

# **PHA Plans**

## **Streamlined Annual Version**

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

OMB No. 2577-0226  
(exp. 05/31/2006)

---

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

---

# **Streamlined Annual PHA Plan**

## **for Fiscal Year: 2006**

**PHA Name:**

**East Haven Housing Authority (CT063)**

**NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.**

## Streamlined Annual PHA Plan Agency Identification

**PHA Name:** East Haven Housing Authority

**PHA Number:** CT063

**PHA Fiscal Year Beginning:** (07/1/2006)

**PHA Programs Administered:**

**Public Housing and Section 8**

Number of public housing units:  
Number of S8 units:

**Section 8 Only**

Number of S8 units: 46

**Public Housing Only**

Number of public housing units:

**PHA Consortia:** (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

**PHA Plan Contact Information:**

East Haven Housing Authority  
250 Main Street  
East Haven CT 06512  
(203) 486-3204

**Public Access to Information**

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

PHA's main administrative office       PHA's development management offices

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

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection.       Yes       No.

If yes, select all that apply:

Main administrative office of the PHA

PHA development management offices

Main administrative office of the local, county or State government

Public library       PHA website       Other (list below)

Imagineers  
635 Farmington Avenue  
Hartford, CT 06105  
(860) 247-2318

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)

Imagineers  
635 Farmington Avenue  
Hartford, CT 06105  
(860) 247-2318

## Streamlined Annual PHA Plan

**Fiscal Year 2006**

[24 CFR Part 903.12(c)]

### Table of Contents

[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

#### **A. PHA PLAN COMPONENTS**

- |                                     |  |     |
|-------------------------------------|--|-----|
| <input type="checkbox"/>            | 1. Site-Based Waiting List Policies  | 4.  |
|                                     | <b>903.7(b)(2) Policies on Eligibility, Selection, and Admissions</b>  |     |
| <input type="checkbox"/>            | 2. Capital Improvement Needs   | 5.  |
|                                     | <b>903.7(g) Statement of Capital Improvements Needed</b>   |     |
| <input checked="" type="checkbox"/> | 3. Section 8(y) Homeownership  | 6.  |
|                                     | <b>903.7(k)(1)(i) Statement of Homeownership Programs</b>  |     |
| <input checked="" type="checkbox"/> | 4. Project-Based Voucher Programs  | 7.  |
| <input checked="" type="checkbox"/> | 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan. | 7.  |
| <input checked="" type="checkbox"/> | 6. Supporting Documents Available for Review   | 9.  |
| <input type="checkbox"/>            | 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report                                | 12. |
| <input type="checkbox"/>            | 8. Capital Fund Program 5-Year Action Plan   | 17. |

#### **B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE**

**Form HUD-50076, PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan** identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

**Form HUD-50070**, *Certification for a Drug-Free Workplace*;

**Form HUD-50071**, *Certification of Payments to Influence Federal Transactions*; and

**Form SF-LLL & SF-LLLa**, *Disclosure of Lobbying Activities*.

**1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies) (N/A)**

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

**A. Site-Based Waiting Lists Previous Year**

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4.  Yes  No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

**B. Site-Based Waiting Lists – Coming Year**

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 next component.

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

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

## **2. Capital Improvement Needs (N/A)**

[24 CFR Part 903.12 (c), 903.7 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

### **A. Capital Fund Program**

1.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2.  Yes  No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

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

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

1.  Yes  No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).

2. Status of HOPE VI revitalization grant(s):

<b>HOPE VI Revitalization Grant Status</b>	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
	<input type="checkbox"/> Revitalization Plan under development
	<input type="checkbox"/> Revitalization Plan submitted, pending approval
	<input type="checkbox"/> Revitalization Plan approved
	<input type="checkbox"/> Activities pursuant to an approved Revitalization Plan underway

3.  Yes  No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name(s) below:

4.  Yes  No: 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:

5.  Yes  No: 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:

**3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program**  
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

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 the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

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, what is the maximum number of participants this fiscal year?

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:

c. What actions will the PHA undertake to implement the program this year (list)?

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- Demonstrating that it has other relevant experience (list experience below):

#### **4. Use of the Project-Based Voucher Program**

##### **Intent to Use Project-Based Assistance**

Yes  No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1.  Yes  No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:
- low utilization rate for vouchers due to lack of suitable rental units
  - access to neighborhoods outside of high poverty areas
  - other (describe below):
2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

#### **5. PHA Statement of Consistency with the Consolidated Plan**

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: (provide name here)

State of Connecticut

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 on its waiting lists 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)

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

The State of Connecticut Consolidated Plan for Housing and Community Development has the following goals and objectives that are supportive of the PHA plan.

Rental Housing Supply – Preserve and increase the supply of quality affordable housing available to low- and moderate-income households.

Rental Housing Opportunities – Improve the ability of low- and moderate-income residents to access rental housing opportunities.

Affordable Housing Planning – Help identify and develop available resources to assist in the development of housing.

Fair Housing – Empower upward mobility for the low- and moderate-income residents through fair housing.

Special Needs – Address the housing and service needs of those populations defined as having special needs:

- Elderly and Frail Elderly
- Persons With Disabilities
- Persons With HIV/Aids And Their Families
- Persons With Substance abuse Issues



- Persons Recently De-Incarcerated

Lead Paint and Hazardous Materials – Support the removal of lead-based paint and other hazardous materials in existing housing.

Home Ownership – Improve the ability of low- and moderate-income residents to access home ownership opportunities.

## **6. Supporting Documents Available for Review for Streamlined Annual PHA Plans**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i>	5 Year and Annual Plans

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	<i>and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
X	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: 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	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the method for setting public housing flat rents. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
	Schedule of flat rents offered at each public housing development. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any policies governing any Section 8 special housing types <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
	Public housing grievance procedures <input 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.	Annual Plan: Grievance

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	<input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Procedures
	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	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
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	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, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Public Housing Community Service Policy/Programs <input type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages</b>								
PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant:			
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	

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

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

PHA Name:			Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:				Federal FY of Grant:
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	

## 8. Capital Fund Program Five-Year Action Plan

<b>Capital Fund Program Five-Year Action Plan</b>					
<b>Part I: Summary</b>					
PHA Name				<input type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2  FFY Grant: PHA FY:	Work Statement for Year 3  FFY Grant: PHA FY:	Work Statement for Year 4  FFY Grant: PHA FY:	Work Statement for Year 5  FFY Grant: PHA FY:
	Annual Statement				
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

**8. Capital Fund Program Five-Year Action Plan**

<b>Capital Fund Program Five-Year Action Plan</b>						
<b>Part II: Supporting Pages—Work Activities</b>						
Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>See</b>						
<b>Annual</b>						
<b>Statement</b>						
Total CFP Estimated Cost			\$			\$



## 8. Capital Fund Program Five-Year Action Plan

<b>Capital Fund Program Five-Year Action Plan</b>					
<b>Part II: Supporting Pages—Work Activities</b>					
Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
Total CFP Estimated Cost		\$			\$

**EAST HAVEN  
HOUSING AUTHORITY**

**HOUSING CHOICE  
VOUCHER PROGRAM  
ADMINISTRATIVE PLAN**

# HOUSING CHOICE VOUCHER ADMINISTRATIVE PLAN

## TABLE OF CONTENTS

<b>1.0 APPLICABILITY AND SCOPE.....</b>	<b>3.</b>
1.1 Mission Statement.....	3.
1.2 General.....	3.
1.3 Equal Opportunity Statement.....	4.
1.4 Outreach to Families/Owners.....	4.
<b>2.0 ELIGIBILITY FOR ADMISSION.....</b>	<b>5.</b>
2.1 Eligibility.....	5.
2.2 Admission Standards.....	5.
2.3 HA Screening.....	7.
2.4 HA Consideration of Circumstances.....	8.
2.5 HA Records Management.....	8.
2.6 Owners Requesting HA Screening.....	8.
<b>3.0 MANAGING THE WAITING LIST.....</b>	<b>9.</b>
3.1 Opening and Closing The Waiting List.....	9.
3.2 Taking Applications.....	10.
3.3 Completion of Application.....	11.
3.4 Families Nearing The Top of The Waiting List.....	12.
3.5 Missed Appointments.....	12.
3.6 Purging The Waiting List.....	13.
3.7 Removal of Applicants From The Waiting List.....	13.
3.8 Grounds For Denial .....	13.
3.9 Notification of Negative Actions.....	14.
3.10 Informal Review for Applicant.....	14.
3.11 Conduct of Informal Review.....	15.
<b>4.0 SELECTING FAMILIES FROM THE WAITING LIST.....</b>	<b>15.</b>
4.1 Maintenance of the Waiting List and Selection of Families.....	15.
4.2 Identification of Preferences.....	16.
4.3 Ranking of Preferences.....	17.
4.4 Verification Requirements of Preferences Categories.....	17.
4.5 Selection From the Waiting List .....	18.
<b>5.0 SUBSIDY STANDARDS AND BRIEFING.....</b>	<b>19.</b>
5.1 Bedroom Size Determinations (Subsidy Standards).....	19.
5.2 Briefing of Families and Issuance of Housing Choice Voucher.....	20.
5.3 Orientation Packet.....	21.
5.4 Information to be Provided Prospective Owners.....	21.
5.5 Assistance to Applicants and Participants Claiming Illegal Discrimination.....	22.
5.6 Term of the Housing Voucher.....	22.
5.7 Assistance Provided To Families that include Persons with	23.

Disabilities.....	
5.8 Expand Housing Opportunities.....	23.
5.9 Disapproval of Owner.....	24.
5.10 Security Deposit.....	25.
<b>6.0 RECERTIFICATION.....</b>	<b>25.</b>
6.1 Verification of and Income and Determination of TTP.....	25.
6.2 Missed Recertification Appointment.....	26.
6.3 Interim Reexaminations of Income and Household Composition.....	26.
6.4 Minimum Rent.....	26.
6.5 Lease Approval and Housing Assistance Payment Contract Execution.....	27.
<b>7.0 INSPECTION POLICIES.....</b>	<b>27.</b>
7.1 Housing Quality Standards and Inspections.....	27.
7.2 Deteriorated Paint Surfaces.....	27.
7.3 HQS Enforcement.....	28.
<b>8.0 RENT AND HOUSING ASSISTANCE PAYMENTS.....</b>	<b>28.</b>
8.1 Payment Standards.....	28.
8.2 Review and Adjustment for Utilities.....	29.
8.3 Rent Reasonableness.....	29.
8.4 Review of Family Circumstances, Utilities and Housing Quality Standards.....	30.
8.5 Family Break-up.....	31.
8.6 Absence From Unit.....	32.
8.7 Payment of Monies owed by Owner or Family to the HA.....	32.
8.8 Continued Participation Screening.....	33.
8.9 Ownership and Management Verification.....	34.
<b>9.0 TERMINATION OF ASSISTANCE TO THE FAMILY.....</b>	<b>35.</b>
9.1 Termination Policy and Procedure.....	35.
9.2 Procedure for Removing a Section 8 Tenant from the Program.....	35.
<b>10.0 COMPLAINTS AND APPEALS</b>	<b>36.</b>
10.1 Informal Hearing for Participants.....	36.
10.2 Conduct of Hearing.....	37.
10.3 Issues Not Requiring a Hearing.....	38.
<b>APPENDIX I. A PROPERTY OWNERS GUIDE TO THE SECTION 8 PROGRAM</b>	
<b>APPENDIX II. A GUIDE TO THE SECTION 8 TENANT BASED HOUSING CHOICE VOUCHER PROGRAM</b>	
<b>APPENDIX III. PROGRAM CONTROLS</b>	
<b>APPENDIX IV. LEAD-BASED PAINT POLICY</b>	

# HOUSING CHOICE VOUCHER PROGRAM

---

## 1.0 APPLICABILITY AND SCOPE

### 1.1 MISSION STATEMENT

The primary objective of the East Haven Housing Authority Section 8 Tenant Based Assistance, Housing Choice Voucher program is to assist eligible low-income families to obtain decent, safe and sanitary housing. The mission of the East Haven Housing Authority through the its Section 8 program is to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

### 1.2 GENERAL

The East Haven Housing Authority is the designated Housing Agency (HA) for the town of East Haven. The HA has contracted for the preparation and submission of Section 8 Housing Assistance funding applications and for the administration and enforcement of these programs. The HA's HA is Imagineers, LLC.

The East Haven Housing Authority recognizes the housing needs of its low and moderate income residents. The Section 8 Tenant Based Assistance, Housing Choice Voucher program is a responsive mechanism for providing immediate housing assistance for low and very-low income households. The rental subsidy enables tenants to afford standard units while providing rental income sufficient to meet the operating expenses of the landlords.

The Contractor prepares for HA review and approval all necessary annual budgets, revisions, increments, and quarterly requisitions required by HUD. The Contractor processes monthly Housing Assistance Payments requisitions through the HA. The Contractor submits financial audits and management reports as required by the HA or Housing and Urban Development (HUD) office. The Contractor makes available for review at any time all program financial records. The Contractor maintains a financial system designed to comply with HUD issuances HM75-32 and the applicable section of the "Low-Rent Housing Accounting Handbook" 7501.1 as well as other directives of HUD and the HA.

In addition to the reports required from the HA by HUD, the Contractor provides monthly program activity reports to the HA. More frequent and additional reports can be provided as requested by the HA. Special reports required by HUD will be prepared and additional requests will be met as directed by the HA.

The policies and procedures contained herein are applicable to implementation of housing assistance payments on behalf of eligible families by leasing existing housing pursuant to the provisions of Section 8 of the U.S. Housing Act of 1937.

The overall administrative approach includes an accessible office suitable to accommodate client households and other interested parties, in the performance of all tasks required by the Section 8 regulations.

The HA through its Contractor provides the following program services as specified by HUD for proper administration of Section 8 Tenant Based Assistance, Housing Choice Voucher program. (Hereinafter the administrative plan will refer to the Contractor and the East Haven Housing Authority as the HA)

### ***1.3 EQUAL OPPORTUNITY STATEMENT***

The HA will comply with the Fair Housing Act, Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act and all related rules, regulations, and requirements.

The HA will not on account of race, color, creed, national origin, sex, handicap, or familial status deny to any family the opportunity to apply for admission nor deny an eligible applicant the opportunity to lease or rent a dwelling unit; if suitable to its needs. In the selection of families, there will be no discrimination against families otherwise eligible for admission because their income is derived in whole or in part from public assistance.

### ***1.4 OUTREACH TO FAMILIES AND CONTACT WITH OWNERS***

The HA utilizes a variety of means to publicize and disseminate information regarding the Section 8 Tenant Based Assistance, Housing Choice Voucher program for income-eligible households. Aside from the conventional print and broadcast media, the HA meets with community organizations, owner and renter associations, block groups, neighborhood planning and development committees, housing advocates, governmental departments, advocacy agencies, and church groups. The HA will use its management experience and capabilities to disseminate useful relevant information to the widest audience.

The HA also recognizes that special outreach may be necessary to assist the following: families suffering a language barrier, disabled or handicapped persons, and the very low income, or very large families.

## **2.0 ELIGIBILITY FOR ADMISSION**

### **2.1 ELIGIBILITY**

Housing Assistance may be provided to citizens and to noncitizens who have immigration status.

The head of household must have legal capacity to enter into a lease under state or local law.

At least 75% of families admitted to a HA tenant-based voucher program during the HA's fiscal year must qualify as extremely low income (ELI), annual income does not exceed 30 percent of median income in area.

A family qualifying as Lower Income must have been continuously assisted under the U.S. Housing Act of 1937. An applicant is continuously assisted under the 1937 Act if the family is already receiving assistance under any 1937 Act program when the family is admitted to the certificate or voucher program.

Family is defined as: a.) A single person or a group of persons; b.) A family with a child or children; c.) A group consisting of persons of: i.) Two or more elderly persons, or; ii.) Disabled persons living together, or; iii.) One or more elderly or disabled persons living with one or more live-in aides; d.) A single person family may be: i.) elderly; ii.) displaced; iii.) any other single persons; e.) A child who is temporarily away from the home because of placement in foster care is considered a member of the family.

### **2.2 ADMISSION STANDARDS**

In order to be eligible for admission to the Housing Choice Voucher program all applicants must meet the following admission standards:

1. An applicant's income can not exceed the applicable Section 8 very-low income limits or an applicant must be income eligible according to the HUD Housing Choice Voucher program standards. (Income limits apply only at admission and are not applicable for continued occupancy; however, as income increases the assistance will decrease).
2. An applicant must meet the HUD citizenship/eligible immigrant status criteria. For each household member to be eligible for assistance they must be a citizen, national, or a non-citizen who has eligible immigration status under one of the categories set forth in Section 214 of the Housing and Community Development Act of 1980 (see 42 U. S. C. 1436a(a)).

3. An applicant must provide social security number documentation for all family members 6 years of age or older or certify that they do not have one.
4. An applicant must have each member of the family who is 18 years of age or older and each family head of household and spouse regardless of age sign one or more of the following consent forms; HUD-9886 Authorization for the Release of Information/Privacy Act Notice, INS consent forms, Certification to HUD Admission and Continued Occupancy Standards, Consent to Obtain Criminal History Records and Contact Drug and Alcohol Treatment Facilities.
5. An applicant head of household and spouse must sign the Applicant Certification form to certify that the information given to the HA on household composition, income, net family assets and allowances and deductions is accurate and complete.
6. An applicant has not committed fraud or misrepresentation in connection with any Federally assisted housing program.
7. An applicant does not owe rent or other amounts to the HA or any public housing in connection with Section 8 or public housing assistance under the U.S. Housing Act of 1937.
8. An applicant must not be evicted from public housing or any Section 8 program for drug-related criminal activity within the last three years.
9. The head of household or oldest family member is at least 18 years old or have the demonstrated “legal capacity” to enter into a lease under State or local law.
10. All applicants will be screened using criminal history background checks. Applicants will be denied admission for the following offenses:
  - Persons currently engaged in drug related criminal activity or violent criminal activity.
  - Fugitives felons, parole violators and persons fleeing to avoid prosecution, or custody or confinement after convictions, for a crime, or attempt to commit a crime, that is a felony under the laws of the place from which the individuals flees.
  - Persons convicted for producing Methamphetamine on federal assisted housing property.
  - Sex offenders who are required by law to maintain permanent/lifetime registration with a State program. (The attempted background will be carried out with respect to the State of Connecticut and where members of the applicant household are known to have resided and/or information is obtainable.)



- Persons whom a HA determines it has a reasonable cause to believe the household member's illegal drug or alcohol abuse threatens the health, safety, or interferes with the peaceful enjoyment of the premises by other residents
- Persons evicted from federally assisted housing for drug-related criminal activity less than 3 years ago, unless the tenant successfully completes a rehabilitation program approved by a HA or the circumstances for the eviction no longer exist.

**11. All applicants and participants age 18 and over must provide current photo identification. In the event that an applicant or participant does not have a photo ID, a self- certification indicating so with the reason why must be provided.**

### **2.3 HA SCREENING**

All new applicants including each adult household member (18 years of age or older) must meet the HA admission standards in order to be eligible for admission to the covered programs. The HA will conduct the following screening in order to determine an applicant's ability to meet the admission standards:

Criminal history background checks will be conducted on all adult applicants through the use of a criminal search provider. The HA will conduct background checks for violent criminal charges and convictions, illegal drug or alcohol abuse, or eviction from federally assisted housing for drug-related criminal activity. The applicant's consent to the background check is mandatory prior to the background check. The applicant's refusal to provide consent is grounds for denying admission to the program. The applicant is prohibited admission if the background checks determine that any household member is engaged in, or has engaged in drug related criminal activity or violent criminal activity during the three (3) year time period before the admission decision:

If the background check reveals that the applicant does not meet the admission standards then the applicant member will be denied admission. When applicants are denied admission based on having a criminal record, the HA will provide the applicant with a copy of the criminal record and opportunity to dispute the accuracy and relevance of the record.

All applicants will be required to certify prior to admission that they do not have a pattern of illegal use of controlled substance or pattern of abuse of alcohol that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. If the HA background check provides a reason to dispute the applicants certification or the applicant elects not to sign Certification to HUD Admission and Continued Occupancy Standards for reasons of drug or alcohol abuse

then the applicant must demonstrate to the HA's satisfaction that they are no longer engaging in illegal use of a controlled substance or abuse of alcohol through one of the following means: a.) Applicant that has successfully completed a supervised drug or alcohol rehabilitation program; b.) Applicant has otherwise been rehabilitated successfully; c.) Applicant is participating in a supervised drug or alcohol rehabilitation program.

#### ***2.4 HA CONSIDERATION OF CIRCUMSTANCES***

If the HA receives unfavorable information about an applicant's behavior that could disqualify the household based on the admission standards, the HA will also consider the nature, time since occurrence, and extent of the applicant's conduct and may consider whether an applicant is likely to display favorable conduct in the future.

In determining whether to deny assistance because of action or failure to act by members of the family the HA may consider the following: a.) The HA may consider all relevant circumstances such as the seriousness of the case, the extent of participation or culpability of individual family members, mitigating circumstances related to the disability of a family member, and the effects of denial or termination of assistance on other family members who were not involved in the action or failure. b.) The HA reserves the right to impose, as a condition of continued assistance for other family members, a requirement that other family members who participated in or were culpable for the action or failure will not reside in the unit. The HA may permit the other family members of a participant family to continue receiving assistance; c.) If the family includes a person with disabilities, the HA decision concerning such action is subject to consideration of reasonable accommodations.

#### ***2.5 HA RECORDS OF MANAGEMENT***

The HA will have a system of records management that ensures that any criminal record received by the HA is: a.) Maintained confidentially; b.) Not misused or improperly disseminated; and c.) Destroyed, once the purpose(s) for which the record was requested has been accomplished, including expiration of the period for filing a challenge or final disposition of any such litigation. The HA shall designate one Manager with the responsibility of requesting, receiving, maintaining and destroying criminal background information access through the criminal search provider.

Any criminal history record information obtained may be provided to the subject of the record upon his/her request. In order to receive this information the subject must sign a receipt indicating the acceptance of this information.

#### ***2.6 OWNERS REQUESTING HA SCREENING***

The HA may obtain and use criminal record information to screen applicants or residents for lease enforcement purposes on behalf of owners. In order to accomplish this the owner must submit a written request to the HA requesting that the HA obtain criminal records for adults who are applicants or current program participants. The letter must include the following: a.) A copy of a consent form signed by the household member in accordance with 24CFR Section 5.903; b.) Admission standards for drug criminal activity in accordance with 24CFR 5.854; c.) Admission standards for prohibiting admission for other criminal activity in accordance with 24CFR 5.857; d.) Standards for eviction for illegal drug activity in accordance with Section 5.858; and e.) Standards for evictions for other criminal activity in accordance with 24CFR 5.858. The HA may charge the owner a reasonable fee for providing this service.

When an owner properly submits this type of request the HA will notify the owner in writing whether the HA received any criminal conviction records that authorize a denial, eviction or termination. The HA will not release any criminal conviction records or the content of the records to the owner. The HA is permitted to release criminal records to owner only for use in connection with a judicial eviction proceeding and then only in accordance with CFR24 Section 5.903.

Definitions pertaining to this section:

“Currently engaging in” – With respect to behavior such as illegal use of a drug, other drug related criminal activity, or other criminal activity, currently engaging in means that the individual has engaged in the behavior recently enough to justify a reasonable belief that the individual’s behavior is current.

“Drug” – A controlled substance as defined in section 1012 of the Controlled Substances Act (21 U.S.C. 802).

“Drug related criminal activity” – the illegal manufacture, sale, distribution, or use of a drug, or the possession of a drug with intent to manufacture, sell, distribute or use the drug.

“Violent criminal activity” – means any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage.

“Covered Programs” – Housing Choice Voucher Program, Moderate Rehabilitation program, Project Based Program.

### **3.0 MANAGING THE WAITING LIST**

### ***3.1 OPENING AND CLOSING THE WAITING LIST***

The decision to open or close the waiting list will be based on whether the existing waiting list contains an adequate pool of applicants for the use of available program funding.

Opening of the waiting list will be announced via public notice. The public notice will announce that applications for the Housing Choice Voucher program will again be accepted. The public notice will state where, when, and how to apply. The notice will be published in a local newspaper of general circulation, and also through available minority media. The public notice will state any limitations to who may apply. Closing the waiting list will be advertised through a public notice in a similar manner.

The notice will include the Fair Housing logo and slogan and otherwise be in compliance with Fair Housing requirements.

Public Notice will be provided (at minimum) to the following media:

Hartford Courant

Local Newspaper of general circulation and also by minority media.

### ***3.2 TAKING APPLICATIONS***

All applicants will be required to complete a pre-application form, which will contain information necessary for the HA to determine whether the applicant is eligible.

The method that the HA will use to take pre-applications will include advertising that applications will be accepted by telephone call-in during a defined time period. Applicants will be required to complete a standardized pre-application form and return by mail, instead of applying in person. This application acceptance process will accommodate an applicant who has difficulty traveling to the HA office, either because of a disability, hospitalization, childcare constraints or employment schedule. Reasonable accommodations will be afforded to those elderly or disabled applicants that need support to make application through this method.

The HA will use the pre-application as the basis for follow-up phone calls, correspondence or direct appointments to obtain additional information and to ascertain the accuracy of all entries on the application form.

Pre-applications accepted through the mail will not be established based on the date and time of application but instead by computer lottery random selection. All pre-

applications that meet the minimum qualifications will be ranked randomly by a computer lottery. The rules that govern who qualifies to participate in the computer lottery selection are as follows:

1. Only pre-applications that are eligible for admission will be considered.
2. Only one pre-application will be allowed per family.
3. Only pre-applications that are received during the advertised commencement date and deadline date will be considered. (The postmark date on the envelope that contains the mailed pre-application will be the final determining factor on whether a pre-application has been received within the qualified time period).
4. All pre-applications must be sent by mail to the mailing address designated by the HA.
5. The computer-generated lottery will randomly rank all of the qualified mail-in pre-applications.

The computer generated random lottery selection will be conducted in the following manner:

After the deadline for submitting pre-applications has expired, a control report will be generated listing all of the pre-applicants alphabetically by name and numerically by social security number (pre-lottery report). Multiple witnesses will observe the computer generated lottery selection (including person(s) that are outside the direct management of the waiting list).

After the lottery selection is conducted, a report will be generated that will list all of the pre-applicants alphabetically by name and numerically by social security number (post-lottery report). The pre-lottery report and the post-lottery report will be maintained for the active duration of waiting list for audit control purposes. The numerical position assigned by the computer will be added to the applicant's pre-application.

### **3.3 COMPLETION OF APPLICATION**

The application process will involve two phases. The first phase is the initial application for housing assistance or the pre-application. The pre-applications requires the family to provide basic information including name, address, phone number, family composition, income category, and information establishing any preferences to which they may be entitled. This first phase result in the family's placement on the waiting list.

Upon receipt of the families initial application, the HA will make a preliminary determination of eligibility. If the HA determines the family to be ineligible, a letter will be sent to the applicant. The notice will state the reason(s) and offer the family

the opportunity for an informal review of this determination within a set number of days.

An applicant may at any time report changes in their applicant status including changes in family composition, income, or preference factors. The HA will annotate the applicant's file and will update their place on the waiting list.

The HA will provide written notification confirming initial acceptance of pre-application. The notice will also inform applicants that it their responsibility to notify the HA immediately of any changes affecting (1) their eligibility status or (2) the PHA's ability to locate the applicant. The applicants failure to comply with these requirements is grounds for removal from the waiting list.

The second phase is the final determination of eligibility and verification of information presented. This takes place when the family nears the top of the waiting list. The HA will ensure that verification of all preferences, eligibility, and suitability selection factors are confirmed so as to determine the family's final eligibility for admission into the Housing Choice Voucher program.

Applicant data is maintained on the initial pre-application form. Waiting list reports will maintain data in two different manners first; in chronological order by lottery selection and level of priority and second; alphabetically by applicant's last name, and numerically by head of households social security number.

### ***3.4 FAMILIES NEARING THE TOP OF THE WAITING LIST***

When the family appears to be within two months of being offered assistance, the family will be invited to an interview and the final verification process will completed. It is at this point in time that the family's preference will be verified.

Once the preference has been verified the pre-application process will be completed. All the remaining documents must be submitted at this time. All required signatures must be obtained.

### ***3.5 MISSED APPOINTMENTS***

All applicants who fail to keep a scheduled appointment in accordance with the paragraph below will be sent a notice of denial.

The HA will allow the family to reschedule appointments for good cause. Generally, no more than one opportunity will be given to reschedule without good cause and no more than two opportunities with good cause. When a good cause exists, the HA

will work closely with the family to find a more suitable time. Applicants will be offered the right to an informal review before being removed from the waiting list.

### ***3.6 PURGING THE WAITING LIST***

Periodically the HA conducts mailings to purge inactive applicants from the waiting list. The purging of the waiting list enables the HA to update the information regarding address, family composition, income category and preferences. Applicants will be removed from the waiting list when they have not maintained a current mailing address with the HA or when correspondence to them is unanswered or returned by the post office marked “undeliverable”. An exception will be granted when an applicant has demonstrated that they have a disability that prevented them from responding to our correspondence.

### ***3.7 REMOVAL OF APPLICANTS FROM THE WAITING LIST***

Prior to removing an applicant’s name from the waiting list, we will examine the applicant’s file to ensure that we have exhausted all reasonable means to contact them before we remove the applicant from the waiting list. The HA will not remove an applicant’s name from the waiting list unless:

1. The applicant requests that the name be removed.
2. The applicant fails to respond to a written request for information or a request to declare their continued interest in the program or the applicant misses scheduled appointments.
3. The applicant does not meet either the eligibility or screening criteria for the program.
4. The applicant has been offered a housing voucher.

### ***3.8 GROUNDS FOR DENIAL***

The following will constitute grounds for denying assistance to applicants on the waiting list:

1. Failure to supply information or documentation required by the application process.
2. Failure to respond to a written request for information or a request to declare continued interest in the program.
3. Failure to complete any aspect of the application process.
4. The applicant does not meet all of the eligibility for admission standards.
5. Violation of any of the family obligations under 24 CFR 982.551.

6. A participant or family member engaged in drug-related criminal activity or violent criminal activity.
7. A participant has committed fraud (bribery or any other corrupt or criminal act) at the time of application or during assisted tenancy.
8. Failure to make payments for monies owed the HA or another HA.
9. If any family members of the family has been evicted from public housing within the last three years.
10. If the family has engaged in or threatened abusive or violent behavior toward HA personnel.
11. If it is determined that a family member has a lifetime registration under a State sex offender registration program.
12. An applicant or participant that abuses alcohol or drugs in a way that may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.
13. All applicants that fail to certify prior to admission that they do not have a pattern of illegal use of controlled substance or pattern of abuse of alcohol that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.

### ***3.9 NOTIFICATION OF NEGATIVE ACTIONS***

Any applicant whose name is being removed from the waiting list will be notified by the HA, in writing, that they have ten (10) business days from the date of the written correspondence, to present mitigating circumstances or request an informal review. The letter will also indicate that their name will be removed from the waiting list if they fail to respond within the specified timeframe.

When applicants are denied admission based on criminal record, the HA will provide the applicant with a copy of the criminal record and opportunity to dispute the accuracy and relevance of the record.

The HA system of removing applicants' names from the waiting list will not violate the rights of persons with disabilities. If an applicant's failure to respond to a request for information or updates was caused by the applicant's disability, the HA will provide a reasonable accommodation. If the applicant indicates that they did not respond due to a disability, the HA will verify that there is in fact a disability and that a reasonable accommodation they are requesting is necessary based on the disability.

### ***3.10 INFORMAL REVIEW FOR APPLICANT***

The HA will provide an applicant an opportunity for an informal review of a decision denying an applicant:

1. A listing on the waiting list.



2. Participation in the program or assistance to the applicant.

The HA is not required to provide the applicant an opportunity for an informal review for any of the following:

1. Discretionary administrative determinations by the HA.
2. General policy issues or class grievances.
3. A determination of the family unit size under the HA subsidy standards.
4. An HA determination not to approve an extension or suspension of a voucher term.
5. A HA determination not to grant approval of the tenancy.
6. An HA determination that a unit selected by the applicant is not in compliance with HQS.
7. An HA determination that the unit is not in accordance with HQS because of the family size or composition.

The HA shall give the applicant written notice of a decision denying assistance to the applicant or a place on the waiting list. The notice shall:

1. contain a brief statement of the reasons for the HA decision;
2. be given personally to the applicant or member of the family or sent by first class mail to the last known address;
3. inform the applicant that ten (10) days of the date of the notice, the applicant may request, in writing, that an informal hearing be held to present objections and review the decision

### ***3.11 CONDUCT OF INFORMAL REVIEW***

If the applicant requests an informal review within the time frame required, the HA shall conduct an informal review in accordance with the following procedures:

1. The informal review will be conducted by a HA person designated by the HA. The designated HA person cannot be the same person who made or approved the decision under review or a subordinate of this person.
2. The applicant will be given an opportunity to present written or oral objections to the HA decision.
3. The HA will notify the applicant of the HA final decision after the informal review, including a brief statement of the reasons for the final decision.

## **4.0 SELECTING FAMILIES FROM THE WAITING LIST**

### ***4.1 MAINTENANCE OF THE WAITING LIST AND SELECTION OF FAMILIES***

The HA may admit an applicant for participation in the program either as special admission or as a waiting list admission. If HUD awards funding that is targeted for families with specific characteristics or families living in specific units, the HA will use the assistance for those families living in these units. The HA will maintain records showing that the family was issued a HUD-targeted Voucher

There is one waiting list for all applicants regardless of the bedroom size the applicant may need. Each applicant shall be assigned an appropriate place on the waiting list in sequence based upon lottery assigned number (lower digit numbers have priority over higher digit numbers), as well as the following identified preference factors.

#### **4.2 IDENTIFICATION OF PREFERENCES**

The following categories represent preferences on the waiting list:

**Disabled family** - A family whose member(s) include a person(s) who is under a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) or has a developmental disability as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7)).

**Handicapped family** - A family whose member(s) include a person(s) having a physical or mental impairment that (a) is expected to be of a long-continued and indefinite duration, (b) substantially impedes his or her ability to live independently, and (c) is of such nature that such ability could be improved by more suitable housing.

**Involuntary displaced** - includes the following documentation:

- a. certification from a unit of government concerning displacement due to disaster,
- b. certification from a unit of government concerning displacement due to code enforcement or public improvement/development,
- c. certification from an owner concerning displacement due to owner action,
- d. certification from local police, social service agency, court, clergyman, physician, or public/private shelter/counseling facility concerning displacement due to domestic violence.
- e. certification by law enforcement agency concerning displacement to avoid reprisals for providing information on criminal activities.
- f. certification by law enforcement agency concerning displacement due to hate crimes.
- g. certification by owner, social service agency, or physician concerning displacement due to the inaccessibility of the apartment unit.
- h. certification by HUD officials concerning displacement because of HUD disposition of multi-family project.

Further clarification of Involuntary Displacement: An applicant family who is evicted for reasons within their control is not considered displaced.

***Extremely Low-Income*** - families whose household income is at or below 30% of median area income for their family size:

### ***4.3 RANKING OF THE PREFERENCES***

Ranking preferences are identified below by the numeric value next to the preference category (example: a “1” in the space that represents the first priority, a “2” in the box representing the second priority, and so on.) If equal weight is given to one or more of these choices the same number will be next to both.

Preferences

#### **1      Date and Time**

Preferences

- 1**      The combination of any two preferences (to include Involuntarily Displaced, Disabled, Handicapped and Extremely Low Income).
- 2**      One preference (i.e. Involuntarily Displaced, Disabled, Handicapped and Extremely Low Income).
- 3**      No Preference

### ***4.4 VERIFICATION REQUIREMENTS OF PREFERENCES CATEGORIES***

In order to be eligible to apply and to qualify for the preference categories, sufficient documentation must be provided by the applicant prior to admission. Applicants may provide additional documentation while on the waiting list that may improve their ranking.

*Disabled family member(s)* – documentation must be provided that an applicant family member(s) is disabled. A social security disability award letter or a medical letter that supports that the applicants meet the definition will constitute sufficient documentation.

*Handicapped family member(s)* – documentation must be provided that an applicant family member is handicapped. A medical letter that supports that the applicant meets the definition will constitute sufficient documentation.

*Involuntary displaced* - includes the following documentation:

- a. certification from a unit of government concerning displacement due to disaster,
- b. certification from a unit of government concerning displacement due to code enforcement or public improvement/development,
- c. certification from an owner concerning displacement due to owner action,
- d. certification from local police, social service agency, court, clergyman, physician, or public/private shelter/counseling facility concerning displacement due to domestic violence.
- e. certification by law enforcement agency concerning displacement to avoid reprisals for providing information on criminal activities.
- f. certification by law enforcement agency concerning displacement due to hate crimes.
- g. certification by owner, social service agency, or physician concerning displacement due to the inaccessibility of the apartment unit.
- h. certification by HUD officials concerning displacement because of HUD disposition of multi-family project.

Further clarification of Involuntary Displacement: An applicant family who is evicted for reasons within their control is not considered displaced.

*Extremely Low-Income* – Household income documentation must be provided demonstrating household income is at or below 30% of median area income for their family size:

#### **4.5 SELECTION FROM THE WAITING LIST**

Families will be selected from the waiting list based on the numerical position assigned by the lottery and above the stated preferences. If it is necessary to meet the statutory requirements that 75% of newly admitted families in any fiscal year be families who are extremely low-income, the HA retains the right to skip higher income families on the waiting list to reach extremely low-income families. This measure will only be taken if it appears the goal will not otherwise be met. To ensure that this goal is met, the HA will monitor incomes of newly admitted families and the income of the families on the waiting list. If there are not enough extremely low-income families on the waiting list we will conduct outreach on a non-discriminatory basis to attract extremely low-income families to reach the statutory requirement.

When it is determined that there are openings on the program, a letter is sent to the next eligible applicant from the waiting list regardless of the bedroom size that the

applicant needs. The letter explains the papers needed in order to document eligibility, i.e., pay stubs, welfare budget sheets, social security award letters, savings account books, daycare receipts, etc. The family is assigned to a Program Supervisor who certifies the family's eligibility, conducts an orientation and issues the Housing Choice Voucher.

An applicant's income status may change while on the waiting list. Occasionally, a family who has been contacted for the purposes of enrollment may no longer meet the income eligibility requirements. When this happens, the reasons are fully explained by the HA at the time of the enrollment interview. Ineligible applicants may request an informal review.

Applicants may obtain their numerical position on the waiting list by requesting it in writing or in person. The request must include the applicant's name, current address and social security number. All requests will be responded to in writing promptly. This waiting list information will not be provided to applicants via the telephone or in person for security concerns. Once on the waiting list, it is the applicant's responsibility to maintain their current address. Failure to do so may result in removal from the waiting list. Update of applicant's address must be done in writing or in person.

Families may also be absorbed directly onto the program through portability if properly referred and authorized.

## **5.0 SUBSIDY STANDARDS AND BRIEFING**

### **5.1 BEDROOM SIZE DETERMINATION (SUBSIDY STANDARDS)**

The HA will issue a voucher for a particular bedroom size– the bedroom size is the factor in determining the family's level of assistance. The following guidelines will determine each family's level of assistance. To avoid overcrowding and prevent waste of space and program funds, units shall be leased in accordance with the subsidy standards set below.

<u>Number of Bedrooms</u>	<u>Number of Persons</u>	
	<u>Minimum</u>	<u>Maximum</u>
0	1	1
1	1	2
2	2	4
3	3	6
4	5	8
5	8	10

The family's unit size shall be determined using the following criteria:

1. The bedroom size assigned shall provide for the smallest number of bedrooms needed to house a family without overcrowding.
2. The bedroom size assigned shall not require more than two persons to occupy the same bedroom.
3. The bedroom size assigned shall not require persons of the opposite sex other than a adult couple to occupy the same bedroom with the exception of infants and very young children.
4. A family that consists of a pregnant woman only, and (no other persons), will be treated as a two-person family.
5. Foster adults and children will not be required to share a bedroom with family members.
6. Live-in aides will get a separate bedroom.
7. The family has the option to select a smaller-sized unit provided there is at least one bedroom of appropriate size for each two persons in the household. (For example, a two-bedroom voucher holder with a mother with an infant may select a one-bedroom unit.) For the Voucher Program, the payment standard that is used for the family will be the lower of the subsidy standard that the family qualifies for or the payment standard for the unit rented by the family.
8. Provided there is adequate documentation, a child who is temporarily away from the house because of placement in foster care will be considered a member of the family for purposes of determining the family unit size.
9. The bedroom size assigned may be increased to a larger size than the family would ordinarily need if there is a documented medical reason that adequately supports the need for a larger size unit.

The HA will grant exceptions to the subsidy standards when a family request a larger size than the guidelines allow based on a documented medical reason.

## **5.2 BRIEFING OF FAMILIES AND ISSUANCE OF HOUSING CHOICE VOUCHER**

If a person is determined to be eligible by the HA and is selected for participation, the applicant will be notified of an orientation meeting.

When a family initially receives its Housing Choice Voucher, a full explanation of the following shall be provided to assist the family in finding a suitable unit and to apprise the family of its responsibilities and the responsibilities of the owner.

Full opportunity shall be provided to the families to ask questions and receive answers.

### **5.3 ORIENTATION PACKET**

The Housing Choice Voucher Holder's packet shall include the following:

1. Portability Notice explaining where a family may lease a unit.
2. The HUD-required "Lease Addendum".
3. The "Request for Tenancy Approval" form.
4. The policy on providing information about a family to prospective owners.
5. The subsidy standards.
6. The HUD lead-based paint (LBP) form.
7. Housing discrimination complaint form HUD-903 (2/89) and HUD 928.1 (3-89) form.
8. A listing of available apartment units. (Including handicap accessible units if applicable.)
9. A list of the obligations of being a participant of the Section 8 Tenant Based Assistance Housing Choice Voucher program and grounds for termination of assistance.
10. Protect Your Family From Lead In Your Home Booklet
11. Copy of Form Letter for Property Owners "Disclosure of Information on Lead-Based Paint Hazards.
12. Move-In Move-Out Checklist
13. Owner Certification of Rent Reasonableness
14. A guide booklet to the Section 8 Tenant Based Assistance Housing Voucher program (Appendix II) which includes information pertaining to the following:
  - a) Term of the voucher and policy regarding extensions or suspensions.
  - b) How the housing assistance payment is calculated.
  - c) The Utility Allowance Schedule and information on the Fair Market and Payment Standard.
  - d) What the family should consider in deciding whether to lease a unit.
  - e) Informal hearing procedures.
  - f) Information on how to select unit similar to the HUD brochure on how to select a unit.

#### ***5.4 INFORMATION TO BE PROVIDED PROSPECTIVE OWNERS***

Information is provided to prospective owners regarding participating families in the following manner; upon written request the HA will give prospective owners the family's current address and if known, the name and address of the owner at the family's current and prior address. If the HA has this information, it will also provide the name and address of the landlord at the family's current and prior address.

The HA will inform the owner that it is the landlord's responsibility to screen prospective tenants for suitability as tenants as evidenced by the family's previous rental history. When the HA has information related to a family's previous tenancies, the HA will inform the landlord that the information is available and provide it upon a written request from the landlord. Information will be provided when it is a part of the PHA tenant file from a previous housing choice voucher, certificate, moderate rehabilitation, or public housing tenancy. Only the HA designated person may provide information about the previous tenancies other than landlord names and addresses. The information may be provided in writing or during an in-person meeting with the prospective landlord.

#### ***5.5 ASSISTANCE TO APPLICANTS AND PARTICIPANTS CLAIMING ILLEGAL DISCRIMINATION***

If families believe that they have been discriminated against on the basis of race, color, national origin, sex, disability, or familial status, the HA will offer to assist them in filling out HUD form 903 (Housing Discrimination Compliant form). This form is included in their briefing packet or available upon request. If the family request we will also will forward the completed Housing Discrimination Compliant form to the Department of Housing and Urban Development Regional Office in Boston. The family will be informed of other available option in which to pursue a discrimination compliant including an appropriate referral to the State Commission on Human Rights and Opportunities, the Connecticut Fair Housing Center and Statewide Legal Services of CT.

The HA may approve an request for extension or suspension on the term of the family's Housing Voucher if deemed necessary due to the compliant.

#### ***5.6 TERM OF THE HOUSING VOUCHER***

The Housing Choice Voucher shall expire at the end of sixty (60) days unless within that time the family locates an apartment unit. The inspection of the apartment need not occur prior to Housing Voucher expiration but must occur within a reasonable time period.



If the Housing Voucher expires or is about to expire, a family may submit the Housing Voucher to the HA with a request for an extension. If the applicant has demonstrated a good faith effort to secure an apartment unit, the HA may grant one or more extensions, provided the HA determines that the family's failure to find a suitable unit is not due to the fault or lack of diligence of the family.

The initial term of the Housing Voucher may also be extended at the discretion of the HA due to the voucher holders difficulty securing available and affordable apartment units due to rental market difficulties and/or as reasonable accommodations to make the program accessible to a family member who is a person with disabilities.

The HA may require that any extension that is granted on the term of the Housing Voucher be supported by progress reports made by the family during the initial term of the voucher and the HA's review of overall rental market conditions.

The Housing Voucher holder may request that the expiration period of their Housing Voucher be suspended. To be eligible for consideration the request must be for a documented medical reason or for a family emergency nature to justify the inability of the participant to make use of the Housing Voucher during that time period. Request will be reviewed on a case by case basis. The suspension request can not exceed 120 days.

The HA does not provide for *suspension of term*. Suspension of term is defined as stopping the clock on the term of the a family's voucher, from the time when the family submits a request for HA approval to lease a unit, until the time when the HA approves or denies the request.

### ***5.7 ASSISTANCE PROVIDED TO FAMILIES THAT INCLUDE PERSONS WITH DISABILITIES***

The HA will provide additional assistance on behalf families that include persons with disabilities by attempting to collect a listing of available apartment units that are handicap accessible units and providing this information to the family. Additional time may be granted as outlined in the "term of the voucher" section and a higher payment standard may be granted (if possible) as a reasonable accommodation due to a disability.

### ***5.8 EXPANDING HOUSING OPPORTUNITIES***

The HA will encourage participation by owners of units outside areas of poverty or minority concentration. Outreach will be conducted on an ongoing basis by the HA. The prepared booklet "An Owners Guide to the Housing Choice Voucher Program" will be distributed to all interested parties to answer questions and encourage owner participation in the program (see housing mobility policy Appendix V).

Voucher holders will be counseled regarding the benefits of choosing housing opportunities outside areas of poverty and minority concentration. The HA will make available information about job opportunities, schools, services and maps and related information when briefing voucher holders.

The HA briefing packet includes an explanation of how mobility and portability works and explains how the HA will assist in identifying a portability contact person in other jurisdictions.

The HA will collect and distribute known available apartment units to Voucher-holders including subscribing to local newspapers to identify apartment rentals. When available the HA will refer clients to agencies that will help support finding units outside areas of poverty or minority concentration.

## ***5.9 DISAPPROVAL OF OWNER***

The HA reserves the right to deny approval to lease a unit from an owner for any of the following reasons:

1. The owner has violated obligations under a housing assistance payment contract under Section 8 of the 1937 Act.
2. The owner has committed fraud, bribery or any other corrupt or criminal act in connection with any federal housing programs.
3. The owner has engaged in drug-trafficking.
4. The owner has a history or practice of noncompliance with the HQS for units leased under the tenant-based programs or with applicable housing standards for units leased with project-based Section 8 assistance or leased under any other federal housing programs.
5. The owner has a history or practice of failing to terminate tenancy of tenants of units assisted under Section 8 or any other federally assisted housing program for activity by the tenant, any member of the household, a guest or another person under the control of any member of the household that:
  - (i)Threatens the right to peaceful enjoyment of the premises by other residents;
  - (ii)Threatens the health or safety of other residents, of employees of the PHA, or of owner employees of the PHA or of owner employees or other persons engaged in management of the housing;
  - (iii)Threatens the health or safety of, or of owner employees or other persons engaged in management of the housing;
  - (iv)Is drug-related criminal activity or violent criminal activity.

6. The owner has a history or practice of renting units that fail to meet State or local housing codes.
7. The owner has not paid State or local real estate taxes, fines or assessments.

### ***5.10 SECURITY DEPOSIT***

The owner may collect a security deposit from the tenant in an amount not in excess of amounts charged in the private market practice and not in excess of amounts charged by the owner to unassisted tenants. The limit on the amount of security deposit that owners can collect Housing Choice Voucher tenants is based on Connecticut State law (i.e. two month's rent unless the tenant is 55 years of age or older than the amount is one month's rent).

When the tenant moves out of the dwelling unit, the owner may use the security deposit, including interest on the deposit, as reimbursement for any unpaid rent payable by the tenant for damages to the unit or for other amounts the tenant owes under the lease.

The owner must give the tenant a written list of all items charged against the security deposit and the amount of each item. After deducting the amount, if any, used to reimburse the owner, the owner must promptly refund the full amount of the unused balance to the tenant.

If the security deposit is not sufficient to cover amounts the tenant owes under the lease, the owner may seek to collect the balance from the tenant.

## ***6.0 RECERTIFICATION***

### ***6.1 VERIFICATION OF INCOME AND DETERMINATION OF TOTAL TENANT PAYMENT***

Verification of income will be obtained by either third-party verification or using documentation provided directly by clients.

Accuracy of calculations of Total Tenant Payments is ensured through the following methods; computer software is programmed to make correct calculations of entered data. The HA has Program Supervisors who review calculations of all executed HAP contracts, as well as a random sampling of case files is audited to ascertain among other things that the Total Tenant Payment is calculated accurately.

Verification of income and determination of Total Tenant Payment will follow program regulations as identified in 24 CFR 813 with the exception of the issues identified below:

All applicants and participants age 18 and over must provide current photo identification. In the event that an applicant or participant does not have a photo ID, a self- certification indicating so with the reason why must be provided.

For the purposes of determining whether income is considered annual income or temporary and/or sporadic income; Temporary or sporadic income is defined as follows: Income amounts that are considered sporadic and neither reliable nor periodic. This type of income is excluded from annual income.

## ***6.2 MISSED RECERTIFICATION APPOINTMENT***

If the family fails to respond to the recertification letter and fails to attend the recertification appointment, a second letter will be mailed. The second letter will advise the family of the deficiency and require the family to correct. If the deficiency is not corrected within a reasonable time frame than a notice of intent to terminate Section 8 benefits will be mailed. If the client fails to respond properly than they are subject to termination proceedings.

## ***6.3 INTERIM REEXAMINATIONS OF INCOME AND HOUSEHOLD COMPOSITION***

All interim changes of family income or household composition must be reported to the housing agency as an interim reexamination within thirty days of the occurrence. Interim reexamination will be processed for the next month in which the change became effective. If changes of income occur frequently, the housing agency reserves the right to review household income changes in terms of a yearly average so as to excuse program participants from excessive reporting. Interim reporting is not required for Social Security recipients who are afforded an annual cost of living adjustment at the beginning of the calendar year. All households who receive this adjustment do not have to report this change.

## ***6.4 MINIMUM RENT***

The HA has imposed a \$50 rent minimum and will help those that qualify for exemptions as identified below:

*QHWRA* established certain exemptions to the minimum rent requirements for hardship circumstances. Section 3(a)(3)(B) of the USHA generally states that financial hardship includes the following situations: (1) the family has lost eligibility determinations for a Federal, State, or local assistance program; (2) the family would be evicted as a result of the imposition of the minimum rent requirement; (3) the income of the family has decreased because of changed circumstances, including loss of employment; (4) a death in the family has occurred; and (5) other circumstances determined by the PHA or HUD.)

Families or individuals claiming zero income will need to report income status quarterly.

## ***6.5 LEASE APPROVAL AND HOUSING ASSISTANCE PAYMENTS CONTRACT EXECUTION***

The Contractor shall forward to the East Haven Housing Authority all contracts for initial execution. The Contractor will execute contract renewals.

## ***7.0 INSPECTION POLICIES***

### ***7.1 HOUSING QUALITY STANDARDS AND INSPECTIONS***

The HA will use the guidelines delineated in 24 CFR 982.401 as the appropriate Housing Quality Standards.

Before approving a lease, the HA shall inspect the unit for compliance with the Housing Quality Standards. The inspection will be made as quickly as possible, but no later than ten (10) days after the owner's request.

If there are violations that must be corrected in order for the unit to be decent, safe and sanitary, the HA will advise both the owner and tenant of the work required to be done. The unit will be reinspected to ascertain that necessary work has been performed and that the unit meets the Housing Quality Standards before a contract is executed. The Assistant Director maintains a report to monitor Housing Quality Standards violations and the noncompliance sanctions.

### ***7.2 DETERIORATED PAINT SURFACES***

All painted surfaces of all buildings used or intended to be used in whole or part for human habitation shall be kept free of deteriorated paint surfaces. Deteriorated paint surfaces is defined as any interior or exterior paint or other coating that is peeling,

chipping, chalking or cracking, or any paint or coating located on an interior or exterior surface or fixture that is otherwise damaged or separated from the substrate.

All deteriorated paint must be stabilized or abated, even property exempt under the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C.4851-4856), and part 35, subparts A, B, M, and R of Code of Federal Regulations (CFR).

Property with deteriorated paint that is specifically exempt from part 35, subparts A, B, M, and R of the Code of Federal Regulations (*i.e. property where all occupants are age 6 or older; property that is built after January 1, 1978; properties that has zero bedrooms dwelling; property where all lead-based paint has been removed or the property has been found to be free of lead-based paint by a certified lead-based paint inspector*), will not require a clearance examination but will still need to be stabilized or abated according to “safe work practices”.

### **7.3 HQS ENFORCEMENT**

Each HQS inspection of a unit under contract where the unit fails to meet HQS, any life-threatening HQS deficiencies must be corrected within 24 hours from the inspection and all other cited HQS deficiencies must corrected within no more than 30 calendar days from the inspection or any HA approved extension. If any life-threatening HQS deficiencies are not corrected within 24 hours and all other HQS deficiencies are not corrected within 30 calendar days or any HA-approved extension, the HA will withhold, abate or terminate the housing assistance payments. A landlord’s request for extension may be made verbally or in writing. The HA approval will be documented or notated in the case file.

## **8.0 RENT AND HOUSING ASSISTANCE PAYMENTS**

### **8.1 PAYMENT STANDARDS**

The HA will set up an applicable payment standard schedule for each bedroom size in accordance with HUD regulations. The HA may establish an adjustment standard schedule on an annual basis (prior to FMR increases) in order to assure continued affordability for participating families.

The following factors will be considered in the assessment of the adequacy of the payment standard:

1. *Success rates of program participants:* The HA will review the number of voucher holders whose vouchers expire without having a leased unit. The HA will review the average time required for voucher holders to find units.

2. *Availability of suitable vacant units with rent below the payment standards (Rent survey data):* The HA will review its rent reasonableness data, vacancy rate data, and other relevant information to determine whether there is an ample supply of vacant units with rents below the payment standard amounts in each bedroom category.
3. *Rent burdens of program participants:* The HA will review the percentage of income voucher families use to pay rent to determine the extent to which rent burdens exceed 30 percent of income.
4. *Availability of greater housing choices:* The HA will review the availability of greater housing choices for voucher holders.

The HA will also review on a cases by case basis applying a higher payment standard within the basic range as a reasonable accommodation for a family with a family member with disabilities.

## **8.2 REVIEW AND ADJUSTMENT OF ALLOWANCES FOR UTILITIES**

The HA shall at least annually determine whether there has been a substantial change in utility rates or other charges of general applicability and whether an adjustment is required in the allowance for utilities and other services by reason of such change or because of errors in the original determination. The procedure for this determination shall be as follows:

The HA will request estimates and actual data from utility companies, heating companies and program participants. Utility Allowance schedules may be collected from other housing authorities in region to review ongoing rates currently in use. After reviewing the aforementioned data decisions will be made to determine if utility allowance schedule needs to be adjusted. If the HA determines that an adjustment should be made, the HA shall make the necessary adjustments taking into account the size of dwelling units and other pertinent factors.

## **8.3 RENT REASONABLENESS**

Rent Reasonableness will be determined using the following method:

Rent is reviewed at initial lease-up, as well as, requested rent increase, to determine whether it is reasonable in relation to rents currently being charged for other comparable unassisted units in the private market.

Initial rents and rent increase requests, will be reviewed for reasonableness by referring to the HA's compiled rental survey data for appropriateness. The location, quality, size, unit type, and age of the contract unit will be considered when making this determination. If the rent is deemed unreasonable the HA may provide the owner with a reasonable rental amount based on the compiled rental survey data. If the owner disputes the HA's determination the owner may be afforded the opportunity to provide additional rental survey data that supports the rent that is being requested. The owner's submission of rental survey information does not ensure approval of the requested rent. The HA will determine the rent based on the best rental survey data that is available.

The rental survey data used to make comparisons may be obtained through the services of a state certified real estate appraiser or through collected rental data information.

Each approved rent will contain a "Certification of Rent Reasonableness" form in the file that will certify and document that the rent has been approved. The "Certification of Rent Reasonableness" form will identify a specific comparable rent for a similar type unit considering the location, quality, size, unit type, and age of the contract unit.

In addition, initial lease-up rent request will require the owner to sign the "Owner's Certification of Rent Reasonableness" form to require owners to support the rent they are charging. The "Owner's Certification of Rent Reasonableness" form will require the owner to acknowledge that acceptance of housing assistance payments certifies that the rent is not more than rent charged by the owner for comparable unassisted units in the premises. The HA reserves the right to request and obtain information on the rents being charged by the owner for other units in the premises or elsewhere. Each case-file will contain this certification at initial lease-up.

Each file is subject to file review for completeness before payment is authorized. Payment will not be authorized unless the "Certification of Rent Reasonableness" form and the "Owner's Certification of Rent Reasonableness" form is contained in the file.

If the compiled rental survey data does not have a comparable unit by location, quality, size, or unit type, then the next best comparable unit from the compiled rental survey data may be used to support the approved rent.

#### ***8.4 REVIEW OF FAMILY CIRCUMSTANCES, RENTS, UTILITIES AND HOUSING QUALITY STANDARDS.***

The HA's Director or Assistant Director of the program assigns annual re-examinations two months prior to each lease anniversary date, based on a computer



generated monthly report intended for such purposes. The HA's Program Representatives thereby have sufficient opportunity to notify, in writing, both the owner and the tenant. Should either party have issues to resolve there is then adequate time to explore the issues, and to work toward their resolution prior to the expiration of the lease.

Changes in tenant income are processed upon verification throughout the lease term. All tenants who report zero income are asked to certify their income status at least every three months.

As detailed above, the HA will assign new cases, as well as annual recertifications, to Program Representatives. The Program Representative inspects as well as determines tenants continued eligibility and payment amounts.

Reinspection is done as required by the Program Representative or as requested by the tenant or owner.

At annual reinspections or during the lease term, should the apartment fail an inspection, the following will occur:

1. The owner is notified in writing as to the deficiencies. The owner is given a time period, determined by the Program Representative in which to make the necessary repairs. If the deficiencies are serious the family is issued a new Voucher and advised to relocate. The Assistant Director will maintain a report to monitor HQS violations and the noncompliance sanctions.
2. Program Representatives may abate all or part of the housing assistance payment if the owner is failing to supply contracted services. The Program Representative may hold the housing assistance payment until the repairs are made. If the repairs are made within the specified time, the payment will be released.
3. If the repairs are not made, the Program Representative may continue to withhold payments, abate the payments, or notify the owner of the termination of the contract, and issue the tenant a Housing Voucher. The participating family will be reinstated on the program when another apartment is secured and satisfactorily passes inspection within the time prescribed on the Housing Voucher.

The Assistant Director maintains a record of all requested repairs. The completion dates are monitored monthly to ensure that reinspection deadlines are met or if not, then the appropriate administrative sanctions are taken. Before monthly housing assistance payments are made, all repairs that are requested are reviewed to ensure that the Program Representatives follow through on administrative sanctions. In the instance where monies need to be recovered from participating families or program landlords, the attached Program Controls (Appendix III) should outline HA policy on this matter.

## **8.5 FAMILY BREAK-UP**

In the event that a family break-up occurs in an assisted household, the HA will review the following factors to determine which members of the family continues to receive assistance in the program:

1. What is in the best interest of minor children or ill, elderly or disabled family members.
2. Whether family members are forced to leave the unit as a result of actual or threatened physical violence against family members by a spouse or other member of the household.
3. Which family member has recognized custody of minor children in family.

## **8.6 ABSENCE FROM UNIT**

The family may be absent from the unit for brief periods. For longer absences the following HA policy shall apply:

Absence is defined as no family member residing in the unit.

Family members need to notify the HA of any extended absence from the unit and the reason for the absence. The HA may require the family to document the reason for the extended absence. In any event, family members may not be absent from the unit for a period of more than 60 consecutive calendar days.

Housing Assistance Payments terminate if the family is absent for longer than the maximum period permitted. The term of the HAP Contract and the assisted lease also terminate.

The HA reserves the right to consider special circumstances (such as absence due to hospitalization, medical emergency, etc.) as a basis to determine whether the HA may want to allow a resumption of assistance to the family. The family must supply any information requested by the HA to verify the special circumstances.

The HA conducts a random mailing to a sample of all program participants to verify continued occupancy. The random mailing is described more fully in the Program Controls document.

## **8.7 PAYMENT OF MONIES OWED BY OWNER OR FAMILY TO THE HA**

The HA staff must report all cases of suspected overpayments of program funds Program Supervisor(s). In every case, efforts will be undertaken to recover actual overpayments. The money may be recovered by withholding future HAP or utility payments, or by written mutual agreement to a repayment schedule approved by the Program Management. A monthly Accounts Receivable Report, which tracks all such activity, is generated by the Payments Coordinator and available for review by the Program Management staff.

If reasonable efforts do not result in repayment, the Program Management will re-evaluate each account for referral of legal action where appropriate.

HA staff must report all cases of suspected overpayments of program funds Program Supervisor(s). In every case, efforts will be undertaken to recover actual overpayments. The money may be recovered by withholding future HAP or utility payments, or by written mutual agreement to a repayment schedule approved by the Program Management. A monthly Accounts Receivable Report, which tracks all such activity, is generated by the Payments Coordinator and available for review by the Program Management staff

If reasonable efforts do not result in repayment, the Program Management will re-evaluate each account for referral of legal action where appropriate.

Accounts receivable procedures for Payments made to a landlord for damages, unpaid rent or vacancy reimbursement or overpayments made on behalf of a tenant.

1. *Cancelled or inactive tenants* - for tenants who owe money and whose rental assistance benefits have been terminated either voluntarily or involuntarily the following will occur: The amount that the tenant owes will be maintained in the tenant's permanent file for future reference. Clients cannot reapply without paying money owed in full or entering into a repayment schedule if offered to them. If other Housing Authorities request status information, balance owed will be reported.
2. *Active tenants* - for tenants on the program who owe money as a result of payments being made on their behalf for damages, unpaid rent or vacancy reimbursement or overpayments the following will occur: Clients will enter into a repayment agreement for the amount of the monies owed. The terms and conditions of the payment schedule will be based on a reasonable standard. Tenant's name, allocation code, and the amount owed is entered onto the "Active Tenants with Damages Report". This report is updated monthly to identify delinquent accounts for subsequent mailing notices. Tenant's name and the total amount owed is entered into the Accounts Receivable computer program. If applicable, tenants utility checks are held by the Payments Coordinator.

## **8.8 CONTINUED PARTICIPATION SCREENING**

At reexamination each adult household member (18 years of age and older) must certify that they do not meet any of the following offenses. Additional certifications must be obtained from new adult members joining the household or whenever members of the household become 18 years of age:

- Persons currently engaged in drug related criminal activity or violent criminal activity.
- Fugitives felons, parole violators and persons fleeing to avoid prosecution, or custody or confinement after convictions, for a crime, or attempt to commit a crime, that is a felony under the laws of the place from which the individuals flees.
- Persons convicted for producing Methamphetamine on federal assisted housing property.
- Sex offenders who are required by law to maintain permanent/lifetime registration with a State program.
- Persons whom a HA determines it has a reasonable cause to believe the household member's illegal drug or alcohol abuse threatens the health, safety, or interferes with the peaceful enjoyment of the premises by other residents.
- Persons evicted from federally assisted housing for drug-related criminal activity less than 3 years ago, unless the tenant successfully completes a rehabilitation program approved by a HA or the circumstances for the eviction no longer exist.
- Persons with outstanding debt to any federal subsidized housing programs or if outstanding debt to a federal subsidized program not current with a repayment schedule.
- Person(s) who have committed fraud, bribery, or corrupt or criminal action, or engaged in drug-related or violent criminal activity or been incarcerated, paroled or placed on probation for these offenses within the last three years.

Failure of all adult household members to certify that they do not meet these offenses may be grounds for termination of housing program benefits. The HA reserves the right to conduct a criminal history background check for current program participants if written information is provided to the HA that alleges an offense to this certification and the HA determines there to be a reasonable for conducting a criminal history background check to verify. If the HA conducts a criminal history background check it will be with the consent of the participant and in accordance with HA screening policy outline within the administrative plan. In these instances the participant will be first asked to meet with the HA to review the issues and if deemed necessary be asked to sign the consent to the criminal history background check.

## 8.9 Ownership Verification

All property owners must prove ownership by providing the deed or current tax bill of the property. In cases, where an owner has just purchased the property the closing statement will be accepted. Each year at the time of recertification, the file will be reviewed to ensure that this information is in the file.

All property owners must complete a W-9 and verification of their social security number and/or tax identification number in order to receive payments.

In the event that the owner of a property is a corporation or wishes to designate an agent or other person to execute documents on his/her behalf, a management agreement and/or authorized signatory documents must be provided.

## ***9.0 TERMINATION OF ASSISTANCE TO THE FAMILY***

### ***9.1 TERMINATION POLICY AND PROCEDURE***

The following will constitute grounds for removal of a tenant from the Housing Choice Voucher programs or deny assistance for an applicant:

1. Failure to make payments for monies owed the HA or another HA.
2. Violation of any of the family obligations under 24 CFR 982.551.
3. A participant or family member engaged in drug-related criminal activity or violent criminal activity.
4. A participant has committed fraud (bribery or any other corrupt or criminal act) at the time of application or during assisted tenancy.
5. A participant has failed to comply with the requirements under the family's contract of participation in the Family Self-Sufficiency program.
6. If any family members of the family has been evicted from public housing.
7. If the family has engaged in or threatened abusive or violent behavior toward HA personnel.
8. An applicant or participant that abuses alcohol or drugs in a way that may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.

### ***9.2 PROCEDURE FOR REMOVING A SECTION 8 TENANT FROM THE PROGRAM:***

1. The tenant and landlord will be mailed a notice of intent to terminate Section 8 benefits. The notice shall state the grounds for removal. It shall advise the tenant

that they have 10 days in which to respond and contest the action by requesting a hearing.

2. The tenant may have an advocate or attorney present at the hearing.
3. If the tenant does not respond, they may be automatically removed from the program effective the first day of the month coming after the date of the notice. Notice of termination will be sent to the tenant and landlord simultaneously.

## ***10.0 COMPLAINTS AND APPEALS***

### ***10.1 INFORMAL HEARING FOR PARTICIPANTS***

The HA will give a participant family an opportunity for an informal hearing to consider whether the following HA decisions relating to the individual circumstances of a participant family are in accordance with the law, HUD regulations and HA policies:

1. A determination of the family's annual or adjusted income, and the use of such income to compute the housing assistance payment.
2. A determination of the appropriate utility allowance (if any) for tenant-paid utilities from the HA utility allowance schedule.
3. A determination of the family unit size under the HA subsidy standards.
4. A determination that a certificate program family is residing in a unit with a larger number of bedrooms than appropriate for the family unit size under the HA subsidy standards, or the HA determination to deny the family's request for an exception from the standards.
5. A determination to terminate assistance for a participant family because of the family's action or failure to act (see 24 CFR Sec. 982.552).
6. A determination to terminate assistance because the participant family has been absent from the assisted unit for longer than the maximum period permitted under HA policy and HUD rules.

In the cases described in paragraphs (1), (2) and (3) of this section, the HA will notify the family that the family may ask for an explanation of the basis of the HA determination, and that if the family does not agree with the determination, the family may request an informal hearing on the decision.

In the cases described in (4), (5) and (6) of this section of this section, the HA will give the family prompt written notice that the family may request a hearing before the HA terminates housing assistance payments for the family under an outstanding HAP contract.

In the situations that require a notification to the family that they may request a hearing, the notice will:

1. Contain a brief statement of reasons for the decision;
2. State that if the family does not agree with the decision, the family may request an informal hearing on the decision, and

3. State that the family must make the request for an informal hearing in writing within ten (10) days of the date of the notice so that an informal hearing may be held to present objections and review the decision.

## ***10.2 CONDUCT OF HEARINGS***

When a hearing for a participant family is required the HA procedures for conducting informal hearings for participants will be as follows:

1. The HA shall appoint a hearing officer to conduct the hearing who must be an employee or outside person other than the person who made or approved the decision under review or a subordinate of such person.
2. The hearing officer shall issue a written decision stating briefly the factual and other basis for the decision, a copy of which shall be furnished promptly to the family. Factual determinations relating to the individual circumstances of the family shall be based on a preponderance of the evidence presented at the hearing. A copy of the hearing decision shall be furnished promptly to the family.

When a hearing for a participant family is required, the HA will proceed with the hearing in a reasonably expeditious manner upon the request of the family.

The family will be given the opportunity to examine before the HA hearing any HA documents that are directly relevant to the hearing. The family will be allowed to copy any such document at the family's expense (or as the HA agrees to provide). If the HA does not make the document available for examination on request of the family, the HA will not rely on the document at the hearing.

The HA must be given the opportunity to examine at the HA office before the HA hearing any family documents that are directly relevant to the hearing. The HA must be allowed to copy any such document at the HA's expense. If the family does not make the document available for examination on request of the HA, the family may not rely on the document at the hearing. The term "documents" includes records and regulations.

A lawyer or other representative may represent the family.

The HA and the family will be given the opportunity to present evidence, and may question any witnesses. Evidence may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings.

The HA is not considered bound by a hearing decision in the following situations:

1. Concerning a matter for which the HA is not required to provide an opportunity for an informal hearing under this section, or that otherwise exceeds the

authority of the person conducting the hearing under the HA hearing procedures.

2. Contrary to HUD regulations or requirements, or otherwise contrary to federal, State, or local law.
3. If the HA determines that it is not bound by a hearing decision, the HA must promptly notify the family of the determination, and of the reasons for the determination.

### **10.3 ISSUES THAT DO NOT REQUIRE A HEARING**

The HA is not required to provide a participant family an opportunity for an informal hearing for any of the following:

1. Discretionary administrative determinations by the HA.
2. General policy issues or class grievances.
3. Establishment of the HA schedule of utility allowances for families in the program.
4. A HA determination not to approve an extension or suspension of a voucher term.
5. A HA determination not to approve a unit or tenancy.
6. A HA determination that an assisted unit is not in compliance with HQS.  
(However, the HA must provide the opportunity for an informal hearing for a decision to terminate assistance for a breach of the HQS caused by the family as described in Sec. 982.551(c).
7. A HA determination that the unit is not in accordance with HQS because of the family size.
8. A determination by the HA to exercise or not to exercise any right or remedy against the owner under a HAP contract.



## Attachment B

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

List members of the Resident Advisory Board or Boards:

The PHA has made every effort to solicit Section 8 participants to serve on the Resident Advisory Board and no one has expressed. Therefore, the PHA has elected to notify all of its residents annually regarding the annual plan. EHHA will ensure that that all residents will be provided with the same opportunity to comment on the Plan and to submit any additional comments in writing to the EHHA. A mailing was conducted to all current program participants. The mailing included the Streamlined Annual Plan, a survey response form, a self-addressed stamp envelope and a cover letter. The mailing invited them to serve on a resident advisory board and/or make comments or recommendations on the Annual Plan. EHHA will consider any comments from the RAB when drafting the final plan in the same manner as for other RABs and will include any comments provided by EHHA residents when submitting the Plan to HUD for approval.

Residents Notified:

Abdelmaseh	Jennifer
Adorno	Miriam
Amodio	Michelina
Andrews	Josephine
ARTEAGA	FELICITAS
BARR	LORETTA
BARUCCI	ELAINE
BELLI	MARIA
BOKOWSKI	VALERIE
Bonilla	Maria
BROWN	BRENDA
Bussert	Marion
Campano	LOUIS
Candela	Wanda
CANNON-WOLF	LISA
CAVALLARO	SALVATORE
COLLINS	SANDY
COTTO	IDALIA
Cricchi	Christina
Cronk	Linda
DABBRACCIO	ROSEANNE
DACOSTA	VANESSA
D'Albero	Marietta
Degoursey	Ann
DELCORTE	BONITA
Deloughery	Angela

DeMorest	Robin
DESENTI	ANGELA
Dilauro	Jessica
Dubose	Yolanda
Dubose	Teneisha
DURYEA	MARY JANE
Figueroa	Agnes
FURTAK	WENDY
Gallimore	Diamond
Gargano	Jean Marie
GAUL	DEBORAH
GUARINO	ROSEANN
HUGHES	ELLEN
Johnson	Tia
Johnson	Tracy
LAVALLE	RUTH ANN
LORENTI	FRANK
MAHMUD	SAHAR
MAJESKI	KASEY ANN
MARTINELLI	BIAGIO
MASE	DAWN
MASSEY	TYESHA
MAZZUCCO	PETER
Medina	Joann
MIRANDO	PATRICIA
MISSEAU	GINA
Morcaldi	James
Navarro-Rosario	Grisselle
Negron	Juanita
NELSON	ELAINE
OSORIO	DORCAS
Paleski	Frances
PAPPACODA	LINDA
PELLEGRINO	MATILDA
Phelmetta	Tiphany
Polanco	Jennifer
SANTANA	TANIA
SANTIAGO	SARA
SARNO	BARBARA
SHERMAN	STACEY
SMALLS	KEILA
SOSA	ZAIDA
STEELE	STACEY
Suwarrow	Tasha
SWANSON	MARY
Taft	Stephanie
Tenesaca	Omayra
Travisano	Jacqueline

Valcarcel  
Vazquez  
VELAZQUEZ  
WEBSTER

Sandra  
Luz  
ANTONIO  
GEORGRANA

**Review of impediments of fair housing choice in the Tenant Based Section 8 Program.**

This action conducted in response to requirements outlined in Section 982.53 (c) of the Federal Regulations. The new equal opportunity requirements obligate housing agencies to affirmatively further fair housing in the programs that it administers.

What follows is review of progress made on previous year's goals, as well as, further analysis of additional impediments and specific action outlined to address those impediments. (This analysis was guided by discussions with program participants, staff review of program records and relevant program experience):

**Analysis of impediments to fair housing choice for the Tenant-Based Section 8 Program**

**1. Listing of handicap accessible units to interested clients is sometimes insufficient.**

*Goal: Develop a more comprehensive listing of handicap accessible units.*

*Progress:*

- We assigned a specific staff person to coordinate identification and dissemination of known or available handicap accessible units.
- We identified agencies that have listings of handicapped accessible units.
- We had program staff identify handicap accessible units through normal program operation and forward information to staff person responsible for maintaining list.
- We ensured that property owners that list vacant apartments are screened to determine if the units are handicap accessible and if so identified them in that manner.
- We developed a handicap accessible handout for interested clients with a comprehensive listing of known units (not necessarily vacant).

**2. Program staff could benefit from ongoing training regarding fair housing laws and responsibilities.**

*Goal: Continue to ensure that program staff is properly trained regarding fair housing laws and responsibilities.*

*Progress:*

- We identified fair housing agencies offering fair housing training and orientation for program staff.
- We continued to gather information from organizations and agencies involved with fair housing and distributed to program staff to make available to program participants.
- We reserve time at regularly scheduled program staff meetings to discuss fair housing issues.
- We ensure adequate fair housing training for program staff by attending fair housing seminars.

**3. If payment standard is not set at a high enough rate then it limits the number of housing choices for program participants.**

*Goal: Routinely review payment standard levels to determine the appropriate level that maximizes both adequate housing choices without reducing total number of rental subsidies using the following strategies:*

*Progress:*

- We maintain payment standard levels equal to 100% of published fair market rent or greater.
- We obtained rental survey data to review the adequacy of payment standard levels.
- We committed to tracking Request for Tenancy Approval (RTA) that failed due to 40% rent burden limit.
- We track on an ongoing basis rental information on cases where apartment units became ineligible for program participation due to rent being too high for client. We plan to compile this information and analyze to determine if higher payment standards are necessary.

**4. Program Participants don't always report housing discrimination that they may encounter or are unwilling to take further action when they do report housing discrimination (they may complain about encountering discrimination but are unwilling to take action).**

*Goal: Develop further strategies to ensure program participants consider reporting housing discrimination and are properly informed regarding their rights under fair housing laws.*

*Progress:*

- We ensure that updated fair housing material is routinely gathered and being provided to program participants during orientation.
- We developed office procedures to have program staff record basic facts surrounding any reported incident of housing discrimination (whether further action was taken or not taken).
- We developed a system where reported incidents of housing discrimination are gathered and reviewed routinely to identify patterns or possible follow-up action.

**5. Improve fair housing complaint process including a full understanding of appropriate complaint referral procedures.**

*Goal: Develop further strategies to improve the fair housing complaint process and referral procedures:*

*Progress:*

- Assign a specific staff person to coordinate fair housing activities.
- Develop a formal process for referring fair housing complaints to appropriate agencies.
- Commit to conducting an analysis of the impediments to fair housing choice on an annual basis and include member(s) of the resident advisory board in the process.

**6. The general lack of affordable rental units in the market creates impediments to fair housing choice, particularly for those families searching for larger size apartment units.**

*Goals: Develop strategies to counteract the general lack of affordable rental units for families searching for larger size units:*

*Progress:*

- We affirmatively marketed the Section 8 tenant based program to rental property owners.
- We disseminated information regarding the Section 8 program to rental property owners.

**7. The analysis of impediments to fair housing choice could benefit from greater resident participation.**

*Conduct additional outreach to program participants to elicit interest in the resident advisory board and participation in the analysis to impediments to fair housing choice.*

- Develop a resident advisory board (RAB) handout or brochure to explain the purpose of the resident advisory board and a signed-up sheet for those interested in participating.
- Provide the RAB handout to new admissions.
- Provide the RAB handout to program participants during recertifications.