSIFICATION RECORDS MANAGEMENT POLICY**

### **A. PURPOSE**

In the course of its regular operations, the Camden Housing Authority comes into possession of criminal records as well as records of drug treatment or registered sex offender status of both residents and applicants. While necessary to accomplish Housing Authority business, these records must be maintained securely and kept from improper use.

The Camden Housing Authority may also be called upon to perform criminal records checks regarding applicants for, or tenants of, housing that receives project-based assistance in the jurisdiction of the Housing Authority. The authority shall maintain the records received for these residents or applicants in the manner prescribed by this policy. Such records will not be made available to the owner of the subject property, but will be used to make recommendations to the owner based on criteria supplied by the owner.

### **B. ACQUISITION**



All adult applicants and residents shall complete the Camden Housing Authority Authorization for Release of Police Records and Authorization of Release of Medical Records when they apply for housing. Through its cooperative Agreement with the Camden Police Department, the Housing Authority will request a check of local records as well as a National Crime Information Center check for a criminal history of an applicant. This check is done for the purpose of applicants for housing.

### **C. MAINTENANCE**

The Camden Housing Authority will keep all criminal records or records of drug treatment or sex offender status that are received confidential. These records will be used only to screen applicants for housing or to pursue evictions. The records will not be disclosed to any person or other entity except for official use in the application process or in court proceedings. No copies will be made of the records except as required for official or court proceedings.

Criminal records or records of drug treatment or registered sex offender status will be kept in a file separate from other application or eviction information. These files will be maintained in a different cabinet that is locked and kept in a secure location. Only specified employees shall have access to this cabinet.

### **D. DISPOSITION**

The records shall be destroyed once action is taken on the application for housing and any grievance hearing or court proceeding has been completed and the action is finalized. A notification of destruction will be maintained.

## **27.0 AUTHORIZATION FOR RELEASE OF INFORMATION**

HOUSING AUTHORITY OF THE CITY OF CAMDEN  
SECTION 8 RENTAL ASSISTANCE DEPARTMENT &

LOW INCOME PUBLIC HOUSING

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT**

I authorize and direct any federal, state or local agency, organization, business, or individual to release to the Housing Authority of Camden any information or materials needed to complete and verify my application for participation, and/or to maintain my contained assistance under the Section 8, Rental rehabilitation, Low-Income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

**INFORMATION COVERED**

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquires that may be requested, include but are not limited to:

- Identity and Marital Status
- Medical or Child Care Allowance
- Credit and Criminal Activity
- Employment, Income, and Assets
- Residences and Rental Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS AND INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Support & Alimony Providers
- Medical & Child Care Providers
- Retirement Systems
- Veterans Administration
- Banks & Other Financial Institutions
- Credit Providers & Credit Bureaus
- Utility Companies

**COMPUTER MATCHING NOTICE AND CONSENT**

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State or local agencies, including, but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

**CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes stated above. The authorization will stay in effect for a year and one month from the date signed:

**SIGNATURES**

|                   |              |       |
|-------------------|--------------|-------|
| _____             | _____        | _____ |
| Head of Household | (Print Name) | Date  |
| _____             | _____        | _____ |
| Head of Household | (Print Name) | Date  |
| _____             | _____        | _____ |
| Spouse            | (Print Name) | Date  |
| _____             | _____        | _____ |
| Adult Member      | (Print Name) | Date  |

\_\_\_\_\_  
Adult Member

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

## **28.0 Section 8 Homeownership Program**

HACC shall offer to its Section 8 voucher holders the opportunity to utilize their Section 8 housing assistance towards the mortgage amount for ownership of a dwelling. HACC will offer this program to 10 of its clients beginning in FY 2003, and HACC reserves the right to increase or decrease this number at any point in time due to budget constraints or cuts in funding from HUD. For a voucher holder to be eligible, they must meet the following criteria:

- A. Qualified for a mortgage from an approved lending institution.
- B. Have saved or secured the necessary monies to handle down payment and closing costs.
- C. Have the unit chosen inspected by HACC and the unit passing that inspection and all subsequent complaint, quality control or annual inspections
- D. Be a participant in the HACC Section 8 FSS Program and have met or completed at least 50% of their stated goals in the FSS Program.

HACC reserves the right to terminate assistance on a Section 8 Homeownership unit if the client:

- A. Violates any of the family obligations outlined in the Section 8 Administrative Plan
- B. Does not maintain the unit in accordance with HQS standards and local municipal codes.
- C. Does not maintain their financial responsibilities associated with the unit.

## **29.0 FILES ACCESS INTERNAL CONTROLS POLICY AND PROCEDURES**

### **A. General**

Each housing authority is charted with the responsibility for the protection of privacy and security of its files, especially those containing personal information of applicants, residents, employees and landlords. Specific guidelines are described for the protection and security of information obtained from criminal

background checks and screening through drug treatments center. Because each PHA maintains a variety of files and information, both automated and in hard copy form, it is critical that the integrity of all files and data be maintained. In order to assure the access to various forms of information is adequately controlled and is limited to those with a need to know or responsibility for maintenance, the following policy is established.

This policy uses position titles in the descriptions of access. The Executive Director/CEO or his/her designated representative will assign access levels to each employee within the PHA. Access to HUD data for PHAS, PIC, SEMAP, and LOCCS is to be limited to the agency's Coordinator and/or designated "Users". Access to up-front Income Verification (UV) data is restricted to the Executive Director, Director of Property Management, Director of Section 8 or designee. This person must be computer knowledgeable and familiar with internet access and security. For purposes of this policy, financial department records and LOCCS will not be addressed because the PHA has separate policy addressing this area.

B. Access Levels

The following levels will be used throughout this policy to denote the access limits for various PHA personnel within designated departmental areas such as Personnel, Administration, Maintenance, Occupancy, etc.

Level 1 - Full access to all hard files and computer data. This level is generally applicable to the Executive Director, Deputy Director, assigned Coordinators, and departments Heads. Access to computer data includes read and write capability.

Level 2 - Full access to all hard files and computer data within his/her assigned Department. This level is generally applicable to Department Heads and /or Deputies, or supervisor. Access to computer data includes read and write capability.

Level 3 - Computer access limited to data entry or file input and generation of standard reports, but does not allow for correction or change of data once it is entered. Hard file access is limited to specific types of files identified on the File /access chart. This level is generally applicable to clerical or program staff specifically assigned to perform data entry functions and "Users" designated to enter data into HUD mandated programs.

Level 4 - Computer access limited to read only data. Hard files access is limited to specific types of files identified on the File Access chart. This level is generally applicable to program staff with a need to review or access data within files or systems but without the authority to independently

enter or change existing data. Any revisions to existing data deemed necessary by a Level 4 individual would be required to be submitted through a position having Level 2 access.

C. Access to administrative Records (non-Personnel Records)

Although these types of files are very broad in scope, they encompass such major administrative items such as the Five-Year Agency Plan and Annual Up-Date records, Agency Annual Reports, records related to Board of Commissioners activities such as resolutions, board meeting minutes, and agendas, mission statements, policy files, audit files, managements reports, user names and passwords, etc. While many of these items are a matter of public record, ability to change or revise must be limited to Level 1 personnel.

Certain administrative decisions which may involve Board of Commissioner review of adverse personnel actions, for example, must be kept under lock and key. Access to such files must be limited to Level 1 employees.

Included in Administrative record are files and documents related to Federal and State Law, HUD rules and regulations, handbooks, guidebooks, notices and other program related guidance and information. These items should be filed in a central location and be available to all staff as well as the public.

D. Access to Administrative Records (Personnel)

Privacy and security of all files related to agency personnel is paramount. All personnel files must be kept in secure cabinets with key or combination locks. Access must be limited to the individual who is the subject of the file and the Level 1 assignee. Filing may be assigned to a Level 3 individual under close supervision.

E. Access to Maintenance Records

Accurate maintenance records form the backbone of the agency's documentation of performance under its Maintenance Plan and adequacy of performance for PHAS reporting. Such records include but are not limited to: work orders data entry and recording. Whether data entry or recording is manual or computerized it should be assigned to a Level 3 position. Any changes, revisions or corrections must be generated by a Level 1 or Level 2 employee. Both the Level 1 and Level 2 employees should have access to data for read-only purposes.

F. Access to Occupancy Records

All applicant and tenant/participant hard files should be maintained in secure cabinets with key or combination lock. Appropriate file-tracking systems will be developed to track files removed from the main storage. A file sign-out card may

be completed identifying the person responsible for the file and its location. The file sign-out card may be inserted in place or the file in the file drawer. An automated tracking system and/or a librarian clerk system may be used.

The privacy and security of the personal information in applicant and resident files cannot be over-emphasized. By virtue of the screening, certification and rectification process, intimate details regarding family income, personal family circumstances and other sensitive information about individuals and families must be maintained in both hard copy files and computer data banks. Access to this information must be strictly limited to those with "a need to know". Level 3 employees should be limited to data entry tasks related to the waiting list, family statistics, 50058 data and other occupancy-related issues. Any changes, corrections or revisions to the data must be approved by a Level 2 employee in the Occupancy department. Additionally, in the Section 8 Housing Choice Voucher Program, the PHA is required to provide an owner with certain information concerning current and previous landlords of the applicant and has the option to provide an owner with the results of the criminal background and drug screening checks. Approval to release such information may only be granted by an individual with Level 2 access.

G. Special Requirements Related to Criminal Background Checks and Drug Treatment Center Screening

Information received by the PHA related to Criminal Background and Drug Treatment Screening requires special treatment and handling. In accordance with the PHA's Admission and Continued Occupancy Policy and/or Section 8 Administrative Plan, results of these screening tools must be segregated from other file documentation or computer data and must be destroyed once the purpose for which it was obtained has been determined. Only a Level 1 or Level 2 employee in the Occupancy department should have direct access to this information and should share it only with the staff member directly assigned to the case. Screening results must be placed in a locked file and must be destroyed once the determination to house or not house or to terminate or continued occupancy has been made. If the family/individual appeals a negative decision, the records must be retained until a decision has been made on the appeal. At that point, the records are to be destroyed. Those employees having and right to access the information must be advised of the severe Federal penalties for unauthorized release of information.

H. Special Requirements Related to REAC Reporting (Public Housing Only)

As an annual requirement under PHAS, each PHA is required to report to REAC on a secure internet system, certain information regarding its Physical (PASS), Financial (FASS), Management (MASS) and Resident Services (RASS) status. This overall reporting is done under a single agency Coordinator who has Level 1

access. Actual report data entry may be performed by a designated "User" for each program area who has Level 2 access.

I. Summary

For each function, a specific person should be designated along with the Level of Access Security required. Likewise, for each function, a back-up staff member should be assigned to provide coverage when the primary designee is ill, on vacation, on jury duty or is otherwise unavailable to perform the duties at the times required. A listing of the assignments shall be recorded in this policy and maintained with other personnel record.

It should also be noted, that individuals on the Board of Commissioners or other persons not employed by the PHA should never have direct access to agency files or data beyond that which is presented during meetings as part of a regular or special formal agenda.

## **30.0 CIVIL RIGHTS CERTIFICATION**

THE HOUSING AUTHORITY OF THE CITY OF CAMDEN WILL COMPLY WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 (42 U.S.C. 2000D) AND REGULATIONS ISSUED PURSUANT THERETO (24CFR Part 1) WHICH STATE THAT NO PERSON IN THE UNITED STATES SHALL, ON THE GROUND OF RACE, COLOR, OR NATIONAL ORIGIN, BE EXCLUDED FROM PARTICIPATION IN BE DENIED THE BENEFITS OF, OR BE OTHERWISE SUBJECTED TO DISCRIMINATION UNDER ANY PROGRAM OR ACTIVITY FOR WHICH THE APPLICANT RECEIVED FINANCIAL ASSISTANCE. HACC WILL ALSO BE IN FULL COMPLIANCE WITH ANY DESEGREGATION OR OTHER COURT ORDER RELATED TO FAIR HOUSING INCLUDE THE FAIR HOUSING ACT AND SECTION 504 OF THE REHABILITATION ACT OF 1973.

## **GLOSSARY**

**1937 Housing Act:** The United States Housing Act of 1937 [42 U.S.C. 1437 et seq.)

**Absorption:** In portability, the point at which a receiving housing authority stops billing the initial housing authority for assistance on behalf of a portable family. [24 CFR 982.4]

**Adjusted Annual Income:** The amount of household income, after deductions for specified allowances, on which tenant rent is based.

**Administrative fee:** Fee paid by HUD to the housing authority for the administration of the program.

**Administrative Plan:** The plan that describes housing authority policies for the administration of the tenant-based programs.

**Admission:** The point when the family becomes a participant in the program. In a tenant-based program, the date used for this purpose is the effective date of the first HAP Contract for a family (first day of initial lease term).

**Adult:** A household member who is 18 years or older or who is the head of the household, or spouse, or co-head.

**Allowances:** Amounts deducted from the household's annual income in determining adjusted annual income (the income amount used in the rent calculation). Allowances are given for elderly families, dependents, medical expenses for elderly families, disability expenses, and child care expenses for children under 13 years of age. Other allowance can be given at the discretion of the housing authority.

**Amortization Payment:** In a manufactured home space rental: The monthly debt service payment by the family to amortize the purchase price of the manufactured home. If furniture was included in the purchase price, the debt service must be reduced by 15% to exclude the cost of the furniture. The amortization cost is the initial financing, not refinancing. Set-up charges may be included in the monthly amortization payment.

**Annual Contributions Contract (ACC):** The written contract between HUD and a housing authority under which HUD agrees to provide funding for a program under the 1937 Act, and the housing authority agrees to comply with HUD requirements for the program.

**Annual Income:** All amounts, monetary or not, that:

- a. Go to (or on behalf of) the family head or spouse (even if temporarily absent) or to any other family member, or
- b. Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and



- c. Are not specifically excluded from Annual Income.
- d. Annual Income also includes amounts derived (during the 12-month period) from assets to which any member of the family has access.

**Applicant (applicant family):** A family that has applied for admission to a program but is not yet a participant in the program.

**Assets:** see net family assets.

**Asset Income:** Income received from assets held by household members. If assets total more than \$5,000, income from the assets is "imputed" and the greater of actual asset income and imputed asset income is counted in annual income.

**Assisted lease (lease):** A written agreement between an owner and a family for the leasing of a dwelling unit to the family. The lease establishes the conditions for occupancy of the dwelling unit by a family with housing assistance payments under a HAP contract between the owner and the housing authority.

**Certificate:** A document issued by a housing authority to a family selected for admission to the Certificate Program. The certificate describes the program and the procedures for housing authority approval of a unit selected by the family. The certificate also states the obligations of the family under the program.

**Certification:** The examination of a household's income, expenses, and family composition to determine the household's eligibility for program participation and to calculate the household's rent for the following 12 months.

**Child:** For purposes of citizenship regulations, a member of the family other than the family head or spouse who is under 18 years of age.

**Child care expenses:** Amounts anticipated to be paid by the family for the care of children under 13 years of age during the period for which annual income is computed, but only where such care is necessary to enable a family member to actively seek employment, be gainfully employed, or to further his or her education and only to the extent such amounts are not reimbursed. The amount deducted shall reflect reasonable charges for child care. In the case of childcare necessary to permit employment, the amount deducted shall not exceed the amount of employment income that is included in annual income.

**Citizen:** A citizen or national of the United States.

**Common space:** In shared housing: Space available for use by the assisted family and other occupants of the unit.

**Congregate housing:** Housing for elderly or persons with disabilities that meets the HQS for congregate housing.

**Consent form:** Any consent form approved by HUD to be signed by assistance applicants and participants for the purpose of obtaining income information from employers and SWICAs, return information from the Social Security Administration, and return information for unearned income from the Internal Revenue Service. The consent forms may authorize the collection of other information from assistance applicants or participant to determine eligibility or level of benefits.

**Contiguous MSA:** In portability, an MSA that shares a common boundary with the MSA in which the jurisdiction of the initial housing authority is located.

**Continuously assisted:** An applicant is continuously assisted under the 1937 Housing Act if the family is already receiving assistance under any 1937 Housing Act program when the family is admitted to the Voucher Program.

**Cooperative:** Housing owned by a non-profit corporation or association, and where a member of the corporation or association has the right to reside in a particular apartment, and to participate in management of the housing.

**Domicile:** The legal residence of the household head or spouse as determined in accordance with State and local law.

**Decent, safe, and sanitary:** Housing is decent, safe, and sanitary if it satisfies the applicable housing quality standards.

**Department:** The Department of Housing and Urban Development.

**Dependent:** A member of the family (except foster children and foster adults) other than the family head or spouse, who is under 18 years of age, or is a person with a disability, or is a full-time student.

**Disability assistance expenses:** Reasonable expenses that are anticipated, during the period for which annual income is computed, for attendant care and auxiliary apparatus for a disabled family member and that are necessary to enable a family member (including the disabled member) to be employed, provided that the expenses are neither paid to a member of the family nor reimbursed by an outside source.

**Disabled family:** A family whose head, spouse, or sole member is a person with disabilities; or two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides.

**Disabled person:** See "person with disabilities."

**Displaced family:** A family in which each member, or whose sole member, is a person displaced by governmental action (such as urban renewal), or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.

**Displaced person:** A person displaced by governmental action (such as urban renewal), or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.

**Drug related criminal activity:** Illegal use or personal use of a controlled substance, and the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute or use, of a controlled substance.

**Drug trafficking:** The illegal manufacture, sale, or distribution, or the possession with intent to manufacture, sell, or distribute, of a controlled substance.

**Elderly family:** A family whose head, spouse, or sole member is a person who is at least 62 years of age; or two or more persons who are at least 62 years of age living together; or one or more persons who are at least 62 years of age living with one or more live-in aides.

**Elderly person:** A person who is at least 62 years of age.

**Evidence of citizenship or eligible status:** The documents that must be submitted to evidence citizenship or eligible immigration status.

**Exception rent:** An amount that exceeds the published fair market rent.

**Extremely low-income families:** Those families whose incomes do not exceed 30% of the median income for the area, as determined by the Secretary with adjustments for smaller and larger families.

**Fair Housing Act:** Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988 (42 U.S.C. 3601 et seq.).

**Fair market rent (FMR):** The rent, including the cost of utilities (except telephone), as established by HUD for units of varying sizes (by number of bedrooms), that must be paid in the housing market area to rent privately owned, existing, decent, safe and sanitary rental housing of modest (non-luxury) nature with suitable amenities. FMRs are published periodically in the Federal Register.

**Family** includes but is not limited to:

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- a. A family with or without children (the temporary absence of a child from the home due to placement in foster care shall not be considered in determining family composition and family size);
- b. An elderly family;
- c. A near-elderly family;
- d. A disabled family;
- e. A displaced family;
- f. The remaining member of a tenant family; and
- g. A single person who is not an elderly or displaced person, or a person with disabilities, or the remaining member of a tenant family.

**Family members:** include all household members except live-in aides, foster children and foster adults. All family members permanently reside in the unit, though they may be temporarily absent. All family members are listed on the HUD-50058.

**Family self-sufficiency program (FSS program):** The program established by a housing authority to promote self-sufficiency of assisted families, including the coordination of supportive services (42 U.S.C. 1437u).

**Family share:** The portion of rent and utilities paid by the family or the gross rent minus the amount of the housing assistance payment.

**Family unit size:** The appropriate number of bedrooms for a family as determined by the housing authority under the housing authority's subsidy standards.

**50058 Form:** The HUD form that Housing Authority's are required to complete for each assisted household in public housing to record information used in the certification and re-certification process, and, at the option of the housing authority, for interim reexaminations.

**FMR/exception rent limit:** The Section 8 existing housing fair market rent published by HUD headquarters, or any exception rent. For a tenancy in the Voucher Program, the housing authority may adopt a payment standard up to the FMR/exception rent limit.

**Full-time student:** A person who is carrying a subject load that is considered full-time for day students under the standards and practices of the educational institution attended. An educational institution includes a vocational school with a diploma or Certificate Program, as well as an institution offering a college degree.

**Gross rent:** The sum of the rent to the owner plus any utilities.

**Group Home:** A dwelling unit that is licensed by a State as a group home for the exclusive residential use of two to twelve persons who are elderly or persons with disabilities (including any live-in aide).

**Head of household:** The adult member of the family who is the head of the household for purposes of determining income eligibility and rent.

**Homeless:** For the purpose of determining the eligibility for preference points under this preference category, homeless shall be constituted as an individual or family who has no permanent means of shelter or an address, which is not permanent for more than 30 consecutive days. Examples that would qualify for the homeless designation would be those residing in shelters, automobiles or living on the street. Examples that would not qualify would be adult children living in a parents' or friend's basement or garage or someone facing eviction or moving out for non-payment of rent. The Camden Housing Authority will make determinations as to an individual or families qualifying for this designation on a case-by case basis.

**Household members:** include all individuals who reside or will reside in the unit and who are listed on the lease, including live-in aides, foster children and foster adults.

**Housing Assistance Payment (HAP):** The monthly assistance by a housing authority, which includes (1) a payment to the owner for rent to the owner under the family's lease, and (2) an additional payment to the family if the total assistance payment exceeds the rent to owner.

**Housing quality standards (HQS):** The HUD minimum quality standards for housing assisted under the Section 8 program.

**Housing voucher:** A document issued by a housing authority to a family selected for admission to the Voucher Program. This document describes the program and the procedures for housing authority approval of a unit selected by the family. The voucher also states the obligations of the family under the program.

**Housing voucher holder:** A family that has an unexpired housing voucher.

**Imputed income:** For households with net family assets of more than \$5,000, the amount calculated by multiplying net family assets by a HUD-specified percentage. If imputed income is more than actual income from assets, the imputed amount is used in determining annual income.

**Income category:** Designates a family's income range. There are three categories: low income, very low income and extremely low-income.

**Incremental income:** The increased portion of income between the total amount of welfare and earnings of a family member prior to enrollment in a training program and welfare and earnings of the family member after enrollment in the training program. All other amounts, increases and decreases, are treated in the usual manner in determining annual income.

**Initial Housing Authority:** In portability, both: (1) a housing authority that originally selected a family that later decides to move out of the jurisdiction of the selecting housing authority; and (2) a housing authority that absorbed a family that later decides to move out of the jurisdiction of the absorbing housing authority.

**Initial payment standard:** The payment standard at the beginning of the HAP contract term.

**Initial rent to owner:** The rent to owner at the beginning of the initial lease term.

**Interim (examination):** A reexamination of a household's income, expenses, and household status conducted between the annual recertifications when a change in a household's circumstances warrant such a reexamination.

**Jurisdiction:** The area in which the housing authority has authority under State and local law to administer the program.

**Lease:** A written agreement between an owner and tenant for the leasing of a dwelling unit to the tenant. The lease establishes the conditions for occupancy of the dwelling unit by a family with housing assistance payments under a HAP Contract between the owner and the housing authority.

**Live-in aide:** A person who resides with one or more elderly persons, or near-elderly persons, or persons with disabilities, and who:

- a. Is determined to be essential to the care and well-being of the persons;
- b. Is not obligated for the support of the persons; and
- c. Would not be living in the unit except to provide the necessary supportive services.

**Low-income families:** Those families whose incomes do not exceed 80% of the median income for the area, as determined by the Secretary with adjustments for smaller and larger families. [1937Act)

**Manufactured home:** A manufactured structure that is built on a permanent chassis, is designed for use as a principal place of residence, and meets the HQS.

**Manufacture home space:** In manufactured home space rental: A space leased by an owner to a family. A manufactured home owned and occupied by the family is located on the space.

**Medical expenses:** Medical expenses, including medical insurance premiums, that are anticipated during the period for which annual income is computed, and that are not covered by insurance.

**Mixed family:** A family whose members include those with citizenship or eligible immigration status, and those without citizenship or eligible immigration status.

**Moderate rehabilitation:** Rehabilitation involving a minimum expenditure of \$1000 for a unit, including its prorated share of work to be accomplished on common areas or systems, to:

- a. upgrade to decent, safe and sanitary condition to comply with the Housing Quality Standards or other standards approved by HUD, from a condition below these standards (improvements being of a modest nature and other than routine maintenance; or
- b. repair or replace major building systems or components in danger of failure.

**Monthly adjusted income:** One twelfth of adjusted income.

**Monthly income:** One twelfth of annual income.

**Mutual housing** is included in the definition of "cooperative".

**National:** A person who owes permanent allegiance to the United States, for example, as a result of birth in a United States territory or possession.

**Near-elderly family:** A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62; or two or more persons, who are at least 50 years of age but below the age of 62, living together; or one or more persons who are at least 50 years of age but below the age of 62 living with one or more live-in aides.

**Net family assets:**

- a. Net cash value after deducting reasonable costs that would be incurred in disposing of real property, savings, stocks, bonds, and other forms of capital investment, excluding interests in Indian trust land and excluding equity accounts in HUD homeownership programs. The value of necessary items of personal property such as furniture and automobiles shall be excluded.
- b. In cases where a trust fund has been established and the trust is not revocable by, or under the control of, any member of the family or household, the value of the trust fund will not be considered an asset so long as the fund continues to be held in trust. Any income distributed from the trust fund shall be counted when determining annual income.
- c. In determining net family assets, housing authorities or owners, as applicable, shall include the value of any business or family assets disposed of by an applicant or tenant for less than fair market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale) during the two years preceding the date of application for the program or reexamination, as applicable, in excess of the consideration received therefore. In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for

less than fair market value if the applicant or tenant receives important consideration not measurable in dollar terms.

**Noncitizen:** A person who is neither a citizen nor national of the United States.

**Notice Of Funding Availability (NOFA):** For budget authority that HUD distributes by competitive process, the Federal Register document that invites applications for funding. This document explains how to apply for assistance, and the criteria for awarding the funding.

**Occupancy standards:** The standards that the housing authority establishes for determining the appropriate number of bedrooms needed to house families of different sizes or composition.

**Owner:** Any person or entity, including a cooperative, having the legal right to lease or sublease existing housing.

**Participant (participant family):** A family that has been admitted to the housing authority's program and is currently assisted in the program. The family becomes a participant on the effective date of the first HAP contract executed by the housing authority for the family (first day of initial lease).

**Payment standard:** In a voucher tenancy, the maximum monthly assistance payment for a family (before deducting the total tenant payment by family contribution). For a voucher tenancy, the housing authority sets a payment standard in the range from 90% to 110% of the current FMR.

**Person with disabilities:** A person who:

- a. Has a disability as defined in Section 223 of the Social Security Act,

"Inability to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months, or

In the case of an individual who attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time."

- b. Is determined, pursuant to regulations issued by the Secretary, to have a physical, mental, or emotional impairment that:

- (1) is expected to be of long-continued and indefinite duration,



- (2) substantially impedes his or her ability to live independently, and
  - (3) is of such a nature that such ability could be improved by more suitable housing conditions, or
- c. Has a developmental disability as defined in Section 102(7) of the of the Developmental Disabilities Assistance and Bill of Rights Act.

"Severe chronic disability that:

- (1) is attributable to a mental or physical impairment or combination of mental and physical impairments;
- (2) is manifested before the person attains age 22;
- (3) is likely to continue indefinitely;
- (4) results in substantial functional limitation in three or more of the following areas of major life activity: (1) self care, (2) receptive and responsive language, (3) learning, (4) mobility, (e) self-direction, (6) capacity for independent living, and (7) economic self-sufficiency; and
- (5) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated."

This definition does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome.

No individual shall be considered to be a person with disabilities for purposes of eligibility solely based on any drug or alcohol dependence.

**Portability:** Renting a dwelling unit with Section 8 tenant-based assistance outside the jurisdiction of the initial housing authority.

**Premises:** The building or complex in which the dwelling unit is located, including common areas and grounds.

**Private space:** In shared housing: The portion of a contract unit that is for the exclusive use of an assisted family.

**Preservation:** This program encourages owners of eligible multifamily housing projects to preserve low-income housing affordability and availability while reducing the long-term cost of providing rental assistance. The program offers several approaches to

restructuring the debt of properties developed with project-based Section 8 assistance whose HAP contracts are about to expire.

**Proration of assistance:** The reduction in a family's housing assistance payment to reflect the proportion of family members in a mixed family who are eligible for assistance.

**Public Housing Agency:** A State, county, municipality or other governmental entity or public body (or agency or instrumentality thereof) authorized to engage in or assist in the development or operation of low-income housing.

**Reasonable rent:** A rent to owner that is not more than charged: (a) for comparable units in the private unassisted market; and (b) for a comparable unassisted unit in the premises.

**Receiving Housing Authority:** In portability, a housing authority that receives a family selected for participation in the tenant-based program of another housing authority. The receiving housing authority issues a certificate or voucher, and provides program assistance to the family.

**Re-certification:** A reexamination of a household's income, expenses, and family composition to determine the household's rent for the following 12 months.

**Remaining member of a tenant family:** A member of the family listed on the lease who continues to live in an assisted household after all other family members have left.

**Rent to owner:** The monthly rent payable to the owner under the lease. Rent to owner covers payment for any housing services, maintenance, and utilities that the owner is required to provide and pay for.

**Set up charges:** In a manufactured home space rental, charges payable by the family for assembly, skirting and anchoring the manufactured home.

**Shared housing:** A unit occupied by two or more families. The unit consists of both common space for shared use by the occupants of the unit and separate private space for each assisted family.

**Shelter Allowance:** That portion of a welfare benefit (e.g., TANF) that the welfare agency designates to be used for rent and utilities.

**Single person:** Someone living alone or intending to live alone who does not qualify as an elderly person, a person with disabilities, a displaced person, or the remaining member of a tenant family.

**Single room occupancy housing (SRO):** A unit for occupancy by a single eligible individual capable of independent living that contains no sanitary facilities or food preparation facilities, or contains either, but not both, types of facilities.

**Special admission:** Admission of an applicant that is not on the housing authority waiting list, or without considering the applicant's waiting list position.

**Special housing types:** Special housing types include: SRO housing, congregate housing, group homes, shared housing, cooperatives (including mutual housing), and manufactured homes (including manufactured home space rental).

**State Wage Information Collection Agency (SWICA):** The State agency receiving quarterly wage reports from employers in the State, or an alternative system that has been determined by the Secretary of Labor to be as effective and timely in providing employment-related income and eligibility information.

**Statement of family responsibility:** An agreement in the form prescribed by HUD, between the housing authority and a Family to be assisted under the Moderate Rehabilitation Program, stating the obligations and responsibilities of the family.

**Subsidy standards:** Standards established by a housing authority to determine the appropriate number of bedrooms and amount of subsidy for families of different sizes and compositions.

**Suspension:** Stopping the clock on the term of a family's certificate or voucher, for such period as determined by the housing authority, from the time when the family submits a request for housing authority approval to lease a unit, until the time when the housing authority approves or denies the request. Also referred to as tolling.

**Tenant:** The person or persons (other than a live-in aide) who executes the lease as lessee of the dwelling unit.

**Tenant rent:** The amount payable monthly by the family as rent to the owner minus any utility allowance.

**Third-party (verification):** Oral or written confirmation of a household's income, expenses, or household composition provided by a source outside the household, such as an employer, doctor, school official, etc.

**Tolling:** see suspension.

**Total tenant payment (TTP):**

(1) Total tenant payment is the amount calculated under Section 3(a)(1) of the 1937 Act. which is the higher of :

30% of the family's monthly adjusted income;

10% of the family's monthly income;

Minimum rent; or

if the family is receiving payments for welfare assistance from a public agency and a part of such payments, adjusted in accordance with the family's actual housing costs, is specifically designated by such agency to meet the family's housing costs, the portion of such payments which is so designated.

If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under Section 3(a)(1) shall be the amount resulting from one application of the percentage.

**Utility allowance:** If the cost of utilities (except telephone) and other housing services for an assisted unit is not included in the tenant rent but is the responsibility of the family occupying the unit, an amount equal to the estimate made or approved by a housing authority or HUD of the monthly cost of a reasonable consumption of such utilities and other services for the unit by an energy-conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthful living environment.

**Utility hook-up charge:** In a manufactured home space rental, costs payable by a family for connecting the manufactured home to utilities such as water, gas, electrical and sewer lines.

**Utility reimbursement:** The amount, if any, by which the utility allowance for the unit, if applicable, exceeds the total tenant payment for the family occupying the unit.

**Verification:**

- a. The process of obtaining statements from individuals who can attest to the accuracy of the amounts of income, expenses, or household member status (e.g., employers, public assistance agency staff, doctors).
- b. The three types of verification are:
  - (1) Third-party verification, either written or oral, obtained from employers, public assistance agencies, schools, etc.)
  - (2) Documentation, such as a copy of a birth certificate or bank statement
  - (3) Family certification or declaration (only used when third-party or documentation verification is not available)

**Very low-income families:** Low-income families whose incomes do not exceed 50% of the median family income for the area, as determined by the Secretary with adjustments for smaller and larger families. *[1937 Act]*

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**Violent criminal activity:** Any illegal criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against the person or property of another.

**Voucher (rental voucher):** A document issued by a housing authority to a family selected for admission to the Housing Choice Voucher Program. This document describes the program and the procedures for housing authority approval of a unit selected by the family and states the obligations of the family under the program.

**Voucher holder:** A family holding a voucher with unexpired search time.

**Waiting list admission:** An admission from the housing authority waiting list. *[24 CFR 982.4]*

**Welfare assistance.** Welfare or other payments to families or individuals, based on need, that are made under programs funded by Federal, State or local governments. *[24 CFR 5.603(d)]*

**Welfare rent:** In "as-paid" welfare programs, the amount of the welfare benefit designated for shelter and utilities.

## ACRONYMS

|       |   |
|-------|---|
| ACC   | Annual Contributions Contract                       |
| CACC  | Consolidated Annual Contributions Contract          |
| CFR   | Code of Federal Regulations                         |
| FMR   | Fair Market Rent                                    |
| FSS   | Family Self Sufficiency (program)                   |
| HA    | Housing Authority                                   |
| HAP   | Housing Assistance Payment                          |
| HCDA  | Housing and Community Development Act               |
| HQS   | Housing Quality Standards                           |
| HUD   | Department of Housing and Urban Development         |
| INS   | (U.S.) Immigration and Naturalization Service       |
| NAHA  | (Cranston-Gonzalez) National Affordable Housing Act |
| NOFA  | Notice of Funding Availability                      |
| OMB   | (U.S.) Office of Management and Budget              |
| PBC   | Project-Based Certificate (program)                 |
| QHWRA | Quality Housing and Work Responsibility Act of 1998 |
| PHA   | Public Housing Agency                               |
| TTP   | Total Tenant Payment                                |

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## **ADMISSIONS AND CONTINUED OCCUPANCY POLICY**

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This Admissions and Continued Occupancy Policy defines the Camden Housing Authority's policies for the operation for the Public Housing Program, incorporating Federal, State and local law. If there is any conflict between this policy and laws or regulations, the laws and regulations will prevail.

### **1.0 FAIR HOUSING**

It is the policy of the Camden Housing Authority to fully comply with all Federal, State and local nondiscrimination laws; the Americans with Disabilities Act; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity.

No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Camden Housing Authority's programs.

To further its commitment to full compliance with applicable Civil Rights laws, the Camden Housing Authority will provide Federal/State/local information to applicants/tenants of the Public Housing Program regarding discrimination and any recourse available to them if they believe they may be victims of discrimination. Such information will be made available with the application, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made available at the Camden Housing Authority office. In addition, all written information and advertisements will contain the appropriate Equal Opportunity language and logo.

The Camden Housing Authority will assist any family that believes they have suffered illegal discrimination by providing them copies of the appropriate housing discrimination forms. The Camden Housing Authority will also assist them in completing the forms if requested, and will provide them with the address of the nearest HUD office of Fair Housing and Equal Opportunity.

### **2.0 REASONABLE ACCOMMODATION**

Sometimes people with disabilities may need a reasonable accommodation in order to take full advantage of the Camden Housing Authority housing programs and related services. When such accommodations are granted, they do not confer special treatment or advantage for the person with a disability; rather, they make the program accessible to them in a way that would otherwise not be possible due to their disability. This policy

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clarifies how people can request accommodations and the guidelines the Camden Housing Authority will follow in determining whether it is reasonable to provide a requested accommodation. Because disabilities are not always apparent, the Camden Housing Authority will ensure that all applicants/tenants are aware of the opportunity to request reasonable accommodations.

## **2.1 COMMUNICATION**

Anyone requesting an application will also receive a Request for Reasonable Accommodation form.

Notifications of reexamination, inspection, appointment, or eviction will include information about requesting a reasonable accommodation. Any notification requesting action by the tenant will include information about requesting a reasonable accommodation.

All decisions granting or denying requests for reasonable accommodations will be in writing.

## **2.2 QUESTIONS TO ASK IN GRANTING THE ACOMMODATION**

- A. Is the requestor a person with disabilities? For this purpose the definition of person with disabilities is different than the definition used for admission. The Fair Housing definition used for this purpose is:

A person with a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. (The disability may not be apparent to others, i.e., a heart condition).

If the disability is apparent or already documented, the answer to this question is yes. It is possible that the disability for which the accommodation is being requested is a disability other than the apparent disability. If the disability is not apparent or documented, the Camden Housing Authority will obtain verification that the person is a person with a disability.

- B. Is the requested accommodation related to the disability? If it is apparent that the request is related to the apparent or documented disability, the answer to this question is yes. If it is not apparent, the Camden Housing Authority will obtain documentation that the requested accommodation is needed due to the disability. The Camden Housing Authority will not inquire as to the nature of the disability.

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- C. Is the requested accommodation reasonable? In order to be determined reasonable, the accommodation must meet two criteria:
1. Would the accommodation constitute a fundamental alteration? The Camden Housing Authority's business is housing. If the request would alter the fundamental business that the Camden Housing Authority conducts, that would not be reasonable. For instance, the Camden Housing Authority would deny a request to have the Camden Housing Authority do grocery shopping for a person with disabilities.
  2. Would the requested accommodation create an undue financial hardship or administrative burden? Frequently the requested accommodation costs little or nothing. If the cost would be an undue burden, the Camden Housing Authority may request a meeting with the individual to investigate and consider equally effective alternatives.
- D. Generally the individual knows best what it is they need; however, the Camden Housing Authority retains the right to be shown how the requested accommodation enables the individual to access or use the Camden Housing Authority's programs or services.

If more than one accommodation is equally effective in providing access to the Camden Housing Authority's programs and services, the Camden Housing Authority retains the right to select the most efficient or economic choice.

The cost necessary to carry out approved requests, including requests for physical modifications, will be borne by the Camden Housing Authority if there is no one else willing to pay for the modifications. If another party pays for the modification, the Camden Housing Authority will seek to have the same entity pay for any restoration costs.

If the tenant requests as a reasonable accommodation that they be permitted to make physical modifications at their own expense, the Camden Housing Authority will generally approve such request if it does not violate codes or affect the structural integrity of the unit.

Any request for an accommodation that would enable a tenant to materially violate essential lease terms will not be approved, i.e. allowing nonpayment of rent, destruction of property, disturbing the peaceful enjoyment of others, etc.

### **3.0 SERVICES FOR NON-ENGLISH SPEAKING APPLICANTS AND RESIDENTS**

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The Camden Housing Authority will endeavor to have bilingual staff or access to people who speak languages other than English in order to assist non-English speaking families. In addition to English, the Camden Housing Authority will cover Spanish and other languages as necessary.

## **4.0 FAMILY OUTREACH**

The Camden Housing Authority will publicize the availability and nature of the Public Housing Program for extremely low-income, very low and low-income families in a newspaper of general circulation, minority media, and by other suitable means.

To reach people who cannot or do not read the newspapers, the Camden Housing Authority will distribute fact sheets to the broadcasting media and initiate personal contacts with members of the news media and community service personnel. The Camden Housing Authority will also try to utilize public service announcements.

The Camden Housing Authority will communicate the status of housing availability to other service providers in the community and inform them of housing eligibility factors and guidelines so they can make proper referrals for the Public Housing Program.

## **5.0 RIGHT TO PRIVACY**

All adult members of both applicant and tenant households are required to sign HUD Form 9886, Authorization for Release of Information and Privacy Act Notice. The Authorization for Release of Information and Privacy Act Notice states how family information will be released and includes the Federal Privacy Act Statement.

Any request for applicant or tenant information will not be released unless there is a signed release of information request from the applicant or tenant.

## **6.0 REQUIRED POSTINGS**

In each of its offices, the Camden Housing Authority will post, in a conspicuous place and at a height easily read by all persons including persons with mobility disabilities, the following information:

- A. Statement of Policies and Procedures governing Admission and Continued Occupancy
- B. Notice of the status of the waiting list (opened or closed)

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- C. A listing of all the developments by name, address, number of units, units designed with special accommodations, address of all project offices, office hours, telephone numbers, TDD numbers, and Resident Facilities and operation hours
- D. Income Limits for Admission
- E. Excess Utility Charges
- F. Utility Allowance Schedule
- G. Current Schedule of Routine Maintenance Charges
- H. Dwelling Lease
- I. Grievance Procedure
- J. Fair Housing Poster
- K. Equal Opportunity in Employment Poster
- L. Any current Camden Housing Authority Notices

## **7.0 TAKING APPLICATIONS**

Families wishing to apply for the Public Housing Program will be required to complete an application for housing assistance. Applications will be accepted during regular business hours at 1300 Admiral Wilson Blvd, Camden, NJ 08108 or by mail, if so designated by CHA in its advertisement.

Applications are taken to compile a waiting list. Due to the demand for housing in the Camden Housing Authority jurisdiction, the Camden Housing Authority may take applications on an open enrollment basis, depending on the length of the waiting list.

Completed applications will be accepted for all applicants and the Camden Housing Authority will verify the information.

Applications may be made in person at the Main Office (1300 Admiral Wilson Blvd. Camden, NJ) on Monday through Friday from 8:30 AM to 4:30 PM. Applications will be mailed to interested families upon request.

The completed application will be dated and time stamped upon its return to the Camden Housing Authority.

Persons with disabilities who require a reasonable accommodation in completing an application may call the Camden Housing Authority to make special arrangements. A Telecommunication Device for the Deaf (TDD) is available for the deaf. The TDD telephone number is **(Insert the telephone number)**.

The application process will involve two phases. The first phase is the initial application for housing assistance or the pre-application. The pre-application requires the family to provide limited basic information establishing any preferences to which they may be entitled. This first phase results in the family's placement on the waiting list.

Upon receipt of the family's pre-application, the Camden Housing Authority will make a preliminary determination of eligibility. The Camden Housing Authority will notify the family in writing of the date and time of placement on the waiting list, and the approximate wait before housing may be offered. If the Camden Housing Authority determines the family to be ineligible, the notice will state the reasons therefore and will offer the family the opportunity of an informal review of the determination.

The applicant may at any time report changes in their applicant status including changes in family composition, income, or preference factors. The Camden Housing Authority will annotate the applicant's file and will update their place on the waiting list. Confirmation of the changes will be confirmed with the family in writing.

The second phase is the final determination of eligibility, referred to as the full application. The full application takes place when the family nears the top of the waiting list. The Camden Housing Authority will ensure that verification of all preferences, eligibility, suitability and selection factors are current in order to determine the family's final eligibility for admission into the Public Housing Program.

## **7.1 QUALITY CONTROL PROCEDURES**

1. The Supervisor will randomly select 10% of the total monthly rent certifications from each Tenant Interviewer to verify accuracy.
2. The Supervisor will manually calculate the rent and verify documentation is in the correct format. If any changes and/or corrections need to be made, the Occupancy Supervisor will notify the Tenant Interviewer/Housing Specialist immediately. The Tenant Interviewer/Housing Specialist will be personally informed of any errors and or changes which needs to be made.
3. The Supervisor will then re-check all work again, for accuracy and make any necessary changes

## **RESIDENT RECORD MANAGEMENT PROCEDURES**



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1. The Director/Supervisor will designate one (1) individual to distribute and sign in and out files of our residents and applicants. An alternate staff member will be designated in the event the designated staff member is absence or unavailable.
2. The Tenant Interviewer/Housing Specialist must sign the file out and then return the file back to the designated individual who is responsible for returning and securing the files at the end of each workday.
3. If by 4:00 p.m., the Tenant Interviewer/Housing Specialists fail to return the file, the designated employee will personally retrieve the file and return it to the secured designated file cabinet/room.
4. The designated employee/Supervisor will be responsible for securing and locking all file cabinets and doors where the resident/applicant files are stored.

## **8.0 ELIGIBILITY FOR ADMISSION**

### **8.1 INTRODUCTION**

There are five eligibility requirements for admission to public housing: qualifies as a family, has an income within the income limits, meets citizenship/eligible immigrant criteria, provides documentation of Social Security numbers, and signs consent authorization documents. In addition to the eligibility criteria, families must also meet the Camden Housing Authority screening criteria in order to be admitted to public housing.

### **8.2 ELIGIBILITY CRITERIA**

#### **A. Family Status**

1. A **family with or without children**. Such a family is defined as a group of people related by blood, marriage, adoption or affinity that live together in a stable family relationship.
  - a. Children temporarily absent from the home due to placement in foster care are considered family members.
  - b. Unborn children and children in the process of being adopted are considered family members for the purpose of determining bedroom size but are not considered family members for determining income limit.
2. An **elderly family**, which is:
  - a. A family whose head, spouse, or sole member is a person who is at least 62 years of age;

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- b. Two or more persons who are at least 62 years of age living together; or
  - c. One or more persons who are at least 62 years of age living with one or more live-in aides.
3. A **near elderly family**, which is:
- a. A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62;
  - b. Two or more persons, who are at least 50 years of age but below the age of 62, living together; or
  - c. One or more persons, who are at least 50 years of age but below the age of 62, living with one or more live-in aides.
4. A **disabled family**, which is:
- a. A family whose head, spouse, or sole member is a person with disabilities;
  - b. Two or more persons with disabilities living together; or
  - c. One or more persons with disabilities living with one or more live-in aides.
  - d. For purposes of qualifying for low-income housing, does not include a person whose disability is based solely on any drug or alcohol dependence.
5. A **displaced family**, which is a family in which each member, or whose sole member, has been displaced by governmental action, or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.
6. A **remaining member of a tenant family**.
7. A **single person** who is not an elderly or displaced person, a person with disabilities, or the remaining member of a tenant family.

B. Income Eligibility

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1. To be eligible for admission to developments or scattered-site units, the family's annual income must be within the low-income limit set by HUD. This means the family income cannot exceed 80 percent of the median income for the area.
2. Income limits apply only at admission and are not applicable for continued occupancy.
3. A family may not be admitted to the public housing program from another assisted housing program (e.g., tenant-based Section 8) or from a public housing program operated by another housing authority without meeting the income requirements of the Camden Housing Authority.
4. If the Camden Housing Authority acquires a property for federal public housing purposes, the families living there must have incomes within the low-income limit in order to be eligible to remain as public housing tenants.
5. Income limit restrictions do not apply to families transferring within our Public Housing Program.
6. The Camden Housing Authority may allow police officers who would not otherwise be eligible for occupancy in public housing to reside in a public housing dwelling unit. Such occupancy must be needed to increase security for public housing residents. Their rent shall at least equal the cost of operating the public housing unit.

C. Citizenship/Eligibility Status

1. To be eligible each member of the family must be a citizen, national, or a non-citizen who has eligible immigration status under one of the categories set forth in Section 214 of the Housing and Community Development Act of 1980 (see 42 U.S.C. 1436a(a)).
2. Family eligibility for assistance.
  - a. A family shall not be eligible for assistance unless every member of the family residing in the unit is determined to have eligible status, with the exception noted below.
  - b. Despite the ineligibility of one or more family members, a mixed family may be eligible for one of three types of assistance: (See Section 13.6 for calculating rents under the non-citizen rule).

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- c. A family without any eligible members and receiving assistance on June 19, 1995 may be eligible for temporary deferral of termination of assistance.

D. Social Security Number Documentation

To be eligible, all family members 6 years of age and older must provide a Social Security number or certify that they do not have one.

E. Signing Consent Forms

- 1. In order to be eligible, each member of the family who is at least 18 years of age, and each family head and spouse regardless of age, shall sign one or more consent forms.
- 2. The consent form must contain, at a minimum, the following:
  - a. A provision authorizing HUD or the Camden Housing Authority to obtain from State Wage Information Collection Agencies (SWICAs) any information or materials necessary to complete or verify the application for participation or for eligibility for continued occupancy;
  - b. A provision authorizing HUD or the Camden Housing Authority to verify with previous or current employers income information pertinent to the family's eligibility for or level of assistance;
  - c. A provision authorizing HUD to request income information from the IRS and the SSA for the sole purpose of verifying income information pertinent to the family's eligibility or level of benefits; and
  - d. A statement that the authorization to release the information requested by the consent form expires 15 months after the date the consent form is signed.

F. Each applicant must provide a money order in the amount of \$30.00 to be submitted with their application. This fee will be for the cost of the screening of the applicant as described in Section 8.3.

**8.3 SUITABILITY**

- A. Applicant families will be evaluated to determine whether, based on their recent behavior, such behavior could reasonably be expected to result in noncompliance

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with the public housing lease. The Camden Housing Authority will look at past conduct as an indicator of future conduct. Emphasis will be placed on whether a family's admission could reasonably be expected to have a detrimental effect on the development environment, other tenants, Camden Housing Authority employees, or other people residing in the immediate vicinity of the property. Otherwise eligible families will be denied admission if they fail to meet the suitability criteria.

B. The Camden Housing Authority will consider objective and reasonable aspects of the family's background, including the following:

1. History of meeting financial obligations, especially rent;
2. Ability to maintain (or with assistance would have the ability to maintain) their housing in a decent and safe condition based on living or housekeeping habits and whether such habits could adversely affect the health, safety, or welfare of other tenants;
3. History of criminal activity by any household member involving crimes of physical violence against persons or property and any other criminal activity including drug-related criminal activity that would adversely affect the health, safety, or well being of other tenants or staff or cause damage to the property;
4. History of disturbing neighbors or destruction of property;
5. Having committed fraud in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from; and
6. History of abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment by others.

C. The Camden Housing Authority will ask applicants to provide information demonstrating their ability to comply with the essential elements of the lease. The Camden Housing Authority will verify the information provided. Such verification may include but may not be limited to the following:

1. A credit check of the head, spouse and co-head;
2. A rental history check of all adult family members;
3. A criminal background check on all adult household members, including

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live-in aides. This check will be made through State or local law enforcement or court records in those cases where the household member has lived in the local jurisdiction for the last three years. Where the individual has lived outside the local area, the Camden Housing Authority may contact law enforcement agencies where the individual had lived or request a check through the FBI's National Crime Information Center (NCIC);

4. A home visit. The home visit provides the opportunity for the family to demonstrate their ability to maintain their home in a safe and sanitary manner. This inspection considers cleanliness and care of rooms, appliances, and appurtenances. The inspection may also consider any evidence of criminal activity; and
5. A check of the State's lifetime sex offender registration program for each adult household member, including live-in aides. No individual registered with this program will be admitted to public housing.

#### **8.4 GROUNDINGS FOR DENIAL**

The Camden Housing Authority is not required or obligated to assist applicants who:

- A. Do not meet any one or more of the eligibility criteria;
- B. Do not supply information or documentation required by the application process;
- C. Have failed to respond to a written request for information or a request to declare their continued interest in the program;
- D. Have a history of not meeting financial obligations, especially rent;
- E. Do not have the ability to maintain (with assistance) their housing in a decent and safe condition where such habits could adversely affect the health, safety, or welfare of other tenants;
- F. Have a history of criminal activity by any household member involving crimes of physical violence against persons or property and any other criminal activity including drug-related criminal activity that would adversely affect the health, safety, or well being of other tenants or staff or cause damage to the property;
- G. Have a history of disturbing neighbors or destruction of property;
- H. Currently owes rent or other amounts to any housing authority in connection with their public housing or Section 8 programs;

- I. Have committed fraud, bribery or any other corruption in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from;
- J. Were evicted from assisted or private housing within 5 years of the projected date of admission because of drug-related criminal activity involving the personal use or possession for personal use.
  - 1. The person demonstrates to the Camden Housing Authority's satisfaction that the person is no longer engaging in drug-related criminal activity or abuse of alcohol;
  - 2. Has successfully completed a supervised drug or alcohol rehabilitation program;
  - 3. Has otherwise been rehabilitated successfully; or
  - 4. Is participating in a supervised drug or alcohol rehabilitation program.
- K. Were evicted from assisted housing or private housing within five years of the projected date of admission because of drug-related criminal activity involving the illegal manufacture, sale, distribution, or possession with the intent to manufacture, sell, distribute a controlled substance as defined in Section 102 of the Controlled Substances Act, 21 U.S.C. 802;
- L. Are illegally using a controlled substance or are abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. The Camden Housing Authority may waive this requirement if:
  - 1. The person demonstrates to the Camden Housing Authority's satisfaction that the person is no longer engaging in drug-related criminal activity or abuse of alcohol;
  - 2. Has successfully completed a supervised drug or alcohol rehabilitation program;
  - 3. Has otherwise been rehabilitated successfully; or
  - 4. Is participating in a supervised drug or alcohol rehabilitation program.
- M. Have engaged in or threatened abusive or violent behavior towards any Camden Housing Authority staff member or resident;

- N. Have a household member who has ever been evicted from public housing or private housing;
- O. Have a family household member who has been terminated under the certificate or voucher program;
- P. **Denied for Life:** If any family member has been convicted of manufacturing or producing methamphetamine (speed) in a public housing development or in a Section 8 assisted property;
- Q. **Denied for Life:** Has a lifetime registration under a State sex offender registration program.

### 8.5 *INFORMAL REVIEW*

- A. If the Camden Housing Authority determines that an applicant does not meet the criteria for receiving public housing assistance, the Camden Housing Authority will promptly provide the applicant with written notice of the determination. The notice must contain a brief statement of the reason(s) for the decision and state that the applicant may request an informal review of the decision within 10 business days of the denial. The Camden Housing Authority will describe how to obtain the informal review.

The informal review may be conducted by any person designated by the Camden Housing Authority, other than a person who made or approved the decision under review or subordinate of this person. The applicant must be given the opportunity to present written or oral objections to the Camden Housing Authority's decision. The Camden Housing Authority must notify the applicant of the final decision within 14 calendar days after the informal review, including a brief statement of the reasons for the final decision.

- B. The participant family may request that the Camden Housing Authority provide for an Informal Hearing after the family has notification of an INS decision on their citizenship status on appeal, or in lieu of request of appeal to the INS. This request must be made by the participant family within 30 days of receipt of the Notice of Denial or Termination of Assistance, or within 30 days of receipt of the INS appeal decision.

For the participant families, the Informal Hearing Process above will be utilized with the exception that the participant family will have up to 30 days of receipt of the Notice of Denial or Termination of Assistance, or of the INS appeal decision.



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- C. If the family is choosing to exercise their right to a lawyer or other representative and such person(s) wish to review documents prior to the date of actual hearing, the request for such must be received in writing and no less than 72 hours before the said scheduled hearing date. Upon receipt of the request, the Camden Housing Authority will schedule a date and time for such review.

## **9.0 MANAGING THE WAITING LIST**

### **9.1 *OPENING AND CLOSING THE WAITING LIST***

Opening of the waiting list will be announced with a public notice stating that applications for public housing will again be accepted. The public notice will state where, when, and how to apply. The notice will be published in a local newspaper of general circulation and also by any available minority media. The public notice will state any limitations to who may apply.

The notice will state that applicants already on waiting lists for other housing programs must apply separately for this program and such applicants will not lose their place on other waiting lists when they apply for public housing. The notice will include the Fair Housing logo and slogan and will be in compliance with Fair Housing requirements.

Closing of the waiting list will also be announced with a public notice. The public notice will state the date the waiting list will be closed and for what bedroom sizes. The public notice will be published in a local newspaper of general circulation and also by any available minority media.

### **9.2 *ORGANIZATION OF THE WAITING LIST***

The waiting list will be maintained in accordance with the following guidelines:

- A. The application will be a permanent file;
- B. All applications will be maintained in order of bedroom size, preference, and then in order of date and time of application; and
- C. Any significant contact between the Camden Housing Authority and the applicant will be documented in the applicant file.

### **9.3 *FAMILIES NEARING THE TOP OF THE WAITING LIST***

When a family appears to be within three (3) months of being offered a unit, the family will be invited to an interview and the verification process will begin. It is at this point in time that the family's waiting list preference will be verified. If the family no longer

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qualifies to be near the top of the list, the family's name will be returned to the appropriate spot on the waiting list. The Camden Housing Authority must notify the family in writing of this determination and give the family the opportunity for an informal review.

Once the preference has been verified, the family will complete a full application, present Social Security number information, citizenship/eligible immigrant information, and sign the Consent for Release of Information forms.

#### **9.4 PURGING THE WAITING LIST**

The Camden Housing Authority will update and purge its waiting list at least annually to ensure that the pool of applicants reasonably represents the interested families for whom the Camden Housing Authority has current information, i.e. applicant's address, family composition, income category, and preferences.

#### **9.5 REMOVAL OF APPLICANTS FROM THE WAITING LIST**

The Camden Housing Authority will not remove an applicant's name from the waiting list unless:

- A. The applicant requests in writing that the name be removed;
- B. The applicant fails to respond to a written request for information or a request to declare their continued interest in the program; or
- C. The applicant does not meet either the eligibility or suitability criteria for the program.

#### **9.6 MISSED APPOINTMENTS**

All applicants who fail to keep a scheduled appointment with the Camden Housing Authority will be sent a notice of termination of the process for eligibility.

The Camden Housing Authority will allow the family to reschedule for good cause. Generally, no more than one opportunity will be given to reschedule without good cause, and no more than two opportunities will be given for good cause. When good cause exists for missing an appointment, the Camden Housing Authority will work closely with the family to find a more suitable time. Applicants will be offered the right to an informal review before being removed from the waiting list.

#### **9.7 NOTIFICATION OF NEGATIVE ACTIONS**

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Any applicant whose name is being removed from the waiting list will be notified by the Camden Housing Authority, in writing, that they have ten (10) calendar days from the date of the written correspondence to present mitigating circumstances or request an informal review. The letter will also indicate that their name will be removed from the waiting list if they fail to respond within the timeframe specified. The Camden Housing Authority system of removing applicant names from the waiting list will not violate the rights of persons with disabilities. If an applicant claims that their failure to respond to a request for information or updates was caused by a disability, the Camden Housing Authority will verify that there is in fact a disability and the disability caused the failure to respond, and provide a reasonable accommodation. An example of a reasonable accommodation would be to reinstate the applicant on the waiting list based on the date and time of the original application.

## **9.8 SITE-BASED WAITING LIST**

- A. Every applicant will be given information on the sites, to include location, occupancy type, number of units, size of units amenities and average waiting time for each unit unit size.
- B. The adoption of any site-based waiting will not violate any court orders, settlement agreements or be inconsistent with any pending civil rights complaints.
- C. The marketing of any of the waiting lists will be done so in such a manner as to attract applicants regardless of race, ethnicity or disability.
- D. HACC will also do annual reviews of its site based waiting list policy(s) to ensure compliance with civil rights laws and certifications.
- E. HACC will also perform random testing of the implementation of any and all of its site-based waiting list policies every 3 years.

## **10.0 TENANT SELECTION AND ASSIGNMENT PLAN**

### ***10.1 PREFERENCES***

The Camden Housing Authority will select families based on the following preferences within each bedroom size category:

- A. People that live or work in Camden at the time they submit their application.
- B. Families who are involuntarily displaced.

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- C. Families currently living in substandard housing.
- D. Families who are currently paying more than 50% of their income for rent, including utilities.
- E. Families where the head of household is working more than 20 hours a week or who are elderly or disabled.
- F. Families where the head of household is enrolled in job training program.
- G. Victims of Domestic Violence.
- H. Veterans of military Service
- I. Homeless
- J. All other applicants.

Based on the above preferences, an applicant shall receive one point for each preference they possess. Applicants shall be admitted with the most preference points.

The date and time of application will be noted and utilized to determine the sequence within the above prescribed preferences.

Notwithstanding the above, families who are elderly, disabled, or displaced will be offered housing before other single persons.

**Buildings Designed for the Elderly and Disabled:** Preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families. If there are no near-elderly families on the waiting list, units will be offered to families who qualify for the appropriate bedroom size using these priorities. All such families will be selected from the waiting list using the preferences as outlined above.

**Accessible Units:** Accessible units will be first offered to families who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above. If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list. Such applicants, however, must sign a release form stating they will accept a transfer (at their own expense) if, at a future time, a family requiring an accessible feature applies. Any family required to transfer will be given a 30-day notice.

**10.2 ASSIGNMENT OF BEDROOM SIZES**

The following guidelines will determine each family’s unit size without overcrowding or over-housing:

| Number of Bedrooms | Number of Persons |         |
|--------------------|-------------------|---------|
|                    | Minimum           | Maximum |
| 0                  | 1                 | 1       |
| 1                  | 1                 | 2       |
| 2                  | 2                 | 4       |
| 3                  | 3                 | 6       |
| 4                  | 4                 | 8       |

These standards are based on the assumption that each bedroom will accommodate no more than two (2) persons. Zero bedroom units will only be assigned to one-person families. Two adults will share a bedroom unless related by blood.

In determining bedroom size, the Camden Housing Authority will include the presence of children to be born to a pregnant woman, children who are in the process of being adopted, children whose custody is being obtained, children who are temporarily away at school, or children who are temporarily in foster-care.

In addition, the following considerations will be taken in determining bedroom size:

- A. Children of the same sex will share a bedroom.
- B. Children of the opposite sex, both under the age of five will share a bedroom.
- C. Adults and children over the age of six may be required to share a bedroom.
- D. Foster – adults and/or foster - children will not be required to share a bedroom with family members.
- E. Live-in aides will get a separate bedroom if a unit is available to accommodate this and/or at the discretion of CHA.

Exceptions to normal bedroom size standards include the following:

- A. Units smaller than assigned through the above guidelines. – A family may request a smaller unit size than the guidelines allow. The Camden Housing Authority will allow the smaller size unit so long as generally no more than two (2) people per bedroom are assigned. In such situations, the family will sign a certification stating they understand they will be ineligible for a larger size unit for 2 years or until the family size changes, whichever may occur first.
- B. Units larger than assigned through the above guidelines. A family may request a larger unit size than the guidelines allow. The Camden Housing Authority will allow the larger size unit if the family provides a verified medical need that the family be housed in a larger unit.
- C. If there are no families on the waiting list for a larger size, smaller families may be housed if they sign a release form stating they will transfer (at the family’s own expense) to the appropriate size unit when an eligible family needing the larger unit applies. The family transferring will be given a 30-day notice before being required to move.
- D. Larger units may be offered in order to improve the marketing of a development suffering a high vacancy rate.

### **10.3 INCOME TARGETING**

The Camden Housing Authority shall follow the statutory requirement of income targeting, as detailed below:

- A. Not less than 40 percent of the families admitted to a PHA’s public housing program during the PHA fiscal year from the PHA waiting list shall be extremely low income families. This is called the “basic targeting requirement”.
- B. To the extent provided in 24 CFR 960.22 (b) (2), admission of extremely low income families to the PHA’s Section 8 voucher program (exceeding 75 percent minimum targeting requirement for the PHA’s voucher program) during the same fiscal year is credited against the basic targeting requirement.
- C. The fiscal year credit for voucher program admissions that exceed the minimum voucher program targeting requirement shall not exceed the lower of:
  - 1. Ten percent of public housing waiting list admissions during the PHA fiscal year;
  - 2. Ten percent of waiting of waiting list admission to the PHA’s Section 8 tenant-based assistance program during the PHA fiscal year; or
  - 3. The number of qualifying low income families who commence occupancy during the fiscal year of PHA public housing units located in census tracts

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with a poverty rate of 30 percent or more. For this purpose, qualifying low income family means a low income family other than an extremely low income family.

- D. Family annual income is used for both determination of income eligibility and for PHA income targeting.
- E. The PHA must comply with HUD-prescribed reporting requirements that will permit HUD to maintain the data, as determined by HUD, necessary to monitor compliance with income eligibility and targeting requirement.

#### ***10.4 DECONCENTRATION POLICY***

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

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

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

#### ***10.5 DECONCENTRATION INCENTIVES***

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

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

#### ***10.6 OFFER OF A UNIT***

When the Camden Housing Authority discovers that a unit will become available, we will contact the first family on the waiting list who has the highest priority for this type of unit

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or development and whose income category would help to meet the deconcentration goal and/or the income targeting goal.

The Camden Housing Authority will contact the family first by telephone to make the unit offer. If the family cannot be reached by telephone, the family will be notified of a unit offer via first class mail. The family will be given five (5) business days from the date the letter was mailed to contact the Camden Housing Authority regarding the offer.

The family will be offered the opportunity to view the unit. After the opportunity to view the unit, the family will have two (2) business days to accept or reject the unit. This verbal offer and the family's decision must be documented in the tenant file. If the family rejects the offer of the unit, the Camden Housing Authority will send the family a letter documenting the offer and the rejection.

### **10.7 REJECTION OF UNIT**

If in making the offer to the family the Camden Housing Authority skipped over other families on the waiting list in order to meet their deconcentration goal or offered the family any other deconcentration incentive and the family rejects the unit, the family will not lose their place on the waiting list and will not be otherwise penalized.

If the Camden Housing Authority did not skip over other families on the waiting list to reach this family, and the family rejects the unit, the family will be removed from the waiting list, but will maintain the right to reapply at a future date should HACC advertise it is opening its waiting list for applicants. The family also retain the right to an informal review of the decision to be removed from the waiting list.

### **10.8 ACCEPTANCE OF UNIT**

The family will be required to sign a lease that will become effective no later than three (3) business days after the date of acceptance or the business day after the day the unit becomes available, whichever is later.

Prior to signing the lease, all families (head of household) and other adult family members will be required to attend the Lease and Occupancy Orientation when they are initially accepted for occupancy. The family will not be housed if they have not attended the orientation. Applicants who provide prior notice of an inability to attend the orientation will be rescheduled. Failure of an applicant to attend the orientation, without good cause, may result in the cancellation of the occupancy process.

The applicant will be provided a copy of the lease, the grievance procedure, utility allowances, utility charges, the current schedule of routine maintenance charges, and a request for reasonable accommodation form. These documents will be explained in detail. The applicant will sign a certification that they have received these documents and



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that they have reviewed them with Housing Authority personnel. The certification will be filed in the tenant's file.

The signing of the lease and the review of financial information are to be privately handled. The head of household and all adult family members will be required to execute the lease prior to admission. One executed copy of the lease will be furnished to the head of household and the Camden Housing Authority will retain the original executed lease in the tenant's file. A copy of the grievance procedure will be attached to the resident's copy of the lease.

The family will pay a security deposit at the time of lease signing. The security deposit will be equal to one month's rent or \$100, whichever is greater.

In the case of a move within public housing, the security deposit for the first unit will be transferred to the second unit. In the event there are costs attributable to the family for bringing the first unit into condition for re-renting, the family shall be billed for these charges.

## **11.0 INCOME, EXCLUSIONS FROM INCOME, AND DEDUCTIONS FROM INCOME**

To determine annual income, the Camden Housing Authority adds the income of all family members, excluding the types and sources of income that are specifically excluded. Once the annual income is determined, the Camden Housing Authority subtracts all allowable deductions (allowances) to determine the Total Tenant Payment.

### **11.1 INCOME**

Annual income means all amounts, monetary or not, that:

- A. Go to (or on behalf of) the family head or spouse (even if temporarily absent) or to any other family member; or
- B. Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and
- C. Are not specifically excluded from annual income.

If it is not feasible to anticipate a level of income over a 12-month period (e.g. seasonal or cyclic income), or the Camden Housing Authority believes that past income is the best available indicator of expected future income, the Camden Housing Authority may annualize the income anticipated for a shorter period, subject to a redetermination at the end of the shorter period.

Annual income includes, but is not limited to:

- A. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.
- B. The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness are not used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession is included in income, except to the extent the withdrawal is a reimbursement of cash or assets invested in the operation by the family.
- C. Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness are not used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from an investment is included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income includes the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.
- D. The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount. (However, deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts are excluded.)
- E. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay. (However, lump sum additions such as insurance payments from worker's compensation are excluded.)
- F. Welfare assistance.
  - 1. If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the

welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income consists of:

- a. The amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus
- b. The maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this requirement is the amount resulting from one application of the percentage.

2. Imputed welfare income

- a. A family's annual income includes the amount of imputed welfare income (because of a specified welfare benefits reduction, as specified in notice to the Camden Housing Authority by the welfare agency) plus the total amount of other annual income.
- b. At the request of the Camden Housing Authority, the welfare agency will inform the Camden Housing Authority in writing of the amount and term of any specified welfare benefit reduction for a family member, and the reason for such reduction, and will also inform the Camden Housing Authority of any subsequent changes in the term or amount of such specified welfare benefit reduction. The Camden Housing Authority will use this information to determine the amount of imputed welfare income for a family.
- c. A family's annual income includes imputed welfare income in family annual income, as determined at an interim or regular reexamination of family income and composition, during the term of the welfare benefits reduction (as specified in information provided to the Camden Housing Authority by the welfare agency).
- d. The amount of the imputed welfare income is offset by the amount of additional income a family receives that commences after the time the sanction was imposed. When such additional income from other sources is at least equal to the imputed welfare income, the imputed welfare income is reduced to zero.
- e. The Camden Housing Authority will not include imputed welfare income in annual income if the family was not an assisted resident

at the time of the sanction.

- f. If a resident is not satisfied that the Camden Housing Authority has calculated the amount of imputed welfare income in accordance with HUD requirements, and if the Camden Housing Authority denies the family's request to modify such amount, then the Camden Housing Authority shall give the resident written notice of such denial, with a brief explanation of the basis for the Camden Housing Authority's determination of the amount of imputed welfare income. The Camden Housing Authority's notice shall also state that if the resident does not agree with the determination, the resident may grieve the decision in accordance with our grievance policy. The resident is not required to pay an escrow deposit for the portion of the resident's rent attributable to the imputed welfare income in order to obtain a grievance hearing.

3. Relations with welfare agencies

- a. The Camden Housing Authority will ask welfare agencies to inform it of any specified welfare benefits reduction for a family member, the reason for such reduction, the term of any such reduction, and any subsequent welfare agency determination affecting the amount or term of a specified welfare benefits reduction. If the welfare agency determines a specified welfare benefits reduction for a family member, and gives the Camden Housing Authority written notice of such reduction, the family's annual incomes shall include the imputed welfare income because of the specified welfare benefits reduction.
- b. The Camden Housing Authority is responsible for determining the amount of imputed welfare income that is included in the family's annual income as a result of a specified welfare benefits reduction as determined by the welfare agency, and specified in the notice by the welfare agency to the housing authority. However, the Camden Housing Authority is not responsible for determining whether a reduction of welfare benefits by the welfare agency was correctly determined by the welfare agency in accordance with welfare program requirements and procedures, nor for providing the opportunity for review or hearing on such welfare agency determinations.
- c. Such welfare agency determinations are the responsibility of the welfare agency, and the family may seek appeal of such determinations through the welfare agency's normal due process

procedures. The Camden Housing Authority shall rely on the welfare agency notice to the Camden Housing Authority of the welfare agency's determination of a specified welfare benefits reduction.

- G. Periodic and determinable allowances, such as alimony, child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.
- H. All regular pay, special pay, and allowances of a member of the Armed Forces. (Special pay to a member exposed to hostile fire is excluded.)

## ***11.2 ANNUAL INCOME***

Annual income does not include the following:

- A. Income from employment of children (including foster children) under the age of 18 years;
- B. Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone);
- C. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses;
- D. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
- E. Income of a live-in aide;
- F. The full amount of student financial assistance paid directly to the student or to the educational institution;
- G. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
- H. The amounts received from the following programs:
  - 1. Amounts received under training programs funded by HUD;
  - 2. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and

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benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);

3. Amounts received by a participant in other publicly assisted programs that are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and that are made solely to allow participation in a specific program;
4. Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the Housing Authority or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, and resident initiatives coordination. No resident may receive more than one such stipend during the same period of time;
5. Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives and are excluded only for the period during which the family member participates in the employment training program;
6. Temporary, nonrecurring or sporadic income (including gifts);
7. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
8. Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse);
9. Adoption assistance payments in excess of \$480 per adopted child;
10. For family members who enrolled in certain training programs prior to 10/1/99, the earnings and benefits resulting from the participation if the program provides employment training and supportive services in accordance with the Family Support Act of 1988, Section 22 of the 1937 Act (42 U.S.C. 1437t), or any comparable Federal, State, or local law during the exclusion period. For purposes of this exclusion the following definitions apply:

- a. Comparable Federal, State or local law means a program providing employment training and supportive services that:
    - i. Is authorized by a Federal, State or local law;
    - ii. Is funded by the Federal, State or local government;
    - iii. Is operated or administered by a public agency; and
    - iv. Has as its objective to assist participants in acquiring employment skills.
  - b. Exclusion period means the period during which the family member participates in a program described in this section, plus 18 months from the date the family member begins the first job acquired by the family member after completion of such program that is not funded by public housing assistance under the 1937 Act. If the family member is terminated from employment with good cause, the exclusion period shall end.
  - c. Earnings and benefits means the incremental earnings and benefits resulting from a qualifying employment training program or subsequent job.
11. The incremental earnings due to employment during a cumulative 12-month period following date of the initial hire shall be excluded. 50% of the increase shall be excluded in year two. This exclusion (paragraph 11) will not apply for any family who concurrently is eligible for exclusion #10. Additionally, this exclusion is only available to the following families:
- a. Families whose income increases as a result of employment of a family member who was previously unemployed for one or more years.
  - b. Families whose income increases during the participation of a family member in any economic self-sufficiency or other job-training program.
  - c. Families who are or were, within 6 months, assisted under a State TANF or Welfare-to-Work program.

During the second cumulative 12-month period after the date of initial hire, 50% of the increased income shall be excluded from income.

The disallowance of increased income of an individual family member is limited to a lifetime 48-month period. It only applies for 12 months of the

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100% exclusion and 12 months of the 50% exclusion.

(While HUD regulations allow for the housing authority to offer an escrow account in lieu of having a portion of their income excluded under this paragraph, it is the policy of this housing authority to provide the exclusion in all cases.)

12. Deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts;
13. Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit;
14. Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or
15. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits. These exclusions include:
  - a. The value of the allotment provided to an eligible household under the Food Stamp Act of 1977 (7 U.S.C. 2017(b));
  - b. Payments to Volunteers under the domestic Volunteer Services Act of 1973 (42 U.S.C. 5044(g), 5058);
  - c. Payments received under the Alaska Native Claims Settlement Act (43 U.S.C. 1626(c));
  - d. Income derived from certain sub marginal land of the United States that is held in trust for certain Indian tribes (25 U.S.C. 459e);
  - e. Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program (42 U.S.C. 8624(f));
  - f. Payments received under programs funded in whole or in part under the Job Training Partnership Act (29 U.S.C. 1552(b); (effective July 1, 2000, references to Job Training Partnership Act shall be deemed to refer to the corresponding provision of the Workforce Investment Act of 1998 (29 U.S.C. 2931);



- g. Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (Pub. L. 94–540, 90 Stat. 2503–04);
- h. The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands (25 U.S.C. 1407–1408);
- i. Amounts of scholarships funded under title IV of the Higher Education Act of 1965, including awards under Federal work-study program or under the Bureau of Indian Affairs student assistance programs (20 U.S.C. 1087uu);
- j. Payments received from programs funded under Title V of the Older Americans Act of 1985 (42 U.S.C. 3056(f));
- k. Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *Re Agent*-product liability litigation, M.D.L. No. 381 (E.D.N.Y.);
- l. Payments received under the Maine Indian Claims Settlement Act of 1980 (25 U.S.C. 1721);
- m. The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858q);
- n. Earned income tax credit (EITC) refund payments received on or after January 1, 1991 (26 U.S.C. 32(j));
- o. Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation (Pub. L. 95–433);
- p. Allowances, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990 (42 U.S.C. 12637(d));

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- q. Any allowance paid under the provisions of 38 U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran (38 U.S.C. 1805);
- r. Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act (42 U.S.C. 10602); and
- s. Allowances, earnings and payments to individuals participating in programs under the Workforce Investment Act of 1998 (29 U.S.C. 2931).

The Camden Housing Authority will not provide exclusions from income in addition to those already provided for by HUD.

### ***11.3 DEDUCTIONS FROM ANNUAL INCOME***

Mandatory deductions. In determining adjusted income, the CHA must deduct the following amounts from annual income:

- A. \$480 for each dependent;
- B. \$400 for any elderly family or disabled family;
- C. The sum of the following, to the extent the sum exceeds three % of annual income:
  - 1. Unreimbursed medical expenses of any elderly family or disabled family; and
  - Unreimbursed reasonable attendant care and auxiliary apparatus expenses for each member of the family who is a person with disabilities, to the extent necessary to enable any member of the family (including the member who is a person with disabilities) to be employed, but this allowance may not exceed the earned income received by family members who are 18 years of age or older who are able to work because of such attendant care or auxiliary apparatus.
- D. Any reasonable child care expenses necessary to enable a member of the family to be employed or to further his or her education. This deduction shall not exceed the amount of employment income that is included in annual income.

#### **11.4 RECEIPT OF A LETTER OR NOTICE FROM HUD CONCERNING INCOME**

- A. If a public housing resident receives a letter or notice from HUD concerning the amount or verification of family income, the letter shall be brought to the person responsible for income verification within thirty (30) days of receipt by the resident.
- B. The Housing Authority shall reconcile any difference between the amount reported by the resident and the amount listed in the HUD communication. This shall be done as promptly as possible.
- C. After the reconciliation is complete, the Camden Housing Authority shall adjust the resident's rent beginning at the start of the next month unless the reconciliation is completed during the final five (5) days of the month and then the new rent shall take effect on the first day of the second month following the end of the current month. In addition, if the resident had not previously reported the proper income, the Camden Housing Authority shall do one of the following:
  - 1. Immediately collect the back rent due to the agency;
  - 2. Establish a repayment plan for the resident to pay the sum due to the agency;
  - 3. Terminate the lease and evict for failure to report income; or
  - 4. Terminate the lease, evict for failure to report income, and collect the back rent due to the agency.

#### **11.5 COOPERATING WITH WELFARE AGENCIES**

The Camden Housing Authority will make its best efforts to enter into cooperation agreements with local welfare agencies under which the welfare agencies will agree:

- A. To target assistance, benefits and services to families receiving assistance in the public housing and Section 8 tenant-based assistance program to achieve self-sufficiency; and
- B. To provide written verification to the Camden Housing Authority concerning welfare benefits for families applying for or receiving assistance in our housing assistance programs.

## **12.0 VERIFICATION**

The Camden Housing Authority will verify information related to waiting list preferences, eligibility, admission, and level of benefits prior to admission. Periodically during occupancy, items related to eligibility and rent determination shall also be reviewed and verified. Income, assets, and expenses will be verified, as well as disability status, need for a live-in aide and other reasonable accommodations; full time student status of family members 18 years of age and older; Social Security numbers; and citizenship/eligible non-citizen status. Age and relationship will only be verified in those instances where needed to make a determination of level of assistance.

### **12.1 ACCEPTABLE METHODS OF VERIFICATION**

Age, relationship, U.S. citizenship, and Social Security numbers will generally be verified with documentation provided by the family. For citizenship, the family's certification will be accepted. (Or for citizenship documentation such as listed below will be required.) Verification of these items will include photocopies of the Social Security cards and other documents presented by the family, the INS SAVE approval code, and forms signed by the family.

Other information will be verified by third party verification. This type of verification includes written documentation with forms sent directly to and received directly by a source, not passed through the hands of the family. This verification may also be direct contact with the source, in person or by telephone. It may also be a report generated by a request from the Camden Housing Authority or automatically by another government agency, i.e. the Social Security Administration. Verification forms and reports received will be contained in the applicant/tenant file. Oral third party documentation will include the same information as if the documentation had been written, i.e. name date of contact, amount received, etc.

When third party verification cannot be obtained, the Camden Housing Authority will accept documentation received from the applicant/tenant. Hand-carried documentation will be accepted if the Camden Housing Authority has been unable to obtain third party verification in a 4-week period of time. Photocopies of the documents provided by the family will be maintained in the file.

When neither third party verification nor hand-carried verification can be obtained, the Camden Housing Authority will accept a notarized statement signed by the head, spouse or co-head. Such documents will be maintained in the file.

### **12.2 TYPES OF VERIFICATION**

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The chart below outlines the factors that may be verified and gives common examples of the verification that will be sought. To obtain written third party verification, the Camden Housing Authority will send a request form to the source along with a release form signed by the applicant/tenant via first class mail.

| <b>Verification Requirements for Individual Items</b> |   |  |
|---|---|--|
| <b>Item to Be Verified</b>                            | <b>3<sup>rd</sup> party verification</b>  | <b>Hand-carried verification</b>   |
| <b>General Eligibility Items</b>                      |   |  |
| Social Security Number                                | Letter from Social Security, electronic reports   | Social Security card   |
| Citizenship   | N/A   | Signed certification, voter's registration card, birth certificate, etc.                       |
| Eligible immigration status                           | INS SAVE confirmation #   | INS card   |
| Disability  | Letter from medical professional, SSI, etc  | Proof of SSI or Social Security disability payments  |
| Full time student status (if >18)                     | Letter from school  | For high school students, any document evidencing enrollment                                   |
| Need for a live-in aide                               | Letter from doctor or other professional knowledgeable of condition   | N/A  |
| Child care costs                                      | Letter from care provider   | Bills and receipts   |
| Disability assistance expenses                        | Letters from suppliers, care givers, etc.   | Bills and records of payment   |
| Medical expenses                                      | Letters from providers, prescription record from pharmacy, medical professional's letter stating assistance or a companion animal is needed | Bills, receipts, records of payment, dates of trips, mileage log, receipts for fares and tolls |
| <b>Value of and Income from Assets</b>                |   |  |
| Savings, checking                                     | Letter from institution   | Passbook, most current   |

| <b>Verification Requirements for Individual Items</b>                |   |  |
|--|---|--|
| <b>Item to Be Verified</b>   | <b>3<sup>rd</sup> party verification</b>  | <b>Hand-carried verification</b>   |
| accounts   |   | statements   |
| CDS, bonds, etc  | Letter from institution   | Tax return, information brochure from institution, the CD, the bond                                |
| Stocks   | Letter from broker or holding company   | Stock or most current statement, price in newspaper or through Internet                            |
| Real property  | Letter from tax office, assessment, etc.  | Property tax statement (for current value), assessment, records or income and expenses, tax return |
| Personal property  | Assessment, bluebook, etc   | Receipt for purchase, other evidence of worth  |
| Cash value of life insurance policies                                | Letter from insurance company   | Current statement  |
| Assets disposed of for less than fair market value                   | N/A   | Original receipt and receipt at disposition, other evidence of worth                               |
| <b>Income</b>  |   |  |
| Earned income  | Letter from employer  | Multiple pay stubs   |
| Self-employed  | N/A   | Tax return from prior year, books of accounts  |
| Regular gifts and contributions                                      | Letter from source, letter from organization receiving gift (i.e., if grandmother pays day care provider, the day care provider could so state) | Bank deposits, other similar evidence  |
| Alimony/child support  | Court order, letter from source, letter from Human Services   | Record of deposits, divorce decree   |
| Periodic payments (i.e., social security, welfare, pensions, workers | Letter or electronic reports from the source  | Award letter, letter announcing change in amount of future   |

| Verification Requirements for Individual Items |  |  |
|--|--|--|
| Item to Be Verified                            | 3 <sup>rd</sup> party verification   | Hand-carried verification  |
| compensation, unemployment)                    |  | payments   |
| Training program participation                 | Letter from program provider indicating <ul style="list-style-type: none"> <li>- whether enrolled or completed</li> <li>- whether training is HUD-funded</li> <li>- whether Federal, State, local govt., or local program</li> <li>- whether it is employment training</li> <li>- whether it has clearly defined goals and objectives</li> <li>- whether program has supportive services</li> <li>- whether payments are for out-of-pocket expenses incurred in order to participate in a program</li> <li>- date of first job after program completion</li> </ul> | N/A<br><br><br><br><br><br><br><br><br><br><br>Evidence of job start |

### **12.3 VERIFICATION OF CITIZENSHIP OR ELIGIBLE NONCITIZEN STATUS**

The citizenship/eligible non-citizen status of each family member regardless of age must be determined.

Prior to being admitted, or at the first reexamination, all citizens and nationals will be required to sign a declaration under penalty of perjury. They will be required to show proof of their status by such means as a birth certificate, military ID, or military DD 214 Form.

Prior to being admitted or at the first reexamination, all eligible non-citizens who are 62 years of age or older will be required to sign a declaration under penalty of perjury. They will also be required to show proof of age.

Prior to being admitted or at the first reexamination, all eligible non-citizens must sign a declaration of their status and a verification consent form and provide their original INS documentation. The Camden Housing Authority will make a copy of the individual's INS documentation and place the copy in the file. The Camden Housing Authority will also verify their status through the INS SAVE system. If the INS SAVE system cannot confirm eligibility, the Camden Housing Authority will mail information to the INS in

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order that a manual check can be made of INS records.

Family members who do not claim to be citizens, nationals, or eligible non-citizens must be listed on a statement of non-eligible members and the list must be signed by the head of the household.

Non-citizen students on student visas, though in the country legally, are not eligible to be admitted to public housing.

Any family member who does not choose to declare their status must be listed on the statement of non-eligible members.

If no family member is determined to be eligible under this section, the family's eligibility will be denied.

The family's assistance will not be denied, delayed, reduced, or terminated because of a delay in the process of determining eligible status under this section, except to the extent that the delay is caused by the family.

If the Camden Housing Authority determines that a family member has knowingly permitted an ineligible non-citizen (other than any ineligible non-citizens listed on the lease) to permanently reside in their public housing unit, the family will be evicted. Such family will not be eligible to be readmitted to public housing for a period of 24 months from the date of eviction or termination.

#### ***12.4 VERIFICATION OF SOCIAL SECURITY NUMBERS***

Prior to admission, each family member who has a Social Security number and who is at least 6 years of age must provide verification of their Social Security number. New family members at least 6 years of age must provide this verification prior to being added to the lease. Children in assisted households must provide this verification at the first regular reexamination after turning six.

The best verification of the Social Security number is the original Social Security card. If the card is not available, the Camden Housing Authority will accept letters from the Social Security Agency that establishes and states the number. Documentation from other governmental agencies will also be accepted that establishes and states the number. Driver's licenses, military IDs, passports, or other official documents that establish and state the number are also acceptable.

If an individual states that they do not have a Social Security number, they will be required to sign a statement to this effect. The Camden Housing Authority will not require any individual who does not have a Social Security number to obtain a Social Security number.



If a member of an applicant family indicates they have a Social Security number, but cannot readily verify it, the family cannot be housed until verification is provided.

If a member of a tenant family indicates they have a Social Security number, but cannot readily verify it, they shall be asked to certify to this fact and shall have up to sixty (60) days to provide the verification. If the individual is at least 62 years of age, they will be given one hundred and twenty (120) days to provide the verification. If the individual fails to provide the verification within the time allowed, the family will be evicted.

#### ***12.5 TIMING OF VERIFICATION***

Verification information must be dated within ninety (90) days of certification or reexamination. If the verification is older than this, the source will be contacted and asked to provide information regarding any changes.

When an interim reexamination is conducted, the Housing Authority will verify and update all information reported to have changed.

#### ***12.6 FREQUENCY OF OBTAINING VERIFICATION***

For each family member, citizenship/eligible non-citizen status will be verified only once. This verification will be obtained prior to admission. If the status of any family member was not determined prior to admission, verification of their status will be obtained at the next regular reexamination. Prior to a new member joining the family, their citizenship/eligible non-citizen status will be verified.

For each family member age 6 and above, verification of Social Security number will be obtained only once. This verification will be accomplished prior to admission. When a family member who did not have a Social Security number at admission receives a Social Security number, that number will be verified at the next regular reexamination. Likewise, when a child turns six, their verification will be obtained at the next regular reexamination.

#### ***12.7 UPFRONT INCOME VERIFICATIONS***

The HACC will also do up front verifications via the internet through its MOA's with the NJ Department of Labor, Camden County Board of Social Services, SWICA, etc. Up front income verifications shall also be obtained through HUD's website access and all up front verifications will count as 3<sup>rd</sup> party verifications according to HUD edicts.

## **13.0 DETERMINATION OF TOTAL TENANT PAYMENT AND TENANT RENT**

### **13.1 FAMILY CHOICE**

At admission and each year in preparation for their annual reexamination, each family is given the choice of having their rent determined under the income method or having their rent set at the flat rent amount.

- A. Families who opt for the flat rent will be required to go through the income reexamination process every three years, rather than the annual review they would otherwise undergo.
- B. Families who opt for the flat rent may request to have a reexamination and return to the income based method at any time for any of the following reasons:
  - 1. The family's income has decreased.
  - 2. The family's circumstances have changed increasing their expenses for child care, medical care, etc.
  - 3. Other circumstances creating a hardship on the family such that the income method would be more financially feasible for the family.
- C. Families have only one choice per year except for financial hardship cases. In order for families to make informed choices about their rent options, the Camden will provide them with the following information whenever they have to make rent decisions:
  - 1. The Camden Housing Authority's policies on switching types of rent in case of a financial hardship; and
  - 2. The dollar amount of tenant rent for the family under each option. If the family chose a flat rent for the previous year, the Camden Housing Authority will provide the amount of income-based rent for the subsequent year only the year the Camden Housing Authority conducts an income reexamination or if the family specifically requests it and submits updated income information.

**13.2 THE INCOME METHOD**

The total tenant payment is equal to the highest of:

- A. 10% of the family's monthly income;
- B. 30% of the family's adjusted monthly income; or
- C. If the family is receiving payments for welfare assistance from a public agency and a part of those payments, adjusted in accordance with the family's actual housing costs, is specifically designated by such agency to meet the family's housing costs, the portion of those payments which is so designated. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this provision is the amount resulting from one application of the percentage; or
- D. The minimum rent of \$50.00.

**13.3 MINIMUM RENT**

The Camden Housing Authority has set the minimum rent at \$50.00. If the family requests a hardship exemption, however, the Camden Housing Authority will suspend the minimum rent beginning the month following the family's request until the Housing Authority can determine whether the hardship exists and whether the hardship is of a temporary or long-term nature.

- A. A hardship exists in the following circumstances:
  - 1. When the family has lost eligibility for or is waiting an eligibility determination for a Federal, State, or local assistance program including a family that includes a member who is a non-citizen lawfully admitted for permanent residence under the Immigration and Nationality Act who would be entitled to public benefits but for title IV of the Personal Responsibility and Work Opportunity Act of 1996;
  - 2. When the family would be evicted because it is unable to pay the minimum rent;
  - 3. When the income of the family has decreased because of changed circumstances, including loss of employment; and
  - 4. When a death has occurred in the family.

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- B. No hardship. If the Housing Authority determines there is no qualifying hardship, the minimum rent will be reinstated, including requiring back payment of minimum rent for the time of suspension.
- C. Temporary hardship. If the Housing Authority reasonably determines that there is a qualifying hardship but that it is of a temporary nature, the minimum rent will not be imposed for a period of 90 days from the beginning of the suspension of the minimum rent. At the end of the 90-day period, the minimum rent will be imposed retroactively to the time of suspension. The Housing Authority will offer a repayment agreement in accordance with Section 19 of this policy for any rent not paid during the period of suspension. During the suspension period the Housing Authority will not evict the family for nonpayment of the amount of tenant rent owed for the suspension period.
- D. Long-term hardship. If the Housing Authority determines there is a long-term hardship, the family will be exempt from the minimum rent requirement until the hardship no longer exists.
- E. Appeals. The family may use the grievance procedure to appeal the Housing Authority's determination regarding the hardship. No escrow deposit will be required in order to access the grievance procedure.

#### ***13.4 THE FLAT RENT AND PROCEDURE FOR MISSED APPOINTMENTS FOR RENT RECERTIFICATION***

The Camden Housing Authority has set a flat rent for each public housing unit. In doing so, it considered the size and type of the unit, as well as its age, condition, amenities, services, and neighborhood. The Camden Housing Authority determined the market value of the unit and set the rent at the market value. The amount of the flat rent will be reevaluated annually and adjustments applied. Affected families will be given a 30-day notice of any rent change. Adjustments are applied on the anniversary date for each affected family (for more information on flat rents, see Section 15.3).

The Camden Housing Authority will post the flat rents at each of the developments and at the central office. Flat rents are incorporated in this policy upon approval by the Board of Commissioners.

There is no utility allowance for families paying a flat rent.

If the family fails to respond to the letter and fails to attend the interview, a second letter will be mailed. The second letter will advise of a new time and date for the interview. The letter will also advise that failure by the family to attend the second scheduled

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Interview will result in the HACC taking eviction actions against the family and/or the HACC will take them to the flat rent amount of the bedroom size the resident presently occupies.

The flat rent amount will be indicated on the second notice. If the resident fails to attend the second interview, a re-certification will be completed indicating the new flat rent amount and the effective date of the change.

Once the new flat rent change takes effect, and the resident fails to complete their re-certification, the resident will be responsible for the flat rent amount for each month until they comply. Once the new re-certification is completed, the resident will be notified of the effective date of the change and the new rent amount.

### ***13.5 CEILING RENT***

The Camden Housing Authority has set a ceiling rent for each public housing unit. The amount of the ceiling rent will be reevaluated annually and the adjustments applied. Affected families will be given a 30-day notice of any rent change. Adjustments are applied on the anniversary date for each affected family.

The Camden Housing Authority will post the ceiling rents at each of the developments and at the central office. Ceiling rents are incorporated in this policy upon approval by the Board of Commissioners.

### ***13.6 RENT FOR FAMILIES UNDER THE NONCITIZEN RULE***

A mixed family will receive full continuation of assistance if all of the following conditions are met:

- A. The family was receiving assistance on June 19, 1995;
- B. The family was granted continuation of assistance before November 29, 1996;
- C. The family's head or spouse has eligible immigration status; and
- D. The family does not include any person who does not have eligible status other than the head of household, the spouse of the head of household, any parent of the head or spouse, or any child (under the age of 18) of the head or spouse.

If a mixed family qualifies for prorated assistance but decides not to accept it, or if the family has no eligible members, the family may be eligible for temporary deferral of termination of assistance to permit the family additional time for the orderly transition of some or all of its members to locate other affordable housing. Under this provision, the

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family receives full assistance. If assistance is granted under this provision prior to November 29, 1996, it may last no longer than three (3) years. If granted after that date, the maximum period of time for assistance under the provision is eighteen (18) months. The Camden Housing Authority will grant each family a period of six (6) months to find suitable affordable housing. If the family cannot find suitable affordable housing, the Camden Housing Authority will provide additional search periods up to the maximum time allowable.

Suitable housing means housing that is not substandard and is of appropriate size for the family. Affordable housing means that it can be rented for an amount not exceeding the amount the family pays for rent, plus utilities, plus 25%.

The family's assistance is prorated in the following manner:

- A. Determine the 95<sup>th</sup> percentile of gross rents (tenant rent plus utility allowance) for the Camden Housing Authority. The 95<sup>th</sup> percentile is called the maximum rent.
- B. Subtract the family's total tenant payment from the maximum rent. The resulting number is called the maximum subsidy.
- C. Divide the maximum subsidy by the number of family members and multiply the result times the number of eligible family members. This yields the prorated subsidy.
- D. Subtract the prorated subsidy from the maximum rent to find the prorated total tenant payment. From this amount subtract the full utility allowance to obtain the prorated tenant rent.

### **13.7 UTILITY ALLOWANCE**

The Camden Housing Authority shall establish a utility allowance for all check-metered utilities and for all tenant-paid utilities. The allowance will be based on a reasonable consumption of utilities by an energy-conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthful environment. In setting the allowance, the Camden Housing Authority will review the actual consumption of tenant families as well as changes made or anticipated due to modernization (weatherization efforts, installation of energy-efficient appliances, etc). Allowances will be evaluated at least annually as well as any time utility rate changes by 10% or more since the last revision to the allowances.

The utility allowance will be subtracted from the family's income rent to determine the amount of the Tenant Rent. The Tenant Rent is the amount the family owes each month to the Camden Housing Authority. The amount of the utility allowance is then still available to the family to pay the cost of their utilities. Any utility cost above the

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allowance is the responsibility of the tenant. Any savings resulting from utility costs below the amount of the allowance belongs to the tenant.

For Camden Housing Authority paid utilities, the Camden Housing Authority will monitor the utility consumption of each household. Any consumption in excess of the allowance established by the Camden Housing Authority will be billed to the tenant monthly.

Utility allowance revisions based on rate changes shall be effective retroactively to the first day of the month following the month in which the last rate change took place. Revisions based on changes in consumption or other reasons shall become effective at each family's next annual reexamination.

Families with high utility costs are encouraged to contact the Camden Housing Authority for an energy analysis. The analysis may identify problems with the dwelling unit that once corrected will reduce energy costs. The analysis can also assist the family in identifying ways they can reduce their costs.

Requests for relief from surcharges for excess consumption of Camden Housing Authority purchased utilities or from payment of utility supplier billings in excess of the utility allowance for tenant-paid utility costs may be granted by the Camden Housing Authority on reasonable grounds. Requests shall be granted to families that include an elderly member or a member with disabilities. Requests by the family shall be submitted under the Reasonable Accommodation Policy. Families shall be advised of their right to individual relief at admission to public housing and at time of utility allowance changes.

### **13.8 UTILITY REIMBURSEMENTS**

The Camden Housing Authority shall pay a utility reimbursement for families paying an income-based rent if the utility allowance (for tenant-paid utilities) exceeds the amount of the total tenant payment.

In the public housing program (where the family is paying an income-based rent), the PHA may pay the utility reimbursement either to the family or directly to the utility supplier to pay the utility bill on behalf of the family. If the PH elects to pay the utility supplier, the PHA must notify the family of the amount paid to the utility supplier.

### **13.9 PAYING RENT AND INTERVIEW GUIDE AND CHECKLIST**

Rent and other charges are due and payable on the first day of the month. All rents should be paid at their Development Office or mail it to a Post Office Box. Reasonable accommodations for this requirement will be made for persons with disabilities. As a safety measure, no cash shall be accepted as a rent payment

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If the rent is not paid by the fifth of the month, a Notice to Vacate will be issued to the tenant. In addition, a \$10 late charge or \$1 a day, whichever is less, will be assessed to the tenant. If rent is paid by a personal check and the check is returned for insufficient funds, this shall be considered a non-payment of rent and will incur the late charge plus an additional charge of \$25 for processing costs.

### ***INTERVIEW GUIDE AND CHECKLIST***

At the initial certification, annual re-certification, or interim re-certification, the HACC interviewer must check the appropriate box for the type of action, accurately record the responses of the Head of Household, and sign the Interview Guide and Checklist.

The Head of Household would answer each question and sign the certification statement. Following the interview, the interviewer would record the requests for 3<sup>rd</sup> party verifications and receipt of verifications of all data relevant to the household.

The interviewer would initial next to each verification requested and each verification received. All verifications shall be retained with this Interview Guide and Checklist in the tenant's file.

### ***13.10 PROCEDURE FOR MISSED APPOINTMENTS FOR RENT RECERTIFICATIONS FLAT RENTS***

If the family fails to respond to the letter and fails to attend the interview, a second letter will be mailed. The second letter will advise of a new time and date for the interview. The letter will also advise that failure by the family to attend the second scheduled interview will result in the HACC taking eviction actions against the family and/or the HACC will take them to the flat rent of the bedroom size the resident presently occupies.

The flat rent amount will be indicated on the second notice. If the resident fails to attend the second interview, a re-certification will be completed indicating the new flat rent amount and the effective date of the change.

Once the new flat rent change takes effect, and the resident fails to complete their re-certification, the resident will be responsible for the flat rent amount for each month until they comply. Once the new re-certification is completed, the resident will be notified of the effective date of the change and the new rent amount.

### ***13.11 FAMILY REPORTS ZERO INCOME OR NO INCOME PROCEDURES***

When a family reports "zero" income or for all families reporting less income than would be sufficient to support their lifestyle, they will be required to complete an Interview Guide and Checklist and When A Family Reports Zero Income form at the initial certification, annual certification or interim certification interview, the Tenant



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Interviewer/Housing Specialist must record the responses of the Head of Household, and sign the Interview Guide and Checklist.

The Head of Household should answer each questions and sign the certification statement. Following the interview, the Interviewer will verify through appropriate 3<sup>rd</sup> parties, the responses of the head of household.

All verifications will be retained with the Interview Guide and Checklist in the tenant's file. Families will be required to re-certify at least every forty-five (45) days.

For all zero income tenants, the HACC may require that tenants or clients report 45 days for an interim re-determination to conform with HUD's Rental Housing Income Integrity Program.

### ***13.12 COOPERATING WITH WELFARE AGENCIES***

It is the policy of the Camden County Board of Social Services to deny assistance via TANF to applicants until such time as they apply for child support if such support is warranted based on the families composition, it shall also be the policy of the HACC for such families. When a family is admitted into the Public Housing, or comes in for re-certification and when minor children are in the household, HACC shall require the family to show evidence that child support assistance is either in place or has been applied for if the care of the children is not being handled monetarily through the wages of the biological or step father or mother.

In cases where the head of household has chosen for whatever reason to waive child support payments, HACC will require a court document indicating such. However, should HACC discover at a later date that child support payments either through the court or on an informal basis have or are being made and such income has not been reported to HACC, this shall constitute a breach of the Public Housing lease contract, and eviction proceedings from public housing shall commence.

### ***13.13 POLICY OF DISREGARD OF EARNED INCOME***

For 12 cumulative months, HACC will exclude from the calculation of rent 100% of increase earnings of qualifying tenant families. For an additional 12 months, 50% of increased earnings of qualifying tenant families will be excluded. This exclusion is limited to one 48-month window of opportunity in the lifetime of each family member.

The following tenant families are eligible for this earned income disregard:

1. Families whose income increases because a family member who was previously unemployed for one or more years goes to work; or
2. Families whose annual income increases due to increased earnings by a family

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- member participating in a self-sufficiency or job training program; or
- 3. Families whose annual income increase due to a new employment or increased earnings during, or within six months after the receipt of TANF assistance, including one time payments totaling at least \$500.00.

### ***13.14 CHANGE IN WORK STATUS***

It shall be a policy of the HACC that should a public housing resident quit or for any reason voluntarily leave their place of employment, a change in the rental portion paid by the resident will not be changed for a period of 45 days.

## **14.0 CONTINUED OCCUPANCY AND COMMUNITY SERVICE**

### ***14.1 GENERAL***

In order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities), or (2) participate in an economic self-sufficiency program, or (3) perform eight hours per month of combined activities as previously described unless they are exempt from this requirement.

### ***14.2 EXEMPTIONS***

The following adult family members of tenant families are exempt from this requirement:

- A. Family members who are 62 or older.
- B. Family members who are blind or disabled as defined under 216(I)(1) or 1614 of the Social Security Act (42 U.S.C. 416(I)(1) and who certifies that because of this disability she or he is unable to comply with the community service requirements.
- C. Family members who are the primary care giver for someone who is blind or disabled as set forth in Paragraph B above.
- D. Family members engaged in work activity.
- E. Family members who are exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program.
- F. Family members receiving assistance, benefits or services under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that

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program.

### **14.3 NOTIFICATION OF THE REQUIREMENT**

The Camden Housing Authority shall identify all adult family members who are apparently not exempt from the community service requirement.

The Camden Housing Authority shall notify all such family members of the community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. The Camden Housing Authority shall verify such claims.

The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination on or after January 1, 2001. For families paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

### **14.4 VOLUNTEER OPPORTUNITIES**

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The Camden Housing Authority will coordinate with social service agencies, local schools, and the Human Resources Office in identifying a list of volunteer community service positions.

Together with the resident advisory councils, the Camden Housing Authority may create volunteer positions such as hall monitoring, litter patrols, and supervising and record keeping for volunteers.

### **14.5 THE PROCESS**

Upon admission or at the first annual reexamination on or after January 1, 2001, and each annual reexamination thereafter, the Camden Housing Authority will do the following:

- A. Provide a list of volunteer opportunities to the family members.
- B. Provide information about obtaining suitable volunteer positions.
- C. Provide a volunteer time sheet to the family member. Instructions for the time sheet require the individual to complete the form and have a supervisor date and sign for each period of work.
- D. Assign family members to a volunteer coordinator who will assist the family members in identifying appropriate volunteer positions and in meeting their responsibilities. The volunteer coordinator will track the family member's progress monthly and will meet with the family member as needed to best encourage compliance.
- E. Thirty (30) days before the family's next lease anniversary date, the volunteer coordinator will advise the Camden Housing Authority whether each applicable adult family member is in compliance with the community service requirement.

**14.6 NOTIFICATION OF NON-COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENT**

The Camden Housing Authority will notify any family found to be in noncompliance of the following:

- A. The family member(s) has been determined to be in noncompliance;
- B. That the determination is subject to the grievance procedure; and
- C. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated;

**14.7 OPPORTUNITY FOR CURE**

The Camden Housing Authority will offer the family member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns go toward the current commitment until the current year's commitment is made.

The volunteer coordinator will assist the family member in identifying volunteer

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opportunities and will track compliance on a monthly basis.

If any applicable family member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service, the Camden Housing Authority shall take action to terminate the lease.

#### **14.8 PROHIBITION AGAINST REPLACEMENT OF AGENCY EMPLOYEES**

In implementing the service requirement, the Camden Housing Authority may not substitute community service or self-sufficiency activities performed by residents for work ordinarily performed by its employees, or replace a job at any location where residents perform activities to satisfy the service requirement.

### **15.0 RECERTIFICATIONS**

At least annually, the Camden Housing Authority will conduct a reexamination of family income and circumstances. The results of the reexamination determine (1) the rent the family will pay, and (2) whether the family is housed in the correct unit size.

#### **15.1 GENERAL**

The Camden Housing Authority will send a notification letter to the family letting them know that it is time for their annual reexamination, giving them the option of selecting either the flat rent or income method, and scheduling an appointment if they are currently paying an income rent. If the family thinks they may want to switch from a flat rent to an income rent, they should request an appointment. At the appointment, the family can make their final decision regarding which rent method they will choose. The letter also includes, for those families paying the income method, forms for the family to complete in preparation for the interview. The letter includes instructions permitting the family to reschedule the interview if necessary. The letter tells families who may need to make alternate arrangements due to a disability that they may contact staff to request an accommodation of their needs.

During the appointment, the Camden Housing Authority will determine whether family composition may require a transfer to a different bedroom size unit, and if so, the family's name will be placed on the transfer list.

#### **15.2 MISSED APPOINTMENTS**

If the family fails to respond to the letter and fails to attend the interview, a second letter will be mailed. The second letter will advise of a new time and date for the interview. The letter will also advise that failure by the family to attend the second scheduled

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interview will result in the Camden Housing Authority taking eviction actions against the family.

### **15.3 FLAT RENTS**

The annual letter to flat rent payers regarding the reexamination process will state the following:

- A. Each year at the time of the annual reexamination, the family has the option of selecting a flat rent amount in lieu of completing the reexamination process and having their rent based on the income amount.
- B. The amount of the flat rent
- C. A fact sheet about income rents that explains the types of income counted, the most common types of income excluded, and the categories allowances that can be deducted from income.
- D. Families who opt for the flat rent will be required to go through the income reexamination process every three years, rather than the annual review they otherwise would undergo.
- E. Families who opt for the flat rent may request to have a reexamination and return to the income based method at any time for any of the following reasons:
  - 1. The family's income has decreased.
  - 2. The family's circumstances have changed increasing their expenses for child care, medical care, etc.
  - 3. Other circumstances creating a hardship on the family such that the income method would be more financially feasible for the family.
- F. The dates upon which the Camden Housing Authority expects to review the amount of the flat rent, the approximate rent increase the family could expect, and the approximate date upon which a future rent increase could become effective.
- G. The name and phone number of an individual to call to get additional information or counseling concerning flat rents.
- H. A certification for the family to sign accepting or declining the flat rent.

Each year prior to their anniversary date, Camden Housing Authority will send a reexamination letter to the family offering the choice between a flat or an income rent.

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The opportunity to select the flat rent is available only at this time. At the appointment, the Camden Housing Authority may assist the family in identifying the rent method that would be most advantageous for the family. If the family wishes to select the flat rent method without meeting with the Camden Housing Authority representative, they may make the selection on the form and return the form to the Camden Housing Authority. In such case, the Camden Housing Authority will cancel the appointment.

#### **15.4 THE INCOME METHOD**

During the interview, the family will provide all information regarding income, assets, expenses, and other information necessary to determine the family's share of rent. The family will sign the HUD consent form and other consent forms that later will be mailed to the sources that will verify the family circumstances.

Upon receipt of verification, the Camden Housing Authority will determine the family's annual income and will calculate their rent as follows.

The total tenant payment is equal to the highest of:

- A. 10% of monthly income;
- B. 30% of adjusted monthly income;
- C. The welfare rent;
- D. The minimum rent.

#### **15.5 EFFECTIVE DATE OF RENT CHANGES FOR ANNUAL REEXAMINATIONS**

The new rent will generally be effective upon the anniversary date with thirty (30) days notice of any rent increase to the family.

If the rent determination is delayed due to a reason beyond the control of the family, then any rent increase will be effective the first of the month after the month in which the family receives a 30-day notice of the amount. If the new rent is a reduction and the delay is beyond the control of the family, the reduction will be effective as scheduled on the anniversary date.

If the family caused the delay, then any increase will be effective on the anniversary date. Any reduction will be effective the first of the month after the rent amount is determined.

#### **15.6 INTERIM REEXAMINATIONS**

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During an interim reexamination, only the information affected by the changes being reported will be reviewed and verified.

Families will not be required to report any increase in income or decrease in allowable expenses between annual reexaminations.

Families are required to report the following changes to the Camden Housing Authority between regular reexaminations. If the family's rent is being determined under the income method, these changes will trigger an interim reexamination. The family shall report these changes within ten (10) days of their occurrence.

- A. A member has been added to the family through birth or adoption or court-awarded custody.
- B. A household member is leaving or has left the family unit.

In order to add a household member other than through birth or adoption (including a live-in aide), the family must request that the new member be added to the lease. Before adding the new member to the lease, the individual must complete an application form stating their income, assets, and all other information required of an applicant. The individual must provide their Social Security number if they have one and must verify their citizenship/eligible immigrant status. (Their housing will not be delayed due to delays in verifying eligible immigrant status other than delays caused by the family.) The new family member will go through the screening process similar to the process for applicants. The Camden Housing Authority will determine the eligibility of the individual before adding them to the lease. If the individual is found to be ineligible or does not pass the screening criteria, they will be advised in writing and given the opportunity for an informal review. If they are found to be eligible and do pass the screening criteria, their name will be added to the lease. At the same time, if the family's rent is being determined under the income method, the family's annual income will be recalculated taking into account the circumstances of the new family member. The effective date of the new rent will be in accordance with Section 15.8.

Families are not required to, but may at any time, request an interim reexamination based on a decrease in income, an increase in allowable expenses, or other changes in family circumstances. Upon such request, the Camden Housing Authority will take timely action to process the interim reexamination and recalculate the tenant's rent.

### ***15.7 SPECIAL REEXAMINATIONS***

If a family's income is too unstable to project for twelve (12) months, including families that temporarily have no income (0 renters) or have a temporary decrease in income, the Camden Housing Authority may schedule special reexaminations every sixty (60) days until the income stabilizes and an annual income can be determined.



**15.8 EFFECTIVE DATE OF RENT CHANGES DUE TO INTERIM OR SPECIAL REEXAMINATIONS**

Unless there is a delay in reexamination processing caused by the family, any rent increase will be effective the first of the second month after the month in which the family receives notice of the new rent amount. If the family causes a delay, then the rent increase will be effective on the date it would have been effective had the process not been delayed (even if this means a retroactive increase).

If the new rent is a reduction and any delay is beyond the control of the family, the reduction will be effective the first of the month after the interim reexamination should have been completed.

If the new rent is a reduction and the family caused the delay or did not report the change in a timely manner, the change will be effective the first of the month after the rent amount is determined.

**15.9 INCOME DISCREPANCY PROCEDURES**

Income verification submitted by the Resident/Program participant will be verified through the State Wage Information Collection Agencies (SWICA).

The resident income information will be reviewed for the previous year to verify consistency and accuracy.

If it is found that the Resident/Program participant has omitted and/or falsely provided information to the HACC, the Resident/Program participant will be notified immediately. At which time, they will be informed of the dollar amount of the income discrepancy and they must report to the Tenant Interviewer/Housing Specialist. The HACC will charge the resident retroactive to the date the income becomes effective but was not reported by the resident.

The Resident/Program participant will be afforded an opportunity to enter into a Repayment Agreement with the HACC. If the Resident/Program participant refuses to enter into an agreement, eviction proceedings will begin immediately for public housing residents. Should the Resident/Program participant volunteer to enter into a repayment agreement, a monthly repayment amount will be required, in addition to the new calculated rent amount, must be paid each month on time.

If the Resident/Program participant fail to complete the repayment agreement or miss a payment, the agreement will be void and the Resident/Program participant will be required to pay the entire balance in full. Should the tenant refuse or does not make the

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entire payment, eviction proceedings will be taken against the Resident/Program participant.

## **16.0 UNIT TRANSFERS**

### **16.1 OBJECTIVES OF THE TRANSFER POLICY**

The objectives of the Transfer Policy include the following:

- A. To address emergency situations.
- B. To fully utilize available housing resources while avoiding overcrowding by insuring that each family occupies the appropriate size unit.
- C. To facilitate a relocation when required for modernization or other management purposes.
- D. To facilitate relocation of families with inadequate housing accommodations.
- E. To provide an incentive for families to assist in meeting the Camden Housing Authority's deconcentration goal.
- F. To eliminate vacancy loss and other expenses due to unnecessary transfers.

### **16.2 CATEGORIES OF TRANSFERS**

Category 1: Emergency transfers. These transfers are necessary when conditions pose an immediate threat to the life, health, or safety of a family or one of its members. Such situations may involve defects of the unit or the building in which it is located, the health condition of a family member, a hate crime, the safety of witnesses to a crime, or a law enforcement matter particular to the neighborhood.

Category 2: Immediate administrative transfers. These transfers are necessary in order to permit a family needing accessible features to move to a unit with such a feature or to enable modernization work to proceed.

Category 3: Regular administrative transfers. These transfers are made to offer incentives to families willing to help meet certain Camden Housing Authority occupancy goals, to correct occupancy standards where the unit size is inappropriate for the size and composition of the family, to allow for non-emergency but medically advisable transfers, and other transfers approved by the Camden Housing Authority when a transfer is the only or best way of solving a serious problem.

Category 4: Requested transfers. Transfers that are requested solely for the convenience or desire of the resident.

### **16.3 DOCUMENTATION**

When the transfer is at the request of the family, the family may be required to provide third party verification of the need for the transfer.

### **16.4 INCENTIVE TRANSFERS**

Transfer requests will be encouraged and approved for families who live in a development where their income category (below or above 30% of area median) predominates and wish to move to a development where their income category does not predominate.

### **16.5 PROCESSING TRANSFERS**

Transfers on the waiting list will be sorted by the above categories and within each category by date and time.

Transfers in category 1 and 2 will be housed ahead of any other families, including those on the applicant waiting list. Transfers in category 1 will be housed ahead of transfers in category 2.

Transfers in category 3 and 4 will be housed along with applicants for admission at a ratio of one transfer for every five admissions.

Upon offer and acceptance of a unit, the family will execute all lease up documents and pay any rent and/or security deposit within two (2) days of being informed the unit is ready to rent. The family will be allowed seven (7) days to complete a transfer. The family will be responsible for paying rent at the old unit as well as the new unit for any period of time they have possession of both in excess of the seven (7) days they are allowed to complete the move. The prorated rent and other charges (key deposit and any additional security deposit owing) must be paid at the time of lease execution.

The following is the policy for the rejection of an offer to transfer:

- A. If the family rejects with good cause any unit offered, they will not lose their place on the transfer waiting list.
- B. If the transfer is being made at the request of the Camden Housing Authority and the family rejects two offers without good cause, the Camden Housing Authority will take action to terminate their tenancy. If the reason for the transfer is that the

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current unit is too small to meet the Camden Housing Authority's optimum occupancy standards, the family may request in writing to stay in the unit without being transferred so long as their occupancy will not exceed two people per living/sleeping room.

- C. If the transfer is being made at the family's request and the rejected offer provides deconcentration incentives, the family will maintain their place on the transfer list and will not otherwise be penalized.
- D. If the transfer is being made at the family's request, the family may, without good cause and without penalty, turn down one offer that does not include deconcentration incentives. After turning down a second such offer without good cause, the family's name will be removed from the transfer list.

### **16.6 COST OF THE FAMILY'S MOVE**

The cost of the transfer generally will be borne by the family in the following circumstances:

- A. When the transfer is made at the request of the family or by others on behalf of the family (i.e. by the police);
- B. When the transfer is needed to move the family to a larger sized unit;
- C. When the transfer is needed because action or inaction by the family caused the unit to be unsafe or uninhabitable.

The cost of the transfer will be borne by the Camden Housing Authority in the following circumstances:

- A. When the transfer is needed in order to carry out rehabilitation activities;
- B. When the transfer is needed to move the family to a smaller sized unit;
- C. When the transfer is necessitated because a family with disabilities needs the accessible unit into which the transferring family moved (The family without disabilities signed a statement to this effect prior to accepting the accessible unit);  
or
- D. When action or inaction by the Camden Housing Authority has caused the unit to be unsafe or inhabitable.

The responsibility for moving costs in other circumstances will be determined on a case by case basis.

**16.7 TENANTS IN GOOD STANDING**

When the transfer is at the request of the family, it will not be approved unless the family is in good standing with the Camden Housing Authority. This means the family must be in compliance with their lease, current in all payments to the Housing Authority, and must pass a housekeeping inspection.

**16.8 TRANSFER REQUESTS**

A tenant may request a transfer at any time by completing a transfer request form. In considering the request, the Camden Housing Authority may request a meeting with the tenant to better understand the need for transfer and to explore possible alternatives. The Camden Housing Authority will review the request in a timely manner and if a meeting is desired, it shall contact the tenant within ten (10) business days of receipt of the request to schedule a meeting.

The Camden Housing Authority will grant or deny the transfer request in writing within ten (10) business days of receiving the request or holding the meeting, whichever is later.

If the transfer is approved, the family's name will be added to the transfer waiting list.

If the transfer is denied, the denial letter will advise the family of their right to utilize the grievance procedure.

**16.9 RIGHT OF THE CAMDEN HOUSING AUTHORITY IN TRANSFER POLICY**

The provisions listed above are to be used as a guide to insure fair and impartial means of assigning units for transfers. It is not intended that this policy will create a property right or any other type of right for a tenant to transfer or refuse to transfer.

**17.0 INSPECTIONS**

An authorized representative of the Camden Housing Authority and an adult family member will inspect the premises prior to commencement of occupancy. A written statement of the condition of the premises will be made, all equipment will be provided, and the statement will be signed by both parties with a copy retained in the Camden Housing Authority file and a copy given to the family member. An authorized Camden Housing Authority representative will inspect the premises at the time the resident vacates and will furnish a statement of any charges to be made provided the resident turns in the proper notice under State law. The resident's security deposit can be used to offset against any Camden Housing Authority damages to the unit.

**17.1 MOVE-IN INSPECTIONS**

The Camden Housing Authority and an adult member of the family will inspect the unit prior to signing the lease. Both parties will sign a written statement of the condition of the unit. A copy of the signed inspection will be given to the family and the original will be placed in the tenant file.

**17.2 ANNUAL INSPECTIONS**

The Camden Housing Authority will inspect each public housing unit annually to ensure that each unit meets the Camden Housing Authority's housing standards. Work orders will be submitted and completed to correct any deficiencies.

**17.3 PREVENTATIVE MAINTENANCE INSPECTIONS**

This is generally conducted along with the annual inspection. This inspection is intended to keep items in good repair. It checks weatherization; checks the condition of the smoke detectors, water heaters, furnaces, automatic thermostats and water temperatures; checks for leaks; and provides an opportunity to change furnace filters and provide other minor servicing that extends the life of the unit and its equipment.

**17.4 SPECIAL INSPECTIONS**

A special inspection may be scheduled to enable HUD or others to inspect a sample of the housing stock maintained by the Camden Housing Authority.

**17.5 HOUSEKEEPING INSPECTIONS**

Generally, at the time of annual reexamination, or at other times as necessary, the Camden Housing Authority will conduct a housekeeping inspection to ensure the family is maintaining the unit in a safe and sanitary condition.

**17.6 NOTICE OF INSPECTION**

For inspections defined as annual inspections, preventative maintenance inspections, special inspections, and housekeeping inspections, the Camden Housing Authority will give the tenant at least two (2) days written notice.

**17.7 EMERGENCY INSPECTIONS**

If any employee and/or agent of the Camden Housing Authority has reason to believe that an emergency exists within the housing unit, the unit can be entered without notice. The person(s) that enters the unit will leave a written notice to the resident that indicates the date and time the unit was entered and the reason why it was necessary to enter the unit.

### **17.8 PRE-MOVE-OUT INSPECTIONS**

When a tenant gives notice that they intend to move, the Camden Housing Authority will offer to schedule a pre-move-out inspection with the family. The inspection allows the Camden Housing Authority to help the family identify any problems which, if left uncorrected, could lead to vacate charges. This inspection is a courtesy to the family and has been found to be helpful both in reducing costs to the family and in enabling the Camden Housing Authority to ready units more quickly for the future occupants.

### **17.9 MOVE-OUT INSPECTIONS**

The Camden Housing Authority conducts the move-out inspection after the tenant vacates to assess the condition of the unit and determine responsibility for any needed repairs. When possible, the tenant is notified of the inspection and is encouraged to be present. This inspection becomes the basis for any claims that may be assessed against the security deposit.

## **18.0 PET POLICY**

A. Pet ownership: A tenant may own one or more common household pets or have one or more common household pets present in the dwelling unit of such tenant, subject to the following conditions:

1. Each Head of Household may own up to two pets and a separate fee and deposit is required for each pet. If one of the pets is a dog or cat, (or other four legged animal), the second pet must be a hamster, gerbil, turtle or other pet normally contained in a small cage or an aquarium for fish. Each bird or other animals, other than fish, shall be counted as one pet.
2. If the pet is a dog or cat, it must be neutered/sprayed, and cats must be de-clawed. Evidence or neutering/spraying can be provided by a statement/bill from veterinarian and/or staff of the humane society. The Tenant must provide waterproof and leak proof litter boxes for cat waste, which must be kept inside the dwelling unit. Cardboard boxes are not acceptable and will not be approved. The Tenant shall not permit refuse from litter boxes to accumulate nor to become unsightly or unsanitary. Also, the weight of a cat cannot exceed 10 pounds (fully grown).
3. If the pet is a bird, it shall be housed in a birdcage and cannot be let out of the cage at any time.
4. An aquarium for fish must be twenty gallons or less, and the container must be placed in a safe location in the unit. The Tenant is limited to one container for the fish; however, there is no limit on the number of fish that can be maintained in the

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- container as long as the container is maintained in a safe and non-hazardous manner.
5. If the pet is a dog, it shall not weigh more than 20 pounds (fully grown).
  6. If the pet is a cat or dog, it must have received rabies and distemper inoculations or boosters, as applicable. Evidence of inoculations can be provided by a statement/bill from veterinarian or staff of the humane society.
  7. All pets must be housed within the unit and no facilities can be constructed outside of the unit for any pet. No animal shall be permitted to be loose and if the pet is taken outside it must be taken outside on a leash and kept off other Tenant's lawns.
  8. All authorized pet(s) must be under the control of an adult. An unleashed pet, or one tied to a fixed object, is not under the control of an adult. Pets which are unleashed, or leashed and unattended, on HA property will be impounded and taken to the local Humane Society. It shall be the responsibility of the Tenant to reclaim the pet and at the expense of the Tenant. Also, if a member of the HA staff has to take a pet to the Humane Society the Tenant will be charged \$50.00 to cover the expense of taking the pet(s) to the Humane Society.
  9. Pet(s) may not be left unattended for more than twenty-four consecutive hours. If it is reported to HA staff that a pet(s) has been left unattended for more than a twenty-four (24) consecutive hour period, HA staff may enter the unit and remove the pet and transfer the pet to the humane society. Any expense to remove and reclaim the pet from any facility will be the responsibility of the Tenant.
  10. Pet(s), as applicable, must be weighed by HA staff prior to execution of the lease agreement. The pet will be weighed at the following location, and the Tenant agrees to transport the pet to the stated location:  
\_\_\_\_\_.

**Note:**

**Any pet that is not fully grown will be weighed every six months. Also, any pet that exceeds the weight limit at any time during occupancy will not be an eligible pet and must be removed from HA property.**

- B. Responsible Pet Ownership: Each pet must be maintained responsibly and in accordance with this pet ownership lease addendum and in accordance with all applicable ordinances, state and local public health, animal control, and animal anti-cruelty laws and regulations governing pet ownership. Any waste generated by a pet must be properly and promptly disposed of to avoid any unpleasant and unsanitary odor from being in the unit.
- C. Prohibited Animals: Animals that are considered vicious and /or intimidating will not be allowed. Some examples of animals that have a reputation of a vicious nature are: reptiles, rottweiler, Doberman pinscher, pit bulldog, and/or any animal that displays vicious behavior. This determination will be made by a HA representative prior to the execution of this lease addendum.



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- D. Pet(s) shall not disturb, interfere or diminish the peaceful enjoyment of other tenants. The terms, “disturb, interfere or diminish” shall include but not be limited to barking, howling, chirping, biting, scratching and other like activities. The Housing Manager will terminate this authorization, if a pet disturbs other tenants under this section of the lease addendum. The Tenant will be given one week to make other arrangements for the care of the pet.
  
- E. If the animal should become destructive, create a nuisance, represent a threat to the safety and security of other Tenants, or create a problem in the area of cleanliness and sanitation, the Housing Manager will notify the tenant, in writing, that the animal must be removed from the Public Housing Development. The written notice will contain the date by which the pet must be removed and this date must be complied with by the Head Of Household. This date will be immediate if the pet may be a danger or threat to the safety and security of other tenants. The Tenant may request a hearing, which will be handled according to the PHA’s established grievance procedure. Provided, however, the pet must be immediately removed from the unit upon notice during the hearing process if the cause is because of safety and security.
  
- F. The Tenant is solely responsible for cleaning up the waste of the pet within the dwelling and on the grounds of the public housing development. If the pet is taken outside it must be on a leash at all times. If there is any visible waste by the pet it must be disposed of in a plastic bag, securely tied and placed in the garbage. If the HA staff is required to clean any waste left by a pet, the Tenant will be charged \$25.00 for the removal of the waste.
  
- G. The Tenant shall have pets restrained so that maintenance can be performed in the apartment. The Tenant shall, whenever an inspection or maintenance is scheduled, either be at home or shall have all animals restrained or caged. If a maintenance person enters an apartment where an animal is not restrained, maintenance shall not be performed, and the Tenant shall be charged a fee of \$25.00. If this same situation again occurs, the pet shall be removed from the premises. Pets that are not caged or properly restrained will be impounded and taken to the local Humane Society. It shall be the responsibility of the Tenant to reclaim the pet at the expense of the Tenant. Also, if a member of the HA staff has to take a pet to the Humane Society the Tenant will be charged an additional \$50.00 to cover the expense of taking the pet(s) to the Humane Society. The housing authority shall not be responsible if any animal escapes from the residence due to maintenance, inspections or other activities of the landlord.

**FEE AND DEPOSIT SCHEDULE**  
(A fee and deposit is required for each pet)

| <b>TYPE OF PET</b> | <b>FEE</b> | <b>DEPOSIT</b> |
|--------------------|------------|----------------|
| -Dog               | \$50.00    | \$50.00        |
| -Cat               | \$25.00    | \$25.00        |

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|   |         |         |
|---|---------|---------|
| -Fish Aquarium  | \$25.00 | \$25.00 |
| -Fish Bowl (Requires no power and no larger<br>Two gallons) | 0       | \$ 0    |
| -Caged Pets   | \$25.00 | \$25.00 |

The entire fee and deposit (subject to the exception listed below) must be paid prior to the execution of the lease. No pet shall be allowed in the unit prior to the completion of the terms of this pet policy. It shall be a serious violation of the lease for any tenant to have a pet without proper approval and without having complied with the terms of this policy. Such violation shall be considered to be a violation of paragraph iv (1) of the lease.

If the deposit is more than \$100.00, the head of household may elect to pay \$100.00 at the time of the signing of this addendum and make \$50.00 per month payments until the total deposit is paid. The fee shall not be reimbursed, and the deposit made shall be utilized to offset damages caused by the pet. Any balance, if any, from the deposit will be refunded to the tenant.

## **19.0 REPAYMENT AND PAYMENT AGREEMENTS FOR WORKING RESIDENTS**

When a resident owes the Camden Housing Authority back charges and is unable to pay the balance by the due date, the resident may request that the Camden Housing Authority allow them to enter into a Repayment Agreement. The Camden Housing Authority has the sole discretion of whether to accept such an agreement. All Repayment Agreements must assure that the full payment is made within a period not to exceed twelve (12) months unless special circumstances exist. All Repayment Agreements must be in writing and signed by both parties. Failure to comply with the Repayment Agreement terms may subject the Resident to eviction procedures.

To accommodate our working families and to promote self-sufficiency, the HACC has Established a Payment Agreement for working residents who are employed and receive their pay every two (2) weeks or the 15<sup>th</sup> and 30<sup>th</sup> of each month. Any working family who requests the Payment Agreement for Working Residents must meet the following guidelines:

1. The Payment Agreement for Working Residents form will indicate the exact day(s) each month a rental payment is due. Both the resident and the Manager and/or representative of the HACC will sign this form.
2. This agreement will remain in effect until the resident and/or HACC chooses to discontinue the agreement. If at anytime, the resident fails to meet the above agreement by not paying the agreed amount on time, this

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form becomes void and the resident will be required to pay his/her rent on the first of each month.

3. If the resident becomes unemployed or begins receiving weekly pay periods, this agreement will become void.

## **20.0 TERMINATION**

### ***20.1 TERMINATION BY TENANT***

The tenant may terminate the lease at any time upon submitting a 30-day written notice. If the tenant vacates prior to the end of the thirty (30) days, they will be responsible for rent through the end of the notice period or until the unit is re-rented, whichever occurs first.

### ***20.2 TERMINATION BY THE HOUSING AUTHORITY***

Twelve months after the Camden Housing Authority has implemented the mandated Community Service Requirement, it will not renew the lease of any non-exempt family that is not in compliance with the community service requirement or an approved Agreement to Cure. If they do not voluntarily leave the property, eviction proceedings will begin.

The Camden Housing Authority will terminate the lease for serious or repeated violations of material lease terms. Such violations include but are not limited to the following:

- A. Nonpayment of rent or other charges;
- B. A history of late rental payments;
- C. Failure to provide timely and accurate information regarding family composition, income circumstances, or other information related to eligibility or rent;
- D. Failure to allow inspection of the unit;
- E. Failure to maintain the unit in a safe and sanitary manner;
- F. Assignment or subletting of the premises;
- G. Use of the premises for purposes other than as a dwelling unit (other than for housing authority approved resident businesses);
- H. Destruction of property;

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- I. Acts of destruction, defacement, or removal of any part of the premises or failure to cause guests to refrain from such acts;
- J. Any violent criminal activity on the property or drug-related criminal activity on or off the premises. This includes but is not limited to the manufacture of methamphetamine on the premises of the Camden Housing Authority;
- K. Non-compliance with Non-Citizen Rule requirements;
- L. Permitting persons not on the lease to reside in the unit more than fourteen (14) days each year without the prior written approval of the Housing Authority; and
- M. Other good cause.

The Camden Housing Authority will take immediate action to evict any household that includes an individual who is subject to a lifetime registration requirement under a State sex offender registration program.

### **20.3 ABANDONMENT**

The Camden Housing Authority will consider a unit to be abandoned when a resident has both fallen behind in rent **AND** has clearly indicated by words or actions an intention not to continue living in the unit.

When a unit has been abandoned, a Camden Housing Authority representative may enter the unit and remove any abandoned property. It will be stored in a reasonably secure place. A notice will be mailed to the resident stating where the property is being stored and when it will be sold. If the Camden Housing Authority does not have a new address for the resident, the notice will be mailed to the unit address so it can be forwarded by the post office.

If the total value of the property is estimated at less than the cost of storage and administrative costs for sale, the Camden Housing Authority will mail a notice of the sale or disposition to the resident and then wait 33 days before sale or disposition. Family pictures, keepsakes, and personal papers cannot be sold or disposed of until 33 days after the Camden Housing Authority mails the notice of abandonment.

If the estimated value of the property is more than the cost of storage and administrative costs for sale, the Camden Housing Authority will mail a notice of the sale or disposition to the resident and then wait 33 days before sale or disposition. Personal papers, family pictures, and keepsakes can be sold or disposed of at the same time as other property.

Any money raised by the sale of the property goes to cover money owed by the family to the Camden Housing Authority such as back rent and the cost of storing and selling the

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goods. If there is any money left over and the family's forwarding address is known the Camden Housing Authority will mail it to the family. If the family's address is not known, the Camden Housing Authority will keep it for the resident for one year. If it is not claimed within that time, it belongs to the Camden Housing Authority.

Within 30 days of learning of an abandonment, the Camden Housing Authority will either return the deposit or provide a statement of why the deposit is being kept.

#### **20.4 RETURN OF SECURITY DEPOSIT**

After a family moves out, the Camden Housing Authority will return the security deposit within 30 days or give the family a written statement of why all or part of the security deposit is being kept. The rental unit must be restored to the same conditions as when the family moved in, except for normal wear and tear. Deposits will not be used to cover normal wear and tear or damage that existed when the family moved in.

If State law requires the payment of interest on security deposits, it shall be complied with.

The Camden Housing Authority will be considered in compliance with the above if the required payment, statement, or both, are deposited in the U.S. mail with first class postage paid within thirty (30) days.

#### **21.0 ONE STRIKE AND YOU'RE OUT POLICY**

##### **1. Purpose**

It is the (Policy of the Housing Authority of the City of Camden (CHA) that all public housing low rent conventional and Section 8 assisted residents and families shall enjoy decent, safe and sanitary living conditions.

##### **2. Authority**

Drug related criminal activity, any other criminal activity, and drug and alcohol abuse in our community increases resident fear and decreases unit marketability. Therefore, CHA will not tolerate such behavior from its applicants or residents.

##### **3. Definitions**

Drug related criminal activity is the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use a controlled substance, or have in possession of one's person or in their dwelling unit and drug related paraphernalia.

#### 4. Procedures for Applicants

The Authority shall screen out and deny admission to any applicant who:

- A. Has a recent history of criminal activity involving crimes to persons or property and/or criminal acts that affect the health, safety, or right to peaceful enjoyment of the premises by other residents.
- B. Was evicted from any assisted housing program within three years of the date of application because of drugs; related criminal activity;
- C. The Authority has determined the individual to be illegally using a controlled substance;
- D. The Authority has determined the individual to be abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents;
- E. The Authority has determined that there is reasonable cause to believe that the applicants pattern of illegal use of a controlled substance or pattern of abuse may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents;
- F. Anyone convicted of manufacturing methamphetamine will automatically be denied admission to Public Housing or Section 8 as required by the Quality Housing Work Responsibility Act (QHORA):
- G. The authority may waive policies prohibiting admission in these circumstances if the applicant demonstrates to the Housing Authority's satisfaction that the applicant is no longer engaging in illegal use of a controlled substance or abuse of alcohol and:
  - i. The applicant present credible, verifiable evidence of successful completion of a treatment program and evidence of remaining drug-free at least 2 years following the program; or
  - ii. The applicant can present credible, verifiable evidence of having otherwise been rehabilitated successful and evidence of remaining drug-free at least 2 years following the rehabilitation.

#### 5. Procedures for Residents

The Authority shall terminate the tenancy of any resident family whose members (including foster children and/or live-in aides), guests or other invitees who:

- A. The Authority has determined is illegally using a controlled substance;
- B. The Authority has determined that the resident's abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents;
- C. The Authority has determined to be engaging in drug-related criminal activity on or off the premises;
- D. Possession of drug paraphernalia;
- E. Criminal activity involving crimes to persons or property and/or criminal acts that affect the health, safety or right to peaceful enjoyment of the premises by other residents;
- F. Engages in any activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents;
- G. Anyone convicted of manufacturing methamphetamine will automatically be denied admission or continued occupancy to Public Housing or Section 8 as required by the Quality Housing Work Responsibility Act (QHWRA).

Further, the Housing Authority will issue a defiant trespass notice to such evicted persons or families restricting them from entering into any Camden Housing Authority property or unit under lease in Section 8 for any reason. Persons violating said notice may be subject to arrest as disorderly person and face penalties up to six months in jail and \$1,000.00 in fines; or as amended.

#### 6. Procedures for Housing Authority

- A. The Authority shall track crime related problems at its developments and at units under lease under the Section 8 Program and report any incidence of crime to the local police authorities to improve law enforcement and crime prevention.
  - i. The Housing Authority will forward to the local police authorities any resident complaints received concerning crime related problems; and
  - ii. The Housing Authority will review the police reports and newspaper articles concerning crime related problems with our residents and bring the problems to the attention of the proper local police personnel.
- B. The Housing Authority shall document that it is meeting its goals under the the implementation plan for any drug prevention or crime reduction program

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funded by the Department of Housing and urban Development or other funding source and being administered by the Housing Authority.

I have read and understand the “One Strike and You’re Out” Policy. I further understand that this policy applies to all applicants and residents of the Housing Authority and supercedes any related provisions in all admission, administrative and continued occupancy agreement.

Applicant/Resident Signature \_\_\_\_\_

Date \_\_\_\_\_

## **22.0 CRIMINAL, DRUG TREATMENT, AND REGISTERED SEX OFFENDER CLASSIFICATION RECORDS MANAGEMENT POLICY**

### **A. PURPOSE**

In the course of its regular operations, the Camden Housing Authority comes The Camden Housing Authority may also be called upon to perform criminal records checks regarding applicants for, or tenants of, housing that receives project-based assistance in the jurisdiction of the Housing Authority. The authority shall maintain the records received for these residents or applicants in the manner prescribed by this policy. Such records will not be made available to the owner of the subject property, but will be used to make recommendations to the owner based on criteria supplied by the owner.

### **B. ACQUISITION**

All adult applicants and residents shall complete the Camden Housing Authority Authorization for Release of Police Records and Authorization of Release of Medical Records when they apply for housing. Through its cooperative Agreement with the Camden Police Department, the Housing Authority will request a check of local records as well as a National Crime Information Center check for a criminal history of an applicant. This check is done for the purpose



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of applicants for housing.

### **C. MAINTENANCE**

The Camden Housing Authority will keep all criminal records or records of drug treatment or sex offender status that are received confidential. These records will be used only to screen applicants for housing or to pursue evictions. The records will not be disclosed to any person or other entity except for official use in the application process or in court proceedings. No copies will be made of the records except as required for official or court proceedings.

Criminal records or records of drug treatment or registered sex offender status will be kept in a file separate from other application or eviction information. These files will be maintained in a different cabinet that is locked and kept in a secure location. Only specified employees shall have access to this cabinet.

### **D. DISPOSITION**

The records shall be destroyed once action is taken on the application for housing and any grievance hearing or court proceeding has been completed and the action is finalized. A notification of destruction will be maintained.

## **24.0 CIVIL RIGHTS CERTIFICATION**

The HACC will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and Regulations issued pursuant thereto (24CFR Part 1) which state that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant received financial assistance. HACC will also be in full compliance with any desegregation or other court order related to Fair Housing (include the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973).

## GLOSSARY

**50058 Form:** The HUD form that housing authorities are required to complete for each assisted household in public housing to record information used in the certification and re-certification process and, at the option of the housing authority, for interim reexaminations.

**1937 Housing Act:** The United States Housing Act of 1937 (42 U.S.C. 1437 et seq.) (24 CFR 5.100)

**Adjusted Annual Income:** The amount of household income, after deductions for specified allowances, on which tenant rent is based. (24 CFR 5.611)

**Adult:** A household member who is 18 years or older or who is the head of the household, or spouse, or co-head.

**Allowances:** Amounts deducted from the household's annual income in determining adjusted annual income (the income amount used in the rent calculation). Allowances are given for elderly families, dependents, medical expenses for elderly families, disability expenses, and child care expenses for children under 13 years of age. Other allowance can be given at the discretion of the housing authority.

**Annual Contributions Contract (ACC):** The written contract between HUD and a housing authority under which HUD agrees to provide funding for a program under the 1937 Act, and the housing authority agrees to comply with HUD requirements for the program. (24 CFR 5.403)

**Annual Income:** All amounts, monetary or not, that:

- A. Go to (or on behalf of) the family head or spouse (even if temporarily absent) or to any other family member; or
- B. Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and
- C. Are not specifically excluded from annual income.

Annual Income also includes amounts derived (during the 12-month period) from assets to which any member of the family has access. (1937 Housing Act; 24 CFR 5.609)

**Applicant (applicant family):** A person or family that has applied for admission to a program but is not yet a participant in the program. (24 CFR 5.403)

**As-Paid States:** States where the welfare agency adjusts the shelter and utility component of the welfare grant in accordance with actual housing costs. Currently, the four as-paid States are New Hampshire, New York, Oregon, and Vermont.

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**Assets:** The value of equity in savings, checking, IRA and Keogh accounts, real property, stocks, bonds, and other forms of capital investment. The value of necessary items of personal property such as furniture and automobiles are not counted as assets. (Also see "net family assets.")

**Asset Income:** Income received from assets held by family members. If assets total more than \$5,000, income from the assets is "imputed" and the greater of actual asset income and imputed asset income is counted in annual income. (See "imputed asset income" below.)

**Assistance applicant:** A family or individual that seeks admission to the public housing program.

**Ceiling Rent:** Maximum rent allowed for some units in public housing projects.

**Certification:** The examination of a household's income, expenses, and family composition to determine the family's eligibility for program participation and to calculate the family's share of rent.

**Child:** For purposes of citizenship regulations, a member of the family other than the family head or spouse who is under 18 years of age. (24 CFR 5.504(b))

**Child Care Expenses:** Amounts anticipated to be paid by the family for the care of children under 13 years of age during the period for which annual income is computed, but only where such care is necessary to enable a family member to actively seek employment, be gainfully employed, or to further his or her education and only to the extent such amounts are not reimbursed. The amount deducted shall reflect reasonable charges for child care. In the case of child care necessary to permit employment, the amount deducted shall not exceed the amount of employment income that is included in annual income. (24 CFR 5.603(d))

**Citizen:** A citizen or national of the United States. (24 CFR 5.504(b))

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

**Consent Form:** Any consent form approved by HUD to be signed by assistance applicants and participants for the purpose of obtaining income information from employers and SWICAs, return information from the Social Security Administration, and return information for unearned income from the Internal Revenue Service. The consent forms may authorize the collection of other information from assistance applicants or participant to determine eligibility or level of benefits. (24 CFR 5.214)

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**Covered Families:** Families who receive welfare assistance or other public assistance benefits ("welfare benefits") from a State or other public agency ("welfare agency") under a program for which Federal, State, or local law requires that a member of the family must participate in an economic self-sufficiency program as a condition for such assistance.

**Decent, Safe, and Sanitary:** Housing is decent, safe, and sanitary if it satisfies the applicable housing quality standards.

**Department:** The Department of Housing and Urban Development. (24 CFR 5.100)

**Dependent:** A member of the family (except foster children and foster adults), other than the family head or spouse, who is under 18 years of age or is a person with a disability or is a full-time student. (24 CFR 5.603(d))

**Dependent Allowance:** An amount, equal to \$480 multiplied by the number of dependents, that is deducted from the household's annual income in determining adjusted annual income.

**Disability Assistance Expenses:** Reasonable expenses that are anticipated, during the period for which annual income is computed, for attendant care and auxiliary apparatus for a disabled family member and that are necessary to enable a family member (including the disabled member) to be employed, provided that the expenses are neither paid to a member of the family nor reimbursed by an outside source. (24 CFR 5.603(d))

**Disability Assistance Expense Allowance:** In determining adjusted annual income, the amount of disability assistance expenses deducted from annual income for families with a disabled household member.

**Disabled Family:** A family whose head, spouse, or sole member is a person with disabilities; two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides. (24 CFR 5.403(b)) (Also see "person with disabilities.")

**Disabled Person:** See "person with disabilities."

**Displaced Family:** A family in which each member, or whose sole member, is a person displaced by governmental action (such as urban renewal), or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws. (24 CFR 5.403(b))

**Displaced Person:** A person displaced by governmental action or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws. [1937 Act]

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**Drug-Related Criminal Activity:** Drug trafficking or the illegal use, or possession for personal use, of a controlled substance as defined in Section 102 of the Controlled Substances Act (21 U.S.C. 802).

**Economic self-sufficiency program:** Any program designed to encourage, assist, train or facilitate the economic independence of HUD-assisted families or to provide work for such families. These programs include programs for job training, employment counseling, work placement, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeship, and any program necessary to ready a participant for work (including a substance abuse or mental health treatment program), or other work activities.

**Elderly Family:** A family whose head, spouse, or sole member is a person who is at least 62 years of age; two or more persons who are at least 62 years of age living together; or one or more persons who are at least 62 years of age living with one or more live-in aides. (24 CFR 5.403)

**Elderly Family Allowance:** For elderly families, an allowance of \$400 is deducted from the household's annual income in determining adjusted annual income.

**Elderly Person:** A person who is at least 62 years of age. (1937 Housing Act)

**Extremely low-income families:** Those families whose incomes do not exceed 30% of the median income for the area, as determined by HUD with adjustments for smaller and larger families except that HUD may establish income ceilings higher or lower than 30% of the median income for the area if HUD finds that such variations are necessary because of unusually high or low family incomes.:

**Fair Housing Act:** Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988 (42 U.S.C. 3601 et seq.). (24 CFR 5.100)

**Family** includes but is not limited to:

- A. A family with or without children;
- B. An elderly family;
- C. A near-elderly family;
- D. A disabled family;
- E. A displaced family;
- F. The remaining member of a tenant family; and

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- G. A single person who is not an elderly or displaced person, a person with disabilities, or the remaining member of a tenant family. (24 CFR 5.403)

**Family Members:** All members of the household other than live-in aides, foster children, and foster adults. All family members permanently reside in the unit, though they may be temporarily absent. All family members are listed on the lease.

**Family Self-Sufficiency Program (FSS Program):** The program established by a housing authority to promote self-sufficiency among participating families, including the coordination of supportive services. (24 CFR 984.103(b))

**Flat Rent:** A rent amount the family may choose to pay in lieu of having their rent determined under the income method. The flat rent is established by the housing authority set at the lesser of the market value for the unit or the cost to operate the unit. Families selecting the flat rent option have their income evaluated once every three years, rather than annually.

**Full-Time Student:** A person who is attending school or vocational training on a full-time basis.

**Head of Household:** The adult member of the family who is the head of the household for purposes of determining income eligibility and rent. (24 CFR 5.504(b))

**Household Members:** All members of the household including members of the family, live-in aides, foster children, and foster adults. All household members are listed on the lease, and no one other than household members are listed on the lease.

**Housing Assistance Plan:** A housing plan that is submitted by a unit of general local government and approved by HUD as being acceptable under the standards of 24 CFR 570.

**Imputed Income:** For households with net family assets of more than \$5,000, the amount calculated by multiplying net family assets by a HUD-specified percentage. If imputed income is more than actual income from assets, the imputed amount is used as income from assets in determining annual income.

**Imputed welfare income:** The amount of annual income not actually received by a family, as a result of a specified welfare benefit reduction, that is nonetheless included in the family's annual income for purposes of determining rent.

**In-Kind Payments:** Contributions other than cash made to the family or to a family member in exchange for services provided or for the general support of the family (e.g., groceries provided on a weekly basis, baby sitting provided on a regular basis).

**Income Method:** A means of calculating a family's rent based on 10% of their monthly income, 30% of their adjusted monthly income, the welfare rent, or the minimum rent. Under the income

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method, rents may be capped by a ceiling rent. Under this method, the family's income is evaluated at least annually.

**Interim (examination):** A reexamination of a family income, expenses, and household composition conducted between the regular annual recertifications when a change in a household's circumstances warrants such a reexamination.

**Live-In Aide:** A person who resides with one or more elderly persons, near-elderly persons, or persons with disabilities and who:

- A. Is determined to be essential to the care and well-being of the persons;
- B. Is not obligated for the support of the persons; and
- C. Would not be living in the unit except to provide the necessary supportive services. (24 CFR 5.403(b))

**Low-Income Families:** Those families whose incomes do not exceed 80% of the median income for the area, as determined by HUD with adjustments for smaller and larger families, except that HUD may establish income ceilings higher or lower than 80% of the median for the area on the basis of HUD's findings that such variations are necessary because of unusually high or low family incomes. (1937Act)

**Medical Expenses:** Medical expenses (of all family members of an elderly or disabled family), including medical insurance premiums, that are anticipated during the period for which annual income is computed and that are not covered by insurance. (24 CFR 5.603(d)). These expenses include, but are not limited to, prescription and non-prescription drugs, costs for doctors, dentists, therapists, medical facilities, care for a service animals, transportation for medical purposes.

**Mixed Family:** A family whose members include those with citizenship or eligible immigration status and those without citizenship or eligible immigration status. (24 CFR 5.504(b))

**Mixed population development:** A public housing development, or portion of a development, that was reserved for elderly and disabled families at its inception (and has retained that character). If the development was not so reserved at its inception, the PHA has obtained HUD approval to give preference in tenant selection for all units in the development (or portion of development) to elderly families and disabled families. These developments were formerly known as elderly projects.

**Monthly Adjusted Income:** One twelfth of adjusted income. (24 CFR 5.603(d))

**Monthly Income:** One twelfth of annual income. (24 CFR 5.603(d))

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**National:** A person who owes permanent allegiance to the United States, for example, as a result of birth in a United States territory or possession. (24 CFR 5.504(b))

**Near-Elderly Family:** A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62; two or more persons, who are at least 50 years of age but below the age of 62, living together; or one or more persons who are at least 50 years of age but below the age of 62 living with one or more live-in aides. (24 CFR 5.403(b))

**Net Family Assets:**

- A. Net cash value after deducting reasonable costs that would be incurred in disposing of real property, savings, stocks, bonds, and other forms of capital investment, excluding interests in Indian trust land and excluding equity accounts in HUD homeownership programs. The value of necessary items of personal property such as furniture and automobiles shall be excluded.
- B. In cases where a trust fund has been established and the trust is not revocable by, or under the control of, any member of the family or household, the value of the trust fund will not be considered an asset so long as the fund continues to be held in trust. Any income distributed from the trust fund shall be counted when determining annual income.
- C. In determining net family assets, housing authorities or owners, as applicable, shall include the value of any business or family assets disposed of by an applicant or tenant for less than fair market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale) during the two years preceding the date of application for the program or reexamination, as applicable, in excess of the consideration received therefore. In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for less than fair market value if the applicant or tenant receives important consideration not measurable in dollar terms. (24 CFR 5.603(d))

**Non-Citizen:** A person who is neither a citizen nor national of the United States. (24 CFR 5.504(b))

**Occupancy Standards:** The standards that a housing authority establishes for determining the appropriate number of bedrooms needed to house families of different sizes or composition.

**Participant:** A family or individual that is assisted by the public housing program.

**Person with Disabilities:** A person who:

- A. Has a disability as defined in 42 U.S.C. 423



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- B. Is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:
  - 1. Is expected to be of long-continued and indefinite duration;
  - 2. Substantially impedes his or her ability to live independently; and
  - 3. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions; or
- C. Has a developmental disability as defined in 42 U.S.C. 6001

This definition does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome.

For purposes of qualifying for low-income housing, it does not include a person whose disability is based solely on any drug or alcohol dependence.

**Previously unemployed:** This includes a person who has earned, in the 12 months previous to employment, no more than would be received for 10 hours of work per week for 50 weeks at the established minimum wage.

**Processing Entity:** The person or entity that is responsible for making eligibility and related determinations and an income reexamination. In the Section 8 and public housing programs, the processing entity is the responsibility entity.

**Proration of Assistance:** The reduction in a family's housing assistance payment to reflect the proportion of family members in a mixed family who are eligible for assistance. (24 CFR5.520)

**Public Housing Agency (PHA):** Any State, county, municipality, or other governmental entity or public body (or agency or instrumentality thereof) which is authorized to engage in or assist in the development or operation of low-income housing under the 1937 Housing Act. (24 CFR 5.100)

**Recertification:** The annual reexamination of a family's income, expenses, and composition to determine the family's rent.

**Remaining Member of a Tenant Family:** A member of the family listed on the lease who continues to live in the public housing dwelling after all other family members have left. (Handbook 7565.1 REV-2, 3-5b.)

**Responsible Entity:**

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- A. For the public housing program, the Section 8 tenant-based assistance program (24 CFR 982), and the Section 8 project-based certificate or voucher program (24 CFR 983), and the Section 8 moderate rehabilitation program (24 CFR 882), responsible entity means the PHA administering the program under an ACC with HUD;
- B. For all other Section 8 programs, responsible entity means the Section 8 project owner.

**Self-Declaration:** A type of verification statement by the tenant as to the amount and source of income, expenses, or family composition. Self-declaration is acceptable verification only when third-party verification or documentation cannot be obtained.

**Shelter Allowance:** That portion of a welfare benefit (e.g., TANF) that the welfare agency designates to be used for rent and utilities.

**Single Person:** Someone living alone or intending to live alone who does not qualify as an elderly family, a person with disabilities, a displaced person, or the remaining member of a tenant family. (Public Housing: Handbook 7465.1 REV-2, 3-5)

**Specified Welfare Benefit Reduction:**

- A. A reduction of welfare benefits by the welfare agency, in whole or in part, for a family member, as determined by the welfare agency, because of fraud by a family member in connection with the welfare program; or because of welfare agency sanction against a family member for noncompliance with a welfare agency requirement to participate in an economic self-sufficiency program.
- B. "Specified welfare benefit reduction" does not include a reduction or termination of welfare benefits by the welfare agency:
  - 1. at the expiration of a lifetime or other time limit on the payment of welfare benefits;
  - 2. because a family member is not able to obtain employment, even though the family member has complied with welfare agency economic self-sufficiency or work activities requirements; or
  - 3. because a family member has not complied with other welfare agency requirements.

**State Wage Information Collection Agency (SWICA):** The State agency receiving quarterly wage reports from employers in the State or an alternative system that has been determined by the Secretary of Labor to be as effective and timely in providing employment-related income and eligibility information. (24 CFR 5.214)

**Temporary Assistance to Needy Families (TANF):** The program that replaced the Assistance to Families with Dependent Children (AFDC) that provides financial assistance to needy families who meet program eligibility criteria. Benefits are limited to a specified time period.

**Tenant:** The person or family renting or occupying an assisted dwelling unit. (24 CFR 5.504(b))

**Tenant Rent:** The amount payable monthly by the family as rent to the housing authority. Where all utilities (except telephone) and other essential housing services are supplied by the housing authority or owner, tenant rent equals total tenant payment. Where some or all utilities (except telephone) and other essential housing services are supplied by the housing authority and the cost thereof is not included in the amount paid as rent, tenant rent equals total tenant payment less the utility allowance. (24 CFR 5.603(d))

**Third-Party (verification):** Written or oral confirmation of a family's income, expenses, or household composition provided by a source outside the household.

**Total Tenant Payment (TTP):**

- A. Total tenant payment for families whose initial lease is effective on or after August 1, 1982:
  - 1. Total tenant payment is the amount calculated under Section 3(a)(1) of the 1937 Act which is the higher of :
    - a. 30% of the family's monthly adjusted income;
    - b. 10% of the family's monthly income; or
    - c. If the family is receiving payments for welfare assistance from a public agency and a part of such payments, adjusted in accordance with the family's actual housing costs, is specifically designated by such agency to meet the family's housing costs, the portion of such payments which is so designated.

If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under section 3(a)(1) shall be the amount resulting from one application of the percentage.

- 2. Total tenant payment for families residing in public housing does not include charges for excess utility consumption or other miscellaneous charges.

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- B. Total tenant payment for families residing in public housing whose initial lease was effective before August 1, 1982: Paragraphs (b) and (c) of 24 CFR 913.107, as it existed immediately before November 18, 1996), will continue to govern the total tenant payment of families, under a public housing program, whose initial lease was effective before August 1, 1982.

**Utility Allowance:** If the cost of utilities (except telephone) and other housing services for an assisted unit is not included in the tenant rent but is the responsibility of the family occupying the unit, an amount equal to the estimate made by a housing authority of the monthly cost of a reasonable consumption of such utilities and other services for the unit by an energy-conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthful living environment. (24 CFR 5.603)

**Utility Reimbursement:** The amount, if any, by which the utility allowance for the unit, if applicable, exceeds the total tenant payment for the family occupying the unit. (24 CFR 5.603)

**Very Low-Income Families:** Families whose incomes do not exceed 50% of the median family income for the area, as determined by HUD with adjustments for smaller and larger families, except that HUD may establish income ceilings higher or lower than 50% of the median for the area if HUD finds that such variations are necessary because of unusually high or low family incomes.

**Welfare Assistance:** Welfare or other payments to families or individuals, based on need, that are made under programs funded by Federal, State or local governments. (24 CFR 5.603(d))

**Welfare Rent:** In "as-paid" welfare programs, the amount of the welfare benefit designated for shelter and utilities.

## **ACRONYMS**

|                   |   |
|-------------------|---|
| ACC               | Annual Contributions Contract                       |
| CFR               | Code of Federal Regulations                         |
| FSS               | Family Self Sufficiency (program)                   |
| HCDA              | Housing and Community Development Act               |
| HQS               | Housing Quality Standards                           |
| HUD               | Department of Housing and Urban Development         |
| INS               | (U.S.) Immigration and Naturalization Service       |
| NAHA              | (Cranston-Gonzalez) National Affordable Housing Act |
| NOFA              | Notice of Funding Availability                      |
| OMB               | (U.S.) Office of Management and Budget              |
| PHA               | Public Housing Agency                               |
| QHWR <sup>A</sup> | Quality Housing and Work Responsibility Act of 1998 |
| SSA               | Social Security Administration                      |
| TTP               | Total Tenant Payment                                |

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**Optional Public Housing Asset Management Table**

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

| <b>Public Housing Asset Management</b> |                          |  |  |  |  |                                   |  |   |
|--|--------------------------|--|--|--|--|-----------------------------------|--|---|
| <b>Development Identification</b>      |                          | <b>Activity Description</b>                                  |  |  |  |                                   |  |   |
| Name, Number, and Location             | Number and Type of units | Capital Fund Program Parts II and III<br><i>Component 7a</i> | Development Activities<br><i>Component 7b</i>  | Demolition / Disposition<br><i>Component 8</i>   | Designated housing<br><i>Component 9</i>   | Conversion<br><i>Component 10</i> | Home-ownership<br><i>Component 11a</i>   | Other (describe)<br><i>Component 17</i> |
| Branch Village – NJ10-1                | 279 – Family Units       | See Capital Program Budget in Attachments                    | Received a bond to do partial demolition and new construction on approximately 40 to 60 units to complement the Roosevelt Manor HOPE VI Grant, which is across the street from Branch Village. May also be doing site wide improvements. | Partial demolition expected to take place in 2006.   |  |                                   |  |   |
| Ablett Village – NJ10-2                | 306 Family Units         | See Capital Program Budget in Attachments                    | Ablett Village will be demolished for the building of a major housing and commercial development called Cramer Hill.   | Potential for demolition of Ablett Village in 2006. May do a disposition of land for redevelopment.  |  |                                   |  |   |
| Roosevelt Manor – NJ10-3               | 268 Family Units         | See Capital Program Budget in Attachments                    | Roosevelt Manor just received a HOPE VI Grant. There will be 1 construction phases, consisting of 566 rental units and 102 homeownership units including a community center, and one administrative phases.                              | Demolition of the 268 units may occur during 2005. We will be doing disposition of the land for redevelopment of the site with rental and homeownership units. | Three phases of the development are elderly units – one is 64 units, one is 66 units, and one is 20 units. These three phases will be designated elderly only. |                                   | There will be two phases of home-ownership. They are for 86 and 16 units for a total of 102 units. The first phase may start construction in 2005. |   |

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|   |  |   |  |  |   |  |  |  |
|---|--|---|--|--|---|--|--|--|
| McGuire Gardens – NJ10-4                        | 253 Family Units                             | See Capital Program Budget in Attachments | The McGuire Gardens Community Center will commence construction in 2004 and dedicated in 2005.   |  |   |  |  |  |
| Chelton Terrace – NJ10-5                        | 66 Family                                    | See Capital Program Budget in Attachments | Development of and completion of the third phase of new construction 20 rental units will be completed in 2005.  |  |   |  |  |  |
| Westfield Acres – NJ10-6                        | Originally 514 family units now demolished . | See Capital Program Budget in Attachments | The start of construction for the elderly building of 74 units will be completed in 2005. The construction start of the final phase of this development of 97 units of family housing will be started in 2005. The community center will be built in 2004 and dedicated in 2005. |  | Construction start of 74 units of housing for the elderly will begin in 2005. This will be designated elderly only.                     |  |  |  |
| Baldwin’s Run NJ010 -15                         | 78 Family                                    | See Capital Program Budget in Attachments | Construction completed and all units are occupied.   |  |   |  |  |  |
| Carpenter’s Hill/32 <sup>nd</sup> St. NJ10 - 17 | 30 Family                                    | See Capital Program Budget in Attachments | Construction completed and all units are occupied. consisting of 566 rental units and 102 homeownership units  |  |   |  |  |  |
| Kennedy Towers – NJ10-7                         | 99 - Elderly                                 | See Capital Program Budget in Attachments | Construction on a new elevator will be completed in 2005.  |  | Seeking designation for elderly only. In addition bonds may finance the rehabilitation of this facility to an assisted living facility. |  |  |  |
| Westfield Towers – NJ10-8                       | 103 Elderly                                  | See Capital Program Budget in Attachments | New elevators are currently being installed and will be completed in 2004.   |  |   |  |  |  |

Required Attachment: nj010w02

|   |             |   |  |  |  |  |  |  |
|---|-------------|---|--|--|--|--|--|--|
| Westfield Towers<br>NJ10-8                | 103 Elderly | See Capital Program Budget in Attachments | Expansion of Parking Lot from 16 spaces to a total of 44 spaces. |  |  |  |  |  |
| Mickle Towers – NJ10-10                   | 104 Elderly | See Capital Program Budget in Attachments | Construction on a new elevator will be completed in 2005.        |  |  |  |  |  |
| New office building for Housing Authority |             |   |  |  |  |  |  | Construction of 40,000 sq. ft. office building in the business district of Camden, NJ. Goal is to reduce overall operating costs for HACC for office facilities. |