

PHA Plans

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**

**HA Plan
Agency Identification**

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY

PHA Number: RI007

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.
- 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 emPHA'sized in recent legislation. PHA's 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, **PHA'S 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 PHA'S scores achieved.) PHA's should identify these measures in the spaces to the right of or below the stated objectives.

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

- PHA Goal: Expand the supply of assisted housing
Objectives:
- Apply for additional rental vouchers:
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other (list below)
- PHA Goal: Improve the quality of assisted housing
Objectives:
- Improve public housing management: (PHA'S score)
 - Improve voucher management: (SEMAP score)
 - Increase customer satisfaction:
 - Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units:
 - Demolish or dispose of obsolete public housing:
 - Provide replacement public housing:

- Provide replacement vouchers:
- Other: (list below)

PHA Goal: Increase assisted housing choices

Objectives:

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

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

PHA Goal: Provide an improved living environment

Objectives:

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

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

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

Objectives:

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

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

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

Other PHA Goals and Objectives: (list below)

Annual PHA Plan
PHA Fiscal Year 2005
[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.

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 De-concentration
- FY 2004 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHA's that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- PHA Management Organizational Chart Attachment A
- FY 2005 Capital Fund Program 5 Year Action Plan Attachment C
- 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)
 - Component #3 De-Concentration and Income Mixing Attachment B
 - Capitol Fund Program 2002 P&E report Attachment D
 - Capitol Fund Program 2003 P&E report Attachment E
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 - De-Concentration Policy Attachment L

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 De-concentration and Income Mixing Documentation: 1. PHA board certifications of compliance with de-concentration 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 de-concentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	A & O Policy	
X	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <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 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
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	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
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHA's: MOA/Recovery Plan	Troubled PHA's
	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-ability	Size	Locatio-n
Income <= 30% of AMI	2568	5	5	3	4	2	2
Income >30% but <=50% of AMI	1440	5	5	3	4	2	2
Income >50% but <80% of AMI	1939	3	5	3	4	2	2
Elderly	1817	5	5	3	5	2	2
Families with Disabilities	N/A	5	5	4	5	4	5
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						

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

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

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.** PHA’s 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 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/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	60		19
Extremely low income <=30% AMI	51	85	
Very low income (>30% but <=50% AMI)	7	12	
Low income (>50% but <80% AMI)	1	2	
Families with children	53	95	
Elderly families	5	8	
Families with Disabilities	2	3	

Housing Needs of Families on the Waiting List			
White	37	62	
Hispanic	5	8	
Black	21	35	
Pacific Island/Asian	0	0	
Native American	2	3	
Alaskan Native	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 80			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	206		41
Extremely low income <=30% AMI	148	72	
Very low income (>30% but <=50% AMI)	36	17	
Low income	18	9	

Housing Needs of Families on the Waiting List			
(>50% but <80% AMI)			
Families with children	1	0	
Elderly families	98	48	
Families with Disabilities	129	63	
White	165	80	
Hispanic	12	6	
Black	19	9	
Pacific Island/Asian	3	1	
Native American	10	5	
Characteristics by Bedroom Size (Public Housing Only)			
0BR	5	3	
1BR	179	85	
2 BR	21	11	
3 BR	0	1	
4 BR	0	0	
5 BR	1	0	
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

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

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

Select if applicable

- Affirmatively market to races/ethnicity 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	258,759.00	
b) Public Housing Capital Fund	569,034.00	
c) HOPE VI Revitalization	0.00	
d) HOPE VI Demolition	0.00	
e) Annual Contributions for Section 8 Tenant-Based Assistance	1,019,110.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	0.00	
g) Resident Opportunity and Self-Sufficiency Grants	0.00	
h) Community Development Block Grant	0.00	
i) HOME	0.00	
Other Federal Grants (list below)		
2. Prior Year Federal Grants (un-obligated funds only) (list below)		
Capitol Fund 2003	0.00	Modernization
Capitol Fund 2004	45,000.00	Modernization
	0.00	Modernization
3. Public Housing Dwelling Rental Income	1,463,800.00	Operating Costs
4. Other income (list below)		
Excess Utilities	23,970.00	Operating Costs
Non-Dwelling Rents	0.00	Operating Costs
Interest	35,080.00	Operating Costs
5. Non-federal sources (list below)		
Total resources	3,414,753.00	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHA's that do not administer public housing are not required to complete sub-component 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 beings offered a unit: (10)
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe)

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

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

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

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

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

(2)Waiting List Organization

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

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

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

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

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

1. How many site-based waiting lists will the PHA operate in the coming year? none

2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?
3. Yes No: May families be on more than one list simultaneously?
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- PHA main administrative office
 - All PHA development management offices
 - Management offices at developments with site-based waiting lists
 - At the development to which they would like to apply
 - Other (list below)

(3) Assignment

- a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)
- One
 - Two
 - Three or More
- b. Yes No: Is this policy consistent across all waiting list types?
- c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

- a. Income targeting:
- Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
- b. Transfer policies:
- In what circumstances will transfers take precedence over new admissions? (list below)
- Emergencies
 - Over-housed

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

1 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)

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

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

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

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

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

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

(6) De-concentration 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 de-concentration 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 de-concentration of poverty or to assure income mixing?
- c. If the answer to b was yes, what changes were adopted? (select all that apply)
- Adoption of site based waiting lists
If selected, list targeted developments below:
- Employing waiting list "skipping" to achieve de-concentration 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 de-concentration of poverty and income mixing?
- e. If the answer to d was yes, how would you describe these changes? (select all that apply)
- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage de-concentration 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: PHA's that do not administer section 8 are not required to complete sub component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Eligibility

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

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

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

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

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

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

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

(2) Waiting List Organization

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

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

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

- PHA main administrative office
 Other (list below) SECTION 8 OFFICE—3663 PAWTUCKET AVENUE,
RIVERSIDE, RI 02915

(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: 2nd 60-day extension

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

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

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

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

1 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
- 1 Veterans and veterans’ families
- 1 Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

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

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

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

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

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

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

(5) Special Purpose Section 8 Assistance Programs

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

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

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

- Through published notices
 Other (list below)

Contact local outreach agencies

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

Exemptions: PHA's 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:

The EAST PROVIDENCE HOUSING AUTHORITY recognizes that in some instances even the minimum rent may create a financial hardship for families. The EAST PROVIDENCE HOUSING AUTHORITY will review all relevant circumstances brought to the EAST PROVIDENCE HOUSING AUTHORITY'S attention regarding financial hardship as it applies to minimum rent. The following section states the EAST PROVIDENCE HOUSING AUTHORITY'S procedures and policies in regard to minimum rent financial hardship as set forth by the QHWRA.

EAST PROVIDENCE HOUSING AUTHORITY Procedures for Notification to Families of Hardship Exceptions

The EAST PROVIDENCE HOUSING AUTHORITY will notify all participant families subject to a minimum rent of their right to request a minimum rent hardship exception under the law.

The EAST PROVIDENCE HOUSING AUTHORITY notification will advise the family that hardship exception determinations are subject to EAST PROVIDENCE HOUSING AUTHORITY grievance procedures.

The EAST PROVIDENCE HOUSING AUTHORITY will review all tenant requests for exception from the minimum rent due to financial hardships.

All requests for minimum rent exception are required to be in writing.

Requests for minimum rent exception must state the family circumstances that qualify the family for an exception.

Exceptions to Minimum Rent

The EAST PROVIDENCE HOUSING AUTHORITY will immediately grant the minimum rent exception to all families who request it.

The Minimum Rent will be suspended until the EAST PROVIDENCE HOUSING AUTHORITY determines whether the hardship is:

Covered by statute

Temporary or long term

If the EAST PROVIDENCE HOUSING AUTHORITY determines that the minimum rent is not covered by statute, the EAST PROVIDENCE HOUSING AUTHORITY will impose a minimum rent including payment for minimum rent from the time of suspension.

The EAST PROVIDENCE HOUSING AUTHORITY will use its standard verification procedures to verify circumstances which have resulted in financial hardship, such as loss of employment, death in the family, etc.

HUD Criteria for Hardship Exception

In order for a family to qualify for a hardship exception the family's circumstances must fall into one of the following criteria:

The family has lost eligibility or is awaiting an eligibility determination for Federal, State, or local assistance;

The family would be evicted as a result of the imposition of the minimum rent requirement;

The income of the family has decreased because of changed circumstances, including:

Loss of employment

Death in the family

Other circumstances as determined by the EAST PROVIDENCE HOUSING AUTHORITY or HUD

Temporary Hardship

If the EAST PROVIDENCE HOUSING AUTHORITY determines that the hardship is temporary, a minimum rent will be imposed, including back payment from time of suspension, but the family will not be evicted for nonpayment of rent during the 90 day period commencing on the date of the family's request for exemption.

The EAST PROVIDENCE HOUSING AUTHORITY defines temporary as less than 90 days.

Repayment Agreements for Temporary Hardship

The EAST PROVIDENCE HOUSING AUTHORITY will offer a repayment agreement to the family for any such rent not paid during the temporary hardship period.

If the family owes the EAST PROVIDENCE HOUSING AUTHORITY money for rent arrears incurred during the minimum rent period, the EAST PROVIDENCE HOUSING AUTHORITY will calculate the total amount owed and divide it by six (6) to arrive at a reasonable payment increment that will be added to the family's regular monthly rent payment. The family will be required to pay the increased amount until the arrears are paid in full.

Minimum rent arrears that are less than twenty-five (25) dollars will be required to be paid in full the first month following the end of the minimum rent period.

The minimum monthly amount for a repayment agreement incurred for minimum rent arrears is twenty-five (\$25.00) dollars.

The EAST PROVIDENCE HOUSING AUTHORITY will not enter into a repayment agreement that will take more than six (6) months to pay off.

If the family goes into default on the repayment agreement for back rent incurred during a minimum rent period, the EAST PROVIDENCE HOUSING AUTHORITY will reevaluate the family's ability to pay the increased rent amount and:

Determine that the repayment agreement is a financial hardship to the family and if so restructure the existing repayment agreement.

The EAST PROVIDENCE HOUSING AUTHORITY'S policies regarding repayment agreements are further discussed in the chapter entitled "Family Debts to the EAST PROVIDENCE HOUSING AUTHORITY."

Retroactive Determination

The EAST PROVIDENCE HOUSING AUTHORITY will reimburse the family for minimum rent charges which took effect after October 21, 1998 that qualified for one of the mandatory exceptions.

If the family is owed a retroactive payment, the EAST PROVIDENCE HOUSING AUTHORITY will offset the family's future rent payments by the amount in which the EAST PROVIDENCE HOUSING AUTHORITY owes the family.

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:

Ceiling or Flat Rents

0 Bedroom	\$414.00
1 Bedroom	\$564.00
2 Bedroom	\$678.00
3 Bedroom	\$851.00
4 Bedroom	\$1050.00

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

For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

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

e. Ceiling rents

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

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

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

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

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

- Market comparability study
- Fair market rents (FMR)
- 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)

As adopted with resolution #396 in April of 2004 using 2004 FMRs

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)
Any change must be reported within 10 days.

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

(2) Flat Rents

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

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

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies.

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

- At or above 90% but below 100% of FMR

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

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

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

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

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

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

- Annually
- Other (list below)

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

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

(2) Minimum Rent

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

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

b. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

Hardship Requests for an Exception to Minimum Rent

The PHA recognizes that in some circumstances even the minimum rent may create a financial hardship for families. The PHA will review all relevant circumstances brought to the PHA's attention regarding financial hardship as it applies to the minimum rent. The following section states the PHA's procedures and policies in regard to minimum rent financial hardship as set forth by the Quality Housing and Work Responsibility Act of 1998. HUD has defined circumstances under which a hardship could be claimed.

Criteria for Hardship Exception

In order for a family to qualify for a hardship exception the family's circumstances must fall under one of the following HUD hardship criteria:

The family has lost eligibility or is awaiting an eligibility determination for Federal, State, or local assistance;

The family would be evicted as a result of the imposition of the minimum rent requirement;

The income of the family has decreased because of changed circumstances, including:

Loss of employment

Death in the family

Other circumstances as determined by the PHA or HUD

***In addition to the HUD hardships, the PHA has added these hardship qualifications:**

***Adult family member with income by 30% percent of family income leaves household for longer than 3 months.**

PHA Notification to Families of Right to Hardship Exception

The PHA will notify all families subject to minimum rents of their right to request a minimum rent hardship exception. "Subject to minimum rent" means the minimum rent was the greatest figure in the calculation of the greatest of 30% of monthly-adjusted income, 10% of monthly income, minimum rent or welfare rent.

*** If the minimum rent is the greatest figure in the calculation of Total Tenant Payment, PHA staff will include a copy of the notice regarding hardship request provided to the family in the family's file.**

The PHA notification will advise families that hardship exception determinations are subject to PHA review and hearing procedures.

The PHA will review all family requests for exception from the minimum rent due to financial hardships.

*** All requests for minimum rent hardship exceptions are required to be in writing.**

*** Requests for minimum rent exception will be accepted by the PHA from the family in writing.**

***The PHA will request documentation as proof of financial hardship.**

***The PHA will use its standard verification procedures to verify circumstances, which have resulted in financial hardship.**

*** Requests for minimum rent exception must include a statement of the family hardship that qualifies the family for an exception.**

Suspension of Minimum Rent

The PHA will grant the minimum rent exception to all families who request it, effective the first of the following month.

The minimum rent will be suspended until the PHA determines whether the hardship is:

Covered by statute

Temporary or long term

"Suspension" means that the PHA must not use the minimum rent calculation until the PHA has made this decision.

During the minimum rent suspension period, the family will not be required to pay a minimum rent and the housing assistance payment will be increased accordingly.

If the PHA determines that the minimum rent is not covered by statute, the PHA will impose a minimum rent including payment for minimum rent from the time of suspension.

Temporary Hardship

If the PHA determines that the hardship is temporary, a minimum rent will not be imposed for a period of up to 90 days from the date of the family's request. At the end of the temporary suspension period, a minimum rent will be imposed retroactively to the time of suspension.

*The PHA will offer a repayment agreement to the family for any such rent not paid during the temporary hardship period. (See "Owner and Family Debts to the PHA" chapter for Repayment agreement policy).

Long-Term Duration Hardships [24 CFR 5.616(c)(3)]

If the PHA determines that there is a qualifying long-term financial hardship, the PHA must exempt the family from the minimum rent requirements.

Retroactive Determination

The PHA will reimburse the family for any minimum rent charges, which took effect after October 21, 1998 that qualified for one of the mandatory exceptions.

*** If the family is owed a retroactive payment, the PHA will provide reimbursement in the form of a cash refund to the family.**

*** If the family is owed a retroactive payment, the PHA will offset the family's future rent contribution payments by the amount in which the PHA owes the family.**

*** If the family is owed a retroactive payment, the PHA will offer the family a choice of either a cash refund or a credit towards their rent contribution.**

*** The PHA's definition of a cash refund is a check made out to the family.**

* The PHA will not provide a cash refund for amounts owed to the family which are less than \$100.00 and will offset the amount against future HAP payments.

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached.

- A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning 10/01/2004	Expected Turnover
Public Housing	442	41
Section 8 Vouchers	232	25
Section 8 Certificates	0	
Section 8 Mod Rehab	0	
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	
Public Housing Drug Elimination Program (PHDEP)	N/A	N/A
Other Federal Programs(list individually)		

C. Management and Maintenance Policies

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

(1) Public Housing Maintenance and Management: (list below)
Office: 99 Goldsmith Avenue, East Providence, RI 02914

(2) Section 8 Management: (list below)
Office: 3663 Pawtucket Avenue, East Providence, RI 02915

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHA's are not required to complete component 6. Section 8-Only PHA's 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 PHA's are not required to complete this component and may skip to Component 8.

A. Capital Fund Activities

Exemptions from sub-component 7A: PHA's that will not participate in the Capital Fund Program may skip to component 7B. All other PHA's 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) CFP2004 ANNUAL PLAN ATTACHEMENT F

-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) CFP2004 5-YEAR PLAN ATTACHEMENT F

-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 PHA's administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

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

b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)

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

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

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

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHA's are not required to complete this section.

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

2. Activity Description

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

Demolition/Disposition Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/>	
Disposition <input type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
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 PHA’s 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; PHA’s completing streamlined submissions may skip to component 10.)

2. Activity Description

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

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

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHA’s 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. PHA’s completing streamlined submissions may skip to component 11.)

2. Activity Description

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

Conversion of Public Housing Activity Description	
1a. Development name: HARBORVIEW/WARREN AVENUE	
1b. Development (project) number: RI007001	
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 checked="" type="checkbox"/> Other (explain below) Not required Elderly/Disable designated development	
3. <input type="checkbox"/> Yes <input checked="" 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
<p>5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)</p> <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 checked="" type="checkbox"/> Other: (describe below) Not required Elderly/Disable designated development

Conversion of Public Housing Activity Description
1a. Development name: CITYVIEW MANOR
1b. Development (project) number: RI007002
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 checked="" type="checkbox"/> Other (explain below) Not required Elderly/Disable designated development
3. <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Other: (describe below) Not required Elderly/Disable designated development

Conversion of Public Housing Activity Description
1a. Development name: CITYVIEW MANOR 1b. Development (project) number: RI007002
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 checked="" type="checkbox"/> Other (explain below) Not required Elderly/Disable designated development
3. <input type="checkbox"/> Yes <input checked="" 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)

- Conversion Plan in development
- Conversion Plan submitted to HUD on: (DD/MM/YYYY)
- Conversion Plan approved by HUD on: (DD/MM/YYYY)
- 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)

- Units addressed in a pending or approved demolition application (date submitted or approved: _____)
- Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____)
- Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____)
- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)
Not required Elderly/Disable designated development

Conversion of Public Housing Activity Description

1a. Development name: GOLDSMITH MANOR

1b. Development (project) number: RI007004

2. What is the status of the required assessment?

- Assessment underway
- Assessment results submitted to HUD
- Assessment results approved by HUD (if marked, proceed to next question)
- Other (explain below)
Not required Elderly/Disable designated development

3. Yes 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)

- Conversion Plan in development
- Conversion Plan submitted to HUD on: (DD/MM/YYYY)
- Conversion Plan approved by HUD on: (DD/MM/YYYY)
- 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)

- Units addressed in a pending or approved demolition application (date submitted or approved: _____)
- Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____)
- Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____)
- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)
Not required Elderly/Disable designated development

Conversion of Public Housing Activity Description

1a. Development name: Duplexes-Scattered

1b. Development (project) number: RI007005

2. What is the status of the required assessment?

- Assessment underway
- Assessment results submitted to HUD
- Assessment results approved by HUD (if marked, proceed to next question)
- Other (explain below)

Duplexes are to be sold in a HUD approved homeownership program

3. Yes 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)

- Conversion Plan in development
- Conversion Plan submitted to HUD on: (DD/MM/YYYY)
- Conversion Plan approved by HUD on: (DD/MM/YYYY)
- 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)

- Units addressed in a pending or approved demolition application (date submitted or approved: _____)
- Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____)
- Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____)
- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)

Duplexes are to be sold under a HUD-approved homeownership program.

Conversion of Public Housing Activity Description

1a. Development name: E Providence HA

1b. Development (project) number: RI007006

2. What is the status of the required assessment?

- Assessment underway
- Assessment results submitted to HUD
- Assessment results approved by HUD (if marked, proceed to next question)
- Other (explain below)

Duplexes are to be sold in a HUD-approved homeownership program.

3. Yes 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)

- Conversion Plan in development
- Conversion Plan submitted to HUD on: (DD/MM/YYYY)
- Conversion Plan approved by HUD on: (DD/MM/YYYY)
- 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)

- Units addressed in a pending or approved demolition application (date submitted or approved: _____)
- Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____)
- Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____)
- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)

Duplexes are to be sold under a HUD-approved homeownership program.

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 PHA's 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. PHA's 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:	Duplexes—Scattered Sites
1b. Development (project) number:	RI43P007005
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:	(10/06/2002)
5. Number of units affected:	30
6. Coverage of action: (select one)	

<input type="checkbox"/>	Part of the development
<input checked="" type="checkbox"/>	Total development

Public Housing Homeownership Activity Description (Complete one for each development affected)	
1a. Development name:	E. PROVIDENCE HA
1b. Development (project) number:	RI43P007006
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:	(10/06/2002)
6. Number of units affected:	20
6. Coverage of action: (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

- 25 or fewer participants

- 26 - 50 participants
- 51 to 100 participants
- more than 100 participants

b. PHA-established eligibility criteria

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

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (1)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

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

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

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

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

	(start of FY 2002 Estimate)	(As of: 30/09/01)
Public Housing	0	1
Section 8	0	18

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

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.
- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

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

SEE ATTACHMENT N

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)
- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children

- Observed lower-level crime, vandalism and/or graffiti
 - People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
 - Other (describe below)
2. What information or data did the PHA use to determine the need for PHA actions to improve safety of residents (select all that apply).
- Safety and security survey of residents
 - Analysis of crime statistics over time for crimes committed “in and around” public housing authority
 - Analysis of cost trends over time for repair of vandalism and removal of graffiti
 - Resident reports
 - PHA employee reports
 - Police reports
 - Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
 - Other (describe below)

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

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

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)
- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
 - Crime Prevention Through Environmental Design
 - Activities targeted to at-risk youth, adults, or seniors
 - Volunteer Resident Patrol/Block Watchers Program
 - Other (describe below)

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

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)
- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
 - Police provide crime data to housing authority staff for analysis and action

- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
 - Police regularly testify in and otherwise support eviction cases
 - Police regularly meet with the PHA management and residents
 - Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
 - Other activities (list below)
2. Which developments are most affected? (list below)

D. Additional information as required by PHDEP/PHDEP Plan

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

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

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

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

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

1. Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)
 Not applicable
 Private management
 Development-based accounting
 Comprehensive stock assessment
 Other: (list below)

3. Yes No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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

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

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

Other: (list below)

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

1. Yes No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2. Yes No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

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

- Candidates were nominated by resident and assisted family organizations
- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- Other: (describe) LIST OF CANDIDATES SUBMITTED TO MAYOR

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) SELECTED BY THE MAYOR

C. Statement of Consistency with the Consolidated Plan

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

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

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

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

HOUSING STRATEGIC PLAN
CITY OF EAST PROVIDENCE

Program for Renters

Objectives: Develop affordable quality rental units within the existing housing stock through a low-interest rental rehabilitation program

Provide households with rental assistance in order to occupy private rate rental units while paying an affordable amount

Stretch the budget of low-income renter households by providing low-cost, sliding fee/no cost household necessities including food, utility payments and health care

Preserve the existing subsidized rental stock, which is at risk of being lost due to prepayment options.

Support the development of new rental housing with a commitment to affordability over time

Continue a dialogue with the Housing Authority on their program changes and the possibility of expanding their rental housing holdings.

Programs for Home Owners/Homeownership

Objectives: Assist elderly low-income homeowners with maintenance and repair costs in order to promote their independent living

Provide financial support or necessary items to the elderly low-income homeowners in order to maintain their tenancy and independence

Assist non-elderly low and moderate-income homeowners with home repairs and maintenance items.

Encourage homeownership for the first time homebuyer in order to stabilize neighborhoods and provide households with affordable permanent shelter

Special Needs

Objective: Provide housing for households which fall into the category of special needs households, which cannot compete in the private market due to limited incomes and physical or mental disabilities.

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.

ATTACHMENT

Organizational Chart	A
De-concentration addendum	B
Capitol Fund Program 2005 Original Budget & 5-Year Plan	C
Capitol Fund Program 2002 Performance & Evaluation Report	D
Capitol Fund Program 2003 Performance & Evaluation Report	E
Capitol Fund Program 2003-Additional Funds P & E Report	M
Capitol Fund Program 2004 Performance & Evaluation Report	F
Pet Policy	G
Resident Advisory Board List	H
Resident Members on Governing Board	I
Statement of Progress	J
Voluntary Conversion Assessment Statement	
K	
De-concentration Policy	L

EAST PROVIDENCE HOUSING AUTHORITY ORGANIZATIONAL CHART

COMMISSIONERS

JOSEPH G. SILVEIRA, JR. CHAIRMAN
ANTERO BRAGA
ANTHONY ALMEIDA

RICHARD SMITH
JO-ANN HARRY
EDWARD SUTTON
ANTHONY PALUMBO



EXECUTIVE DIRECTOR

DOROTHY L. PATTI



COMPTROLLER

LINDA A. FURTADO



ADMISSIONS/ SOCIAL SERVICES

LORI S. PONTUS



ACCOUNT CLERKS

MARYANN ALMEIDA
PATRICIA GALVAO
CHRYSTAL WALSH
THERESA CORREIA

SECTION 8 COORDINATOR

DOMENIC J. BUTLER



SECTION 8 HOUSING SPECIALIST

MICHELLE M. WILLIAMS

MAINTENANCE SUPERVISOR

JOSEPH BOTELHO



MAINTENANCE WORKERS

JAMES DUFAULT
STAN DICKENSON
MELVIN JEFFERIES
JOHN MEDEIROS
MANUEL DAROSA

Component 3, (6) De-concentration and Income Mixing

- a. Yes No: Does the PHA have any general occupancy (family) public housing developments covered by the de-concentration 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:

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

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

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914	Grant Type and Number Capital Fund Program Grant No: RI43P007050105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	45,675.00			
4	1410 Administration	40,500.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	278,609.00			
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service	169,250.00			
20	1502 Contingency	20,000.00			
21	Amount of Annual Grant: (sum of lines 2 – 20)	589,034.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

Part II: Supporting Pages

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914		Grant Type and Number Capital Fund Program Grant No: RI43P00750105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-WIDE								
MGMT	SOCIAL SERVICE COORDINATOR	1408		45,675.00				
IMPROVEMENT								
	SUB-TOTAL 1408			45,675.00				
ADMINISTRAT	ADMINISTRATIVE SALARIES	1410						
	EXEUCTIVE DIRECTOR			10,000.00				
	COMPTRROLLER/BOOKKEEPER			15,250.00				
	SUPERVISOR MOD/MAINT			15,250.00				
	SUB-TOTAL 1410			40,500.00				
FEES & COSTS	A & E SERVICES							
	PRINTING & ADVERTISING	1430		35,000.00				
	SUB-TOTAL 1430			35,000.00				
	CONTINGENCY	1502		20,000.00				
	COLLATERALIZATION DEBT SERV	1501		169,250.00				
	SUB-TOTAL OTHER			189,250.00				
	TOTAL ALL			589,034.00				

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 3 FFY Grant: 2007 PHA FY: 2007	Work Statement for Year 4 FFY Grant: 2008 PHA FY: 2008	Work Statement for Year 5 FFY Grant: 2009 PHA FY: 2009
	Annual Statement				
RI43P007001-A HARBOR VIEW			250,601.00	220,728.00	0.00
RI43P007001-B WARREN AVENUE		0.00	0.00	0.00	0.00
RI43P007002 CITY VIEW		136,500.00	0.00	0.00	234,558.00
RI43P007004 GOLDSMITH MAN		136,500.00	0.00	51,206.00	36,626.00
RI43P007005 OLDER DUPLEXES		0.00	0.00	0.00	0.00
RI43P007006 NEWER DUPLEXES		0.00	0.00	0.00	0.00
PHA-WIDE					
DEBT SERVICE		165,500.00	166,750.00	167,750.00	168,500.00
OTHER		150,534.00	171,683.00	149,350.00	149,350.00
CFP Funds Listed for 5-year planning		589,034.00	589,034.00	589,034.00	589,034.00
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : FUTURE FY Grant: PHA FY:			Activities for Year: FUTURE FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	RI43P007001-A	REPAVE DRIVEWAY AND			UPGRADE UTILITY CLOSETS IN	
Annual	HARBOR	PARKING LOT/RAISE 2 CATCH			LOBBIES/ NEW DOORS/FRAMES	
Statement	VIEW	BASINS			& HARDWARE	
		LAWN IRRIGATION SYSTEM				
		LANDSCAPING TREES & SHRUBS			REPL CLOTHES DRYING AREA	
		& RESEED LAWNS			UPGRADE UTILITY CLOSETS IN	
		STUDY & PROVIDE ADDITIONAL			LOBBIES/ NEW DOORS/FRAMES	
		PARKING AREA			& HARDWARE	
		REPAIR & RESLOPE BALCONIES				
		REINSTALL RAILINGS & REPLACE				
		WINDOW WALLS W/ENERGY				
		EFFICIENT GLASS				
		POINTING, CAULKING, SEALANTS				
		& WATERPROOF MASONERY &				
		SAND & PRIME STEEL LINTELS/				
		PAINT WHITE EXTR SURFACES		RI43P007001-B	SEALCOAT PARKING AREA	
		REPLACE ALL WINDOW UNITS		WARREN AVE	LAWN IRRIGATION SYSTEM	
		W/ENERGY EFFICIENT UNITS			LANDSCAPING TREES & SHRUBS	
		REPLACE ROOF			RESEED LAWNS	
		UPGRADE MAIN LOBBY/PAINTING			FIRE SPRINKLER SYSTEM	
		CARPETING/CORNOR GUARDS			ROOF REPLACEMENT	
		UPGRADE ELEVATOR CABS			POINTING, CAULKING, SEALANT	
		INTERIOR PANELS/FLOORS/			& WATERPROOF MASONERY	
		CEILINGS & LIGHTING/ ROOF			SANDING & PAINTING OF	
		HATCH/VENTILATION/ EMERG			WOODEN TRIMS & ENTRANCES	
		PHONES			504 COMPLIANCE	
		REPLACE APARTMENT DOORS/			W/CONCRETE PADS/POLES	
		FRAMES & HARDWARE			REPLACE & REWIRE OUTSIDE	
		504 COMPLIANCE ISSUES			LIGHTING	
Total CFP Estimated Cost			\$			\$

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : FUTURE FFY Grant: PHA FY:			Activities for Year: FUTURE FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See Annual Statement	RI43P007002 CITY VIEW	REPLACE FINISH FLOORING & VINYL COVE			EFFICIENT UNITS	
		REPAIR KITCHEN CABINETS & HARDWARE			BALCONY REPAIRS/RESURFACE/ PAINTING & CLEANING	
		REPAIR GROUT & FLOORS IN BATHROOMS			ADD ADDITIONAL STAIRWAY @ SOUTH END OF BUILDING	
		PROVIDE 2 GRAB BARS			UPGRADE ELEVATOR CABS/ INTERIOR PANELS/FLOORS/ CEILINGS/LIGHTING/ROOF HATCH	
		REPLACE ENTRANCE DOORS & HARDWARE			VENTILATION/EMERG PHONES	
		REPLACE WALKWAYS, RAILING			REPLACE ALL COMMON AREA	
		MISC PAVING & LANDSCAPING			DOOR HARDWARE W/LEVER OR EMERGENCY	
		SEALCOAT DRIVEWAY			UPGRADE MAIN LOBBY AREA/ CARPET/PAINT/CORNOR GUARDS	
		REPLACE CURBING AT FRONT ENTRANCE WAY W/ H/C CURB CUTS			504 COMPLIANCE	
		LANDSCAPE TREES & SHRUBS				
		RESEED LAWNS				
		LAWN IRRIGATION SYSTEM				
		REPLACE EMERGENCY GENERATOR				
		STUDY & ADD ADDITIONAL PARKING AREA				
		REPLACE & REWIRE OUTSIDE LIGHTING				
		POINTING, CAULKING, SEALANT				
		WATERPROOF MASONERY/ PAINT				
		STEEL LINTELS				
		REPLACE ROOF				
		CANOPY OVER REAR ENTRANCE				
		REPLACE WINDOWS W/ENERGY SAVING				
		Total CFP Estimated Cost	\$			\$9,382,849.00

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : FUTURE FFY Grant: PHA FY:			Activities for Year: FUTURE FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	RI43P007004	REPLACE EMERGENCY		RI43P007005	REPLACE/ADD FENCING	
Annual	GOLDSMITH	GENERATOR		OLDER	LANDSCAPING TREES & SHRUBS	
Statement	MANOR	REPLACE DRIVEWAY/STRIPE/ SIGNAGE/RAISE CATCH BASINS		DUPLEXES	RESEED LAWS	
		LANDSCAPING TREES & SHRUBS			PAVEMENT REPRS/SEALANTS	
		RESEED LAWNS			REPLACE CLOTHES LINES	
		NORTH ENTRANCEWAY PAVING			STORAGE SHEDS	
		POINTING, CAULKING/SEALANT			RECYCLING & TRASH BINS	
		& WATERPROOF MASONERY			NEW KITCHEN LIGHTING & FIXTURES	
		PAINT STEEL LINTELS			NEW OUTLETS/SWITCHES & COVER PLATES	
		REPLACE WINDOW W/ENERGY EFFICIENT UNITS			REPL BATHROOM VENT ASSEMBLIES & SWITCHES	
		REPLACE APARTMENT DOORS/ FRAMES & HARDWARE			REPL BOILERS & HOT WATER TANKS (2 PER UNIT)	
		REPLACE COMMON AREA DOOR HARDWARE W/LEVER OR EMERGENCY				
		NORTH ENTRANCE CORRIDOR-- REPLACE FLOORING/ REMOVE TRASH BINS				
		504 COMPLIANCE REPLACE WALKWAYS				
		LAWN IRRIGATION SYSTEM				
		Total CFP Estimated Cost	\$			\$

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : FUTURE FFY Grant: PHA FY:			Activities for Year: FUTURE FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	RI43P007005	REPLACE TOILETS W/ENERGY		RI43P007006	REPLACE AND ADD FENCING	
Annual	OLDER	SAVINGS MODELS		NEWER	LANDSCAPING TREES & SHRUBS	
Statement	DUPLEXES	REPAIR SIDING & TRIMS		DUPLEXES	RESEED LAWNS	
		REPLACE WINDOWS W/DOUBLE			PAVEMENT REPAIRS &	
		HUNG GLASS/ELIMINATE STORMS			SEALANTS	
		STORM DOOR REPAIR/REPLACE			REPLACE CLOTHES LINES	
		PAINT BULKHEADS			STORAGE SHEDS	
		REPLACE ENTRANCE DOORS			REPLACE OUTLETS & SWICHES	
		W/INSULATED METAL			COVER PLATES	
		REMOVE TV ANTENNA RODS/			REPLACE HOT WATER TANKS	
		PATCH/REPAIR VINYL SIDING			REPAIR VINYL SIDING & TRIMS	
		REPLACE ROOFS			REPLACE WINDOWS W/DOUBLE	
		REPLACE KITCHEN CABINETS/			HUNG GLASS/ELIMINATE	
		COUNTERTOPS/ BATHROOM			STORMS	
		VANITIES			STORM DOOR REPLACE/REPAIR	
		REPAIR/REPLACE TUB SHOWER			PAINT BULKHEADS	
		ENCLOSURES & VALVES			REPLACE KITCHEN CABINETS/	
		REPLACE FINISH FLOORING			COUNTERTOPS/BATHROOM	
		REPLACE INTERIOR DOORS &			VANITIES	
		HINGED CLOSED DOORS			REPLACE/REPAIR TUB SHOWER	
		PAINTING & PATCHING WALLS			ENCLOSURES & VALVES	
		CLEANING & REALIGNING OF			REPLACE FINISH FLOORING	
		BASEBOARDS			REPLACE CLOSET DOORS W/	
		ADDITIONAL LIGHTING IN			HINGED SOLID DOORS	
		STAIRWAYS			PAINTING & PATCHING WALLS	
		REFURBISH STAIRWAYS &			CLEANING & REALIGN OF	
		RAILINGS			BASEBOARDS	
		504 COMPLAINCE			504 COMPLIANCE	
				PHA-WIDE	TRUCK FOR MAINT DEPT	
		Total CFP Estimated Cost	\$			\$9,382,849.00

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

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: RI43P007050105 Replacement Housing Factor No:					Federal FY of Grant: 2005	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
RIR4P007001-A HARBOR VIEW	08/18/07			08/18/09				
PHA-WIDE	08/18/07			08/18/09				

Annual Statement/Performance and Evaluation Report

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

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914	Grant Type and Number Capital Fund Program Grant No: RI43P00750102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: 2)

 Performance and Evaluation Report for Period Ending: 03/31/2005
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds—SPRINKLER SYSTEMS	2,040,000.00	2,040,000.00		
2	1406 Operations				
3	1408 Management Improvements	40,578.00	40,578.00	40,578.00	40,578.00
4	1410 Administration	33,850.00	33,850.00	33,850.00	33,850.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	48,750.00	58,750.00	58,750.00	58,750.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	478,955.00	478,955.00	478,955.00	421,338.77
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service	65,000.00	65,000.00	65,000.00	65,000.00
20	1502 Contingency	10,000.00	0.00		
21	Amount of Annual Grant: (sum of lines 2 – 20)	677,133.00	677,133.00	677,133.00	619,516.77
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914		Grant Type and Number Capital Fund Program Grant No: RI43P00750102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
RI43P007001A								
HARBOR VIEW	REPLACE HORNS & ADA STROBES	1460		0.00	0.00			
	REPLACE SMOKE & HEAT DETECT	1460		0.00	0.00			
	POINTING CAULKING, SEALANTS & WATERPROOF MASONERY	1460		0.00	0.00			
	REPLACE CARPETING COMMON AREAS & HALLWAYS	1460		0.00	0.00			
	SUB-TOTAL HARBOR VIEW			0.00	0.00			
RI43POO7002	REPLACE HORNS & ADA STROBES	1460		0.00	0.00			
CITY VIEW	REPLACE SMOKE & HEAT DETECT	1460		0.00	0.00			
	REPLACE CARPETING COMMON AREAS & HALLWAYS	1460		0.00	0.00			
	SUSPENDED ACOUSTICAL FIRE- RATED CEILINGS	1460		37,000.00	37,000.00	37,000.00	0.00	0%
	PANIC DOOR HARDWARE COMMON AREAS	1460		20,000.00	20,000.00	20,000.00	0.00	0%
	SUB-TOTAL CITY VIEW			57,000.00	57,000.00			

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

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914		Grant Type and Number Capital Fund Program Grant No: RI43P00750102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
RI43P007004	REPLACE CARPETING COMMON	1460		0.00	0.00			
GOLDSMITH	AREAS & HALLWAYS	1460		0.00	0.00			
	REPLACE HORNS & ADA STROBES							
	N/S WING							
SPLIT FUNDS W/FY 2001	KITCHENS:CABINETS, RANGE							
	HOOD, APPLIANCES, SS SKINKS							
	COUNTERTOPS,							
	BATHROOMS: VANITY, GRAB							
	BARs, H/C TOILETS, REGROUT							
	TILE WALLS/FLOORS, TUB CTLS							
	PAINT WALLS & CEILINGS, DOOR							
	TRIMS							
	SUSPENDED ACOUSTICAL FIRE-							
	RATED CEILINGS							
	DOOR HARDWARE							
	PADDLE FANS (2 PER -ALL UNITS)							
	OUTLETS & SWITCHES							
	FINISH FLOORING							
	ELECTRIC DOOR STRIKES							
					421,955.00	421,955.00	421,338.77	99%
	SUB-TOTAL GOLSMITH			421,955.00	421,955.00			
	TOTAL 1460			349,955.00	478,955.00			

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

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914		Grant Type and Number Capital Fund Program Grant No: RI43P00750102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-WIDE								
MGMT	COMPUTER SOFTWARE &							
IMPROVEMENT	TRAINING	1408		0.00	0.00			
	SOCIAL SERVICES COORDINATOR	1408		40,578.00	40,578.00	40,578.00	40,578.00	100%
	SUB-TOTAL 1408			40,578.00	40,578.00			
ADMINIST	ADMINISTRATIVE SALARIES	1410						
	EXECUTIVE DIRECTOR			6,770.00	6,770.00	6,770.00	6,770.00	100%
	COMPTROLLER/BOOKKEEPER			13,540.00	13,540.00	13,540.00	13,540.00	100%
	SUPERVISOR MOD/MAINT			13,540.00	13,540.00	13,540.00	13,540.00	100%
	SUB-TOTAL 1410			33,850.00	33,850.00			
FEES & COSTS	A & E SERVICES	1430		35,000.00	45,000.00	45,000.00	45,000.00	100%
	PRINTING & ADVERTISING	1430		5,500.00	1,500.00	1,500.00	1,500.00	100%
	PERMITS, FEES & BONDS	1430		12,250.00	12,250.00	12,250.00	12,250.00	100%
	SUB-TOTAL 1430			48,750.00	58,750.00			
	COLLATERIZATION/DEBT SERV	1501		65,000.00	65,000.00	65,000.00	65,000.00	100%
	CONTINGENCY	1502		10,000.00	0.00			
	TOTAL -ALL			677,133.00	677,133.00			

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

PHA Name: EAST PROVIDENCE HOUSING AUTH 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914			Grant Type and Number Capital Fund Program No: RI43P00750102 Replacement Housing Factor No:				Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
RI43P007001A HARBOR VIEW	09/30/2004	09/30/2004		09/30/2006	09/30/2006			
RI43P007002 CITY VIEW	09/30/2004	09/30/2004		09/30/2006	09/30/2006			
RI43P007004 GOLDSMITH	09/30/2004	09/30/2004		09/30/2006	09/30/2006			
PHA-WIDE	09/30/2004	09/30/2004		09/30/2006	09/30/2006			

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

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914	Grant Type and Number Capital Fund Program Grant No: RI43P007050103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/31/05 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	42,690.00	42,690.00	42,690.00	42,690.00
4	1410 Administration	37,414.00	37,414.00	37,414.00	32,811.90
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	56,500.00	56,500.00	56,500.00	56,500.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	111,692.00	40,203.00	40,203.00	35,203.50
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	106,613.00	198,101.50	177,283.00	106,613.00
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 Collaterization or Debt Service	166,000.00		166,000.00	0.00
20	1502 Contingency	20,000.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	540,909.00		520,090.00	273,818.40
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

Part II: Supporting Pages

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914		Grant Type and Number Capital Fund Program Grant No: RI43P00750103 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	
RI43P007001-A HARBOR VIEW	REPLACE HOT WATER TANKS & OR H/W BOILERS	1460		20,000.00		15,000.00	15,000.00	
	SUB-TOTAL HARBOR VIEW			20,000.00				
RI43P007001-B WARREN AVE	NONE							
RI43P007002 CITY VIEW	REPLACE FINISH FLOORING COMMUNITY ROOM/ADJ ROOMS	1460		5,000.00				
	REPLACE HOT WATER TANKS & OR H/W BOILERS	1460		20,000.00		5,203.50	5,203.50	
	UPGRADE STAIRWAYS—LIGHTING PAINTING—RAILINGS	1460		16,221.00				
	REPLACE COMMON AREA OUTLETS,SWITCHES/COVERS	1460		4,243.00				
	SIGNAGE & GRAPHICS	1460		4,481.00				
	UPGRADE/PAINTING/FLOORING PADDLE FANS/LIGHTING & WINDOW TRMTS—LAUNDRY RM	1470						
	ADDITION TO ADMINISTRATIVE OFFICE	1470		106,613.00		106,613.00	106,613.00	
	SUB-TOTAL CITY VIEW			147,180.00				

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

Part II: Supporting Pages

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914		Grant Type and Number Capital Fund Program Grant No: RI43P00750103 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	
RI43POO7004 GOLDSMITH MANOR	REPLACE HOT WATER TANKS & OR H/W BOILERS	1460		30,000.00		0.00	15,000.00	
	UPGRADE STAIRWAYS—LIGHTING PAINTING, RAILINGS	1460		7,233.00		0.00	0.00	
	REPLACE COMMON AREA OUTLETS,SWITCHES, COVERS	1460		3,014.00		0.00	0.00	
	SIGNAGE & GRAPHICS	1460		1,500.00		0.00	0.00	
	UPGRADE PAINTING/ FLOORING/ LIGHTING/PADDLE FANS & WINDOW TRMTS—LAUNDRY RM	1470		9,378.00		0.00	0.00	
	SUB-TOTAL GOLDSMITH			51,125.00				
	SUB-TOTAL PROJECTS			354,529.00				

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

Part II: Supporting Pages

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914		Grant Type and Number Capital Fund Program Grant No: RI43P00750103 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	
PHA-WIDE								
MGMT	COMPUTER SOFTWARE &							
IMPROVEMENT	TRAINING							
	SOCIAL SERVICE COORDINATOR	1408		42,690.00		42,690.00	42,690.00	
	SUB-TOTAL 1408			42,690.00				
ADMINISTRAT	ADMINISTRATIVE SALARIES	1410						
	EXECUTIVE DIRECTOR			7,482.00		7,482.00	5,879.90	
	COMPROLLER/BOOKKEEPER			14,966.00		14,966.00	13,466.00	
	SUPERVISOR MOD/MAINT			14,966.00		14,966.00	13,466.00	
	SUB-TOTAL 1410			37,414.00				
FEES & COSTS	A & E SERVICES							
	PRINTING & ADVERTISING							
	PERMITS, FEES & BONDS	1430		56,500.00		56,500.00	56,500.00	
	SUB-TOTAL 1430			56,500.00				
	CONTINGENCY	1502		20,000.00		0.00	0.00	
	COLLATERALIZATION DEBT SERV	1501		166,000.00		166,000.00	0.00	
	SUB-TOTAL PHA WIDE			322,604.00				
	TOTAL ALL			540,909.00		520,909.00	273,818.40	

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

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: RI43P007050103 Replacement Housing Factor No:					Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
RIR4P007001-A HARBOR VIEW	09/16/05			09/16/07				
RI43P007002 CITY VIEW	09/16/05			09/16/07				
RI43P007004 GOLDSMITH	09/16/05			09/16/07				
PHA-WIDE	09/16/05			09/16/07				

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

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914	Grant Type and Number Capital Fund Program Grant No: RI43P007050104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/31/2005 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	45,675.00		45,675.00	24,078.27
4	1410 Administration	38,550.00		38,550.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	45,000.00		181.61	181.61
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	90,000.00		90,000.00	0.00
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures	182,059.00		181,877.39	53,438.60
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service	167,750.00		167,750.00	0.00
20	1502 Contingency	20,000.00		0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	589,034.00		524,034.00	77,698.48
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914		Grant Type and Number Capital Fund Program Grant No: RI43P00750104 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	
RI43P007001-A HARBOR VIEW	CONVERT OFFICE TO 2BRM APARTMENT	1460		90,000.00		90,000.00	0.00	
	SUB-TOTAL HARBOR VIEW			90,000.00				
RI43P007001-B WARREN AVE	NONE							
RI43P007002 CITY VIEW	ADDITION TO ADMINISTRATIVE OFFICE	1470		182,059.00		182,059.00	53,438.60	
	SUB-TOTAL CITY VIEW			182,059.00				

Annual Statement/Performance and Evaluation Report

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

Part II: Supporting Pages

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914		Grant Type and Number Capital Fund Program Grant No: RI43P00750104 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	
RI43POO7004	GOLDSMITH MANOR							
	SUB-TOTAL GOLDSMITH			0.00				
RI43P007005	OLD DUPLEXES							
RI43P007006	NEW DUPLEXES							
	SUB-TOTAL PROJECTS			272,059.00				

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

Part II: Supporting Pages

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914		Grant Type and Number Capital Fund Program Grant No: RI43P00750104 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	
PHA-WIDE								
MGMT	SOCIAL SERVICE COORDINATOR	1408		45,675.00		45,675.00	24,078.27	
IMPROVEMENT								
	SUB-TOTAL 1408			45,675.00				
ADMINISTRAT	ADMINISTRATIVE SALARIES	1410						
	EXEUCTIVE DIRECTOR			7,710.00		7,710.00	0.00	
	COMPTRROLLER/BOOKKEEPER			15,420.00		15,420.00	0.00	
	SUPERVISOR MOD/MAINT			15,420.00		15,420.00	0.00	
	SUB-TOTAL 1410			38,550.00				
FEES & COSTS	A & E SERVICES							
	PRINTING & ADVERTISING	1430		45,000.00		181.61	181.61	
	SUB-TOTAL 1430			45,000.00				
	CONTINGENCY	1502		20,000.00		0.00	0.00	
	COLLATERALIZATION DEBT SERV	1501		167,750.00		167,750.00	0.00	
	SUB-TOTAL OTHER			187,750.00				
	TOTAL ALL			589,034.00			77,698.48	

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

Part III: Implementation Schedule

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program No: RI43P007050104 Replacement Housing Factor No:	Federal FY of Grant: 2004
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
RIR4P007001-A HARBOR VIEW	09/13/06		09/14/04	09/13/08			
RI43P007002 CITY VIEW	09/13/06		09/14/04	09/13/08			
PHA-WIDE	09/13/06		09/14/04	09/13/08			

Chapter 10

PET POLICY – ELDERLY/DISABLED & FAMILY PROJECTS

[24 CFR 5.309]

INTRODUCTION

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

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

ANIMALS THAT ASSIST PERSONS WITH DISABILITIES

Pet rules will not be applied to animals who assist persons with disabilities. To be excluded from the pet policy, the resident/pet owner must certify:

That there is a person with disabilities in the household; and

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

A. MANAGEMENT APPROVAL OF PETS

All pets must be approved in advance by the EPHA management.

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

Registration of Pets

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

Dogs and cats must be spayed or neutered.

Execution of a Pet Agreement with the EPHA stating that the tenant acknowledges complete responsibility for the care and cleaning of the pet will be required.

Approval for the keeping of a pet shall not be extended pending the completion of these requirements.

Refusal To Register Pets

If the EPHA refuses to register a pet, a written notification will be sent to the pet owner stating the reason for denial.

The EPHA will refuse to register a pet if:

The pet is not a *common household pet* as defined in this policy;

Keeping the pet would violate any House Pet Rules;

The pet owner fails to provide complete pet registration information; and

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

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

A resident who cares for another resident's pet must notify the EPHA and agree to abide by all of the pet rules in writing.

B. STANDARDS FOR PETS

Pet rules will not be applied to animals who assist persons with disabilities.

Types of Pets Allowed

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

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

1. Dogs

Maximum adult weight: forty (40) pounds

Must be housebroken

Must be spayed or neutered

Must have all required inoculations

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

2. Cats

Must be spayed or neutered

Must have all required inoculations

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

Must be licensed as specified now or in the future by State law or local ordinance

3. Birds

Must be enclosed in a cage at all times

4. Fish

Maximum aquarium size twenty-five (25) gallons
Must be maintained on an approved stand

5. Rodents (Rabbit, guinea pig, hamster, or gerbil ONLY)

Must be enclosed in an acceptable cage at all times
Must have any or all inoculations as specified now or in the future by State law or local ordinance

6. Turtles

Must be enclosed in an acceptable cage or container at all times.

C. PETS TEMPORARILY ON THE PREMISES

Residents are prohibited from feeding or harboring stray animals.

D. ADDITIONAL FEES AND DEPOSITS FOR PETS

The EPHA requires a Pet Deposit in the amount of One hundred (\$100.00) dollars for a dog and Fifty (\$50.00) dollars for a cat.

Tenants with animals shall pay the Pet Deposit.

The resident/pet owner shall be required to pay a refundable deposit for the purpose of defraying all reasonable costs directly attributable to the presence of a pet.

An initial payment of Twenty-five (\$25.00) dollars on or prior to the date the pet is properly registered and brought into the apartment, and monthly payments in an amount no less than Twenty-five (\$25.00) dollars until the Pet Deposit has been paid in full are required.

The EPHA reserves the right to change or increase the required deposit by amendment to these rules.

The EPHA will refund the Pet Deposit to the tenant, less any damage caused by the pet to the dwelling unit, upon removal of the pet or the owner from the unit.

The EPHA will return the Pet Deposit to the former tenant or to the person designated by the former tenant in the event of the former tenant's incapacitation or death.

The EPHA will provide the tenant or designee identified above with a written list of any charges against the Pet Deposit.

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

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

Pet Deposits are not a part of rent payable by the resident.

E. ALTERATIONS TO UNIT

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

F. PET WASTE REMOVAL CHARGE

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

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

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

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

The pet deposit will be refunded when the resident moves out or no longer has a pet on the premises, whichever occurs first.

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

G. PET AREA RESTRICTIONS

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

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

H. NOISE

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

I. CLEANLINESS REQUIREMENTS

Litter Box Requirements: All animal waste or the litter from litter boxes shall be picked up immediately by the pet owner, disposed of in sealed plastic trash bags, and placed in a trash bin. Litter shall not be disposed of by being flushed through a toilet. All litter boxes shall be stored inside the resident's dwelling unit.

Removal of Waste from Other Locations

The resident/pet owner shall be responsible for the removal of waste from the exercise area by placing it in a sealed plastic bag and disposing of it in an outside trash bin/other container provided by the EPHA.

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

J. PET CARE

No pet (excluding fish) shall be left unattended in any apartment for a period in excess of twenty-four (24) hours.

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

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

K. RESPONSIBLE PARTIES

The resident/pet owner will be required to designate two (2) responsible parties for the care of the pet if the health or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet.

L. PET RULE VIOLATION NOTICE

If a determination is made on objective facts supported by written statements, that a resident/pet owner has violated the Pet Rule Policy, written notice will be served. The Notice will contain a brief statement of the factual basis for the determination and the pet rule(s) which were violated. The notice will also state: that the resident/pet owner's failure to correct the violation may result in initiation of procedures to terminate the pet owner's tenancy.

M. NOTICE FOR PET REMOVAL

If the resident/pet owner is unable to correct the violation in the time period allotted by the EPHA, the EPHA may serve notice to remove the pet.

The Notice shall contain:

- A brief statement of the factual basis for the EPHA's determination of the Pet Rule that has been violated;
- The requirement that the resident/pet owner must remove the pet within ten (10) days of the notice; and
- A statement that failure to remove the pet may result in the initiation of termination of tenancy procedures.

N. TERMINATION OF TENANCY

The EPHA may initiate procedures for termination of tenancy based on a pet rule violation if:

- The pet owner has failed to remove the pet or correct a pet rule violation within the time period specified; and
- The pet rule violation is sufficient to begin procedures to terminate tenancy under the terms of the lease.

O. PET REMOVAL

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

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

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

P. EMERGENCIES

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

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

Reserved

**RESIDENT ADVISORY BOARD MEMBERS
EAST PROVIDENCE HOUSING AUTHORITY**

CITY VIEW MANOR

Anthony Palumbo
Lottie DeVerter
Joseph Souza Jr.
Patricia Diffley
Alice Buckley
Harry Manning
Joseph Martin, Jr.
Thomas Santos
Sue Abrams
Sonja Silva

GOLDSMITH MANOR

Charles Tuttle
Violet Lusignan

HARBOR VIEW MANOR

Timothy Gormally
Dorothy Tillou
Edward Sutton

A letter was mailed to all residents of The East Providence Housing Authority. Any person interested was to reply. Any person that applied was made a member of the Board.

**RESIDENTS MEMBERS ON PHA GOVERNING BOARD
EAST PROVIDENCE HOUSING AUTHORITY**

	Re-Appointed	Expires
Anthony Palumbo 99 Goldsmith Avenue, Apt. 1015 East Providence, RI 02914	12/02/2003	12/16/2008
Edward Sutton 3663 Pawtucket Ave, Apt.502 Riverside, RI 02915	12/02/2003	12/16/2008

PHA asked interested residents to submit their names. A list was compiled of all interested parties and passed along to the Mayor. The two appointments were made from the list by the Mayor.

**STATEMENT OF PROGRESS
EAST PROVIDENCE HOUSING AUTHORITY**

MISSION:

To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

Establish resident work programs. On going programs.
Ongoing modernization projects to maintain viability of the public housing properties.

GOALS:

Expand the supply of assisted housing.

Working to lease up more voucher holders
Have worked to maintain 98% occupancy rate.
Improve the quality of assisted housing.

Working on weak scoring areas.
Meeting with RAB groups to disseminate information and get feed back from residents.
Completion of modernization projects to renovate units and site improvements.
We have added a two-bedroom, handicapped unit at our Harbor View location, due to the fact we have consolidated our office from that location with the City View location.

Increase assisted housing choices.

Contract awarded to consultant to start homeownership programs. Have an approved application from HUD. We have sold seven duplex units, and have eight more in the works. This provides ownership opportunities for our former residents and Section 8 recipients
Working with landlords and City of East Providence to promote lead-safe housing, and availability of funding.

Improve community quality of life and economic vitality.

Adoption of de-concentration policy.
Working agreement to receive all police reports for calls to all Housing Authority Properties.

Promote self-sufficiency and asset development of families.

Giving preferences to applicants of local, working families.

Adoption of ceiling/flat rents to keep working families in housing.

VOLUNTARY CONVERSION INITIAL ASSESSMENT STATEMENT

The following developments for the East Providence Housing Authority are exempted from conversion because they are designated as Elderly/Disable developments:

RI007001

RI007002

RI007004

The following developments will not be assessed due to the fact that they are to be sold under a HUD-approved homeownership program:

RI007005

RI007006

The developments listed above represent the entire properties owned by the East Providence Housing Authority.

10.4 DE-CONCENTRATION POLICY

It is EAST PROVIDENCE HOUSING AUTHORITY'S policy to provide for de-concentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments. Toward this end, we will skip families on the waiting list to reach other families with a lower or higher income. We will accomplish this in a uniform and non-discriminating manner.

The EAST PROVIDENCE HOUSING AUTHORITY will affirmatively market our housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.

Prior to the beginning of each fiscal year, we will analyze the income levels of families residing in each of our developments, the income levels of census tracts in which our developments are located, and the income levels of the families on the waiting list. Based on this analysis, we will determine the level of marketing strategies and de-concentration incentives to implement. The worksheet for the analysis can be found in Appendix 1.

10.5 DE-CONCENTRATION INCENTIVES

The EAST PROVIDENCE HOUSING AUTHORITY may offer one or more incentives to encourage applicant families whose income classification would help to meet the de-concentration goals of a particular development.

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

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

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914	Grant Type and Number Capital Fund Program Grant No: RI43P00750203 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/31/05 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
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	107,801.00		107,801.00	107,801.00
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: (sum of lines 2 – 20)	107,801.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914		Grant Type and Number Capital Fund Program Grant No: RI43P00750203 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	
RI43P007002 CITY VIEW	ADDITION TO ADMINISTRATIVE OFFICE	1470	107,801.00			107,801.00	107,801.00	100%
	SUB-TOTAL CITY VIEW		107,801.00					

Annual Statement/Performance and Evaluation Report

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

Part III: Implementation Schedule

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: RI43P00750203 Replacement Housing Factor No:					Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
RI43P007002 CITY VIEW	02/13/06		05/11/05	02/13/08		09/22/04		

Chapter 16

COMMUNITY SERVICE

[24 CFR Part 960 Subpart F and 24 CFR 903.7(1)]

INTRODUCTION

A. REQUIREMENT

Each adult resident of the PHA shall:

Contribute 8 hours per month of community service (not including political activities) within the community in which that adult resides; or

Participate in an economic self-sufficiency program (defined below) for 8 hours per month; or

Perform 8 hours per month of combined activities (community service and economic self-sufficiency program)

B. EXEMPTIONS

The PHA shall provide an exemption from the community service requirement for any individual who:

Is 62 years of age or older;

Is a blind or disabled individual, as defined under section 216[i][1] or 1614 of the Social Security Act, and who is unable to comply with this section, or is a primary caretaker of such individual;

Is engaged in a work activity as defined in section 407[d] of the Social Security Act;

Meets the requirements for being exempted from having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act, or under any other welfare program of the State in which the public housing agency is located, including a State-administered welfare-to-work program; or

Is in a family receiving assistance under a State program funded under part A of title IV of the Social Security Act, or under any other welfare program of the State in which the public housing agency 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 noncompliance with such program.

The PHA will re-verify exemption status annually except in the case of an individual who is 62 years of age or older.

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4/1/02 ACO

The PHA will permit residents to change exemption status during the year if status changes.

C. DEFINITION OF ECONOMIC SELF-SUFFICIENCY PROGRAM

For purposes of satisfying the community service requirement, participating in an economic self-sufficiency program is defined, in addition to the exemption definitions described above, by HUD as: Any program designed to encourage, assist, train or facilitate economic independence of assisted families or to provide work for such families.

These economic self-sufficiency programs can include job training, employment counseling, work placement, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeship, or any other program necessary to ready a participant to work (such as substance abuse or mental health treatment).

***In addition to the HUD definition above, the PHA definition includes any of the following:**

***Participating in the Family Self-Sufficiency Program and being current in the steps outlined in the Individual Training and Services Plan.**

***Participating in the Family Self-Sufficiency Program and attending at least one FSS events annually.**

*** Other activities as approved by the PHA on a case-by-case basis.**

The PHA will give residents the greatest choice possible in identifying community service opportunities.

The PHA will consider a broad range of self-sufficiency opportunities.

D. ANNUAL DETERMINATIONS

For each public housing resident subject to the requirement of community service, the PHA shall, at least 30 days before the expiration of each lease term, review and determine the compliance of the resident with the community service requirement.

Such determination shall be made in accordance with the principles of due process and on a nondiscriminatory basis.

The PHA will verify compliance annually. If qualifying activities are administered by an organization other than the PHA, the PHA will obtain verification of family compliance from such third parties.

Family members will not be permitted to self-certify that they have complied with community service requirements.

E. NONCOMPLIANCE

If the PHA determines that a resident subject to the community service requirement has not complied with the requirement, the PHA shall notify the resident of such noncompliance, and that:

The determination of noncompliance is subject to the administrative grievance procedure under the PHA's Grievance Procedures; and

Unless the resident enters into an agreement to comply with the community service requirement, the resident's lease will not be renewed, and

The PHA may not renew or extend the resident's lease upon expiration of the lease term and shall take such action as is necessary to terminate the tenancy of the household, unless the PHA enters into an agreement, before the expiration of the lease term, with the resident providing for the resident to cure any noncompliance with the community service requirement, by participating in an economic self-sufficiency program for or contributing to community service as many additional hours as the resident needs to comply in the aggregate with such requirement over the 12-month term of the lease.

The head of household and the noncompliant adult must sign the agreement to cure.

Ineligibility for Occupancy for Noncompliance

The PHA shall not renew or extend any lease, or provide any new lease, for a dwelling unit for any household that includes an adult member who was subject to the community service requirement and failed to comply with the requirement.

F. PHA RESPONSIBILITY

The PHA will ensure that all community service programs are accessible for persons with disabilities.

The PHA will ensure that:

The conditions under which the work is to be performed are not hazardous;

The work is not labor that would be performed by the PHA's employees responsible for essential maintenance and property services; or

The work is not otherwise unacceptable.

G. PHA IMPLEMENTATION OF COMMUNITY SERVICE REQUIREMENT

*** The PHA's Community Service program is described in the PHA Plan.**

*** The PHA will administer its own community service program, with cooperative relationships with other entities.**