

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

PHA Plans for the Chillicothe Metropolitan Housing Authority

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

**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: Chillicothe Metropolitan Housing Authority

PHA Number: OH024

PHA Fiscal Year Beginning: (mm/yyyy) 10/2005

Public Access to Information

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

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

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.

Progress Statement: *During FY 2003-2004, the PHA was successful in achieving and maintaining the goals in this Mission Statement. They will continue on an on-going basis.*

- 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: *as needed and as lease-up prevails*
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities: *Partner with City in Community Revitalization efforts in distressed and targeted areas*
 - Acquire or build units or developments *Build additional single family homes and elderly duplexes.*
 - Other (list below)
 - *New landlord briefings and workshops*

Progress Statement: *The CMHA met with city officials to continue partnership to apply for monies for distressed and targeted areas. The PHA continued efforts to apply for funding for the building of additional units*

- PHA Goal: Improve the quality of assisted housing
- Objectives:
 - Improve public housing management: (PHAS score) *Strive to regain High Performer status*
 - Improve voucher management: (SEMAP score) *Maintain passing SEMAP score*
 - Increase customer satisfaction:
 - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
 - *Continue staff and commissioner training on new Housing Choice Voucher Program*
 - *Voucher unit inspections (HQS)*
 - *Maintain full voucher Lease-up*
 - Renovate or modernize public housing units:
 - Demolish or dispose of obsolete public housing:
 - Provide replacement public housing:
 - Provide replacement vouchers:
 - Other: (list below)

Progress Statement: *During FY 2003-2004, the PHA scheduled meetings at individual sites with CMHA Board and staff to improve communication and to receive resident input. CHMA PHAS high performer status and achieved SEMAP high performer status. CMHA utilized the ROSS Grant and the Capital Fund Program to enhance sites with security systems. In addition currently updating sanitary system at Tiffin Tower and modernizing community space.*

- PHA Goal: Increase assisted housing choices
- Objectives:
 - Provide voucher mobility counseling: *At each briefing for new participants and with each unit transfer for current participants.*
 - Conduct outreach efforts to potential voucher landlords. *As needed.*
 - Increase voucher payment standards. *As needed.*
 - Implement voucher homeownership program:
 - Implement public housing or other homeownership programs: *PHA is in process of implementing this program. Currently offering residents credit counseling, money management and home maintenance classes.*
 - Implement public housing site-based waiting lists:
 - Convert public housing to vouchers:
 - Other: (list below)

Progress Statement: *During FY 2003-2004, CMHA has partnered with local banking intuitions and Pickaway Ross Career & Technology Center to provide resident with credit counseling and budgeting classes. We have a local resource that provides homeownership training and counseling at no cost to our residents. The Life Skills Coordinator meets with residents weekly to instruct them with any home maintenance*

matters and provides them with video instructions as well as booklets and brochures. We receive various donations from the community to provide residents with cleaning materials as a welcome gift

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: *On-going*
 - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: *On-going*
 - Implement public housing security improvements: *have purchased and are using door hanger notices to alert residents of securities presence*
 - Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
 - Other: (list below)
 - *Utilized capital funds to enhance elderly sites for marketing*

Progress Statement: *CMHA utilized capital funds to remodel, update hallway in common areas and will replace door locks on entrance doors to individual apartments.*

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: *PHA administers the FSS program & Ross Grant*
 - Provide or attract supportive services to increase independence for the elderly or families with disabilities.
 - Other: (list below)

Progress Statement: *Effective May 2005 a new Family Self-Sufficient Coordinator was hired who began immediately campaigning for the new FSS recruitments . More residents are learning from others who have left public housing to purchase homes in the community. With the current ROSS grant, we have been able to continue computer and job training which has connected residents with jobs. Taking away the barrier of travel and computer access has been very beneficial to our residents who don't drive and are afraid of computers. Giving them equal access to information and training helps develop future goals.*

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: *on-going*
 - 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: *on-going*
 - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: *on-going*
 - Other: (list below)
 - *Secure placement of EEO officer on CMHA board*

Progress Statement: *Currently updated by EEO office regarding fair housing issues.*

Other PHA Goals and Objectives: (list below)

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 Chillicothe Metropolitan Housing Authority has prepared this Annual PHA Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.

The purpose of the Annual Plan is to provide a framework for local accountability and an easily identifiable source by which public housing residents, participants in the tenant-based assistance program and other members of the public may locate basic PHA policies, rules and requirements related to the operations, programs and services of the agency.

The Mission Statement and the Goals and Objectives were based on information contained in our jurisdiction's Consolidated Plan and will assure that our residents will receive the best customer service.

Excellent customer service and fulfillment of the Mission Statement and Goals and Objectives is ensured by implementation of a series of policies that are on display with this Plan. The Admissions and Occupancy Policy and Section 8 Administrative Plan are the two primary policies on display. These important documents cover the public housing tenant selection and assignment plan, outreach services, PHA's responsibility to Section 8 owners/landlords, grievance procedures, etc.

The most important challenges to be met by the Chillicothe Metropolitan Housing Authority during FY 2005 include:

- *Identification of management needs to enable PHA staff to prepare for major upcoming changes in the Operating Fund rule, i.e. Project-Based Accounting, Asset Management, Cost Allocation Planning and software upgrades;*

- *Preservation and improvement of the public housing stock through the Capital Funds Program;*
- *Involvement of public housing residents and Section 8 participants, through the Annual PHA Plan Resident Advisory Board;*
- *Training of staff and commissioners in order to fully understand and take advantage of opportunities in new laws and regulations, to better serve our residents and the community;*
- *Identification, development, and leveraging of services and programs to enable low-income families to become self-sufficient and to ultimately become homeowners; and*
- *Regain High Performer Status and maintain high performer with SEMAP.*

In closing, this Annual PHA Plan exemplifies the commitment of the Chillicothe Metropolitan Housing Authority to meet the housing needs of the full range of low-income residents. The Chillicothe Metropolitan Housing Authority, in partnership with agencies from all levels of government, the business community, non-profit community groups, and residents will use this plan as a road map to reach the “higher quality of life” destination for the City of Chillicothe and Ross County.

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 (**oh024a01**)
- FY 2005 Capital Fund Program Annual Statement (**oh024b01**)
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- Other (List below, providing each attachment name)
 - *Deconcentration and Income Mixing analysis results* (**oh024c01**)
 - *Section 8(y) Homeownership Capacity Statement*(**oh024d01**)
 - *Description of Community Service Requirements Implementation* (**oh024e01**)
 - *Description of Pet Policy (Family)* (**oh024f01**)
 - *Description of Pet Policy (Elderly/Handicapped Family)* (**oh024g01**)
 - *Progress in Meeting 5-Year Plan Goals* (**oh024h01**)

- *Criteria for Substantial Deviations and Significant Amendments (oh024i01)*

Optional Attachments:

- PHA Management Organizational Chart (*oh024j01*)
- FY 2005 Capital Fund Program 5 Year Action Plan (*oh024k01*)
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
 - *2004 Performance and Evaluation Report (oh024l01)*
 - *2003 Performance and Evaluation Report (oh024mn01)*
 - *2003 Performance and Evaluation Report-Supplemental (oh024n01)*
 - *2002 Performance and Evaluation Report (oh024o01)*

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Analysis Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies	Annual Plan: Rent

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	<input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
N/A	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's	Annual Plan: Annual Audit

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	response to any findings	
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	8,991	5	5	5	5	5	5
Income >30% but <=50% of AMI	5,537	4	4	4	4	4	4
Income >50% but <80% of AMI	6,001	3	3	3	3	3	3
Elderly	5,231	4	4	4	4	4	4
Families with Disabilities	933	4	4	4	4	4	4
White	17,320	3	3	3	3	3	3
Black/African American	638	4	4	4	4	4	4
American Indian/Alaska Native	31	5	5	5	5	5	5
Asian	58	5	5	5	5	5	5
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0
Hispanic	73	5	5	5	5	5	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: 2000-2003
- 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	174		77
Extremely low income <=30% AMI	158	91%	
Very low income (>30% but <=50% AMI)	16	9%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	121	70%	
Elderly families	0	0%	
Families with Disabilities	53	30%	
<i>White/Non-Hispanic</i>	144	83%	
<i>White/Hispanic</i>	0	0%	
<i>Black/African American</i>	11	6%	
<i>American Indian/Alaska Native</i>	0	0%	
<i>Asian</i>	0	0%	
<i>Native Hawaiian/Other Pacific Islander</i>	0	0%	
<i>Other</i>	19	11%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	74	42.5%	
2 BR	30	17%	
3 BR	67	38.5%	
4 BR	3	2%	

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

Housing Needs of Families on the Waiting List			
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	351		68%
Extremely low income <=30% AMI	284	81%	
Very low income (>30% but <=50% AMI)	67	19%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	271	77%	
Elderly families	10	3%	
Families with Disabilities	70	20%	
<i>White/Non-Hispanic</i>	294	84%	
<i>White/Hispanic</i>	3	.8%	
<i>Black/African American</i>	51	14.5%	
<i>American Indian/Alaska Native</i>	2	.5%	
<i>Asian</i>	0	0%	
<i>Native Hawaiian/Other Pacific Islander</i>	1	.3%	
Characteristics by Bedroom Size (Public			

Housing Needs of Families on the Waiting List			
Housing Only)			
1BR	N/A	N/A	
2 BR	N/A	N/A	
3 BR	N/A	N/A	
4 BR	N/A	N/A	
5 BR	N/A	N/A	
5+ BR	N/A	N/A	
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)? 11			
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 <i>FUP</i>			

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

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

- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

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

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

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

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

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

Select if applicable

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

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

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

(2) Reasons for Selecting Strategies

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

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing

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

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2005 grants)		
a) Public Housing Operating Fund	999,510.00	
b) Public Housing Capital Fund (based on 2004 formula)	662,972.00	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	2,274,829.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants	21,180.00	
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
HCV-FSS	32,643.00	
HCV-Homeownership	16,400.00	
2. Prior Year Federal Grants (unobligated funds only) (list below)		
OH18PO24501-04 Capital Funds	662,972.00	Public housing capital improvements
Sub-total		
	4,670,506.00	
3. Public Housing Dwelling Rental Income		
	532,436.00	Public housing operations
4. Other income (list below)		
Non-dwelling rent	2,700.00	
Interest on General Funds Investments	4,000.00	
Excess Utilities	10,360.00	
Late charges, vendors	6,000.00	
4. Non-federal sources (list below)		
Sub-total		
	555,496.00	
Total resources		
	5,226,002.00	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

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

(1) Eligibility

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

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe)
 - *When name is reached on waiting list*

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

- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other (describe)
 - *One Strike policy*

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

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

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

(2) Waiting List Organization

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

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

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

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

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

PHA does not operate site-based waiting lists

1. How many site-based waiting lists will the PHA operate in the coming year? 0

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)? *N/A*
If yes, how many lists?

3. Yes No: May families be on more than one list simultaneously? *N/A*
If yes, how many lists?

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

- 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: *N/A*

(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)
 - *Involuntarily displaced due to government action.*
 - *Elderly/disabled*

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:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

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

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

b. How often must residents notify the PHA of changes in family composition?

(select all that apply)

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

(6) Deconcentration and Income Mixing

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

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

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

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

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

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

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments

- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)

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

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

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

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

B. Section 8

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

(1) Eligibility

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

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

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

c. Yes 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)
 - *Previous and current landlord name and mailing address*

(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:

- *Must complete a housing search form and request must be in writing*

(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)
 - *Involuntarily displaced due to Government action, disaster or inaccessibility*

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

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

1 Victims of domestic violence

Substandard housing

Homelessness

High rent burden

Other preferences (select all that apply)

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

- Victims of reprisals or hate crimes
- 1 Other preference(s) (list below)
 - *Involuntarily displaced due to Government action, disaster or inaccessibility*

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) *N/A*

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

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

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

(5) Special Purpose Section 8 Assistance Programs

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

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

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

- Through published notices
- Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

- *Death in family, loss in income, loss of eligibility for state, local and federal assistance programs benefits, increase in expenses due to changes in circumstances (medical, child care), threat with eviction due to minimum rent 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: *N/A*

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)

▪ *Deduction for payment of child support.*

▪ *15% disregard of total gross wages.*

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) *N/A*

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) *N/A*

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

f. Rent re-determinations:

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

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
- Other (list below)
 - *All changes must be reported, but no increase in rent until anniversary date*

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)
 - *Percentage of 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) *N/A*

- 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)

Loss in income, loss of eligibility for state, local and federal assistance programs benefits, increase in expenses (alimony, child support, etc.), death in family and threat with eviction due to minimum rent policy.

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. (*oh024j010*)
- A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover

Public Housing	387	110
Section 8 Vouchers	360	120
Section 8 Certificates	NA	
Section 8 Mod Rehab	N/A	
Special Purpose Section 8 Certificates/Vouchers (list individually)	50 Mainstream 45 FUP	
Public Housing Drug Elimination Program (PHDEP)	N/A	
Other Federal Programs(list individually)	N/A	

C. Management and Maintenance Policies

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

- (1) Public Housing Maintenance and Management: (list below)
 - *Admissions & Occupancy Policy*
 - *Maintenance Handbook*
- (2) Section 8 Management: (list below)
 - Administrative Plan
 - Procedure Manual

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) oh024b01

-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 oh024k01)
- 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: *N/A*
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
 - Revitalization Plan under development
 - Revitalization Plan submitted, pending approval
 - Revitalization Plan approved
 - Activities pursuant to an approved Revitalization Plan underway

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

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

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description *N/A*

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

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

- a. Actual or projected start date of activity:
- b. Projected end date of activity:

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

Designation of Public Housing Activity Description
1a. Development name: <i>Worthington Manor</i>
1b. Development (project) number: <i>OH024002</i>
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> <i>OH024002 Worthington Manor</i> 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: <u>(07/01/04)</u>
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: 130
7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development <i>OH024002 Worthington Manor</i>

Designation of Public Housing Activity Description	
1a. Development name: <i>Tiffin Tower</i>	
1b. Development (project) number: <i>OH024001</i>	
2. Designation type:	Occupancy by only the elderly <input checked="" type="checkbox"/> <i>Tiffin Tower</i> 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: <i>(07/01/04)</i>	
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: <i>50</i>	
7. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development <i>OH024001 Tiffin Tower</i>

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 *N/A*

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

Conversion of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)	<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

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

2. Activity Description

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

Public Housing Homeownership Activity Description (Complete one for each development affected)	
1a. Development name: <i>Scattered Site I</i>	
1b. Development (project) number: <i>OH024004</i>	
2. Federal Program authority:	<input type="checkbox"/> HOPE I <input checked="" type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one)	<input checked="" type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission:	

<u>(06/04/99)</u>
5. Number of units affected: 17 - Scattered Site I
6. Coverage of action: (select one)
<input checked="" type="checkbox"/> Part of the development Scattered Site I
<input type="checkbox"/> Total development

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: Scattered Site III
1b. Development (project) number: OH024005
2. Federal Program authority:
<input type="checkbox"/> HOPE I
<input checked="" type="checkbox"/> 5(h)
<input type="checkbox"/> Turnkey III
<input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one)
<input checked="" type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program
<input type="checkbox"/> Submitted, pending approval
<input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: <u>(06/04/99)</u>
6. Number of units affected: 16 - Sattered Site II
6. Coverage of action: (select one)
<input type="checkbox"/> Part of the development
<input checked="" type="checkbox"/> Total development Scattered Site II

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below: *N/A*

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

Yes No: Has the PHA 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? DD/MM/YY
02/02/05

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: *partner and assistant housing authority with Community Service requirements*
- Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
FSS Program	35		Main Office	Both
Single Parent	40		Carver Community Service	Both; Public
New Horizons	8		Main Office	Both
Vista	2		Main Office	Both
Bible Club	Varies		Lincoln Sherman Westland	Both
Life Skills	Varies		CMHA Office	Public Housing
Summer Lunch Program	Varies		Lincoln Sherman	Both
Nutrition ED Class	Varies		Lincoln Sherman	Both

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation
--

Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: 10/01/04)
Public Housing	32	12
Section 8	31	21

- 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:
Campaign to revise action plan and recruit new clients.

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

Description of Community Service requirements implementation is included as attachment oh024e01.

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

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

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children

- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

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

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

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

Lincoln Park
Tiffin Tower

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)
Cooperation with task force.

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

Lincoln Park
Tiffin Tower

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)

Lincoln Park
Tiffin Tower
Sherman Park

D. Additional information as required by PHDEP/PHDEP Plan *Not Required*

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)]

Description of Pet Policy (Family) – *oh024f01*

Description of Pet Policy (Elderly/Handicapped Family) – *oh024g01*

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

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

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

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

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
N/A
 Attached at Attachment (File name)
 Provided below:

3. In what manner did the PHA address those comments? (select all that apply) *N/A*
 Considered comments, but determined that no changes to the PHA Plan were necessary.
 The PHA changed portions of the PHA Plan in response to comments
List changes below:
 Other: (list below)

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

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

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

3. Description of Resident Election Process *N/A*
 - a. Nomination of candidates for place on the ballot: (select all that apply)
 Candidates were nominated by resident and assisted family organizations
 Candidates could be nominated by any adult recipient of PHA assistance

- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- Other: (describe)

b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

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

C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here) *State of Ohio*
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
 - *Capital Funds – ability to market units – air conditioning*
 - *Building new houses in targeted areas of the City*
- Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)
 - *Provide decent housing*
 - *Provide a suitable living environment*
 - *Expand economic opportunities*

D. Other Information Required by HUD

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

Attachments

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

PHA Plan Table Library

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

Annual Statement See Attachment oh024b01
Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number FFY of Grant Approval: (MM/YYYY)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
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	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

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

See Attachment oh024b01

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

Annual Statement

Capital Fund Program (CFP) Part III: Implementation Schedule

See Attachment oh024b01

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

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

See Attachment oh024k01

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

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cost over next 5 years				

Attachment: oh024a01
DE-CONCENTRATION AND INCOME TARGETING POLICY
FOR THE
CHILLCOTHE METROPOLITAN HOUSING AUTHORITY
CHILLCOTHE, OHIO

DE-CONCENTRATION AND INCOME TARGETING POLICY
(of the Public Housing Admissions and Occupancy Policy)

Sub-Title A, Section 513 of the Quality Housing and Work Responsibility Act of 1998 (QHWRA), establishes two interrelated requirements for implementation by Public Housing Authorities: (1) Economic De-concentration of public housing developments and (2) Income Targeting to assure that families in the “extremely low” income category are proportionately represented in public housing and that pockets of poverty are reduced or eliminated. In order to implement these new requirements the PHA must promote these provisions as policies and revise their Admission and Occupancy policies and procedures to comply.

Therefore, the Chillicothe Metropolitan Housing Authority, Chillicothe, Ohio (hereinafter referred to as PHA) hereby affirms its commitment to implementation of the two requirements by adopting the following policies:

A. Economic De-concentration:

Admission and Continued Occupancy Policies are revised to include the PHA’s policy of promoting economic de-concentration. Implementation of this program may require the PHA to determine the median income of residents in each development, determine the average income of residents in all developments, compute the Established Income Range (EIR), determine developments outside the EIR, and provide adequate explanations and/or policies as needed to promote economic de-concentration.

Implementation may include one or more of the following options:

- Skipping families on the waiting list based on income;
- Establishing preferences for working families;
- Establish preferences for families in job training programs;
- Establish preferences for families in education or training programs;
- Marketing campaign geared toward targeting income groups for specific developments;
- Additional supportive services;
- Additional amenities for all units;
- Flat rents for developments and unit sizes;
- Different tenant rent percentages per development;
- Different tenant rent percentages per bedroom size;
- Saturday and evening office hours;
- Security Deposit waivers;
- Revised transfer policies;
- Site-based waiting lists;
- Mass Media advertising/Public service announcements; and
- Giveaways.

B. Income Targeting

As public housing dwelling units become available for occupancy, responsible PHA employees will offer units to applicants on the waiting list. In accordance with the Quality Housing and Work Responsibility Act of 1998, the PHA encourages occupancy of its developments by a broad range of families with incomes up to eighty percent (80%) of the median income for the jurisdiction in which the PHA operates. Depending on the availability of applicants with proper demographics, at a minimum, 40% of all new admissions to public housing **on an annual basis** may be families with incomes at or below thirty percent (30%)(extremely low-income) of the area median income. The offer of assistance will be made without discrimination because of race, color, religion, sex, national origin, age, handicap or familial status.

In order to implement the income targeting program, the following policy is adopted:

- ▶ The PHA may select, based on date and time of application and preferences, two (2) families in the extremely low-income category and two (2) families from the lower/very low-income category alternately until the forty percent (40%) admission requirement of extremely low-income families is achieved (2 plus 2 policy).
- ▶ After the minimum level is reached, all selections may be made based solely on date, time and preferences. Any applicants passed over as a result of implementing this 2 plus 2 policy will retain their place on the waiting list and will be offered a unit in order of their placement on the waiting list.
- ▶ To the maximum extent possible, the offers will also be made to affect the PHA's policy of economic de-concentration.
- ▶ The PHA reserves the option, at any time, to reduce the targeting requirement for public housing by no more than ten percent (10%), if it increases the target figure for its Section 8 program from the required level of seventy-five percent (75%) of annual new admissions to no more than eighty-five percent (85%) of its annual new admissions. (Optional for PHAs with both Section 8 and Public Housing programs)

CAPITAL FUND PROGRAM TABLES START HERE

Attachment oh024b01

Annual Statement /Performance and Evaluation Report					7/13/2005
Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Chillicothe Metropolitan Housing Authority		Grant Type and Number: Capital Fund Program No: OH16-P024-501-05 Replacement Housing Factor Grant No:		Federal FY of Grant: 2005	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserved for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement/Revision Number _____	
<input type="checkbox"/> Performance and Evaluation Report for Program Year Ending _____				<input type="checkbox"/> Final Performance and Evaluation Report for Program Year Ending _____	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operations	60,000.00			
3	1408 Management Improvements	51,600.00			
4	1410 Administration	1,772.00			
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	80,000.00			
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	66,000.00			
10	1460 Dwelling Structures	395,600.00			
11	1465.1 Dwelling Equipment-Nonexpendable	0.00			
12	1470 Nondwelling Structures	0.00			
13	1475 Nondwelling Equipment	8,000.00			
14	1485 Demolition	0.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration	0.00			
17	1495.1 Relocation Costs	0.00			
18	1499 Development Activities	0.00			
19	1501 Collateralization or Debt Service	0.00			
20	1502 Contingency	0.00			
21	Amount of Annual Grant (sums of lines 2-20)	\$662,972.00			
22	Amount of line 21 Related to LBP Activities	0.00			
23	Amount of Line 21 Related to Section 504 Compliance	0.00			
24	Amount of Line 21 Related to Security - Soft Costs	41,600.00			
25	Amount of Line 21 Related to Security - Hard Costs	66,000.00			
26	Amount of Line 21 Related to Energy Conservation Measures	0.00			

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

7/13/2005

PHA Name: Chillicothe Metropolitan Housing Authority		Grant Type and Number: OH16-P024-501-05				Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	OPERATIONS	1406		60,000.00				
	SECURITY FOOT PATROL, ALL SITES (4 PERSONS, 20 HRS. EA. 2 WKS. AT 20.00 PER HR) (20X20X4X26) (CONTINUATION FROM 501-03 AND 501-04)	1408		41,600.00				
	MAINTENANCE AND MANAGEMENT STAFF TRAINING	1408		10,000.00				
	ADMINISTRATIVE, ADVERTISING, ETC.	1410		1,772.00				
	ARCHITECTURAL SERVICES	1430		40,000.00				
	CONSULTING SERVICES	1430		40,000.00				
	REPLACE LOUNGE FURNITURE	1475		8,000.00				
	TOTAL ESTIMATED 2005 CAPITAL FUNDS GRANT	TOTAL		\$662,972.00				
	SUMMARY OF ACCOUNTS:	1406		60,000.00				
		1408		51,600.00				
		1410		1,772.00				
		1430		80,000.00				
		1450		66,000.00				
		1460		395,600.00				
		1475		8,000.00				
		TOTALS		\$662,972.00				

Attachment: oh024c01
Chillicothe Metropolitan Housing Authority

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)]

Attachment: oh024d01
Chillicothe Metropolitan Housing Authority

Section 8 Homeownership Program Capacity Statement

The Housing Authority demonstrates its capacity to administer the Section 8 Homeownership program as the following policies are adopted:

- Financing for purchase of a home will be provided; insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.

Attachment: oh024e01
Chillicothe Metropolitan Housing Authority

Community Service Requirements Implementation
Documentation of Compliance

- 1) Community Service Policy
- 2) Copy of Notice to all eligible or exempt residents
- 3) Copy of letter on Non-Compliance
- 4) PHA written process for verifying eligibility and informing residents of their status

**COMMUNITY SERVICE POLICY
FOR THE
CHILLCOTHE METROPOLITAN HOUSING AUTHORITY
CHILLCOTHE, OHIO**

COMMUNITY SERVICE POLICY

Section 512 of the Quality Housing and Work Responsibility Act of 1998, which amends Section 12 of the Housing Act of 1937, established a new requirement for non-exempt residents of public housing to contribute eight (8) hours of community service each month or to participate in a self-sufficiency program for eight (8) hours each month. (24 CFR Subpart F §960.600-609) The Fiscal Year (FY) 2002 HUD/VA Appropriations Act temporarily suspended the community service and self-sufficiency requirement, except for residents of HOPE VI developments. The FY 2003 HUD/VA Appropriations Act reinstated this provision.

The Chillicothe Metropolitan Housing Authority (hereinafter referred to as PHA) believes that the community service requirement should not be perceived by the resident to be a punitive or demeaning activity, but rather to be a rewarding activity that will benefit both the resident and the community. Community service offers public housing residents an opportunity to contribute to the communities that support them while gaining work experience.

In order to effectively implement this new requirement, the PHA establishes the following policy.

A. Community Service

The PHA will provide residents, identified as required to participate in community service, a variety of voluntary activities and locations where the activities can be performed. The PHA does not claim these activities to be appropriate for all participating tenants. Each tenant is responsible to determine the appropriateness of the voluntary service within guidelines in this policy. The activities may include, but are not limited to:

- Unpaid services at the PHA to help improve physicals condition, including building clean-ups, neighborhood clean-ups, gardening and landscape work;
- Unpaid office related services in the development or Administrative Office;
- Assisting other residents through the resident organization;
- Unpaid services in local schools, day care centers, hospitals, nursing homes, youth or senior organizations, drug/alcohol treatment centers, recreation centers, etc.;
- Active participation in neighborhood group special projects;
- Assisting in after-school youth programs or literacy programs;

- Unpaid tutoring of elementary or high school age residents;
- Assisting in on-site computer training centers;
- Any other community service which includes 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".

Note: Voluntary political activities are prohibited from being considered to meet the Community Service requirement.

B. Program Administration

The PHA may administer its own community service program in conjunction with the formation of cooperative relationships with other community based entities such as TANF, Social Services Agencies or other organizations which have as their goal, the improvement and advancement of disadvantaged families. The PHA may seek to contract its community service program out to a third-party.

The PHA may directly supervise community service activities and may develop and provide a directory of opportunities from which residents may select. When services are provided through partnering agencies, the PHA will confirm the resident's participation. Should contracting out the community service function be determined to be the most efficient method for the PHA to accomplish this requirement, the PHA will monitor the agency for contract compliance.

The PHA will assure that the service is not labor that would normally be performed by PHA employees responsible for the essential maintenance and property services.

In conjunction with its own or partnership program, the PHA will provide reasonable accommodations for accessibility to persons with disabilities.

C. Self-Sufficiency

The PHA will inform residents that participation in self-sufficiency activities for eight (8) hours each month can satisfy the community service requirement and encourage non-exempt residents to select such activities to satisfy the requirement. It should be noted that an individual may satisfy this requirement through a combination of community service and self-sufficiency activities totaling at least eight (8) hours per month. Such activities can include, but are not limited to:

- Apprenticeships and job readiness training;

- Voluntary substance abuse and mental health counseling and treatment;
- English proficiency classes, GED classes, adult education, college, technical schools or other formal education
- Household management, budget and credit counseling, or employment counseling
- Work placement program required by the TANF program
- Training to assist in operating a small business

The PHA may sponsor its own economic self-sufficiency program or coordinate with local social services, volunteer organizations and TANF agencies.

D. Geographic Location

The intent of this requirement is to have residents provide service to their own communities, either in the PHA's developments or in the broader community in which the PHA operates.

E. Exemptions

The following adult individuals, age 18 or older, of a household may claim an exemption from this requirement if the individual:

- Is age 62 years or older;
- Is blind or disabled (as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 416(i)(1); 1382c) and who certify that because of this disability they are unable to comply with the service provisions; or primary caretakers of such individuals;
- Is engaged in work activities (at least 30 hours per week) as defined in section 407(d) of the Social Security Act (42 U.S.C. 607(d)), specified below:
 1. Subsidized employment;
 2. Subsidized private-sector employment;
 3. Subsidized public-sector employment;
 4. Work experience (including work associated with the refurbishing of publicly assisted housing) only if sufficient private sector employment is not available;
 5. On-the-job-training;
 6. Job-search and job-readiness assistance;
 7. Community service programs;
 8. Vocational educational training (not to exceed 12 months with respect to

any individual);

9. Job-skills training directly related to employment;
 10. Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency;
 11. Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate; and
 12. The provision of childcare services to an individual who is participating in a community service program.
- Meets the requirements for being exempt from having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) or under any other welfare program of the State in which the PHA is located, including a State-administered welfare-to-work program.
 - Is a member of a family receiving TANF assistance, benefits, or service under the State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 *et seq.*); or under any other welfare program of the State in which the PHA is located, including a State administered welfare-to-work program and has not been found by the State or other administering entity to be in non-compliance with such program.

F. Family Obligations

At the time of annual recertification, all public housing household members age eighteen (18) or older must:

- Receive a written description of the community service requirement, information on the process for verifying exemption status and the affect of noncompliance on their tenancy.
- Complete certification forms regarding their exempt or non-exempt status from the community service requirement and submit the executed forms within ten (10) days of their recertification appointment. If a household member claims an exemption from the requirement, he/she must submit written verification of the exemption or provide information for obtaining third-party verification along with their completed exemption form.

At the time of the annual recertification appointment, each non-exempt adult household member must present their completed monthly record and certification form (blank form to be provided by the PHA at time of certification or recertification) of activities performed over the past twelve (12) months.

If a family member is found to be noncompliant, either for failure to provide documentation of community service or for failure to perform community service, he/she and the head of household will sign an agreement with the PHA to make up the deficient hours over the next twelve (12)-month period. The entire household will be allowed to enter into such an agreement only once during the household's entire tenancy with the PHA.

If, during the twelve (12)-month period, a non-exempt person becomes exempt, it is his or her responsibility to report this to the PHA and to provide documentation with ten (10) calendar days of the occurrence. The community service requirement will remain in effect until such time as the exempt status is reported to the PHA and verified.

If, during the twelve (12)-month period, an exempt person becomes non-exempt, it is his or her responsibility to report this to the PHA within ten (10) calendar days of the change in status. He/she will be provided with appropriate forms and information for fulfilling the community service requirement. A household member who fails to report a change from exempt to non-exempt status will be required to enter into an agreement to complete an equivalent of eight (8) hours per month of community service for each month of unreported non-exempt status within ninety (90) days of discovery or the household's lease will be subject to termination.

Each household member must supply the PHA with accurate written information regarding exemption status. Failure to supply such information and/or misrepresentation of information is a serious violation of the terms of the lease and may result in termination of the lease.

G. PHA Obligations

To the greatest extent possible and practicable, the PHA will provide names and contacts at agencies that can provide opportunities for residents to fulfill their community service obligation.

The PHA will provide the household a written description of the community service requirement, the process for claiming status as an exempt person for PHA verification of such status in the notice of annual recertification. The PHA will provide the household with appropriate forms on which to claim exempt or non-exempt status and for tracking the community service hours.

The PHA will make the final determination as to whether or not a household member is exempt and/or is compliance with the community service requirement.

As failure to complete the community service requirement constitutes noncompliance with the terms of the Lease, the family may use the PHA's Grievance Procedures if they disagree with the determination of exemption status or noncompliance.

The PHA will assure that procedures are in place and residents the opportunity to change status with respect to the community service requirement. Such changes include, but are not limited to:

- Going from unemployment to employment;
- Entering a self-sufficiency program;
- Entering a classroom educational program which exceeds eight (8) hours monthly.

All exemptions to the community service requirement will be verified and documented in the resident file. Required verifications may include, but not be limited to:

- Third-party verification of employment, enrollment in a training or education program, welfare to work program or other economic self sufficiency activities;
- Birth certificates to verify age 62 or older; or
- Third-party verification of disabilities preventing performance of community service.

Families who pay flat rents and live in public housing units or families who income was over income limits when they initially occupied such a public housing unit will not receive an automatic exception.

H. Cooperative Relationships with Welfare Agencies

The PHA may initiate cooperative relationships with local service agencies that provide assistance to its families to facilitate information exchange, expansion of community service/self-sufficiency program options and aid in the coordination of those activities.

I. Lease Requirements and Documentation

The PHA's lease has a twelve (12)-month term and is automatically renewable except for non-compliance with the community service requirement. The lease also provides for termination and eviction of the entire household for such non-compliance. The lease provisions will be implemented for current residents at

the next regularly scheduled reexamination and for all new residents effective upon occupancy. The PHA will not renew or extend the lease if the household contains a non-exempt member who has failed to comply with the community service requirement.

Documentation of compliance or non-compliance will be placed in each resident file.

J. Noncompliance

A resident who was delinquent in community service hours under the lease in effect at the time of the suspension will still be obligated to fulfill his/her community service and self-sufficiency requirements for FY 2001, provided that the resident was given notice of noncompliance prior to the expiration of the lease in effect at that time.

A copy of that notice of noncompliance should be included with the written notice to residents about the reinstatement of the community service and self-sufficiency requirement. In order to obtain a lease renewal on the expiration of the current lease, residents must be in compliance both with any delinquent community service requirements and current requirements.

If the PHA determines that a resident who is not an "exempt individual" has not complied with the community service requirement, the PHA will notify the resident:

1. of the noncompliance;
2. that the determination is subject to the PHA's administrative grievance procedure;
3. that unless the resident enters into an agreement under paragraph 4. of this section, the lease of the family of which the non-compliant adult is a member may not be renewed. However, if the noncompliant adult moves from the unit, the lease may be renewed;
4. that before the expiration of the lease term, the PHA must offer the resident an opportunity to cure the noncompliance during the next twelve (12)-month period; such a cure includes a written agreement by the non-compliant adult and the head of household (as applicable) to complete as many additional hours of community service or economic self-sufficiency activity needed to make up the total number of hours required over the twelve (12)-month term of the lease.

NOTICE TO RESIDENTS

COMMUNITY SERVICE REQUIREMENT

The Community Service requirement for residents of Public Housing has been reinstated.

All non-exempt residents of Public Housing, age 18 or older, are required to contribute eight (8) hours of community service each month or participate in a self-sufficiency program for eight (8) hours each month. This community service work is not a service for which the resident is paid; it is strictly volunteer work.

The Community Service Policy is available in the PHA office and describes in detail:

1. which household members may qualify for an exemption from the requirement to perform community service;
2. the types of activities that can be performed to meet the requirement;
3. the family's obligations;
4. the PHA's obligations; and
5. the penalties for non-compliance.

Resident Requirements:

1. If any household adult member is not elderly, disabled, or participating in a work activity for at least 30 hours per week you **must** contact your Community Service Contact listed below no later than:_____.
2. The PHA will inform you of all verifications needed.
3. The PHA will make the final determinations.

Community Service Contact:_____

Address of Contact:_____

Telephone:_____

Resident Community Service Compliance Certification

I/We have received a copy of and have read and understand the contents of the PHA's Community Service/Self Sufficiency Policy.

I/We understand that this is a requirement of the Quality Housing and Work Responsibility Act of 1998 and that if any non-exempt adult member of the household does not comply with this requirement, our lease will not be renewed and we may receive a 30-day notice of lease termination.

I/We have been given the opportunity to claim an exemption to the requirement for performance of community service and the following adult household members do not claim such exemption.

List name of each adult household member who does not claim an exemption below

I/We have been given the opportunity to claim an exemption and one or more adult household members will separately certify to his/her eligibility for an exemption.

List name of each adult household member who will separately certify to his/her eligibility for an exemption below

Signature Head of Household

Date

Signature Other Adult Household Member

Date

Signature Other Adult Household Member

Date

COMMUNITY SERVICE SELF-SUFFICIENCY PROGRAM EXEMPTION CERTIFICATION

I certify that I am eligible for an exemption from the Community Service requirement for the following reason:

- I am 62 or older.
 - I am blind or disabled, and as a result I cannot comply with the community service requirements. I am verifying my disability by:
 - My receipt of Supplemental Security Income (SSI) or Social Security Disability (SSDI) benefits for a disability recognized by the Social Security Administration (SSA).
 - My receipt of Transitional Assistance Disability benefits (have applied for SSI disability benefits and has been found by DHS to meet the SSI disability standards).
 - My receipt of Aid for Aged, Blind, or Disabled (AABD) benefits.
 - My receipt of worker's compensation for my disability with documentation provided by a medical provider.
 - I am providing documentation provided by a medical provider demonstrating that I meet the disability requirement.
 - I am providing documentation of medical assistance or interim SSDI benefits.
 - I am receiving no benefits but am able to submit documentation from a medical provider that my blindness or disability, as defined by the Social Security Act, prevents them from meeting the community or economic self-sufficiency requirement.
- I am the primary care provider of a (temporarily or permanently) blind or disabled person who meets the disability definition (as described above) and I am submitting the Community Service Exception Certification for verification;
- I am temporarily or chronically ill and am able to submit documentation from my medical provider.
- I am responsible for the full-time care to another household member due to that member's medical condition and am able to submit documentation from a medial provider.
- I am a student enrolled in a recognized school, training program, or school of higher education.
- I am working at least 30 hours per week (*Employment Verification form will serve*

**COMMUNITY SERVICE EXEMPTION
CARE PROVIDER VERIFICATION**

I, _____, certify that I am the primary care provider for
_____, a resident of the Housing Authority, who lives
at _____.
Address of Primary Care Provider

Signature Date

I certify that _____ is my primary care provider.

I certify that I receive:

- Supplemental Security Income (SSI) disability benefits;
- Social Security Disability Insurance (SSDI) disability benefits;
- Transitional Assistance Disability benefits (individual has applied for SSI disability benefits and has been found by DHS to meet the SSI disability standards);
- Aid for Aged, Blind, or Disabled (AABD) benefits; or
- No benefits but am able to submit documentation from a medical provider that my blindness or disability, as defined by the Social Security Act, prevents me from meeting the community economic self-sufficiency requirement.
- Because of such disability, I cannot perform voluntary work or duties that are a public benefit, and serve to improve the quality of life, enhance resident self-sufficiency or increase resident self-responsibility in the community.

Signature of Resident Date

Address

NOTICE of NON-COMPLIANCE
COMMUNITY SERVICE/SELF-SUFFICIENCY REQUIREMENT

Name _____ Date _____

Address _____

Please be advised that the Housing Authority has not received verification or evidence of completion or exemption from the 96 hours of community service during the past 12 months for the following adult members of your household:

All non-exempt adult members of the household must complete the community service hours as a part of the annual recertification process. If you feel one or more of the above listed household members may be eligible for an exemption, please provide immediate verification to the management office.

If you or any household member were required to perform community service but failed to provide verification of the completion, then this action can be corrected by providing the verification information immediately to the management office. Complete and return the enclosed Exemption Certification with verification.

If you or any household member must fulfill the requirement and have failed to perform 8 hours of community service/self sufficiency per month, this action can be corrected by bringing your requirement current before the end of your lease year. You may be eligible to enter into an agreement to complete deficient service hours.

In the event service hours have not been completed for all non-exempt adult household members, your lease will not be renewed. If your lease is not renewed, you will be issued a 30-day notice to vacate. In accordance with community service policy, you may request a grievance for disputes arising under noncompliance with the community service requirements. You must file a grievance in the management office as stipulated in the PHA's Grievance Policy.

Your cooperation in this matter is needed to assist in preserving your housing opportunity.

Sincerely,

COMPLIANCE AGREEMENT

COMMUNITY SERVICE/SELF-SUFFICIENCY REQUIREMENT

A Compliance Agreement must be executed by each non-compliant household member. Each agreement must be signed by the Head of Household, the non-compliant household member and the PHA designee.

In accordance with the provisions of the PHA's Community Service/Self-Sufficiency policy:

- [] I/We, _____ (*name(s)*), agree to complete all deficient community service hours. The number of deficient service hours for the review year, _____ will be completed by _____.
(*insert #*)
- [] I/We, _____ (*name(s)*), further assure that all members of the family who are subject to the service requirement are currently complying with the service requirement.
- [] I/We, _____ (*name(s)*), understand that the PHA may issue a 30-day notice of lease termination if the service hour requirements of our lease are not brought into compliance by _____. I/We understand what types of volunteer work qualify as community service and what types of programs qualify for self-sufficiency participation.
- [] The non-compliant member of the household, _____, is no longer living in the unit and will duly be removed from the lease. I/We understand that a member of the household who is removed from the lease after failure to fulfill his/her community service/self-sufficiency requirements may not be added back to the lease in the future.

Signature Head of Household

Date

Signature Other Adult Household Member

Date

Signature Authorized PHA Representative

Date

Attachment: oh024f01
PET OWNERSHIP POLICY
(FAMILY)
FOR THE
CHILlicoTHE METROPOLITAN HOUSING AUTHORITY
CHILlicoTHE, OHIO

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PET OWNERSHIP POLICY

Section 526 of the Quality Housing and Work Responsibility Act of 1998 added a new Section 31 (“Pet Ownership in Public Housing”) to the United States Housing Act of

1937. Section 31 establishes pet ownership requirements for residents of public housing other than Federally assisted rental housing for the elderly or persons with disabilities. In brief, this section states that: A resident of a dwelling unit in public housing may own 1 or more common household pets or have such pets present in the dwelling unit. Allowance of pets is subject to reasonable requirements of the PHA. A proposed rule to implement Section 31 was published in the June 23, 1999, Federal Register. On July 10, 2000, a final rule incorporating comments received was published in the Federal Register. This policy reflects the final rule requirements.

The Chillicothe Metropolitan Housing Authority (hereinafter referred to as PHA) notifies eligible new and current residents of their right to own pets subject to the PHA's rules and will provide them copies of the PHA's Pet Ownership Rules. To obtain permission, pet owners must agree to abide by those Rules.

In consulting with residents currently living in the PHA's developments, the PHA will develop appropriate pet ownership rules, include those rules in their Agency Plan and notify all such residents that:

- A. All residents are permitted to own common domesticated household pets, such as a cat, dog, bird, and fish, in their dwelling units in accordance with PHA pet ownership rules;
- B. A refundable pet deposit is intended to cover the reasonable operating costs to the PHA directly attributable to a pet or pets in the unit (i.e., fumigation of a unit);
- C. Animals that are used to assist the disabled are excluded from the size, weight and type requirements pertaining to ownership of service animals; however, they will be required to assure proper licensing, inoculations, leash restraints, etc.;
- D. Residents needing a service animal must provide verification for this need and verification that the animal is considered to be a service animal; and,
- E. Section 31 of the Housing Reform Act of 1998 does not alter, in any way, the regulations applicable to Federally-assisted housing for the elderly and persons with disabilities found at Section 227 of the Housing and Urban-Rural Recovery Act of 1983 and located in 24 CFR part 5, subpart C;
- F. Section 960.705 of 24 CFR clarifies that the regulations added in Section 31 do not apply to service animals that assist persons with disabilities. This exclusion applies to both service animals that resides in public housing and service animals that visit PHA developments.

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CHILLICOTHE METROPOLITAN HOUSING AUTHORITY

Pet Ownership Rules for Families

1. Common household pet means a domesticated cat, dog, bird, gerbil, hamster, Guinea pig and fish in aquariums. Reptiles of any kind, with the exception of small turtles or in a terrarium, as well as mice and rats are prohibited. These definitions do not include any wild animal, bird or fish.
2. Each household shall have only one pet (except fish or birds). The limit for birds is two (2).
3. The pet owner shall have only a small cat or a dog. The animal's weight shall not exceed *20 pounds at full growth*. The animal's height shall not exceed *fifteen inches at full growth*. Such limitations do not apply to a *service animal* used to assist a disabled resident.
4. Pet owners shall license their pets yearly with the City of Chillicothe or as required. The pet owner must show the PHA proof of rabies and distemper booster inoculations and licensing annually.

All dogs must wear a tag bearing the residents name and phone number and the date of the last rabies inoculation. The CMHA will furnish approved pet owners an emblem to affix to their living room or kitchen storm door window. These emblems must be visible at all times.

5. No pet owner shall keep a pet in violation of State or local health or humane laws or ordinances. Any failure of these pet ownership rules to contain other applicable State or local laws or ordinances does not relieve the pet owner of the responsibility for complying with such requirements.
6. The pet owner shall have his or her cat or dog spayed or neutered before they become six months old and shall pay the cost thereof. A veterinarian shall verify that the spaying or neutering has been accomplished.
7. The pet owner shall house the pet inside the pet owner's dwelling unit. The pet owner shall keep a cat or a dog on a leash and shall control the animal when it is taken out of the dwelling unit for any purpose. The owner of a bird(s) shall confine them to a cage at all times. No pet owner shall allow his or her pet to be unleashed or loose outside the pet owner's dwelling unit.
8. No pet shall be permitted in any common area except as necessary to directly enter and exit the building. This restriction is not applicable to service animals.
9. No pet (other than birds or fish) shall be permitted to remain in an apartment

overnight while the resident is away.

10. Management shall furnish to the household a pet sticker if the pet is a dog or cat which must be displayed on the front entrance door of the unit.
11. Resident shall provide the PHA a color photograph of the pet(s).
12. All dogs and cats shall wear a collar at all times. Attached to the collar shall be an ID tag listing the pet owner's name and address.
13. Any resident having a dog or cat shall obtain some type of "scooper" to clean up after the pet outdoors. The resident is responsible for placing all waste in sealed plastic bags and disposing of such material in a trash container.
14. Resident is required to take whatever action necessary to insure that their pet does not bring any fleas or ticks into the building. This may include, but is not limited to, the use of flea collars and flea powder. The resident is responsible for the cost of flea/tick extermination.
15. No resident shall keep, raise, train, breed or maintain any pet of any kind at any location, either inside or outside the dwelling unit, for any commercial purpose.
16. No pet owner shall keep a vicious or intimidating pet on the premises. The CMHA may determine what they consider to be a vicious or intimidating pet (for example pit bulls, rottweiler, & doberman pinscher). If the pet owner declines, delays or refuses to remove such a pet from the premises, the PHA shall do so, in order to safeguard the health and welfare of other residents.
17. Repeated substantiated complaints by neighbors or Chillicothe Metropolitan Housing Authority personnel regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisances may result in the owner having to remove the pet or move him/herself. The term disturb shall include but not be limited to barking, howling, biting, scratching, chirping, and other activities of a disturbing nature. If the pet owner declines, delays or refuses to remove the pet from the premises, the CMHA will do so.
18. The owner of a cat shall feed the animal at least once per day; provide a litter box inside the dwelling unit; clean the litter box at least every two (2) days; and take the animal to a veterinarian at least once per year. The pet owner shall not permit refuse from the litter box to accumulate or to become unsanitary or unsightly, and shall dispose of such droppings by placing them in a plastic tie sack in a designated trash container outside the building where the pet owner lives.
19. The owner of a dog shall feed the animal at least once per day; take the animal for a walk at least twice per day; remove the animals droppings at least twice per day;

and take the animal to a veterinarian at least once per year. The pet owner shall not permit dog droppings to accumulate or to become unsanitary or unsightly, and shall dispose of such droppings by placing them in a plastic tie sack in a designated trash container outside the building where the pet owner lives.

20. The pet owner shall take the precautions and measures necessary to eliminate pet odors within and around the dwelling unit, and shall maintain the dwelling unit in a sanitary condition at all times, as determined by the PHA.
21. No pet owner shall alter the dwelling unit or the surrounding premises to create a space, hole, container or enclosure for any pet.
22. PHA staff shall enter a dwelling unit where a pet has been left untended for twenty-four (24) hours, remove the pet and transfer it to the proper local authorities, subject to any provisions of State or local law or ordinances in this regard. The PHA shall accept no responsibility for the pet under such circumstances.
23. The CMHA will not charge a non-refundable deposit. A \$300.00 refundable deposit for dogs and cats, \$25.00 deposit for fish will be charged. The CMHA shall refund the unused portion of the pet deposit to the pet owner within thirty (30) days after the pet owner moves from the dwelling or no longer owns or keeps a pet in the dwelling unit.
24. All residents are prohibited from feeding, housing or caring for stray animals or birds. Such action shall constitute having a pet without permission of the PHA.
25. Each pet owner shall identify an alternate custodian for his or her pet. If the pet owner is ill or absent from the dwelling unit and unable to care for his or her pet or in the event of a death of a pet owner, the alternate custodian shall assume responsibility for the care and keeping of the pet, including, if necessary, the removal of the pet from PHA premises. In the event the alternate custodian is unable to care for the pet, the CMHA may notify the local Pet Law Enforcement Agency to take the pet until family or friends can assume responsibility for the pet. Any expenses incurred under this provision will be the responsibility of the pet owner and/or will be deducted from the security deposit. The resident will sign an "Agreement for Care of Pet" form (Appendix 2).
26. Should any pet housed in the PHA's facilities give birth to a litter, the residents shall remove from the premises all of said pets, except one, as soon as the baby's are able to survive on their own (a maximum of 6 weeks).
27. Pet Violation Procedures: Resident agrees to comply with the following:
 - a. Notice of Pet Rule Violation (Appendix 3): If the PHA determines on the

basis of objective facts, supported by written statements, that a pet owner has violated a rule governing the keeping of pets, the PHA will serve a notice to the owner of pet rule violation. The notice of pet rule violation will be in writing and will:

- (1) Contain a brief statement of the factual basis for the determination and the pet rule or rules alleged to be violated.
- (2) State that the pet owner has ten (10) days from the effective date of service of the notice to correct the violation (including in appropriate circumstances, removal of the pet) or to make a written request for a meeting to discuss the violation.
- (3) State that the pet owner is entitled to be accompanied by another person of his or her choice at the meeting.
- (4) State that the pet owner's failure to correct the violation, to request a meeting, or to appear at a requested meeting may result in initiation of procedures to have the pet removed and/or terminate the pet owner's lease or both.

- b. Pet Rule Violation Meeting: If the pet owner makes a request, within five (5) days of the notice of pet rule violation, for a meeting to discuss the alleged violation, the PHA will establish a mutually agreeable time and place for the meeting within fifteen (15) days from the effective date of service of the notice of pet rule violation. At the pet rule violation meeting, the pet owner and PHA shall discuss any alleged pet rule violation and attempt to correct it. The PHA, may as a result of the meeting, give the pet owner additional time to correct the violation.
- c. Notice for Pet Removal: If the PHA determines that the pet owner has failed to correct the pet rule violation within the time permitted by Paragraph b. of this section (including any additional time permitted by the PHA), or if the parties are unable to resolve the problem, the PHA may serve a notice to the pet owner requiring the pet owner to remove the pet. The notice will be in writing and will:
 - (1) Contain a brief statement of the factual basis for the determination and the pet rule or rules that has been violated.
 - (2) State that the pet owner must remove the pet within ten (10) days of the effective date of the notice of pet removal (or the meeting, if notice is served at the meeting).
 - (3) State that failure to remove the pet may result in initiation of the procedures to have the pet removed or terminate the pet owner's lease or both.
- d. The procedure does not apply in cases where the pet in question presents an immediate threat to the health, safe, of others or if the pet is being treated in an inhumane manner. In such cases paragraph 24 shall apply.

28. The resident shall control the pet while maintenance personnel are in the unit performing requested maintenance.
29. Non-emergency work orders will only be completed if the resident is home with the pet, the pet has been caged or the pet has been removed from the unit.
30. The PHA will not be responsible for any pet which gets out of a unit when maintenance employees enter for the purpose of making repairs. The family is responsible for removing the pet when maintenance is scheduled or assuring that a responsible family member is present to control the pet, or have the pet caged.
31. If the pet runs out of the unit, if left alone, when the maintenance staff enters the unit due to an emergency work order request.
32. A pet owner shall physically control or confine his/her pet during the times when Housing Authority employees, agents of the Housing Authority or others must enter the pet owner's apartment to conduct business, provide services, enforce lease terms, etc.

If a resident needs to leave his/her unit, the pet should be secured in a cage to ensure safety for employees should they have to enter the unit for work orders, inspections, pest spraying, etc. The CMHA will not be responsible for any pet that gets out of a unit when a CMHA representative enters the unit.
33. If a resident, including a pet owner, breaches any of the rules set forth above, the PHA may revoke the pet permit and evict the resident or pet owner.

Appendix 1
PET POLICY AGREEMENT

I have read and understand the above pet ownership rules and agreed to abide by them.

Resident's Signature

PHA Staff member's Signature

Date

Date

_____ *Attach photo of pet* _____

Type of Animal and Breed

Name of Pet

Color _____ Weight _____ Height _____ Age _____

Male Female Housebroken? Yes No

City of License _____ Date if License _____

Date of last Rabies shot _____

The alternate custodian for my pet is:
(Custodian's first, middle and last name; post office box; street address; zip code; area
telephone code and telephone number)

Resident's Signature

Date

Refundable Pet Deposit _____

Amount Paid

Date

Appendix 2
AGREEMENT FOR CARE OF PET

In accordance with the Pet Ownership Policy of the Chillicothe Metropolitan Housing Authority and the Addendum to the Residential Dwelling Lease Agreement dated _____ between:

CHILLICOTHE METROPOLITAN HOUSING AUTHORITY
178 West 4th Street
Chillicothe, OH 45601

AND,

_____ (Resident=s Name)

_____ (Resident=s
Address)

I hereby agree that should _____ become
incapable of caring for _____ a

_____ (Name of Pet)

_____ (Type of Pet)

for any reason whatsoever, I will assume full responsibility for removal of the pet from the premises and for the care and well being of the animal.

Further, the pet shall not be permitted to return to the premises until approval is given by the Chillicothe Metropolitan Housing Authority.

A copy of the Addendum to the Residential Dwelling Lease Agreement is attached.

Signature

Sworn and subscribed before
me this _____ day of _____, _____.

Notary of Public

My Commission Expires: _____

Appendix 3

PET POLICY RULES VIOLATION NOTICE

DATE: _____

TIME: (if delivered) _____

TO:

NAME OF RESIDENT: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PET NAME AND TYPE: _____

This notice hereby informs you (the pet owner) of the following Pet Policy Rule violation(s):

As the pet owner you have ten (10) calendar days from the date shown on this notice (date notice delivered or mailed) in which to correct the violation or submit a written request for a meeting with the PHA to discuss the violation.

As the pet owner you are entitled to be accompanied by another person of your choice at this meeting.

Failure to correct the violation(s), to request a meeting, or to appear at the scheduled meeting date and time, may result in initiation of procedures to terminate your tenancy.

Program Manager

Attachment: oh024g01
PET OWNERSHIP POLICY
(ELDERLY/DISABLED RESIDENTS)
FOR THE
CHILlicothe METROPOLITAN HOUSING AUTHORITY
CHILlicothe, OHIO

PET OWNERSHIP POLICY

Housing Authority residents who are elderly and/or disabled are permitted to own and keep pets in their dwelling units. The Chillicothe Metropolitan Housing Authority (hereinafter referred to as PHA) notifies eligible new and current residents of their right and provides them copies of the PHA's Pet Ownership Rules. To obtain permission, pet owners must agree to abide by those Rules.

In consulting with residents currently living in the PHA's developments for the elderly or disabled, the PHA will notify all such residents that:

- A. elderly or disabled residents are permitted to own common domesticated household pets, such as a cat, dog, bird, and fish, in their dwelling units, in accordance with PHA pet ownership rules;
- B. animals that are used to assist the disabled are excluded from the size, weight, and type requirements pertaining to ownership of service animals; however, they will be required to assure that proper licensing, inoculations, leash restraints, etc. in accordance with State or local laws;
- C. residents may request a copy of the PHA's pet ownership rules or proposed amendments to the rules at any time; and,
- D. if the dwelling lease of an elderly or disabled resident prohibits pet ownership, the resident may request that the lease be amended to permit pet ownership, in accordance with the PHA's pet ownership rules shown below.

CHILlicothe METROPOLITAN HOUSING AUTHORITY

Pet Ownership Rules for Elderly/Disabled Residents

1. Common household pet means a domesticated cat, dog, bird, gerbil, hamster, Guinea pig and fish in aquariums. Reptiles of any kind, with the exception of small turtles or lizards in a terrarium, as well as mice and rats are prohibited. These definitions do not include any wild animal, bird or fish.
2. Each household shall have only one pet (except fish or birds). The limit for birds is two (2).
3. The pet owner shall have only a small cat or a dog. The animal's weight shall not exceed *twenty (20) pounds* at full growth. The animal's height shall not exceed *fifteen (15) inches* at full growth. Such limitations do not apply to a *service animal* used to assist a disabled resident.
4. Pet owners shall license their pets yearly with the City of Chillicothe or as required. The pet owner must show the PHA proof of rabies and distemper booster inoculations and licensing annually.

All dogs must wear a tag bearing the residents name and phone number and the date of the last rabies inoculation. The CMHA will furnish approved pet owners an emblem to affix to their living room or kitchen storm door window. These emblems must be visible at all times.

5. No pet owner shall keep a pet in violation of State or local health or humane laws or ordinances. Any failure of these pet ownership rules to contain other applicable State or local laws or ordinances does not relieve the pet owner of the responsibility for complying with such requirements.
6. The pet owner shall have his or her cat or dog spayed or neutered before they become six (6) months old and shall pay the cost thereof. A veterinarian shall verify that the spaying or neutering has been accomplished.
7. The pet owner shall house the pet inside the pet owner's dwelling unit. The pet owner shall keep a cat or a dog on a leash and shall control the animal when it is taken out of the dwelling unit for any purpose. The owner of a bird(s) shall confine them to a cage at all times. No pet owner shall allow his or her pet to be unleashed or loose outside the pet owner's dwelling unit.
8. No resident shall keep, raise, train, breed or maintain any pet of any kind at any location, either inside or outside the dwelling unit, for any commercial purpose.
9. No pet owner shall keep a vicious or intimidating pet on the premises. The

CMHA may determine what they consider to be a vicious or intimidating pet (for example pit bulls, rottweiler, & doberman pinscher). If the pet owner declines, delays or refuses to remove the pet from the premises, the PHA shall do so, in order to safeguard the health and welfare of other residents.

10. Repeated substantiated complaints by neighbors or Chillicothe Metropolitan Housing Authority personnel regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisances may result in the owner having to remove the pet or move him/herself. The term disturb shall include, but not limited to barking, howling, biting, scratching, chirping, and other activities of disturbing nature. If the pet owner, declines, delays or refuses to remove the pet from the premises, the CMHA will do so.
11. The owner of a cat shall feed the animal at least once per day; provide a litter box inside the dwelling unit; clean the litter box at least every two (2) days; and take the animal to a veterinarian at least once per year. The pet owner shall not permit refuse from the litter box to accumulate or to become unsanitary or unsightly, and shall dispose of such droppings by placing them in a sack in a designated container outside the building where the pet owner lives.
12. The owner of a dog shall feed the animal at least once per day; take the animal for a walk at least twice per day; remove the animal's droppings at least twice per day; and take the animal to a veterinarian at least once per year. The pet owner shall not permit dog droppings to accumulate or to become unsanitary or unsightly, and shall dispose of such droppings by placing them in a sack in a designated container outside the building where the pet owner lives.
13. The pet owner shall take the precautions and measures necessary to eliminate pet odors within and around the dwelling unit, and shall maintain the dwelling unit in a sanitary condition at all times, as determined by the PHA.
14. No pet owner shall alter the dwelling unit or the surrounding premises to create a space, hole, container or enclosure for any pet.
15. PHA staff shall enter a dwelling unit where a pet has been left untended for twenty-four (24) hours, remove the pet and transfer it to the proper local authorities, subject to any provisions of State or local law or ordinances in this regard. The PHA shall accept no responsibility for the pet under such circumstances.
16. Each pet owner shall pay a refundable pet deposit of \$300.00 for a dog or cat and a refundable pet deposit of \$25.00 for aquariums. There is no pet deposit for birds, gerbils, hamsters, guinea pigs or turtles. The pet deposit is not part of the rent payable by the pet owner, and is in addition to any other financial obligation generally imposed on residents of the development where the pet owner lives. The

PHA shall use the pet deposit only to pay reasonable expenses directly attributable to the presence of the pet in the development, including, but not limited to the cost of repairs and replacements to, and the fumigation of, the pet owner's dwelling unit. The PHA shall refund the unused portion of the refundable pet deposit to the pet owner within thirty (30) days after the pet owner moves from the dwelling unit or no longer owns or keeps a pet in the dwelling unit.

17. All residents, including the elderly and disabled, are prohibited from feeding, housing or caring for stray animals or birds. Such action shall constitute having a pet without permission of the PHA.
18. Each pet owner shall identify an alternate custodian for his or her pet. If the pet owner is ill or absent from the dwelling unit and unable to care for his or her pet or in the event of a death of a pet owner, the alternate custodian shall assume responsibility for the care and keeping of the pet, including, if necessary, the removal of the pet from PHA premises. In the event the alternate custodian is unable to care for the pet, the CMHA may notify the local Pet Law Enforcement Agency to take the pet until family or friends can assume responsibility for the pet. Any expenses incurred under this provision will be the responsibility of the pet owner and/or will be deducted from the security deposit.
19. Should any pet housed in the PHA's facilities give birth to a litter, the residents shall remove from the premises all of said pets except for one as soon as the baby's are able to survive on their own (a maximum of six (6) weeks).
20. A pet owner shall physically control or confine his/her pet during the times when Housing Authority employees, agents of the Housing Authority or others must enter the pet owner's apartment to conduct business, provide services, enforce lease terms, etc.

If a resident needs to leave his/her unit, the pet should be secured in a cage to ensure safety for employees should they have to enter the unit for work orders, inspections, pest spraying, etc. The CMHA will not be responsible for any pet that gets out of a unit when a CMHA representative enters the unit.

21. If a resident, including a pet owner, breaches any of the rules set forth above, the PHA may revoke the pet permit and evict the resident or pet owner.

Appendix 1
PET POLICY AGREEMENT

I have read and understand the above pet ownership rules and agree to abide by them.

Resident's Signature

PHA Staff member's Signature

Date

Date

_____ *Attach photo of pet*
Type of Animal and Breed

Name of Pet

Color_____ Weight_____ Height_____ Age_____

Male Female Housebroken? Yes No

City of License_____ Date if License_____

Date of last Rabies shot_____

The alternate custodian for my pet is:
(Custodian's first, middle and last name; post office box; street address; zip code; area
telephone code and telephone number)

Resident's Signature

Date

Refundable Pet Deposit _____
Amount Paid Date

Appendix 2
AGREEMENT FOR CARE OF PET

In accordance with the Pet Ownership Policy of the Chillicothe Metropolitan Housing Authority and the Addendum to the Residential Dwelling Lease Agreement dated _____ between:

CHILLICOTHE METROPOLITAN HOUSING AUTHORITY
178 West 4th Street
Chillicothe, OH 45601

AND,

_____ (Resident's Name)

_____ (Resident's
Address)

I hereby agree that should _____ become
incapable of caring for _____ a

_____ a
(Name of Pet)

_____ a
(Type of Pet)

for any reason whatsoever, I will assume full responsibility for removal of the pet from the premises and for the care and well being of the animal.

Further, the pet shall not be permitted to return to the premises until approval is given by the Chillicothe Metropolitan Housing Authority.

A copy of the Addendum to the Residential Dwelling Lease Agreement is attached.

Signature

Sworn and subscribed before
me this _____ day of _____, _____.

Notary of Public

My Commission Expires: _____

Appendix 3
PET POLICY RULES VIOLATION NOTICE

DATE: _____

TIME: (if delivered) _____

TO:

NAME OF RESIDENT: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PET NAME AND TYPE: _____

This notice hereby informs you (the pet owner) of the following Pet Policy Rule violation(s):

As the pet owner you have ten (10) calendar days from the date shown on this notice (date notice delivered or mailed) in which to correct the violation or submit a written request for a meeting with the PHA to discuss the violation.

As the pet owner you are entitled to be accompanied by another person of your choice at this meeting.

Failure to correct the violation(s), to request a meeting, or to appear at the scheduled meeting date and time, may result in initiation of procedures to terminate your tenancy.

Program Manager

Attachment: oh024h01
Chillicothe Metropolitan Housing Authority
Progress in Meeting 5-Year Plan Goals (2000-2004)

The Chillicothe Metropolitan Housing Authority has been successful in achieving its mission and 5 year plan goals during the period FY 2000-2004.

Concerning modernization the PHA has done substantial renovation of family units in OH024001 by completely upgrading drains and sewage lines and is currently working on elderly site of same project. CMHA upgraded all site with air conditioning.

Concerning self-sufficiency and crime and safety, PHA efforts reduced crime in the communities through capital funds and Ross Grant by putting security camera's in Tiffin Tower (Elderly), Lincoln Park, Sherman Park and Westland Estates which are all family. Security is making their presence known by door hangers. Meeting with the law enforcement and fire prevention officers to educate residents on safety and fire issues.

Concerning improving the quality of life, PHA has computer labs for the residents, computer classes, and single parent appreciation luncheon. YCWC won national recognition at NAHRO. Provided sites for Americorp Vista, homeownership classes, drug free summer camps, bible clubs for youth, abstinence classes and graduation classes for youth. Partner with the YMCA for kids night out, youth mentoring and leadership. Have partnered with the City on community revitalization on sound end of town to enhance and market our existing public housing.

To ensure compliance with the Public Housing Reform Act of 1998 and the HUD Rental Housing Integrity Improvement Program (RHIP), every policy was reviewed and updated as needed. Most significant was the update to the Admissions and Occupancy Policy and the Section 8 Administrative Plan.

Concerning ensuring equal opportunity outreach efforts have been made by making renewed partnerships with community groups and medical facilities.

Attachment: oh024i01
Chillicothe Metropolitan Housing Authority

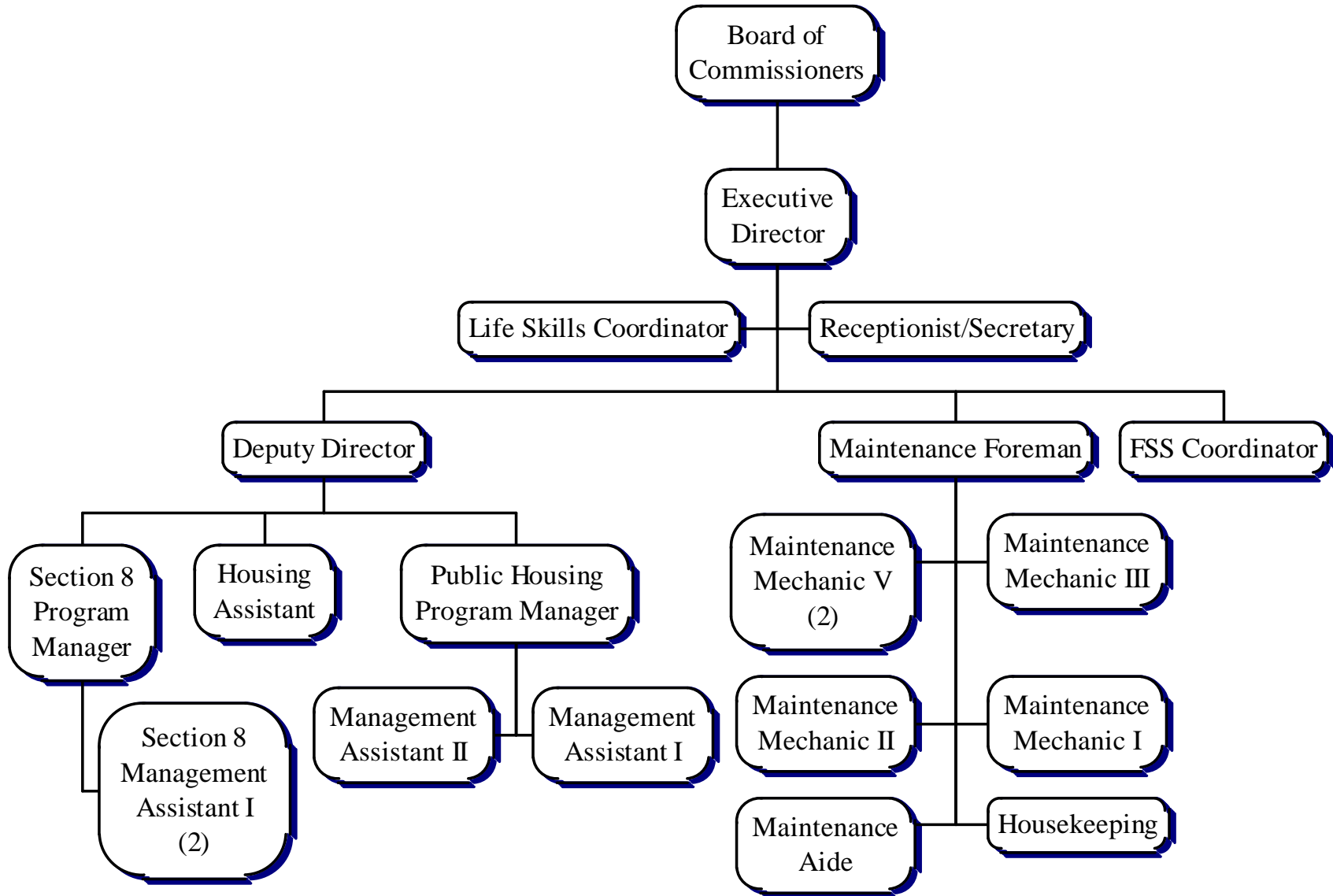
A. Substantial Deviation from the 5-Year Plan:

- Any change to the Mission Statement;
- 50% deletion from or addition to the goals and objectives as a whole; and
- 50% or more decrease in the quantifiable measurement of any individual goal or objective.

B. Significant Amendment or Modification to the Annual Plan:

- Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement;
- Any change being submitted to HUD that requires a separate notification to residents, such as changes in the Hope VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Public Housing Homeownership programs; and
- Any change in policy or operation that is inconsistent with the applicable Consolidated Plan.

Attachment: oh024j01
**Chillicothe Metropolitan Housing Authority
Organizational Chart**



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

7/13/2005

Activities for Year 1	Activities for Year: 2 FFY Grant: 2006 PHA FY: 2006		
2005	Development Name/Number	Major Work Categories	Estimated Cost
	OH24-01	REPLACE MAIL BOXES IN MAIL ROOM	5,000.00
See	TIFFIN TOWER	REPLACE SHOWER HEAD VALVES & FAUCETS, SCALD PROOF TYPE	45,500.00
	ELDERLY	REPLACE FIRE SPRINKLER HEADS THROUGHOUT BUILDING	80,000.00
		REPLACE/UPGRADE ALARM SYSTEM (SMOKE/FIRE, ADD SENSORS & RE-ZONE	40,000.00
Annual		REPLACE STREET EXTERIOR MAINTENANCE DOORS	5,000.00
		REPLACE OVERHEAD GARAGE DOORS W/OPENERS, HD MAINTENANCE	6,000.00
		REPLACE/INSTALL GARBAGE DISPOSALS IN UNITS	26,000.00
Statement		UPGRADE SITE LIGHTING AND LANDSCAPING	20,000.00
			0.00
	OH24-01	REPLACE STORM DOORS, FRONT AND REAR	56,000.00
	SHERMAN PARK		
	LINCOLN PARK		
	TOLEDO ST.		
	(FAMILY UNITS)		
	OH24-02	REPLACE FIRE SPRINKLER HEADS (COMMON/MAINTENANCE AREAS ONLY)	20,000.00
	WORTHINGTON	REPLACE COMMERCIAL TRASH COMPACTOR	20,000.00
	MANOR	REPLACE BALCONY PATIO DOORS, 2ND AND 3RD FLOORS	45,600.00
	(ELDERLY)	POWDER COAT BALCONY RAILINGS	11,400.00
		REPLACE CARPETING IN CORRIDORS AND COMMON AREAS W/VCT	45,000.00
	OH24	OPERATIONS	50,000.00
	PHA WIDE	ADMINISTRATIVE COST (ADVERTISING, ETC)	1,500.00
		PROFESSIONAL SERVICES - ARCHITECT	40,000.00
		PROFESSIONAL SERVICES - CONSULTANT	40,000.00
		MANAGEMENT AND MAINTENANCE STAFF TRAINING	10,000.00
		SECURITY FOOT PATROLS, ALL SITES (4 PERSONS, 20 HRS. EACH 2 WEEKS	41,600.00
		AT 20.00 PER HOUR) (20x20X4X26)	-
		MAINTENANCE VEHICLES 4X4 TRUCKS	50,000.00
		ESTIMATED TOTAL FOR 2006 GRANT	\$658,600.00

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

7/13/2005

Activities for Year 1	Activities for Year: 5 FFY Grant: 2009 PHA FY: 2009		
2005	Development Name/Number	Major Work Categories	Estimated Cost
See	OH24-02	CONSTRUCT REPLACEMENT HOUSING UNITS GENERATED BY HOME	625,000.00
	WORTHINGTON	OWNERSHIP PROGRAM IN MECHANIC STREET AREAS OF TOWN	
	MANOR		
Annual	(ELDERLY)		
	OH24-05		
	SCATTERED		
Statement	SITES		
	PHA WIDE	OPERATIONS	50,000.00
		ADMINISTRATIVE COST (ADVERTISING, ETC)	1,500.00
		PROFESSIONAL SERVICES - ARCHITECT	40,000.00
		PROFESSIONAL SERVICES - CONSULTANT	40,000.00
		SECURITY FOOT PATROLS, ALL SITES (4 PERSONS, 20 HRS. EACH 2 WEEKS	41,600.00
		AT 20.00 PER HOUR) (20x20X4X26)	
		ESTIMATED TOTAL FOR 2009 GRANT	\$798,100.00

CAPITAL FUND PROGRAM TABLES START HERE

Attachment oh024101

Annual Statement /Performance and Evaluation Report 7/13/2005
Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: <p align="center">Chillicothe Metropolitan Housing Authority</p>	Grant Type and Number: Capital Fund Program No: OH16-P024-501-04 Replacement Housing Factor Grant No:	Federal FY of Grant: <p align="center">2004</p>
--	--	---

Original Annual Statement
 Reserved for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Performance and Evaluation Report for Program Year Ending **3/31/05**
 Final Performance and Evaluation Report for Program Year Ending _____

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operations	55,600.00		0.00	0.00
3	1408 Management Improvements	41,600.00		0.00	0.00
4	1410 Administration	464.00		0.00	0.00
5	1411 Audit	0.00		0.00	0.00
6	1415 Liquidated Damages	0.00		0.00	0.00
7	1430 Fees and Costs	80,000.00		0.00	0.00
8	1440 Site Acquisition	0.00		0.00	0.00
9	1450 Site Improvement <i>Correction Amt. In error</i>	249,000.00		0.00	0.00
10	1460 Dwelling Structures <i>Correction Amt. In error</i>	228,308.00		0.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable	0.00		0.00	0.00
12	1470 Nondwelling Structures	0.00		0.00	0.00
13	1475 Nondwelling Equipment	8,000.00		0.00	0.00
14	1485 Demolition	0.00		0.00	0.00
15	1490 Replacement Reserve	0.00		0.00	0.00
16	1492 Moving to Work Demonstration	0.00		0.00	0.00
17	1495.1 Relocation Costs	0.00		0.00	0.00
18	1499 Development Activities	0.00		0.00	0.00
19	1501 Collateralization or Debt Service	0.00		0.00	0.00
20	1502 Contingency	0.00		0.00	0.00
21	Amount of Annual Grant (sums of lines 2-20)	\$662,972.00		\$0.00	\$0.00
22	Amount of line 21 Related to LBP Activities	0.00		0.00	0.00
23	Amount of Line 21 Related to Section 504 Compliance	0.00		0.00	0.00
24	Amount of Line 21 Related to Security - Soft Costs	41,600.00		0.00	0.00
25	Amount of Line 21 Related to Security - Hard Costs	136,600.00		0.00	0.00
26	Amount of Line 21 Related to Energy Conservation Measures	0.00		0.00	0.00

Annual Statement/Performance and Evaluation Report

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

7/13/2005

Part II: Supporting Pages

PHA Name: Chillicothe Metropolitan Housing Authority		Grant Type and Number: Capital Fund Program No: OH16-P024-501-04 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
24-01	BUILD UP RETAINING WALL BEHIND 800 BLDG TO HOLD BANK FROM SLIPPING FURTHER LINCOLN PARK 4' HIGH	1450	100 FEET	40,000.00		0.00	0.00	
24-01	INSTALL SECURITY CAMERA ON INTERIOR/PERIMETER OF SITE AT LINCOLN PARK	1450	14	40,000.00		0.00	0.00	
24-01	INSTALL SECURITY CAMERA ON INTERIOR/PERIMETER OF SITE AT SHERMAN PAR	1450	12	35,000.00		0.00	0.00	
24-03	INSTALL SECURITY CAMERA ON INTERIOR/PERIMETER OF SITE AT WESTLAND ES	1450	14	58,000.00		0.00	0.00	
24-01	EXTEND RETAINING WALL AT ADMIN. BUILDING AN GRADE FOR ADDITIONAL PARKING SPOTS, PAVIN & STRIPE. CREATE EXIT DRIVE TO ALLEY	1450		60,000.00		0.00	0.00	
24-02	UPGRADE SITE LIGHTING	1450		16,000.00		0.00	0.00	
24-01	PAINT APT. INTERIORS	1460	140	90,508.00		0.00	0.00	
24-02	REPLACE INTERIOR DOORS	1460	50 UNITS	50,000.00		0.00	0.00	
	REPLACE DOOR LOCKSETS	1460	50	6,000.00		0.00	0.00	
	REPLACE GARBAGE DISPOSALS	1460	50	8,000.00		0.00	0.00	
	INSTALL CARBON MONOXIDE DETECTORS	1460	2	200.00		0.00	0.00	
	PAINT UNITS & COMMON AREA	1460	50+	40,000.00		0.00	0.00	
	REPLACE CLOSET DOORS	1460		30,000.00		0.00	0.00	
	ADD STROBES LIGHTS IN CORRIDORS & COM. RM	1460		3,600.00		0.00	0.00	
	Subtotal			\$477,308.00		\$0.00	\$0.00	

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

7/13/2005

PHA Name: Chillicothe Metropolitan Housing Authority		Grant Type and Number: Capital Fund Program No: OH16-P024-501-04 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	OPERATIONS	1406		55,600.00		0.00	0.00	
	SECURITY FOOT PATROL, ALL SITES (4 PERSONS, 20 HRS. EA. 2 WKS. AT 20.00 PER HR) (20X20X4X26)	1408		41,600.00		0.00	0.00	
	ADMINISTRATIVE, ADVERTISING, ETC.	1410		464.00		0.00	0.00	
	ARCHITECTURAL SERVICES	1430		40,000.00		0.00	0.00	
	CONSULTING SERVICES	1430		40,000.00		0.00	0.00	
	REPLACE LOUNGE FURNITURE	1475		8,000.00		0.00	0.00	
	TOTAL 2004 CAPITAL FUNDS GRANT	TOTAL		\$662,972.00		\$0.00	\$0.00	
	SUMMARY OF ACCOUNTS:	1406		55,600.00				
		1408		41,600.00				
		1410		464.00				
		1430		80,000.00				
		1450		249,000.00				<i>Note corrections in account</i>
		1460		228,308.00				<i>totals 1450 and 1460</i>
		1475		8,000.00				
		TOTALS		\$662,972.00				

CAPITAL FUND PROGRAM TABLES START HERE

Attachment oh024m01

Annual Statement /Performance and Evaluation Report						6/20/2005
Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Chillicothe Metropolitan Housing Authority		Grant Type and Number: Capital Fund Program No: OH16-P024-501-03 Replacement Housing Factor Grant No:		Federal FY of Grant: 2003		
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserved for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement/Revision Number <u> 1 </u>		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending 3/31/05		<input type="checkbox"/> Final Performance and Evaluation Report for Program Year Ending _____				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total Non-Capital Funds					
2	1406 Operations	55,600.00	55,600.00	55,600.00	0.00	
3	1408 Management Improvements	60,600.00	62,082.12	62,082.12	60,012.12	
4	1410 Administration	1,000.00	0.00	0.00	0.00	
5	1411 Audit	0.00	0.00	0.00	0.00	
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00	
7	1430 Fees and Costs	80,000.00	79,307.13	79,307.13	24,780.97	
8	1440 Site Acquisition	0.00	0.00	0.00	0.00	
9	1450 Site Improvement	32,000.00	0.00	0.00	0.00	
10	1460 Dwelling Structures	301,818.00	338,870.23	338,870.23	0.00	
11	1465.1 Dwelling Equipment-Nonexpendable	0.00	0.00	0.00	0.00	
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00	
13	1475 Nondwelling Equipment	41,446.00	36,604.52	36,604.52	36,604.52	
14	1485 Demolition	0.00	0.00	0.00	0.00	
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00	
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00	
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00	
18	1499 Development Activities	0.00	0.00	0.00	0.00	
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00	
20	1502 Contingency	0.00	0.00	0.00	0.00	
21	Amount of Annual Grant (sums of lines 2-20)	\$572,464.00	\$572,464.00	\$572,464.00	\$121,397.61	
22	Amount of line 21 Related to LBP Activities	\$0.00	0.00	0.00	0.00	
23	Amount of Line 21 Related to Section 504 Compliance	\$0.00	0.00	0.00	0.00	
24	Amount of Line 21 Related to Security - Soft Costs	41,600.00	41,600.00	41,600.00	39,930.00	
25	Amount of Line 21 Related to Security - Hard Costs	32,000.00	0.00	0.00	0.00	
26	Amount of Line 21 Related to Energy Conservation Measures			0.00	0.00	

Annual Statement/Performance and Evaluation Report

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

6/20/2005

Part II: Supporting Pages

PHA Name:		Grant Type and Number:				Federal FY of Grant:		
Chillicothe Metropolitan Housing Authority		OH16-P024-501-03				2003		
		Capital Fund Program No:						
		Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	OPERATIONS	1406		55,600.00	55,600.00	55,600.00	0.00	CMHA
	COMPUTER SOFTWARE	1408		19,000.00	20,482.12	20,482.12	20,482.12	COMPLETE
	SECURITY FOOT PATROLS, ALL SITES 4 PERSONS, 20HRS @ \$20 BI-WKLY	1408		41,600.00	41,600.00	41,600.00	39,530.00	IN PROGRESS
	ADMINISTRATIVE COST, ADV	1410		1,000.00	0.00	0.00	0.00	NOT USED
	CONSULTING SERVICES, GENERAL T/A	1430		40,000.00	39,000.00	39,000.00	24,500.00	CONTRACT (BAL IN 501-02)
	ARCHITECTURAL SERVICES	1430		40,000.00	40,000.00	40,000.00	0.00	CONTRACT
	A & E REIMBURSABLES	1430		0.00	307.13	307.13	280.97	
OH24-02	UPGRADE SITE LIGHTING	1450	LOT	16,000.00	0.00	0.00	0.00	ALL WORK DEFERRED DUE
OH24-03	UPGRADE SITE LIGHTING OBSOLETE PARTS	1450	LOT	16,000.00		0.00	0.00	TO TIFFLIN WORK BEING SO EXTENSIVE & CITY/STATE
OH24-01	REPLACE APARTMENT DOORS AT TIFFIN TOWERS AND LOCKSETS	1460	LOT	100,000.00	0.00	0.00	0.00	CODE REQUIREMENT ISSUES
OH24-01	MODIFY FRONT ENTRANCE DR TO SLIDING - TIFFIN	1460	2	15,000.00	0.00	0.00	0.00	*****
OH24-01	CONTINUATION OF DRAIN REPLACEMENT & RELATED WALL & FLOOR REPAIRS & REPLACEMEN	1460		0.00	338,870.23	338,870.23	0.00	CONTRACT IN PROGRESS, CO-FUNDED 501-02
OH24-02	REPLACE INTERIOR DOORS	1460	50	50,000.00	0.00	0.00	0.00	ALL WORK DEFERRED DUE
	REPLACE DOOR LOCKSETS	1460	50	6,000.00	0.00	0.00	0.00	TO TIFFLIN WORK BEING SO
	REPLACE GARBAGE DISPOSAL	1460	50	8,000.00	0.00	0.00	0.00	EXTENSIVE & CITY/STATE
	INSTALL CARBON MONOXIDE DETECTORS	1460	2	218.00	0.00	0.00	0.00	CODE REQUIREMENT ISSUES
	PAINT UNITS & COMMON AREAS	1460	50+	40,000.00	0.00	0.00	0.00	*****
	REPLACE CLOSET DOORS	1460	50	30,000.00	0.00	0.00	0.00	*****
	ADD STROBES TO CORRIDOR & COM RM	1460	6	3,600.00	0.00	0.00	0.00	*****
OH24-03	REPLACE INTERIOR DOOR PASSAGE SETS	1460	6 PER DOOR	12,000.00	0.00	0.00	0.00	*****
	REPLACE KITCHEN LIGHT FIXTURES	1460	50	12,000.00	0.00	0.00	0.00	*****
	REPLACE BATHROOM SINK WITH VANITY CABINET	1460	50	25,000.00	0.00	0.00	0.00	*****
PHA Wide	COMPUTER SYSTEM UPGRADE HARDWARE	1475		33,446.00	36,604.52	36,604.52	36,604.52	COMPLETE
OH24-02	REPLACE LOBBY FURNITURE	1475	LOT	8,000.00	0.00	0.00	0.00	*****
Grant Total 2003				\$572,464.00	\$572,464.00	\$572,464.00	\$121,397.61	

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

6/20/2005

PHA Name: Chillicothe Metropolitan Housing Authority			Grant Type and Number: Capital Fund Program No: OH16-P024-501-03 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003
Development Number/ Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
OH24-01	9/30/2005		9/30/2004	9/30/2007			
OH24-02	9/30/2005			9/30/2007			Work items deferred
OH24-03	9/30/2005			9/30/2007			Work items deferred
OH24-04	N/A						
OH24-05	N/A						
PHA WIDE	9/30/2005		9/30/2004	9/30/2005			

CAPITAL FUND PROGRAM TABLES START HERE

Attachment oh024n01

6/20/2005

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

PHA Name: Chillicothe Metropolitan Housing Authority "Supplemental Set-Aside Capital Funds"	Grant Type and Number: Capital Fund Program No: OH16-P024-502-03 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserved for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement/Revision Number _____
<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending 3/31/05	<input type="checkbox"/> Final Performance and Evaluation Report for Program Year Ending _____	

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital 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	114,090.00		114,090.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant (sums of lines 2-20)	\$114,090.00		#####	\$0.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of Line 21 Related to Section 504 Compliance				
24	Amount of Line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report

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

6/20/2005

Part II: Supporting Pages

PHA Name: Chillicothe Metropolitan Housing Authority		Grant Type and Number: Capital Fund Program No: OH16-P024-502-03 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
OH24-01	REPLACE SANITARY DRAINS & STACKS AND T'S	1460	142 UNITS	114,090.00		114,090.00	0.00	Included in contract
TIFFIN TOWER	TO MAIN LINE, REPAIR FLOORS AND WALLS AS							signed 9/30/04
ELDERLY	REQUIRED (TO AUGMENT FUNDS IN 501-02							
Grant Total 2003 Set-Aside Funds				\$114,090.00		\$114,090.00	\$0.00	

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

6/20/2005

PHA Name: Chillicothe Metropolitan Housing Authority			Grant Type and Number: Capital Fund Program No: OH16-P024-502-03 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
OH24-01	2/13/2006		9/30/2004	2/13/2008			

CAPITAL FUND PROGRAM TABLES START HERE

Attachment oh024o01

Annual Statement /Performance and Evaluation Report					6/20/2005
Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Chillicothe Metropolitan Housing Authority		Grant Type and Number: Capital Fund Program No: OH16-P024-501-02 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserved for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement/Revision Number <u> 1 </u>			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending 3/31/05		<input type="checkbox"/> Final Performance and Evaluation Report for Program Year Ending _____			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operations	0.00	0.00	0.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration	1,000.00	944.44	944.44	944.44
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	80,500.00	56,500.00	56,500.00	44,500.00
8	1440 Site Acquisition	1,000.00	0.00	0.00	0.00
9	1450 Site Improvement	278,735.87	286,597.38	286,597.38	270,695.60
10	1460 Dwelling Structures	276,957.13	315,976.18	315,976.18	8,150.30
11	1465.1 Dwelling Equipment-Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	3,000.00	0.00	0.00	0.00
14	1485 Demolition	18,825.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant (sums of lines 2-20)	\$660,018.00	\$660,018.00	\$660,018.00	\$324,290.34
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of Line 21 Related to Section 504 Compliance	0.00	0.00	0.00	0.00
24	Amount of Line 21 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security - Hard Costs	0.00	0.00	0.00	0.00
26	Amount of Line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

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

6/20/2005

PHA Name: Chillicothe Metropolitan Housing Authority		Grant Type and Number: Capital Fund Program No: OH16-P024-501-02 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		Status of Work
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Administrative cost, advertising	1410		1,000.00	944.44	944.44	944.44	Advertising - invitation to bid
	General TA Consulting Services	1430		40,000.00	40,000.00	40,000.00	28,000.00	Contract
	A&E Design Services	1430		40,000.00	16,000.00	16,000.00	16,000.00	Contract
	A&E Reimbursables	1430		500.00	500.00	500.00	500.00	
OH24-05	Additional cost on site acquisitions	1440		1,000.00	0.00	0.00	0.00	
OH24-01	Patch, seal and stripe parking lot	1450	lot	0.00	0.00	0.00	0.00	Done - 501-01
OH24-01	Paving work, 4 sites (501-01)	1450		129,030.04	129,030.04	129,030.04	123,153.43	Contract balance from 501-01
OH24-01	Paving Admin. Parking lots	1450		12,400.00	11,681.51	11,681.51	9,970.92	Contract, change orders
OH24-01	Add Sidewalks Tiffin, Sherman	1450		46,090.00	46,090.00	46,090.00	42,173.54	Contract, change orders
OH24-02	Paving work, balance from 501-01	1450		40,628.95	40,628.95	40,628.95	38,778.52	Contract balance from 501-01
OH24-03	Paving work, balance from 501-01	1450		40,498.88	40,498.88	40,498.88	40,498.88	Contract balance from 501-01
OH24-03	Regrade and add subgrade/paving	1450		10,088.00	17,398.00	17,398.00	14,850.31	Contract, change orders
OH24-03	Proximity loop for sliding gate	1450		0.00	1,270.00	1,270.00	1,270.00	Done
OH24-01	Replace all Sanitary Drains and stacks and T's to the Main; repair floors & walls as required	1460	142 units	201,439.13	298,825.88	298,825.88	0.00	Contract in progress, cont'd in 501-03 & 502-03 & 501-04
	Replace all corridor flooring	1460	8500 sf	25,500.00	0.00	0.00	0.00	Deferred until drain work done
	Install non-slip ceramic in lobby	1460	840 sf	3,360.00	0.00	0.00	0.00	Deferred until drain work done
	Replace suspended ceiling in all corridors add recessed lighting	1460	74 lights	36,000.00	0.00	0.00	0.00	Deferred until drain work done
	Replace lighting in chapel	1460	lot	500.00	0.00	0.00	0.00	Deferred until drain work done
	Install Levilor blinds in Lobby	1460	lot	1,000.00	0.00	0.00	0.00	Deferred until drain work done
	Install Levilor blinds in Com Rms	1460	lot	1,000.00	0.00	0.00	0.00	Deferred until drain work done
	Replace carpeting in Chapel	1460	lot	1,000.00	0.00	0.00	0.00	Deferred until drain work done
	Replace wall coverings in corridors	1460	lot	7,158.00	0.00	0.00	0.00	Deferred until drain work done
	Trash compactor upgrades - Tiffin	1460		0.00	9,000.00	9,000.00	0.00	Done
OH24-02	Emergency roof repair, venting & access door to roof	1460		0.00	8,150.30	8,150.30	8,150.30	Emergency Contract - done
	Replace lobby furniture	1475	lot	3,000.00	0.00	0.00	0.00	Deferred until drain work done
OH24-05	Demo of acquired properties	1485	7	18,825.00	0.00	0.00	0.00	Deferred
Grant Total 2002				\$660,018.00	\$660,018.00	\$660,018.00	\$324,290.34	

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

6/20/2005

PHA Name: Chillicothe Metropolitan Housing Authority				Grant Type and Number: OH16-P024-501-02			Federal FY of Grant: 2002
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
OH24-01	9/30/2004		9/30/2004	9/30/2006			
OH24-02	n/a	9/30/2004	11/30/2003	n/a	9/30/2004		*Moved balance of work item from 501-01
OH24-03	n/a	9/30/2004	11/30/2003	n/a	9/30/2004		*Moved balance of work item from 501-01
OH24-04	n/a			n/a			
OH24-05	n/a	9/30/2004	11/30/2003	n/a	9/30/2004		Moved work item into this program
PHA Wide	9/30/2004		8/31/2004	9/30/2006			
							*Paving Contract - had to move into this program for time asphalt plants shut down for season, reopen April