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

# PHA Plans

5 Year Plan for Fiscal Years 2006 - 2010 Annual Plan for Fiscal Year 2006

Winter Haven Housing Authority

#### PHA Plan Agency Identification

**PHA Name:** Winter Haven Housing Authority PHA Number: FL139 **PHA Fiscal Year Beginning:** (10/2006) **Public Access to Information** Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply) Main administrative office of the PHA PHA development management offices PHA local offices **Display Locations For PHA Plans and Supporting Documents** The PHA Plans (including attachments) are available for public inspection at: (select all that apply) Main administrative office of the PHA PHA development management offices PHA local offices Main administrative office of the local government Main administrative office of the County government Main administrative office of the State government Public library PHA website Other (list below) PHA Plan Supporting Documents are available for inspection at: (select all that apply) Main business office of the PHA PHA development management offices Other (list below)

## 5-YEAR PLAN **PHA FISCAL YEARS 2006 - 2010**

[24 CFR Part 903.5]

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	<u>lission</u>
	e PHA's mission for serving the needs of low-income, very low income, and extremely low-income in the PHA's jurisdiction. (select one of the choices below)
	The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
$\boxtimes$	The PHA's mission is: (state mission here)
	The Winter Haven Housing Authority is committed to achieving excellence in providing safe, clean and modern housing assistance while promoting self-sufficiency, upward mobility, and partnerships with our residents and others to enhance the quality of life in our communities.
B. G The goa	oals als and objectives listed below are derived from HUD's strategic Goals and Objectives and those
emphas identify PHAS . SUCCI (Quanti	ized in recent legislation. PHAs may select any of these goals and objectives as their own, or other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF ESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS. fiable measures would include targets such as: numbers of families served or PHAS scores d.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.
HUD housii	Strategic Goal: Increase the availability of decent, safe, and affordable ng.
	PHA Goal: Expand the supply of assisted housing Objectives:

$\boxtimes$	PHA Goal: Improve the quality of assisted housing
	Objectives:  ☐ Improve public housing management: (PHAS score) ☐ Improve voucher management: (SEMAP score) ☐ Increase customer satisfaction: ☐ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) ☐ Renovate or modernize public housing units: ☐ Demolish or dispose of obsolete public housing: ☐ Provide replacement public housing: ☐ Provide replacement vouchers: ☐ Other: (list below)
	PHA Goal: Increase assisted housing choices Objectives:  Provide voucher mobility counseling: Conduct outreach efforts to potential voucher landlords Increase voucher payment standards Implement voucher homeownership program: Implement public housing or other homeownership programs: Implement public housing site-based waiting lists: Convert public housing to vouchers: Other: (list below)
HUD	Strategic Goal: Improve community quality of life and economic vitality
	<ul> <li>PHA Goal: Provide an improved living environment</li> <li>Objectives:</li> <li>☑ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:</li> <li>☑ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:</li> <li>☑ Implement public housing security improvements:</li> <li>☑ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)</li> <li>☑ Other: (list below)</li> </ul>

#### and individuals $\boxtimes$ PHA Goal: Promote self-sufficiency and asset development of assisted households Objectives: $\boxtimes$ Increase the number and percentage of employed persons in assisted families: X Provide or attract supportive services to improve assistance recipients' employability: Provide or attract supportive services to increase independence for the elderly or families with disabilities. Other: (list below) **HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans** $\boxtimes$ PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives: $\boxtimes$ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: $\boxtimes$ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability: Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: Other: (list below)

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

Other PHA Goals and Objectives: (list below)

#### Annual PHA Plan PHA Fiscal Year 2006

[24 CFR Part 903.7]

1. Annual Plan Type:
Select which type of Annual Plan the PHA will submit.
Standard Plan
Streamlined Plan:
High Performing PHA
Small Agency (<250 Public Housing Units)
Administering Section 8 Only

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

[24 CFR Part 903.7 9 (r)]

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

The Agency Plan is a comprehensive guide to the Winter Haven Housing Authority's policies, programs, operations and strategies for meeting local housing needs and goals. There are two parts to the Plan: the Five-Year Plan, which the Authority submits to the Department of Housing and Urban Development (HUD) once every fifth fiscal year, and the Annual Plan, which is submitted to HUD every year. This document represents the Authority's FY2006 Agency Plan Annual Update.

Since the Agency Plan serves as the annual application for the Capital Fund Program (CFP), the Authority has submitted an Annual Statement and Five-Year Plan for the FY2006 CFP based on actual funding. The Annual Statement and Five-Year Plan can be found in this binder under Tab 2 (fl139a01).

A list of all information included in the Plan is located on the following pages.

# <u>iii. Annual Plan Table of Contents</u> [24 CFR Part 903.7 9 (r)]

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

#### **Table of Contents**

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#### Attachments

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

Requii	red Attachments:
$\boxtimes$	Attachment A. Deconcentration Analysis
$\boxtimes$	Attachment B. Brief Statement of Progress in Meeting Five-Year Plan Mission
	and Goals
$\boxtimes$	Attachment C. Resident Commissioner and Resident Advisory Board members
$\boxtimes$	Attachment D. Criteria for Substantial Deviation and Significant Amendments
$\boxtimes$	Attachment E. Pet Policy
$\times$	Attachment F. Community Service Policy
$\boxtimes$	Attachment G. Follow-Up Plan for the Resident Assessment and Satisfaction
	Survey
$\boxtimes$	FY 2006 Capital Fund Program Annual Statement (fl139a01)
$\boxtimes$	Most recent board-approved operating budget (Required Attachment for PHAs
	that are troubled or at risk of being designated troubled ONLY) (fl139d01)
Op	otional Attachments:
	PHA Management Organizational Chart
$\boxtimes$	FY 2006 Capital Fund Program 5 Year Action Plan (fl139a01)
	Public Housing Drug Elimination Program (PHDEP) Plan
	Comments of Resident Advisory Board or Boards (must be attached if not
	included in PHA Plan text)
$\boxtimes$	Other (List below, providing each attachment name)
	FL14P13950105 CFP Performance and Evaluation Report (fl139b01)
	FL14P13950104 CFP Performance and Evaluation Report (fl139c01)

#### **Supporting Documents Available for Review**

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

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

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

List of Supporting Documents Available for Review					
Applicable & On Display	Supporting Document	Applicable Plan Component			
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit			
X	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs			
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)			

#### 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	791	5	4	4	4	4	4
Income >30% but <=50% of AMI	587	4	3	3	3	3	3
Income >50% but <80% of AMI	502	3	3	3	3	3	3
Elderly	876	4	3	3	3	3	3
Families with Disabilities	n/a	3	3	3	5	3	3
White	1,343	3	3	3	3	3	3
Black	690	3	3	3	3	3	3
Hispanic	132	3	3	3	3	3	3

What sources of information did the PHA use to conduct this analysis? (Check all that

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

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

Housing Needs of Families on the Waiting List							
Waiting list type: (select one)  Section 8 tenant-based assistance  Public Housing  Combined Section 8 and Public Housing  Public Housing Site-Based or sub-jurisdictional waiting list (optional)  If used, identify which development/subjurisdiction:							
	# of families						
Waiting list total	13		n/a				
Extremely low income (<=30% AMI)	13	100.0%					
Very low income (>30% but <=50% AMI)	0	0.0%					
Low income (>50% but <80% AMI)	0	0.0%					
Families with children	11	84.7%					
Elderly families	0	0.0%					
Families with Disabilities	0	0.0%					
White							
Black	9	69.2%					
Characteristics by Bedroom Size (Public Housing Only)							
1BR	n/a	n/a	n/a				
2 BR	n/a	n/a	n/a				
3 BR	n/a	n/a	n/a				
4 BR	n/a	n/a	n/a				
5 BR	n/a	n/a	n/a				
Is the waiting list closed (select one)?  No Yes  If yes:  How long has it been closed (# of months)? 36  Does the PHA expect to reopen the list in the PHA Plan year?  No Yes  Does the PHA permit specific categories of families onto the waiting list, even if generally closed?  No Yes							

Housing Needs of Families on the Waiting List							
Waiting list type: (select one)  Section 8 tenant-based assistance							
Nublic Housing							
Combined Section 8 and Public Hous	Combined Section 8 and Public Housing						
Public Housing Site-Based or sub-jur		ng list (optional	)				
If used, identify which development/	subjurisdiction:						
	# of families	% of total	Annual				
	# 01 families	families	Turnover				
Waiting list total	75		32				
Extremely low income (<=30% AMI)	59	78.7%					
Very low income (>30% but <=50% AMI)	13	17.4%					
Low income (>50% but <80% AMI)	3	4.0%					
Families with children	50	66.7%					
Elderly families	2	2.7%					
Families with Disabilities	11	14.7%					
Black 67 89.3%							
White	8	10.7%					
Characteristics by Bedroom Size (Public							
Housing Only)							
1 BR	22	29.4%	14				
2 BR	34	45.4%	15				
3 BR	5	6.7%	3				
4 BR	14	18.7%	0				
5 BR							
Is the waiting list closed (select one)?	lo X Yes						
If yes:							
How long has it been closed (# of months)? 3							
Does the PHA expect to reopen the list in the PHA Plan year? \( \subseteq \text{No } \subseteq \text{Yes} \)							
Does the PHA permit specific categories of families onto the waiting list, even if							
generally closed? No Yes							

#### C. Strategy for Addressing Needs

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

#### (1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select al	I that apply
	Employ effective maintenance and management policies to minimize the number of public housing units off-line Reduce turnover time for vacated public housing units Reduce time to renovate public housing units Seek replacement of public housing units lost to the inventory through mixed finance development Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
$\boxtimes$	Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
	Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
	Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
	Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
	Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
	Other (list below)
	gy 2: Increase the number of affordable housing units by:
Select al	l that apply
	Apply for additional section 8 units should they become available Leverage affordable housing resources in the community through the creation of mixed - finance housing
	Pursue housing resources other than public housing or Section 8 tenant-based assistance.  Other: (list below)

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

## Strategy 1: Target available assistance to families at or below 30 % of AMI Select all that apply Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance Employ admissions preferences aimed at families with economic hardships Adopt rent policies to support and encourage work Other: (list below) Need: Specific Family Types: Families at or below 50% of median Strategy 1: Target available assistance to families at or below 50% of AMI Select all that apply Employ admissions preferences aimed at families who are working Adopt rent policies to support and encourage work Other: (list below) **Need: Specific Family Types: The Elderly** Strategy 1: Target available assistance to the elderly: Select all that apply Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below)

## Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:  Select all that apply		
	Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing Apply for special-purpose vouchers targeted to families with disabilities, should they become available Affirmatively market to local non-profit agencies that assist families with disabilities Other: (list below)	
Need: needs	Specific Family Types: Races or ethnicities with disproportionate housing	
	gy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:  f applicable	
	Affirmatively market to races/ethnicities shown to have disproportionate housing needs Other: (list below)	
	gy 2: Conduct activities to affirmatively further fair housing  ll that apply	
	Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units  Market the section 8 program to owners outside of areas of poverty /minority concentrations  Other: (list below)	
Other	Housing Needs & Strategies: (list needs and strategies below)	

(2) Reasons for Selecting Strategies
Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:  $\bigvee$ Funding constraints

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

## 2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

	Resources:		
Sources	Planned \$	Planned Uses	
1. Federal Grants (FY 2006 grants)			
a) Public Housing Operating Fund	\$389,079		
b) Public Housing Capital Fund	\$325,550		
c) HOPE VI Revitalization			
d) HOPE VI Demolition			
e) Annual Contributions for Section 8 Tenant-Based Assistance	\$339,477		
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)			
g) Resident Opportunity and Self- Sufficiency Grants			
h) Community Development Block Grant			
i) HOME			
Other Federal Grants (list below)			
Section 8 New Construction	\$398,792	Palm Place	
2. Prior Year Federal Grants (unobligated funds only) (list below)			
FL14P13950105 (3/31/06)	\$4,930	Capital Improvements	
3. Public Housing Dwelling Rental Income	\$161,054	Operations	
4. Other income (list below)			
Investment Income	\$9,945	Operations	
Other	\$19,000	Operations	
5. Non-federal sources (list below)	5. Non-federal sources (list below)		
Total Resources	\$1,647,827		

# 3. PHA Policies Governing Eligibility, Selection, and Admissions [24 CFR Part 903.7 9 (c)]

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

(1) Eligibility
<ul> <li>a. When does the PHA verify eligibility for admission to public housing? (select all that apply)</li> <li>When families are within a certain number of being offered a unit: (state number)</li> <li>When families are within a certain time of being offered a unit: (state time)</li> <li>Other: (describe)</li> </ul>
As soon as possible after receipt of the application.
<ul> <li>b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?</li> <li>Criminal or Drug-related activity</li> <li>Rental history</li> <li>Housekeeping</li> <li>Other (describe)</li> </ul>
c.  Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?  d. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?  e. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
(2)Waiting List Organization
<ul> <li>a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)</li> <li>Community-wide list</li> <li>Sub-jurisdictional lists</li> <li>Site-based waiting lists</li> <li>Other (describe)</li> </ul>

answer each of the following questions; if not, skip to subsection (3) Assignment  1. How many site-based waiting lists will the PHA operate in the coming year?  2.	PHA main administrative office  PHA development site management office  Other (list below)
2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)? If yes, how many lists?  3. Yes No: May families be on more than one list simultaneously If yes, how many lists?  4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?  PHA main administrative office All PHA development management offices Management offices at developments with site-based waiting lists At the development to which they would like to apply Other (list below)  (3) Assignment  a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one) One Two Three or More  b. Yes No: Is this policy consistent across all waiting list types?  c. If answer to b is no, list variations for any other than the primary public housing	c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection (3) <b>Assignment</b>
upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  If yes, how many lists?  3. Yes No: May families be on more than one list simultaneously If yes, how many lists?  4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?  PHA main administrative office All PHA development management offices Management offices at developments with site-based waiting lists At the development to which they would like to apply Other (list below)  (3) Assignment  a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)  One Two Three or More  b. Yes No: Is this policy consistent across all waiting list types?  c. If answer to b is no, list variations for any other than the primary public housing	1. How many site-based waiting lists will the PHA operate in the coming year?
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the site-based waiting lists (select all that apply)?  PHA main administrative office All PHA development management offices Management offices at developments with site-based waiting lists At the development to which they would like to apply Other (list below)  (3) Assignment  a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one) One Two Three or More  b. Yes No: Is this policy consistent across all waiting list types?  c. If answer to b is no, list variations for any other than the primary public housing	
a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)  One Two Three or More  b. Yes No: Is this policy consistent across all waiting list types?  c. If answer to b is no, list variations for any other than the primary public housing	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
bottom of or are removed from the waiting list? (select one)  One Two Three or More  b. Yes No: Is this policy consistent across all waiting list types?  c. If answer to b is no, list variations for any other than the primary public housing	(3) Assignment
c. If answer to b is no, list variations for any other than the primary public housing	One Two
· · · · · · · · · · · · · · · · · · ·	b. Xes No: Is this policy consistent across all waiting list types?
	c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

## (4) Admissions Preferences a. Income targeting: Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income? b. Transfer policies: In what circumstances will transfers take precedence over new admissions? (list below) Emergencies Overhoused Underhoused Medical justification Administrative reasons determined by the PHA (e.g., to permit modernization Resident choice: (state circumstances below) Other: (list below) c. Preferences 1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection (5) Occupancy) 2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

Homelessness

 $\boxtimes$ 

	2006	. 1	D1	ъ	
FΥ	2006	Annual	Plan	Page	17

Involuntary Displacement (Disaster, Government Action, Action of Housing

Owner, Inaccessibility, Property Disposition)

High rent burden (rent is > 50 percent of income)

Victims of domestic violence

Substandard housing

Other p	preferences: (select below)
	Working families and those unable to work because of age or disability
=	Veterans and veterans' families
	Residents who live and/or work in the jurisdiction
	Those enrolled currently in or graduated from educational, training, or upward
	mobility programs  Households that contribute to meeting income goals (broad range of incomes)  Households that contribute to meeting income requirements (targeting)  Those previously enrolled in educational, training, or upward mobility  programs
	Victims of reprisals or hate crimes
	Other preference(s) (list below)
	Elderly singles over other single persons.
the space priority through	e PHA will employ admissions preferences, please prioritize by placing a "1" in ce that represents your first priority, a "2" in the box representing your second and so on. If you give equal weight to one or more of these choices (either an absolute hierarchy or through a point system), place the same number next to that means you can use "1" more than once, "2" more than once, etc.
2 Date	and Time
1	Federal preferences: Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden
Other n	preferences (select all that apply)
∑1 □	Working families and those unable to work because of age or disability Veterans and veterans' families
$\overline{\boxtimes} 1$	Residents who live and/or work in the jurisdiction  Those enrolled currently in or graduated from educational, training, or upward  mobility programs
	mobility programs  Households that contribute to meeting income goals (broad range of incomes)  Households that contribute to meeting income requirements (targeting)  Those previously enrolled in educational, training, or upward mobility
	programs Victims of reprisals or hate crimes Other preference(s) (list below)
	1 Elderly singles over other single persons.

4. Rel	lationship of preferences to income targeting requirements:  The PHA applies preferences within income tiers  Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements
(5) Oc	ecupancy
	at reference materials can applicants and residents use to obtain information about rules of occupancy of public housing (select all that apply)  The PHA-resident lease The PHA's Admissions and (Continued) Occupancy policy PHA briefing seminars or written materials Other source (list)
	w often must residents notify the PHA of changes in family composition? (select apply)  At an annual reexamination and lease renewal  Any time family composition changes  At family request for revision  Other (list)
(6) De	econcentration and Income Mixing
a. 🗌	Yes No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?
b. 🗌	Yes No: Did the PHA adopt any changes to its <b>admissions policies</b> based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?
c. If th	ne answer to b was yes, what changes were adopted? (select all that apply) Adoption of site based waiting lists If selected, list targeted developments below:
	Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  If selected, list targeted developments below:

	Employing new admission preferences at targeted developments If selected, list targeted developments below:
	Other (list policies and developments targeted below)
d. 🗌	Yes No: Did the PHA adopt any changes to <b>other</b> policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?
e. If the app	ne answer to d was yes, how would you describe these changes? (select all that ly)
	Additional affirmative marketing Actions to improve the marketability of certain developments Adoption or adjustment of ceiling rents for certain developments Adoption of rent incentives to encourage deconcentration of poverty and incomemixing Other (list below)
	ed on the results of the required analysis, in which developments will the PHA special efforts to attract or retain higher-income families? (select all that apply)  Not applicable: results of analysis did not indicate a need for such efforts  List (any applicable) developments below:
	sed on the results of the required analysis, in which developments will the PHA special efforts to assure access for lower-income families? (select all that apply) Not applicable: results of analysis did not indicate a need for such efforts List (any applicable) developments below:

#### B. Section 8

(1) Eligibility

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

a. Wh	criminal or drug-related activity only to the extent required by law or regulation Criminal and drug-related activity, more extensively than required by law or regulation More general screening than criminal and drug-related activity (list factors below) Other (list below)
Ь. <u></u>	Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
c. 🗌	Yes No: Does the PHA request criminal records from State law enforcement

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

agencies for screening purposes?

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

Criminal or drug-related activity
Other (describe below)

#### (2) Waiting List Organization

a.	With which of the following program waiting lists is the section 8 tenant-based
	assistance waiting list merged? (select all that apply)
$\times$	None

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

<ul> <li>b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)</li> <li>PHA main administrative office</li> <li>Other (list below)</li> </ul>
(3) Search Time  a. ☐ Yes ☒ No: Does the PHA give extensions on standard 60-day period to search
for a unit?
If yes, state circumstances below:
Extensions are granted upon request for reasonable accommodation for disabled persons/families and if there is documentation that the applicant has been searching for a unit but has not been able to locate a suitable affordable unit.
(4) Admissions Preferences
a. Income targeting
Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?  b. Preferences
1. Yes No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent (5) Special purpose section 8 assistance programs)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)
Former Federal preferences  Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  Victims of domestic violence  Substandard housing  Homelessness  High rent burden (rent is > 50 percent of income)

Other p	preferences (select all that apply)		
	Working families and those unable to work because of age or disability		
	Vatarons and vatarons' families		
	Residents who live and/or work in your jurisdiction		
	Those enrolled currently in or graduated from educational, training, or upward		
	mobility programs		
	Households that contribute to meeting income goals (broad range of incomes)		
	Households that contribute to meeting income requirements (targeting)		
	Those previously enrolled in educational, training, or upward mobility programs		
$\Box$	Victims of reprisals or hate crimes		
$\overline{\square}$	Other preference(s) (list below)		
	r		
	Elderly singles over other single persons.		
2 10 1			
	the PHA will employ admissions preferences, please prioritize by placing a "1" in		
	space that represents your first priority, a "2" in the box representing your second		
	y, and so on. If you give equal weight to one or more of these choices (either		
	h an absolute hierarchy or through a point system), place the same number next to		
each.	That means you can use "1" more than once, "2" more than once, etc.		
2	Data and T'		
2	Date and Time		
Formor	Federal preferences		
ronnei	•		
	Involuntary Displacement (Disaster, Government Action, Action of Housing		
	Owner, Inaccessibility, Property Disposition)		
	Victims of domestic violence		
	Substandard housing		
	Homelessness		
	High rent burden		
041			
	preferences (select all that apply)		
<u>  1</u>	Working families and those unable to work because of age or disability		
H	Veterans and veterans' families		
	Residents who live and/or work in your jurisdiction		
$\square$ I	Those enrolled currently in or graduated from educational, training, or upward		
	mobility programs		
$\vdash$	Households that contribute to meeting income goals (broad range of incomes)		
$\sqcup$	Households that contribute to meeting income requirements (targeting)		
	Those previously enrolled in educational, training, or upward mobility		
	programs		
	Victims of reprisals or hate crimes		
$\bowtie$	Other preference(s) (list below)		
	1 Elderly singles over other single persons.		
	Literry singles over other single persons.		

appl	ong applicants on the waiting list with equal preference status, how are licants selected? (select one)  Date and time of application  Drawing (lottery) or other random choice technique
juriso	e PHA plans to employ preferences for "residents who live and/or work in the diction" (select one) This preference has previously been reviewed and approved by HUD The PHA requests approval for this preference through this PHA Plan
	tionship of preferences to income targeting requirements: (select one) The PHA applies preferences within income tiers Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements
(5) Sp	ecial Purpose Section 8 Assistance Programs
selec the P	hich documents or other reference materials are the policies governing eligibility, tion, and admissions to any special-purpose section 8 program administered by PHA contained? (select all that apply) The Section 8 Administrative Plan Briefing sessions and written materials Other (list below)
prog	v does the PHA announce the availability of any special-purpose section 8 grams to the public? Through published notices Other (list below)

# **4. PHA Rent Determination Policies** [24 CFR Part 903.7 9 (d)]

Δ	<b>Pub</b>	lic	Ho	ucin	Œ
<b>71.</b>	I UD	ш	110	usin	K

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

(1) Income Based Rent Policies
Describe the PHA's income based rent setting policy/ies for public housing using, including discrete
(that is, not required by statute or regulation) income disregards and exclusions, in the appropriate

(1) Inc	ome based Kent I oncies
	the PHA's income based rent setting policy/ies for public housing using, including discretionary of required by statute or regulation) income disregards and exclusions, in the appropriate spaces
a. Use o	of discretionary policies: (select one)
1 6 1	The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))
or	
	The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)
b. Mini	mum Rent
	amount best reflects the PHA's minimum rent? (select one) \$0 \$1-\$25 \$26-\$50
2. 🗌 Y	Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?
3. If yes	to question 2, list these policies below:
c. Ren	ts set at less than 30% than adjusted income
1. 🗌 Y	Yes No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2.	If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:
d.	Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)  For the earned income of a previously unemployed household member For increases in earned income  Fixed amount (other than general rent-setting policy)  If yes, state amount/s and circumstances below:
	Fixed percentage (other than general rent-setting policy)  If yes, state percentage/s and circumstances below:
	For household heads For other family members For transportation expenses For the non-reimbursed medical expenses of non-disabled or non-elderly families Other (describe below)
e. <b>(</b>	Ceiling rents
1.	Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)
	Yes for all developments Yes but only for some developments No
2.	For which kinds of developments are ceiling rents in place? (select all that apply)
	For all developments For all general occupancy developments (not elderly or disabled or elderly only) For specified general occupancy developments For certain parts of developments; e.g., the high-rise portion For certain size units; e.g., larger bedroom sizes Other (list below)
3.	Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

F 99 77 11 C C T	Market comparability study fair market rents (FMR)  5 <sup>th</sup> percentile rents 5 percent of operating costs 00 percent of operating costs for general occupancy (family) developments 0 perating costs plus debt service 1 he "rental value" of the unit 1 other (list below)
f. Rent r	re-determinations:
or farrent?  NA A A A P A A A A	een income reexaminations, how often must tenants report changes in income mily composition to the PHA such that the changes result in an adjustment to (select all that apply)  Never the family option any time the family experiences an income increase any time a family experiences an income increase above a threshold amount or ercentage: (if selected, specify threshold)  Other (list below)  All changes in family composition or income must be reported to the Authority.  Les No: Does the PHA plan to implement individual savings accounts for
	residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?
(2) Flat	Rents
estab T S S S	tting the market-based flat rents, what sources of information did the PHA use to dish comparability? (select all that apply.) The section 8 rent reasonableness study of comparable housing survey of rents listed in local newspaper survey of similar unassisted units in the neighborhood other (list/describe below)

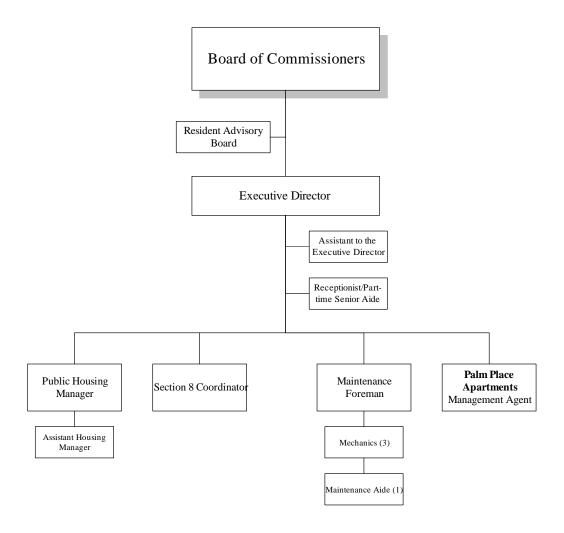
#### **B. Section 8 Tenant-Based Assistance**

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

(1) Payment Standards			
Describe the voucher payment standards and policies.			
a. What is the PHA's payment standard? (select the category that best describes your standard)  At or above 90% but below100% of FMR  100% of FMR  Above 100% but at or below 110% of FMR  Above 110% of FMR (if HUD approved; describe circumstances below)			
<ul> <li>b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)</li> <li>FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area</li> <li>The PHA has chosen to serve additional families by lowering the payment standard</li> <li>Reflects market or submarket</li> <li>Other (list below)</li> </ul>			
<ul> <li>c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)</li> <li>FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area</li> <li>Reflects market or submarket</li> <li>To increase housing options for families</li> <li>Other (list below)</li> </ul>			
<ul> <li>d. How often are payment standards reevaluated for adequacy? (select one)</li> <li>Annually</li> <li>Other (list below)</li> </ul>			

	nat factors will the PHA consider in its assessment of the adequacy of its payment indard? (select all that apply)  Success rates of assisted families  Rent burdens of assisted families  Other (list below)
a. Wh	at amount best reflects the PHA's minimum rent? (select one)  \$0 \$1-\$25 \$26-\$50  Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)
Exempt section.	perations and Management R Part 903.7 9 (e)] ions from Component 5: High performing and small PHAs are not required to complete this Section 8 only PHAs must complete parts A, B, and C(2)
Describ	IA Management Structure e the PHA's management structure and organization.
(select	An organization chart showing the PHA's management structure and organization is attached.  A brief description of the management structure and organization of the PHA
	follows:

## Winter Haven Housing Authority



#### **B. HUD Programs Under PHA Management**

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	229	32
Section 8 Vouchers	88	20
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal		
Programs(list		
individually)		
Project-Based Section 8	90	20
Capital Fund Program	229	32

#### C. Management and Maintenance Policies

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

(1) Public Housing Maintenance and Management: (list below)

Admissions and Continued Occupancy
Procurement Policy
Capitalization

Maintenance Plan
Personnel Policy
Disposition

(2) Section 8 Management: (list below)

Housing Choice Voucher Administrative Plan

### 6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing  1. ☐ Yes ☐ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?
If yes, list additions to federal requirements below:
<ul> <li>2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)</li> <li>PHA main administrative office</li> <li>PHA development management offices</li> <li>Other (list below)</li> </ul>
B. Section 8 Tenant-Based Assistance  1. ☐ Yes ☑ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?
If yes, list additions to federal requirements below:
<ul> <li>2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)</li> <li>PHA main administrative office</li> <li>Other (list below)</li> </ul>

7. Capital Improvement Needs
[24 CFR Part 903.7 9 (g)]
E

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

#### A. Capital Fund Activities

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

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

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

Select	one: The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment fl139a01.
	The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)
(2) O <sub>1</sub>	otional 5-Year Action Plan
Agencie be comp	es are encouraged to include a 5-Year Action Plan covering capital work items. This statement can bleted by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan e <b>OR</b> by completing and attaching a properly updated HUD-52834.
a. 🖂	Yes No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)
b. If your cor-	es to question a, select one: The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment fl139a01.
	The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

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

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

Yes No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant copying and completing as many times as necessary) b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)	
1. Development name:	
2. Development (project) number:	
3. Status of grant: (select the statement that best describes the current	
status)	
Revitalization Plan under development	
Revitalization Plan submitted, pending approval Revitalization Plan approved	
Activities pursuant to an approved Revitalization Plan	
underway	
·	
Yes No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant i	n
the Plan year?	
If yes, list development name/s below:	
Yes No: d) Will the PHA be engaging in any mixed-finance development	
activities for public housing in the Plan year?	
If yes, list developments or activities below:	
Yes No: e) Will the PHA be conducting any other public housing developmen	+
or replacement activities not discussed in the Capital Fund	ι
Program Annual Statement?	
If yes, list developments or activities below:	

## 8. Demolition and Disposition [24 CFR Part 903.7 9 (h)] Applicability of component 8: Section 8 only PHAs are not required to complete this section. 1. $\boxtimes$ Yes $\square$ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.) 2. Activity Description $\square$ Yes $\boxtimes$ No: Has the PHA provided the activities description information in the optional Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.) **Demolition/Disposition Activity Description** 1a. Development name: Orrin Circle 1b. Development (project) number: FL139-4 2. Activity type: Demolition Disposition 3. Application status (select one) Approved [ Submitted, pending approval Planned application 4. Date application approved, submitted, or planned for submission: (03/01/2007) 5. Number of units affected: 65

6. Coverage of action (select one)

Part of the development

Total development
7. Timeline for activity:

a. Actual or projected start date of activity: 05/01/2007

b. Projected end date of activity: 05/01/2008

1a. Development name: Grove Park  1b. Development (project) number: FL139-1  2. Activity type: Demolition □ Disposition □  Disposition □  3. Application status (select one) Approved □ Submitted, pending approval □ Planned application □  4. Date application approved, submitted, or planned for submission: (03/01/2007)  5. Number of units affected: 27  6. Coverage of action (select one) □ Part of the development □ Total development  7. Timeline for activity: a. Actual or projected start date of activity: 05/01/2007 b. Projected end date of activity: 05/01/2008
2. Activity type: Demolition Disposition Sisposition Sisposition Sisposition Disposition Sisposition Sisposition Disposition Disposition Sisposition Sisposition Disposition D
Disposition   3. Application status (select one)     Approved      Submitted, pending approval      Planned application   4. Date application approved, submitted, or planned for submission: (03/01/2007)  5. Number of units affected: 27  6. Coverage of action (select one)     Part of the development      Total development  7. Timeline for activity:     a. Actual or projected start date of activity: 05/01/2007
3. Application status (select one) Approved  Submitted, pending approval  Planned application  4. Date application approved, submitted, or planned for submission: (03/01/2007) 5. Number of units affected: 27 6. Coverage of action (select one) Part of the development Total development 7. Timeline for activity: a. Actual or projected start date of activity: 05/01/2007
Approved Submitted, pending approval Planned application Submitted, or planned for submission: (03/01/2007)  4. Date application approved, submitted, or planned for submission: (03/01/2007)  5. Number of units affected: 27  6. Coverage of action (select one) Part of the development Total development  7. Timeline for activity: a. Actual or projected start date of activity: 05/01/2007
Submitted, pending approval Planned application  4. Date application approved, submitted, or planned for submission: (03/01/2007)  5. Number of units affected: 27  6. Coverage of action (select one) Part of the development Total development  7. Timeline for activity: a. Actual or projected start date of activity: 05/01/2007
Planned application 4. Date application approved, submitted, or planned for submission: (03/01/2007)  5. Number of units affected: 27  6. Coverage of action (select one)  Part of the development  Total development  7. Timeline for activity:  a. Actual or projected start date of activity: 05/01/2007
4. Date application approved, submitted, or planned for submission: (03/01/2007)  5. Number of units affected: 27  6. Coverage of action (select one)  Part of the development  Total development  7. Timeline for activity:  a. Actual or projected start date of activity: 05/01/2007
5. Number of units affected: 27 6. Coverage of action (select one)  Part of the development  Total development 7. Timeline for activity:  a. Actual or projected start date of activity: 05/01/2007
6. Coverage of action (select one)  Part of the development  Total development  7. Timeline for activity:  a. Actual or projected start date of activity: 05/01/2007
Part of the development Total development  7. Timeline for activity:  a. Actual or projected start date of activity: 05/01/2007
Total development  7. Timeline for activity:  a. Actual or projected start date of activity: 05/01/2007
7. Timeline for activity:  a. Actual or projected start date of activity: 05/01/2007
a. Actual or projected start date of activity: 05/01/2007
· · · · · · · · · · · · · · · · · · ·
b. Projected end date of activity: 05/01/2008
Demolition/Disposition Activity Description
1a. Development name: Grove Park
1b. Development (project) number: FL139-4
2. Activity type: Demolition
Disposition 🔀
3. Application status (select one)
Approved
Submitted, pending approval
Planned application 🗵
4. Date application approved, submitted, or planned for submission: (03/01/2007)
5. Number of units affected: 15
6. Coverage of action (select one)
Part of the development
∑ Total development
7. Timeline for activity:
a. Actual or projected start date of activity: 05/01/2007
b. Projected end date of activity: 05/01/2008

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

[24 CFR Part 903.7 9 (i)] Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.  1. Yes No: Has the PHA designated or applied for approval to designate or does
1. Yes No: Has the PHA designated or applied for approval to designate or does
1. Yes No: Has the PHA designated or applied for approval to designate or does
the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development,
unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)
2. Activity Description
Yes No: Has the PHA provided all required activity description information
for this component in the optional Public Housing Asset
Management Table? If "yes", skip to component 10. If "No",
complete the Activity Description table below.
complete the Activity Description table below.
complete the Activity Description table below.  Designation of Public Housing Activity Description
Designation of Public Housing Activity Description  1a. Development name:
Designation of Public Housing Activity Description  1a. Development name:  1b. Development (project) number:
Designation of Public Housing Activity Description  1a. Development name: 1b. Development (project) number: 2. Designation type:
Designation of Public Housing Activity Description  1a. Development name:  1b. Development (project) number:  2. Designation type:  Occupancy by only the elderly
Designation of Public Housing Activity Description  1a. Development name: 1b. Development (project) number: 2. Designation type:
Designation of Public Housing Activity Description  1a. Development name:  1b. Development (project) number:  2. Designation type:  Occupancy by only the elderly  Occupancy by families with disabilities
Designation of Public Housing Activity Description  1a. Development name:  1b. Development (project) number:  2. Designation type:  Occupancy by only the elderly Occupancy by families with disabilities Occupancy by only elderly families and families with disabilities  3. Application status (select one) Approved; included in the PHA's Designation Plan
Designation of Public Housing Activity Description  1a. Development name:  1b. Development (project) number:  2. Designation type:  Occupancy by only the elderly Occupancy by families with disabilities Occupancy by only elderly families and families with disabilities  3. Application status (select one) Approved; included in the PHA's Designation Plan Submitted, pending approval
Designation of Public Housing Activity Description  1a. Development name:  1b. Development (project) number:  2. Designation type:  Occupancy by only the elderly Occupancy by families with disabilities Occupancy by only elderly families and families with disabilities  3. Application status (select one)  Approved; included in the PHA's Designation Plan Designation Plan Planned application
Designation of Public Housing Activity Description  1a. Development name:  1b. Development (project) number:  2. Designation type:  Occupancy by only the elderly Occupancy by families with disabilities Occupancy by only elderly families and families with disabilities  3. Application status (select one)  Approved; included in the PHA's Designation Plan Submitted, pending approval Planned application  4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)
Designation of Public Housing Activity Description  1a. Development name:  1b. Development (project) number:  2. Designation type:  Occupancy by only the elderly Occupancy by families with disabilities Occupancy by only elderly families and families with disabilities Samplication status (select one)  Approved; included in the PHA's Designation Plan Submitted, pending approval Planned application Plan Planned application Submitted, or planned for submission: (DD/MM/YY)  5. If approved, will this designation constitute a (select one)
Designation of Public Housing Activity Description  1a. Development name: 1b. Development (project) number:  2. Designation type:     Occupancy by only the elderly       Occupancy by families with disabilities   Occupancy by only elderly families and families with disabilities    3. Application status (select one)     Approved; included in the PHA's Designation Plan   Submitted, pending approval   Planned application    4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)  5. If approved, will this designation constitute a (select one) New Designation Plan
Designation of Public Housing Activity Description  1a. Development name: 1b. Development (project) number:  2. Designation type:  Occupancy by only the elderly Occupancy by families with disabilities Occupancy by only elderly families and families with disabilities  3. Application status (select one)  Approved; included in the PHA's Designation Plan Submitted, pending approval Planned application  4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)  5. If approved, will this designation constitute a (select one)  New Designation Plan Revision of a previously-approved Designation Plan?
Designation of Public Housing Activity Description  1a. Development name: 1b. Development (project) number:  2. Designation type:     Occupancy by only the elderly    Occupancy by families with disabilities    Occupancy by only elderly families and families with disabilities    Occupancy by only elderly families and families with disabilities    Submitted, pending approval    Planned application    Planned application    Submitted, or planned for submission: (DD/MM/YY)  5. If approved, will this designation constitute a (select one)     New Designation Plan     Revision of a previously-approved Designation Plan?  6. Number of units affected:
Designation of Public Housing Activity Description  1a. Development name: 1b. Development (project) number:  2. Designation type:  Occupancy by only the elderly Occupancy by families with disabilities Occupancy by only elderly families and families with disabilities  3. Application status (select one)  Approved; included in the PHA's Designation Plan Submitted, pending approval Planned application  4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)  5. If approved, will this designation constitute a (select one)  New Designation Plan Revision of a previously-approved Designation Plan?

# 10. Conversion of Public Housing to Tenant-Based Assistance [24 CFR Part 903.7 9 (j)]

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

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act				
1. ☐ Yes ⊠ No:	Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)			
2. Activity Descripti	on			
Yes No:	Has the PHA provided all required activity description information for this component in the <b>optional</b> Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.			
Con	version of Public Housing Activity Description			
<ul><li>1a. Development nar</li><li>1b. Development (pr</li></ul>				
Assessme Assessme question	of the required assessment? ent underway ent results submitted to HUD ent results approved by HUD (if marked, proceed to next n) eplain below)			
3. Yes No: 1 block 5.)	Is a Conversion Plan required? (If yes, go to block 4; if no, go to			
4. Status of Convers	ion Plan (select the statement that best describes the current			
status)				
=	on Plan in development			
=	on Plan submitted to HUD on: (DD/MM/YYYY)			
<u> </u>	on Plan approved by HUD on: (DD/MM/YYYY) s pursuant to HUD-approved Conversion Plan underway			
1 1 4 10 11 11 11 10	j parbaant to from approved Conversion rian anaciway			

5. Description of ho	w requirements of Section 202 are being satisfied by means other					
than conversion (sele	ect one)					
Units add	Units addressed in a pending or approved demolition application (date					
submitted or approved:						
Units addressed in a pending or approved HOPE VI demolition application						
(date submitted or approved: )						
Units addressed in a pending or approved HOPE VI Revitalization Plan						
(date submitted or approved: )						
Requirements no longer applicable: vacancy rates are less than 10 percent						
Requirements no longer applicable: site now has less than 300 units						
☐ Other: (d	lescribe below)					
D D 16 C						
B. Reserved for Co	onversions pursuant to Section 22 of the U.S. Housing Act of 1937					
C D 16 C	44 C 4 22 E4 TIC II					
C. Reserved for Co	onversions pursuant to Section 33 of the U.S. Housing Act of 1937					
11. Homeowners	ship Programs Administered by the PHA					
[24 CFR Part 903.7 9 (k)						
A. Public Housing						
Exemptions from Compo	onent 11A: Section 8 only PHAs are not required to complete 11A.					
4 🗆 🕶 🖂 🗤						
1. $\square$ Yes $\boxtimes$ No:	Does the PHA administer any homeownership programs					
	administered by the PHA under an approved section 5(h)					
	homeownership program (42 U.S.C. 1437c(h)), or an approved					
	HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or					
	plan to apply to administer any homeownership programs under					
	section 5(h), the HOPE I program, or section 32 of the U.S.					
	Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to					
	component 11B; if "yes", complete one activity description for					
	each applicable program/plan, unless eligible to complete a					
	streamlined submission due to small PHA or high performing					
<b>PHA</b> status. PHAs completing streamlined submissions may skip						
to component 11B.)						

2. Activity Description						
Yes No: Has the PHA provided all required activity description information						
for this component in the optional Public Housing Asset						
Management Table? (If "yes", skip to component 12. If "No",						
complete the Activity Description table below.)						
Pub	olic Housing Homeownership Activity Description					
	(Complete one for each development affected)					
1a. Development nar	ne:					
1b. Development (pr	roject) number:					
2. Federal Program a	uthority:					
☐ HOPE I						
5(h)						
Turnkey	III					
Section 3	32 of the USHA of 1937 (effective 10/1/99)					
3. Application status	: (select one)					
Approve	d; included in the PHA's Homeownership Plan/Program					
	d, pending approval					
	application					
	ship Plan/Program approved, submitted, or planned for submission:					
(DD/MM/YYYY)						
5. Number of units	affected:					
6. Coverage of action						
Part of the devel						
Total developme	1					
rsum or verspans						
R Section & Ten	ant Based Assistance					
D. Section o Ten	unt Buscu rassistunce					
1. ☐ Yes ☒ No:	D oes the PHA plan to administer a Section 8 Homeownership					
1 1cs <u></u> 110.	program pursuant to Section 8(y) of the U.S.H.A. of 1937, as					
	implemented by 24 CFR part 982? (If "No", skip to component					
	12; if "yes", describe each program using the table below (copy					
	and complete questions for each program identified), unless the					
	PHA is eligible to complete a streamlined submission due to high					
	performer status. High performing PHAs may skip to					
	component 12.)					
2. Program Descript	1011.					
a Size of Drogram						
a. Size of Program	Will the DUA limit the number of families neutrinating in the					
☐ Yes ☐ No:	Will the PHA limit the number of families participating in the					
	section 8 homeownership option?					

If the answer to the question above was yes, which statement best describes the number of participants? (select one)  25 or fewer participants  26 - 50 participants  51 to 100 participants  more than 100 participants					
b. PHA-established eligibility criteria  Yes No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?  If yes, list criteria below:					
12. PHA Community Service and Self-sufficiency Programs [24 CFR Part 903.7 9 (1)]					
Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.					
A. PHA Coordination with the Welfare (TANF) Agency					
<ol> <li>Cooperative agreements:</li> <li>Yes ⋈ No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?</li> </ol>					
If yes, what was the date that agreement was signed? <u>DD/MM/YY</u>					
<ul> <li>2. Other coordination efforts between the PHA and TANF agency (select all that apply)</li> <li>Client referrals</li> <li>Information sharing regarding mutual clients (for rent determinations and otherwise)</li> <li>Coordinate the provision of specific social and self-sufficiency services and programs to eligible families</li> <li>Jointly administer programs</li> <li>Partner to administer a HUD Welfare-to-Work voucher program</li> <li>Joint administration of other demonstration program</li> <li>Other (describe)</li> </ul>					

# B. Services and programs offered to residents and participants

### (1) General

a. Self-Sufficiency Policies					
Which, if any of the following discretionary policies will the PHA employ to					
enhance the economic and social self-sufficiency of assisted families in the					
following areas? (select all that apply)					
Public housing rent determination policies					
Public housing admissions policies					
Section 8 admissions policies					
Section 8 admissions policies  Preference in admission to section 8 for certain public housing families  Preferences for families working or engaging in training or education					
Preferences for families working or engaging in training or education					
programs for non-housing programs operated or coordinated by the PHA					
Preference/eligibility for public housing homeownership option					
participation					
Preference/eligibility for section 8 homeownership option participation					
Other policies (list below)					
b. Economic and Social self-sufficiency programs					
The second secon					
Yes No: Does the PHA coordinate, promote or provide any programs					
to enhance the economic and social self-sufficiency of					
residents? (If "yes", complete the following table; if "no" skip					
to sub-component 2, Family Self Sufficiency Programs. The					
position of the table may be altered to facilitate its use.)					
position of the thore may be aftered to facilitate its use.)					

Services and Programs					
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)	

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

a. Participation Description

Family Self Sufficiency (FSS) Participation				
Program Required Number of Participants Actual Number of Participal (start of FY 2004 Estimate) (As of: 6/30/06)				
Public Housing	0	0		
Section 8	25	11		

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

#### C. Welfare Benefit Reductions

1.	The PHA is complying with the statutory requirements of section 12(d) of the U.S.
	Housing Act of 1937 (relating to the treatment of income changes resulting from
_	welfare program requirements) by: (select all that apply)
$\times$	Adopting appropriate changes to the PHA's public housing rent determination
	policies and train staff to carry out those policies
$\times$	Informing residents of new policy on admission and reexamination
	Actively notifying residents of new policy at times in addition to admission and reexamination.
$\boxtimes$	Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
	Establishing a protocol for exchange of information with all appropriate TANF agencies
	Other: (list below)

D.	Reserved fo	or Community	Service Requ	iirement pursu	ant to section	<b>12(c)</b> of the
U.	S. Housing A	ct of 1937				

### 13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

all th	cribe the need for measures to ensure the safety of public housing residents (select hat apply)  High incidence of violent and/or drug-related crime in some or all of the PHA's developments  High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments  Residents fearful for their safety and/or the safety of their children  Observed lower-level crime, vandalism and/or graffiti  People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime  Other (describe below)
	at information or data did the PHA used to determine the need for PHA actions to prove safety of residents (select all that apply).
	Safety and security survey of residents Analysis of crime statistics over time for crimes committed "in and around" public housing authority Analysis of cost trends over time for repair of vandalism and removal of graffiti Resident reports PHA employee reports Police reports Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs Other (describe below)
3. Whi	ich developments are most affected? (list below)
	All

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

<ol> <li>List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)</li> <li>Contracting with outside and/or resident organizations for the provision of crime and/or drug-prevention activities</li> <li>Crime Prevention Through Environmental Design</li> <li>Activities targeted to at-risk youth, adults, or seniors</li> <li>Volunteer Resident Patrol/Block Watchers Program</li> <li>Other (describe below)</li> </ol>
2. Which developments are most affected? (list below)
All
C. Coordination between PHA and the police
1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)
Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
Police provide crime data to housing authority staff for analysis and action Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
Police regularly testify in and otherwise support eviction cases  Police regularly meet with the PHA management and residents  Agreement between PHA and local law enforcement agency for provision of
Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
Other activities (list below)
2. Which developments are most affected? (list below)
All

# D. Additional information as required by PHDEP/PHDEP Plan PHAs eligible for FY 2004 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds. PHDEP is no longer funded by HUD and therefore, the Housing Authority will not receive any funds this year. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan? Yes $\bowtie$ No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan? Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: 14. RESERVED FOR PET POLICY [24 CFR Part 903.7 9 (n)] 15. Civil Rights Certifications [24 CFR Part 903.7 9 (o)] Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations. 16. Fiscal Audit [24 CFR Part 903.7 9 (p)] 1. Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U S.C. 1437c(h))? (If no, skip to component 17.) 2. Yes No: Was the most recent fiscal audit submitted to HUD? 3. Yes No: Were there any findings as the result of that audit? If there were any findings, do any remain unresolved? If yes, how many unresolved findings remain? Three (3) 5. ☐ Yes ⊠ No: Have responses to any unresolved findings been submitted to HUD? If not, when are they due (state below)?

Current Audit was just recently completed and the Authority is

working to resolve all findings as soon as possible.

# 17. PHA Asset Management [24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.
1. Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have <b>not</b> been addressed elsewhere in this PHA Plan?
<ul> <li>2. What types of asset management activities will the PHA undertake? (select all that apply)</li> <li>Not applicable</li> <li>Private management</li> <li>Development-based accounting</li> <li>Comprehensive stock assessment</li> <li>Other: (list below)</li> </ul>
3. Yes No: Has the PHA included descriptions of asset management activities in the <b>optional</b> Public Housing Asset Management Table?
18. Other Information [24 CFR Part 903.7 9 (r)]
A. Resident Advisory Board Recommendations
1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
<ul> <li>2. If yes, the comments are: (if comments were received, the PHA MUST select one)</li> <li>Attached at Attachment (File name)</li> <li>Provided below:</li> </ul>
<ul> <li>In what manner did the PHA address those comments? (select all that apply)</li> <li>Considered comments, but determined that no changes to the PHA Plan were necessary.</li> <li>The PHA changed portions of the PHA Plan in response to comments List changes below:</li> </ul>
Other: (list below)

B. Description of Election process for Residents on the PHA Board				
1. ☐ Yes ⊠ No:	Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)			
2. Yes No:	Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to subcomponent C.)			
3. Description of Resid	lent Election Process			
Candidates were Candidates coul	dates for place on the ballot: (select all that apply) e nominated by resident and assisted family organizations d be nominated by any adult recipient of PHA assistance a: Candidates registered with the PHA and requested a place on			
Any head of hou Any adult recipi	(select one)  f PHA assistance usehold receiving PHA assistance tent of PHA assistance per of a resident or assisted family organization			
assistance)	ents of PHA assistance (public housing and section 8 tenant-based of all PHA resident and assisted family organizations			

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).				
1. Consolidated Plan jurisdiction: (Winter Haven, Florida)				
	HA has taken the following steps to ensure consistency of this PHA Plan with onsolidated Plan for the jurisdiction: (select all that apply)			
no no the	the PHA has based its statement of needs of families in the jurisdiction on the eeds 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 evelopment of this PHA Plan. Activities to be undertaken by the PHA in the coming year are consistent with the nitiatives contained in the Consolidated Plan. (list below)			
O	Other: (list below)			
O lo th	Consolidated Plan of the jurisdiction supports the PHA Plan with the following etions and commitments: (describe below)  One of the priorities listed in the Winter Haven Consolidated Plan is to help very ow income residents find affordable housing. This matches the main priority of the Winter Haven Housing Authority.  Tenformation Required by HUD			
	ction to provide any additional information requested by HUD.			

C. Statement of Consistency with the Consolidated Plan

#### **Attachment A**

### **Deconcentration Analysis**

The Housing Authority will strive to create mixed-income communities and lessen the concentration of very-low income families within the Housing Authority's public housing developments through admissions policies designed to bring in higher income tenants into lower income developments and lower income tenants into higher income developments. This policy shall not be construed to impose or require any specific income or racial quotas for any public housing development owned by the Housing Authority.

The Winter Haven Housing Authority performed a review of all covered developments to determine if there are any that would be covered by the Deconcentration Rule. The results are as follows:

<b>Development Name</b>	Average Income	PHA-Wide Average Income	Percentage
Orrin Circle	\$11,777	\$10,262	114.8%
Lucerne Park	\$ 9,696	\$10,262	94.5%
Lake Deer	\$9,152	10,262	89.2%

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

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

If yes, list these developments as follows:

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

#### **Attachment B**

#### Brief Statement of Progress in Meeting the Agency's Five-Year Plan Mission and Goals

The Winter Haven Housing Authority (WHHA) has made progress in fulfilling our mission to provide safe, clean and modern housing assistance by conducting all required housing inspections and enforcing our admissions and lease requirements in order to screen out and evict criminal elements. Our progress in promoting self-sufficiency, upward mobility, and partnerships with our residents and others is evidenced by partnerships with Ridge Technical Center for job training scholarships and the implementation of our 'Upward Mobility' admission preferences.

Goal Number One: Improve customer service delivery by enhancing operational efficiency; coordination with community providers; and improving facilities.

The WHHA continues to improve customer service delivery via revised letters and forms that have resulted in the more efficient completion of all job tasks. As noted above, we have partnered with the Polk County Opportunity Council (PCOC) and other agencies with the result being enhanced service delivery and the reduction of duplicative costs.

Goal Number Two: The WHHA will strive to improve the public and community image of the Housing Authority by developing and implementing a comprehensive Public Relations Plan.

The WHHA has made progress toward this goal through consistently seeking a work force that presents a professional image to residents and the greater public and striving to maintain physically attractive properties.

Goal Number Three: The WHHA will enhance the attractiveness and marketability of the housing stock and neighborhoods in order to attract working families.

The WHHA has made progress toward this goal by maintaining a more responsive Maintenance department and contracting for more comprehensive lawn and landscaping services.

Goal	Number	Four:	The	WHHA	shall	strive	to	achieve	its	potential	as	an
orgar	nization.											

The WHHA has made progress toward this goal by maintaining a positive relationship with the local community and the local press which gives the WHHA confidence that it will receive all necessary community support in reaching its full potential.

# **Attachment C**

# **Resident Commissioner and Resident Advisory Board Members**

<b>Resident Commissioner</b>							
Name Judy M. Hudson							
Term	4/2006 to 4/2010						
Appointed by:	Mayor of Winter Haven						

Resident Advisory Board							
Julia Johnson							
Mattie Wilson							
Gloria Cuyler							
Barbara Balsom							

#### **Attachment D**

#### Criteria for Substantial Deviations and Significant Amendments

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

The Winter Haven Housing Authority defines a substantial deviation from the Five-Year Plan as a change to the mission statement or the goals and objectives that would cause a change in the service provided to PH residents or to Section 8 Program participants including a significant change in the Authority's financial situation. These changes would be significant enough to require board action to implement a change in policy. We did not experience a substantial deviation from the 5-year plan nor do we anticipate a substantial deviation during this fiscal year.

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

The following actions are considered to be Significant Amendments or Modifications:

- > Changes to rent or admissions policies or organization of the waiting list including preferences; and
- ➤ Any change to the capital fund budget in excess of \$50,000.

#### **Attachment E**

#### **Pet Policy**

#### Purpose

Section 526 of the Quality Housing and Work Responsibility Act of 1998 defines the requirement and conditions of pet ownership in Family Units of Public Housing developments. In addition, clarification is included in 24 CFR Part 960 as a proposed rule governing Pet Ownership in Public Housing. Regulations contained in 24 CFR Part 903 – Public Housing Agency Plans; Final Rule, delay this requirement until further rules are issued. As a result, the Housing Authority is establishing a policy to clearly communicate the conditions and requirements of pet ownership in Family Units of Public Housing.

The purpose of the policy is to ensure that pet ownership will not be injurious to persons or property, or violate the rights of all residents to clean, quiet, and safe surroundings.

#### Common Household Pets are Defined as Follows:

Birds: Including canary, parakeet, finch and other species that are normally kept caged; birds of prey are not permitted.

Fish: Tanks or aquariums are not to exceed 20 gallons in capacity. Poisonous or dangerous fish are not permitted. Only one (1) tank or aquarium is permitted per apartment.

Dogs: Not to exceed thirty (30) pounds at time of maturity. All dogs must be neutered or spayed.

Cats: All cats must be neutered or spayed and declawed.

Exotic pets such as snakes, monkeys, rodents, etc are not allowed.

#### Registration

Every pet <u>must be registered</u> with the Housing Authority's management <u>prior to moving the pet into the unit</u> and updated annually thereafter. Registration requires the following:

- A. A certificate signed by a licensed veterinarian, or a state or local authority empowered to inoculate animals (or designated agent of such authority), stating that the animal has received all inoculations required by the state and local law, if applicable (dogs, cats).
- B. Proof of current license, if applicable (dogs, cats).
- C. Identification tag bearing the owner's name, address, and phone number (dogs, cats).
- D. Proof of neutering/spaying and/or declawing, if applicable (dogs, cats).
- E. Photograph (no smaller than 3x5) of pet or aquarium.
- F. The name, address, and phone number of a responsible party that will care for the pet if the owner becomes temporarily incapacitated.
- G. Fish size of tank or aquarium must be registered.

#### Licenses and Tags

Every dog and cat must wear the appropriate local animal license, a valid rabies tag and a tag bearing the owner's name, address and phone number. All licenses and tags must be current.

#### **Density of Pets**

Only one (1) dog or cat will be allowed per apartment. Only two (2) birds will be allowed per apartment. The Housing Authority only will give final approval on type and density of pets.

#### **Visitors and Guests**

No visitor or guest will be allowed to bring pets on the premises at anytime. Residents will not be allowed to Pet Sit or House a Pet without fully complying with this policy.

Feeding or caring for stray animals is prohibited and will be considered keeping a pet without permission.

#### **Pet Restraints**

- A. <u>All dogs</u> must be on a leash when not in the owner's apartment. The leash must be no longer than three (3) feet.
- B. Cats must be in a caged container or on a leash when taken out of the owner's apartment.
- C. <u>Birds</u> must be in a cage when inside of the resident's apartment or entering or leaving the building.

#### **Liability**

Residents owning pets shall be liable for the entire amount of all damages to the Housing Authority premises caused by their pet and all cleaning, defleaing and deodorizing required because of such pet. Pet owners shall be strictly liable for the entire amount of any injury to the person or property of other residents, staff or visitors of the Housing Authority caused by their pet, and shall indemnify the Housing Authority for all costs of litigation and attorney's fees resulting from such damage. Pet liability insurance can be obtained through most insurance agents and companies.

#### Sanitary Standards and Waste Disposal

- A. Litter boxes must be provided for cats with use of odor-reducing chemicals.
- B. Fur-bearing pets must wear effective flea collars at all times. Should extermination become necessary, cost of such extermination will be charged to pet owner.
- C. Pet owners are responsible for immediate removal of the feces of their pet and shall be charged in instances where damages occur to Authority property due to pet or removal of pet feces by staff.
  - (i) All pet waste must be placed in a plastic bag and tied securely to reduce odor and placed in designated garbage container and/or trash compactor.
  - (ii) Residents with litter boxes must clean them regularly. Noncompliance may result in removal of the pet. The Housing Authority reserves the right to impose a mandatory twice weekly litter box cleaning depending on need. Litter box garbage shall be placed in a plastic bag and deposited outside the building in the garbage container and/or trash compactor.

D. All apartments with pets must be kept free of pet odors and maintained in a clean and sanitary manner. Pet owner's apartments may be subject to inspections once a month.

#### **General Rules**

The resident agrees to comply with the following rules imposed by the Housing Authority:

- A. No pet shall be tied up anywhere on Authority property and left unattended for any amount of time.
- B. Pet owners will be required to make arrangements for their pets in the event of vacation or hospitalization.
- C. Dog houses are not allowed on Authority property.

#### Pet Rule Violation and Pet Removal

- A. If it is determined on the basis of objective facts, supported by written statement, that a pet owner has violated a rule governing the pet policy, the Housing Authority shall serve a notice of pet rule violation on the pet owner. Serious or repeated violations may result in pet removal or termination of the pet owner's tenancy, or both.
- B. If a pet poses a nuisance such as excessive noise, barking, or whining which disrupts the peace of other residents, owner will remove the pet from premises upon request of management within 48 hours. Nuisance complaints regarding pets are subject to immediate inspections.
- C. If a pet owner becomes unable either through hospitalization or illness to care for the pet and the person so designated to care for the pet in the pet owner's absence refuses or is unable physically to care for the pet, the Housing Authority can officially remove the pet. The Authority accepts no responsibility for pets so removed.

#### **Rule Enforcement**

Violation of these pet rules will prompt a written notice of violation. The pet owner will have seven (7) days to correct the violation or request an informal hearing at which time the Authority's Grievance Procedure will be followed.

#### Grievance

Management and resident agree to utilize the Grievance Procedure described in the Lease Agreement to resolve any dispute between resident and management regarding a pet.

#### Security Deposit

A "Pet Deposit" will be required for dogs and cats only, however, all pet owners must comply with registration rules for all other pets. The "Pet Deposit" must be paid in advance and is to be used to pay reasonable expenses directly attributable to the presence of the pet in the project including (but not limited to) the cost of repairs and replacements to, and fumigation of, the resident's dwelling unit. The amount of the "Pet Deposit" will be \$250.

#### **Exceptions**

This policy does not apply to animals that are used to assist persons with disabilities. This exclusion applies to animals that reside in the development, as well as animals used to assist persons with disabilities that visit the development. Pets used for the purpose of aiding residents with disabilities must have appropriate certification. The Authority shall maintain a list of agencies that provide and/or train animals to give assistance to individuals with disabilities.

#### **Attachment F**

#### **Community Service Policy**

#### 1. Policy Statement

It is the policy of the Housing Authority to enhance and promote economic and social self-sufficiency. As such, the Housing Authority shall provide the following for the enhancement of the economic and social self-sufficiency of assisted families:

- <u>Income mix</u> (the PHA may establish and utilize income-mix criteria for the selection of residents.)
- <u>Targeting</u> (mandatory): Not less than 40% of dwelling units owned by the Housing Authority shall be occupied by families whose incomes at the time of commencement of occupancy do not exceed 30% of the area median income.
- Cooperation Agreements for Economic Self-Sufficiency (mandatory): The Housing Authority shall enter into cooperation agreements with state, local, and other agencies providing assistance to covered families under welfare or public assistance programs. The cooperation agreements shall facilitate the administration of this policy and the sharing of information regarding rents, income, assistance, or other information that may assist the Housing Authority or welfare or public assistance agency to carry out its functions. The Housing Authority shall also seek to include in cooperation agreements with welfare or public assistance agencies provisions to provide for economic self-sufficiency services within the properties owned by the Housing Authority, provide for services designed to meet the unique employment-related needs of residents, and provide for placement of work fare positions on-site.
- Definition of "economic self-sufficiency program": Any program designed to encourage, assist, train, or facilitate the economic independence of participants and their families or to provide work for participants, including programs for job training, employment counseling, work placement, basic skills training, education, work fare, financial or household management, apprenticeship, or other activities as the Secretary may provide.

#### 3. <u>Community Service Requirement</u>

As a condition of continued occupancy, excluding residents under paragraph 4 below, each adult resident of the Housing Authority shall:

- a. Contribute eight (8) hours per month of community service (not including political activities) within the community in which that adult resides; or,
- b. Participate in an economic self-sufficiency program for eight (8) hours per month.

#### 4. <u>Exemptions</u>

Exemptions to paragraph 3 above shall be made for any individual who:

- a. Is 62 years of age or older;
- b. Is a blind or disabled individual defined under section 216(i)(1) or 1614 of the Social Security Act (42 USC 416(i)(1); 1382c) and who is unable to comply with this section, or is a primary caretaker of such individual;
- c. Is engaged in a work activity (as such term is defined in section 407(d) of the Social Security Act (42 USC 607(d), as in effect on and after July 1, 1997)
- d. Meets the requirements for being exempted from having to engage in a work activity under the state program funded under part A of title IV of the Social Security Act (42 USC 601 et seq) or under any other welfare program of the state in which the public housing agency is located, including a state-administered welfare-to-work program; or,
- e. Is in a family receiving assistance under a state program funded under part A of title IV of the Social Security Act (42 USC 601 et seq) or under any other welfare program of the state in which public housing agency is located, including a state administered welfare-to-work program, and has not been found by the state or other administering entity to be in noncompliance with such program.

#### 5. Annual Determinations

For each public housing resident, the Housing Authority shall, thirty (30) days before the expiration of each lease term of the resident, review and determine the compliance of the resident with the requirement under paragraph 3 above. Such determinations shall be made in accordance with the principles of due process and on a nondiscriminatory basis.

#### 6. Noncompliance

If the Housing Authority determines that the resident subject to the requirement under paragraph 3 has not complied with the requirement, the Housing Authority shall notify the resident in writing of such noncompliance. The written notification shall state that the determination of noncompliance is subject to the administrative Grievance Procedure and that failure by the resident to enter into an agreement, before the expiration of the lease term, to cure any noncompliance by participating in an economic self-sufficiency program for, or contributing to community service, as many additional hours as the resident needs to comply in the aggregate with such requirement over the 12-month term of the lease, may be cause for lease termination.

The Housing Authority shall not renew or extend any lease, or provide any new lease, for a dwelling unit for any household that includes an adult member subject to the requirement under paragraph 3 who has been determined to be not compliant with the requirements under paragraph 3, and has failed to attempt to cure the noncompliance.

#### 7. <u>Location of the Community Service or Family Self-Sufficiency Program</u>

Adult residents subject to the requirement under paragraph 3 may participate in a community service or an economic self-sufficiency program at a location not owned by the Housing Authority.

The Housing Authority may provide a community service or an economic self-sufficiency program to meet the requirements of paragraph 3; however, the Housing Authority shall not substitute participation in community service or an economic self-sufficiency program for work performed by an employee of the Housing Authority or supplant a job at any location at which community work requirements are fulfilled.

#### 8. Treatment of Income Changes Resulting from Welfare Program Requirements

This section applies to families that receive benefits for welfare or public assistance from a state or other public agency under a program for which the federal, state, or local law relating to the program requires, as a condition of eligibility for assistance under the program, participation of a member of the family in an economic self-sufficiency program.

#### a. Decreases in Income for Failure to Comply

For families whose welfare or public assistance benefits are reduced because of failure of any family member to comply with the conditions under the assistance program requiring participation in an economic self-sufficiency program or imposing a work activities requirement, the amount required to be paid by the family as a monthly contribution toward rent will not be decreased.

#### b. Fraud

For families whose welfare or public assistance benefits are reduced because of an act of fraud by any member of the family under the law or program, the amount required to be paid by the family as a monthly contribution toward rent will not be decreased, during the period of reduction, as a result of any decrease in income of the family, to the extent that the decrease was the result of benefit reduction due to fraud.

#### c. Reduction Based on Time Limit for Assistance

The amount required to be paid as a monthly contribution toward rent by a family whose welfare or public assistance benefits are reduced as a result of the expiration of a lifetime time limit for a family, and not as a result of failure to comply with program requirements, shall be decreased, during the period of reduction, as a result of any decrease in income of the family, to the extent that the decrease was the result of benefit reduction due to expiration of a lifetime time limit.

#### d. Notice

The Housing Authority shall obtain written notification from the relevant welfare or public assistance agency specifying that the family's benefits have been reduced and cause for reduction prior to redetermination of monthly contribution toward rent.

#### e. Grievance

Any family affected by sections 8.a and 8.b above shall have the right to review the determination through the Housing Authority's Grievance Procedure.

#### **Attachment G**

#### Follow-Up Plan for Resident Assessment and Satisfaction Survey

Each year the U. S. Department of Housing and Urban Development (HUD) sends a survey to residents of the Housing Authority. The purpose of the survey is to get resident feedback concerning the Authority's performance in specific areas. These areas include maintenance, communication, safety, security, and neighborhood appearance. Once the surveys are returned, HUD scores the Authority in all five areas. The Authority must develop a Follow-Up Plan for any area where the score was below 75%. For FY2005, the Winter Haven Housing Authority scored less than 75% in the areas of communication, safety and neighborhood appearance. The Authority's Follow-Up Plan for these areas is listed below.

#### **Communication**

The staff will continue to hold Resident Advisory Board meetings on a regular basis in which any resident concerns are discussed. Also, the Authority will strive to keep tenants informed about any activities that will affect them.

#### **Safety**

The Housing Authority will continue to track any safety related issues as they arise at each development. The issues will be dealt with as soon as possible in hopes of making residents feel safer in their communities.

#### **Neighborhood Appearance**

An outside firm has completed a Physical Needs Assessment for all of the Authority's properties. Using this assessment, the Authority has developed a Plan to use a portion of the Capital Fund Program to help improve each property's appearance.

# **Optional Public Housing Asset Management Table**

See Technical Guidance for instructions on the use of this table, including information to be provided.

	Public Housing Asset Management										
	opment ification	Activity Description									
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III Component 7a	Development Activities Component 7b	Demolition / disposition Component 8	Designated housing Component 9	Conversion  Component 10	Home- ownership Component 11a	Other (describe) Component 17			

	ual Statement/Performance and Evaluation	-		NED/GEDDINE D	4 <b>T</b> . G
_	ital Fund Program and Capital Fund Pro Name: Winter Haven Housing Authority	Grant Type and Number Capital Fund Program Capital Fund Program Capital Fund Program Fundament Housing Fundament Housing Fundament Housing Fundament Housing Fundament	Federal FY of Grant: 2006		
⊠Or	iginal Annual Statement □Reserve for Disasters/ Er	nergencies Revised An	nual Statement (revision		
Per	formance and Evaluation Report for Period Ending		e and Evaluation Repor		
Line	<b>Summary by Development Account</b>	Total Estin	nated Cost	Total	Actual Cost
No.				0.11	
	The state of the s	Original	Revised	Obligated	Expended
1	Total non-CFP Funds	*** *** ***			
2	1406 Operations	\$32,550.00			
3	1408 Management Improvements	\$13,000.00			
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	\$264,952.00			
11	1465.1 Dwelling Equipment—Nonexpendable	\$15,000.00			
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 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$325,502.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504				
	compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				
	Measures				

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

**Part II: Supporting Pages** 

PHA Name: Wir	Capital Fund		nt No: FL14P139	Federal FY	Federal FY of Grant: 2006			
			t Housing Fact					
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
Activities				Original	Revised	Funds Obligated	Funds Expended	
	<b>Operations</b>							
PHA-Wide	Operating Fund	1406	LS	\$32,550.00				
	Subtotal 1406			\$32,550.00				
	Management Improvements							
PHA-Wide	Training, consulting services to include grant applications, Five-Year Plan Updates and revisions to policies and procedures	1408	LS	\$13,000.00				
	Subtotal 1408			\$13,000.00				
	Dwelling Structures							
PHA-Wide	Modernization of vacant units to include plumbing, cabinets, flooring, interior doors and painting	1460	4 units	\$39,952.00				
FL 139-1 Lucerne Park	Replace roofing	1460		\$225,000.00				
	Subtotal 1460			\$264,952.00				_
	Dwelling Equipment- Non- Expendable							
PHA-Wide	Replace ranges, refrigerators and water heaters	1465.1	14 units	\$15,000.00				
	Subtotal 1465.1			\$15,000.00				
	Capital Fund Program Grant Total			\$325,502.00				

Annual Statement/Performance and Evaluation Report										
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)										
entation So										
iven Housing		t Type and	Number			Federal FY of Grant: 2006				
Authority			ogram No: FL14 Jusing Factor No	P13950106 o:						
All					d	Reasons for Revised Target Dates				
			(Quarter Ending Date)							
Original	Revised	Actual	Original	Revised	Actual					
07/18/08			07/18/10							
07/18/08			07/18/08							
	All (Quar Original	gram and Capital F entation Schedule even Housing Gran Capi Repl All Fund Obligat (Quarter Ending D Original Revised  07/18/08	ram and Capital Fund Program and Schedule  Iven Housing Grant Type and Capital Fund Program Replacement Housing All Fund Obligated (Quarter Ending Date)  Original Revised Actual  07/18/08	gram and Capital Fund Program Replacementation Schedule  Iven Housing Grant Type and Number Capital Fund Program No: FL14 Replacement Housing Factor No All Fund Obligated (Quarter Ending Date) (Qu  Original Revised Actual Original  07/18/08 07/18/10	gram and Capital Fund Program Replacement Housi entation Schedule  Iven Housing Grant Type and Number Capital Fund Program No: FL14P13950106 Replacement Housing Factor No:  All Fund Obligated (Quarter Ending Date) (Quarter Ending Date)  Original Revised Actual Original Revised  07/18/08 07/18/10	gram and Capital Fund Program Replacement Housing Factor entation Schedule  Iven Housing Grant Type and Number Capital Fund Program No: FL14P13950106 Replacement Housing Factor No:  All Fund Obligated (Quarter Ending Date)  Original Revised Actual Original Revised Actual  07/18/08 07/18/10				

Part I: Summar	<b>·y</b>						
<b>PHA Name:</b> Winter Housing Authority	er Haven			☑Original 5-Year Plan ☐Revision No:			
Development Year 1 Number/Name/HA- Wide		Work Statement for Year 2 FFY Grant: 2007 PHA FY: 2008	Work Statement for Year 3 FFY Grant: 2008 PHA FY: 2009	Work Statement for Year 4 FFY Grant: 2009 PHA FY: 2010	Work Statement for Year FFY Grant: 2010 PHA FY: 2011		
PHA Wide	Annual Statement	\$79,100.00	\$82,550.00	\$52,550.00	\$52,550.00		
FL 139-1 Lake Deer		\$246,450.00	\$229,250.00	\$273,000.00	\$0.00		
FL 139-001 Lucerne Park		\$0.00	\$13,750.00	\$0.00	\$273,000.00		
FL 139-1 Grove Manor		\$0.00	\$0.00	\$0.00	\$0.00		
FL139-4 Orrin Circle		\$0.00	\$0.00	\$0.00	\$0.00		
FL139-4 Grove Manor		\$0.00	\$0.00	\$0.00	\$0.00		
CFP Funds Listed for 5-year planning		\$325,550.00	\$325,550.00	\$325,550.00	\$325,550.00		
Replacement Housing Factor Funds							

_	_	ve-Year Action Plan —Work Activities				
Activities for Year 1	ork or many and or	Activities for Year: 2 FFY Grant: 2007 PHA FY: 2008			Activities for Year: 3 FFY Grant: 2008 PHA FY: 2009	
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	<b>Estimated Cost</b>
		<u>Operations</u>			<u>Operations</u>	
See Annual Statement	PHA-Wide	Operations Subtotal 1406	\$32,550.00 <b>\$32,550.00</b>	PHA-Wide	Operations Subtotal 1406	\$32,550.00 <b>\$32,550.00</b>
		Management Improvements			<b>Management Improvements</b>	
	PHA-Wide	Management Improvements	\$10,000.00	PHA-Wide	Management Improvements	\$10,000.00
		Subtotal 1408	\$10,000.00		Subtotal 1408	\$10,000.00
		Fees and Costs			Fees and Costs	
	PHA-Wide	Fees and Costs	\$10,000.00	PHA-Wide	Fees and Costs	\$10,000.00
		Subtotal 1430	\$10,000.00		Subtotal 1430	\$10,000.00
		Site Improvements			Site Improvements	
	FL 139-1	Repair/Replace Sidewalk as Needed	\$5,000.00	FL139-1	Repair/Replace Sidewalk as Needed	\$2,500.00
	Lake Deer	Trim Trees as needed	\$15,000.00	Lake Lucerne	Trim Trees as needed	\$3,750.00
	Luke Deel	Pour concrete dumpster pads and construct walls	\$9,000.00	Lake Eucerne	Pour concrete dumpster pads and construct walls	\$7,500.00
		Subtotal 1450	\$29,000.00	PHA-Wide	Repair fencing	\$30,000.00
					Subtotal 1450	\$43,750.00
Total CED E	stimated Cost		See Next Page			See Next Page

		ve-Year Action Plan s—Work Activities				
Activities for Year 1		Activities for Year : 2 FFY Grant: 2007 PHA FY: 2008			Activities for Year: 3 FFY Grant: 2008 PHA FY: 2009	
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	<b>Estimated Cost</b>
		<u>Dwelling Structures</u>			Dwelling Structures	
See	FL 139-1 Lake Deer	Replace roofing	\$217,450.00	FL 139-1 Lake Deer	Install HVAC	\$229,250.00
Annual	PHA-Wide	Modernization of vacant units to include plumbing, cabinets, flooring, interior doors and painting	\$26,550.00		Subtotal 1460	\$229,250.00
Statement		Subtotal 1460	\$244,000.00			
Total CFP E	Estimated Cost		\$325,550.00			\$325,550.00

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

Activities for Year: 4
FFY Grant: 2009
PHA FY: 2010

Activities for Year: 5 FFY Grant: 2010 PHA FY: 2011

	PHA F 1: 2010			PHA F 1: 2011	
Development Name/Number	Major Work Categories	<b>Estimated Cost</b>	Development Name/Number	Major Work Categories	<b>Estimated Cost</b>
	<u>Operations</u>			<u>Operations</u>	
PHA-Wide	Operations	\$32,550.00	PHA-Wide	Operations	\$32,550.00
	Subtotal 1406	\$32,550.00		Subtotal 1406	\$32,550.00
	Management Improvements			Management Improvements	
PHA-Wide	Management Improvements	\$10,000.00	PHA-Wide	Management Improvements	\$10,000.00
	Subtotal 1408	\$10,000.00		Subtotal 1408	\$10,000.00
	Fees and Costs			Fees and Costs	
PHA-Wide	Fees and Costs	\$10,000.00	PHA-Wide	Fees and Costs	\$10,000.00
	Subtotal 1430	\$10,000.00		Subtotal 1430	\$10,000.00
	Dwelling Structures			Dwelling Structures	
FL 139-1 Lake Deer	Kitchen and Bathroom Modernization	\$273,000.00	FL139-1 Lucerne Park	Install HVAC	\$273,000.00
	Subtotal 1460	\$273,000.00		Subtotal 1460	\$273,000.00
					<u> </u>
Total CFP Estimate	d Cost	\$325,550.00			\$325,550.00

Ann	ual Statement/Performance and Evaluation	on Report			
Capi	ital Fund Program and Capital Fund Pro	gram Replacement 1	<b>Housing Factor (</b> 0	CFP/CFPRHF) Pa	rt I: Summary
	Name: Winter Haven Housing Authority	Grant Type and Number Capital Fund Program G Replacement Housing F	er Frant No: FL14P139501		Federal FY of Grant: 2005
Or	iginal Annual Statement Reserve for Disasters/ Er	nergencies Revised An	nual Statement (revisi	on no:	
⊠Peı	rformance and Evaluation Report for Period Ending	: 3/31/06 Final Perfo	rmance and Evaluatio	n Report	
Line	Summary by Development Account	Total Estin	nated Cost	Total A	Actual Cost
No.					
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$105,000.00		\$105,000.00	\$105,000.00
3	1408 Management Improvements	\$8,000.00		\$8,000.00	\$0.00
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$10,000.00		\$5,070.00	\$5,070.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$192,324.00		\$192,324.00	\$33,868.50
11	1465.1 Dwelling Equipment—Nonexpendable	\$30,000.00		\$30,000.00	\$5,777.00
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 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$345,324.00		\$340,394.00	\$149,715.50
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504				
	compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				
	Measures				

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

PHA Name: Win	nter Haven Housing Authority	Capital Fund	and Number I Program Grant t Housing Fact	nt No: FL14P139 or Grant No:	950105	Federal FY of	<b>Grant:</b> 2005	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estima	nted Cost	Total Ac	ctual Cost	Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Operations	110		***************************************			***************************************	
PHA-Wide	Operating Fund Subtotal 1406	1406	LS	\$105,000.00 <b>\$105,000.00</b>		\$105,000.00 <b>\$105,000.00</b>	\$105,000.00 <b>\$105,000.00</b>	
	Management Improvements							
PHA-Wide	Training, consulting services to include grant applications, Five-Year Plan Updates and revisions to policies and procedures	1408	LS	\$8,000.00		\$8,000.00	\$0.00	
	Subtotal 1408			\$8,000.00		\$8,000.00	\$0.00	
	Fees & Costs							
PHA-Wide	Fees and Costs	1430	LS	\$10,000.00		\$5,070.00	\$5,070.00	
	Subtotal 1430			\$10,000.00		\$5,070.00	\$5,070.00	
	Dwelling Structures							
FL 139-1 Lake Deer	Replace existing gas heating systems with new energy efficient electric heating and cooling systems, including insulation and electrical upgrade	1460	60	\$125,000.00		\$125,000.00	\$0.00	
FL 139-1 Lake Deer	Substantial and moderate rehabilitation of vacant units to include new plumbing, cabinets, floor covering, interior doors and painting	1460	10	\$67,324.00		\$67,324.00	\$33,868.50	
<u> </u>	Subtotal 1460			\$192,324.00		\$192,324.00	\$33,868.50	

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

**Part II: Supporting Pages** 

PHA Name: Wir	nter Haven Housing Authority	<b>Grant Type</b>	and Number			Federal FY of	Federal FY of Grant: 2005		
		Capital Fund Program Grant No: FL14P13950105							
		Replacement	t Housing Fact	or Grant No:					
Development	General Description of Major Work	Dev. Acct	Quantity	Total Estima	ited Cost	Total Ac	tual Cost	Status of	
Number	Categories	No.	•					Work	
Name/HA-Wide									
Activities									
				Original	Revised	Funds	Funds		
						Obligated	Expended		
	<b>Dwelling Equipment</b>								
PHA-Wide	Replace ranges, refrigerators and water heaters	1465.1	60	\$30,000.00		\$30,000.00	\$5,777.00		
	Subtotal 1465.1			\$30,000.00		\$30,000.00	\$5,777.00		
	Capital Fund Program Grant Total			\$345,324.00		\$340,394.00	\$149,715.50		

Annual Statement Capital Fund Pro				_	ement Housi	ing Factor	· (CFP/CFPRHF)
Part III: Impleme	_	-		,rum repiue			(611/6111111)
PHA Name: Winter Ha Authority	aven Housing	Gran Capi	t Type and tal Fund Pro acement Ho	Number ogram No: FL14 ousing Factor No	P13950105		Federal FY of Grant: 2005
Development Number Name/HA-Wide Activities	(Qua	Fund Obligat rter Ending D	ted	Al (Qu	l Funds Expende arter Ending Dat		Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide	08/18/07			08/18/09			
FL139-1 Lake Deer	08/18/07			08/18/09			
FL139-4 Orrin Circle/Grove Park	08/18/07			08/18/09			

Ann	ual Statement/Performance and Evaluation	on Report			
Capi	ital Fund Program and Capital Fund Pro	gram Replacement	<b>Housing Factor (C</b>	CFP/CFPRHF) Pa	rt I: Summary
PHA	Name: Winter Haven Housing Authority	Grant Type and Numb Capital Fund Program ( Replacement Housing l	<b>oer</b> Grant No: FL14P1395010 Factor Grant No:	14	Federal FY of Grant: 2004
Or	iginal Annual Statement Reserve for Disasters/ Er	nergencies Revised A	nnual Statement (revisio	on no: 2)	
	rformance and Evaluation Report for Period Ending		formance and Evaluatio	<u>.                                      </u>	
Line	Summary by Development Account	Total Estin	mated Cost	Total .	Actual Cost
No.			T		
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	44.50.000.00	4.0.7.000.00	4407.000.00	4407.000.00
2	1406 Operations	\$130,000.00	\$205,000.00	\$205,000.00	\$205,000.00
3	1408 Management Improvements	\$8,000.00	\$2,014.33	\$2,014.33	\$1,389.12
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages			4	
7	1430 Fees and Costs	\$6,116.00	\$6,982.06	\$6,982.06	\$6,982.06
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$251,904.00	\$182,023.61	\$182,023.61	\$182,023.61
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 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$396,020.00	\$396,020.00	\$396,020.00	\$395,394.79
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504				
	compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				
	Measures				

### Annual Statement/Performance and Evaluation Report

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

Part II: Supporting Pages

nter Haven Housing Authority	Capital Fund	d Program Gr	ant No: FL14P1	3950104	Federal FY of Grant: 2004		
General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estin	mated Cost	Total Ac	Status of Work	
			Original	Revised	Funds Obligated	Funds Expended	
Operations							
Operating Fund	1406	LS	\$130,000.00	\$205,000.00	\$205,000.00	\$205,000.00	Complete
Subtotal 1406			\$130,000.00	\$205,000.00	\$205,000.00	\$205,000.00	
Management Improvements							
Training, consulting services to include grant applications, Five-Year Plan Updates and revisions to policies and procedures	1408	LS	\$8,000.00	\$2,014.33	\$2,014.33	\$1,389.12	Ongoing
Subtotal 1408			\$8,000.00	\$2,014.33	\$2,014.33	\$1,389.12	
Fees & Costs							
Fees and Costs	1430	LS	\$6,116.00	\$6,982.06	\$6,982.06	\$6,982.06	Complete
Subtotal 1430			\$6,116.00	\$6,982.06	\$6,982.06	\$6,982.06	•
Dwelling Structures							
Substantial Unit Rehab	1460	10 Units	\$191,904.00	\$144,836.61	\$144,836.61	\$144,836.61	Complete
Replace door systems	1460	60 units	\$60,000.00	\$37,187.00	\$37,187.00	\$37,187.00	Complete
Subtotal 1460			\$251,904.00	\$182,023.61	\$182,023.61	\$182,023.61	
Capital Fund Program Grant Total			\$396,020.00	\$396,020.00	\$396,020.00	\$395,394.79	
	General Description of Major Work Categories  Operations Operating Fund Subtotal 1406  Management Improvements Training, consulting services to include grant applications, Five-Year Plan Updates and revisions to policies and procedures Subtotal 1408  Fees & Costs Fees and Costs Subtotal 1430  Dwelling Structures Substantial Unit Rehab  Replace door systems  Subtotal 1460	General Description of Major Work Categories  Dev. Acct No.  Operations Operating Fund Subtotal 1406  Management Improvements Training, consulting services to include grant applications, Five-Year Plan Updates and revisions to policies and procedures  Subtotal 1408  Fees & Costs Fees and Costs Fees and Costs 1430  Dwelling Structures Substantial Unit Rehab 1460  Replace door systems 1460	Capital Fund Program Gr Replacement Housing Fa  General Description of Major Work Categories  Dev. Acct No.  Operations Operating Fund  Subtotal 1406  Management Improvements Training, consulting services to include grant applications, Five-Year Plan Updates and revisions to policies and procedures  Subtotal 1408  Fees & Costs Fees and Costs  Fees and Costs  Subtotal 1430  Dwelling Structures Substantial Unit Rehab  Replace door systems  Capital Fund Program Gr Replacement Housing Fa  Quantity  1406  LS  LS  LS  1408  LS  1408  LS  60 units	Capital Fund Program Grant No: FL14P1 Replacement Housing Factor Grant No:	Capital Fund Program Grant No: FL14P13950104   Replacement Housing Factor Grant No:	Capital Fund Program Grant No: FL14P13950104   Replacement Housing Factor Grant No:	Capital Fund   Program Grant No: FL14P13950104   Replacement Housing Factor Grant No: Categories   Dev. Acct   No.   Quantity   Total Estimated Cost   Total Actual Cost   No.   Original   Revised   Funds   Expended   Expended   Punds   Expended   Punds   Expended   Punds   Pu

Annual Statement				-			
Capital Fund Prog			und Prog	gram Replac	ement Housi	ng Factor	(CFP/CFPRHF)
Part III: Impleme							
PHA Name: Winter Ha	iven Housing		t Type and		D12050104		Federal FY of Grant: 2004
Authority				ogram No: FL14 Jusing Factor No			
Development Number	All	Fund Obliga			l Funds Expende	d	Reasons for Revised Target Dates
Name/HA-Wide Activities		rter Ending D			narter Ending Dat		
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide	06/30/06		3/31/05	06/30/08			
FL139-1 Lake Deere and Lucerne Park	06/30/06		3/31/05	06/30/08		3/31/06	

# **Operating Budget**

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

n Housing

OMB Approval No. 2577-0026 (exp. 10/31/97 Public reporting burden for this collection of information is estimated to average 116 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026), Washington, D.C. 20503. Do not send this completed form to either of the above addresses.

	29,700	_	10.01	10.01	12.10	)	Total Utilities Expense (sum or line 250 thru line 310)	es Expense	Total Utiliti	320
	4,400		1.60	1.53	1.58		es expense	Other utilities expense	4390	
					,			Labor	4350	300
				,	1			Fuel	4340	290
	1,350		0.49	0.49	0.63			Gas	4330	280
	22,000	2	8.01	7.74	9.21			Electricity	4320	270
	1,950		0.71	0.61	1.26			Water	4310	260
										Utilities:
			-	0.24	0.02	0, and 240)	Total Tenant Services Expense (sum of lines 220,230, and 240)	nt Services E	Total Tenai	250
			,				Concract Costs, Training and Other	Concract C	4230	240
	ı		,	0.24	0.02	es	Recreation, Publications and Other services	Recreation,	4220	230
			1					Salaries	4210	220
								-	Tenant Services:	Tenant :
	208,529	20	75.88	84.31	68.93	line 200)	Total Administrative Expense (sum of line 140 thru line 200)	inistrative Ex	Total Admi	210
	27,320	2	9.94	11.99	16.81		Other Administrative Expenses	Other Admi	4190	200
	19,000	_	6.91	4.73	3.77		set	Auditing Fees	4171	190
	15,000		5.46	5.43	3.64		Fees	Accounting Fees	4170	180
	3,000		1.09	0.21	0.42			Travel	4150	170
	3,000		1.09	0.45	0.27		ing	Staff Training	4140	160
	16,300	_	5.93	6.32	8.79		e e e e e e e e e e e e e e e e e e e	Legal Expense	4130	150
	124,909	12	45.45	55.18	35.23		Administrative Salaries	Administrat	4110	140
							nistration:	Operating Expenditures - Administration:	ng Expendit	Operati
	209.091	20	76.09	66.06	67.17	120)	Total Operating Income (sum of lines 100, 110, and 120)	atino Income	Total Oper	130
	20,000		7.28	7.26	4.03		Other Operating Receipts to include	Other Oper	3690	120
	6,370		2.32	1.94	0.22		Interest on Gen Fund Investments	Interest on	3610	110
	32,721		66.49	56.86	62.92	)	Total Rental Income (sum of lines 070, 080, and 090)	ai income (sı	Total Renta	100
	-		•				ig Rentals	Nondwelling Rentals	3190	090
	105		0.04	0.04	0.04		lities	Excess Utilities	3120	080
	182,616		66.45	56.82	62.88		entals	Dwelling Rentals	3110	070
								-	Operating Receipts	Operati
							Homebuvers Monthly Payments (Contra)	Homebuve	7790	060
							Excess(Deficit) In Break-Even Amount	Excess(De	7716	050
	•		,	•	,	0, and 030)	Break-Even Amount (sum of lines 010, 020, and 030)	Break-Even	∓otal	040
							Nonroutine Maintenance Reserve	Nonroutine	7714	030
							Earned Home Payments	Earned Ho	7712	020
							Expenses	Operating Expenses	7710	010
							ts For:	Homebuyers Monthly Payments For:	uyers Mont	Homeb
		(5)	<b>(4)</b>	(3)	(2)	:	(1)			į
ff o	est \$10) PUM	(to nearest \$10)	PUM	PUM	PUM	ă	Description		8	No.
Amount		Amount		2006	2005				Acct	Line
III) Modifications	- Jagond	PHA/IHA Fetimates		or Actual	Yr Yr					
timatas	tod Budgot Ec	Dogue		✓ Estimates	Actuals					
						8	2,748		229	
							Available		,	•
			,			m. No. of Projects	k. No. of Unit Months		j. No. of Dwelling Units	No. of
		1 Office	Miami, FI		FL13900107D	n. PAS / LUCCS Project No.	38	A-4036	g. Acc Namber	g. ACC
		2	5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			F BAS / DOOS Bening No	5000	** ACC Number	a naven,	ANTINE
	05 PHA/IHA Leased Homeownership	/IHA Leased	05   PHA				300A	Florido 3	2670 Avenue C , SW	2670
теоwnership	PHA/IHA-Owned Tumkey III Homeownership	/IHA-Owned	04   PHA					f. Address (city, State, zip code)	ss (city, Sta	f. Addre
	PHA/IHA-Leased Rental Housing	/IHA-Leased	{				Authority	Winter Haven Housing Authority	r Haven l	Winte
mership	HA-Owned Mutual Help Homeownership	Owned Mut				AHI/AH¢	e. Name of Public Housing Agency / Indian Housing Authority (PHA/IHA)	lousing Agen	e of Public H	e. Nam
	<ul> <li>d. Type of HUD assisted project(s)</li> <li>O1 PHA/IHA-Owned Rental Housing</li> </ul>	<ul> <li>d. Type of HUD assisted project(s)</li> <li>O1  PHA/IHA-Owned Rental Hor</li> </ul>	d. Type of h	onths (check one)  Other (specify)	c. No. of months (check one)  12 mo. Other (specify)	b. Fiscal Year Ending September 30, 2007	sion No.	ion  Revision No.	t. Type of Submission Original	به کارک هارک
								3.	and addresses	1000

form HUD-52564 (3/95) ref. Handbook 7475.1

Page 1 of 4

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Page 2 of 4

Name o	of PHA / IHA	Name of PHA / IHA Winter Haven Housing Authority		Fiscal Year Ending	Las 20	7007		
		3	Actuals	Stimates	es es	Doggod Bulget Estimates	T Taling	÷
			<del>,</del>	Current Budget	PHA/IF	PHA/IHA Estimates	I DUH	HUD Modifications
Line	Acct.	Description	2005 Br IM	2006		Amount		Amount
į.	Ç	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Ordinary		Maintenance and Operation						
330	4410	Labor	37.21	36.3	19.7	54,142		
340	4420	Materials	33.03	12.19	7.81	30,000		
360	Total Ordin	Total Ordinary Maintenance & Operation Expense (lines 330 to 350)	78.97		92.48	254.142		
Protect	Protective Services							
370	4460	Labor						
380	4470	Materials						
390	4480	Contract Costs						
400	Total Prote	Total Protective Services Expense (sum of lines 370 to 390)						
Genera	General Expense:	incurance .	A5 23	40 33	45 01	123 700		
420	4520	Payments in Lieu of Taxes	5.01	4.13	3.68	10,120		
430	4530	Terminal Leave Payments				:		
440	4540	Employee Benefit Contributions	20.1	28.82	25.33	69,616		
450	45/0 4500	Other Ceneral Expense	12 56	13.41	11 1	30.500		
470	Total Gene	Total General Expense (sum of lines 410 to 460)	86.04		87.31	239,936		
480	Total Rout	Total Routine Expense (sum of lines 210, 250, 320, 360, 400, and 470)	246.74	292.24	266.49	732,307		
Rent for	Rent for Leased Dwellings:	ellings:						
500	Total Oper	Total Operating Expense (sum of lines 480 and 490)	246.74	292.24	266.49	732.307		
Nonrou	Nonroutine Expenditures:	itures:						
510	4610	Extraordinary Maintenance						
520	7520	Replacement of Nonexpendable Equipment						
530	7540	7540   Property Betterments and Additions Total Nonroutine Expanditures (sum of lines 510, 520, and 530)						
550	Total Oper	Total Operating Expenditures (sum of lines 500 and 540)	246.74	292.24	266.49	732,307		
Prior Ye	Prior Year Adjustments:	ants:						
Other E	Other Expenditures:	Fior real Adjustments Allecting Resource Receipts						
570		Deficiency in Residual Receipts at End of Preceding Fiscal Yr.						
580	Total Oper	Total Operating Expenditures, including prior year adjustments and other	2		3			
Son	expenditure	Residual Receipts (or Deficit) before HUD Contributions and provision	240.74	292.24	200.49	/32,30/		
000		for operating reserve (line 130 minus line 580)	(179.57)	(226.18)	(190.4)	(523,216)		
HUD Co	HUD Contributions:							
600	8010	Basic Annual Contribution Earned-Leased Projects:Current Year						
620	Total Basic	Total Basic Annual Contribution (line 600 plus or minus line 610)						
630	8020	Contributions Earned - Op. Sub: - Cur. Yr (before year-end adj) 85%	194.45	143.77	179.49	493,230		
640								
650		Other (specify): CFP OPERATING MONIES (1406)		11.84	11.84	32,550		
099		Other (specify):		11 81	11 8/	22 550		
500	9000	Total Operation Subsidiary country to part (plus of filling subsidiary plus	10/ /5	155 61	101 22	100,30		
600	Total Hillin	or operating subsidy-current year (line 630 plus or minus line 670)	194.43	155.61	101 33	525,700		
700	i otal nuu	Residual Receipts (or Deficit)(sum of line 590 plus line 690) Enter here	194.40	10.01	191.00	007,626	_	
		and on line 810	14.88	(70.57)	.93	2,564		

form HUD-52564 (3/95) ref. Handbook 7475.1

form HUD-52564 (3/95)			_	Page 3 of 4	solete	Previous editions are obsolete	Previous ed
					ı		
		    Date			Title Signature		
V-5-12-12-12-12-12-12-12-12-12-12-12-12-12-					Name	Approval	Field Office Approval
		Date			Signature		
VI. 100 A.				Executive Director	Title		
essenare.				Mack Horne	Name	Approval	PHA / IHA Approval
	-						
							Comments
				% of line 480	Cash Reserve Requirement-	c	830
	166,938	)7	09/30/2007	Operating Reserve at End of Requested Budget Year Estimated for FYE (Sum of lines 800 and 810)	Operating Reserve at End of Reque (Sum of lines 800 and 810)		820
	2,564			11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Enter Amount from line 700		_
		)7	09/30/2007	Provision for Operating Reserve - Requested Budget Year Estimated for FYE	Provision for Operating Reserve - F	מר	810
	164,374				Actual for FYE		
100		<b></b>		nt Budget Year (check one) 09/30/2006	Operating Reserve at end of Current Budget Year (check one)  Stimated for FYE 09/30/2006		800
	13,190			09/30/2006	Actual for FYE		
				entent proget seat (escentists)	Estimated for FYE		
	151,184	05	09/03/2005	ous Fiscal Year - Actual for FYE (date):	Operating Reserve at End of Previo		780
			1 1	Part II - Provision for and Estimated or Actual Operating Reserve at Fiscal Year End	Part II - Provision for and Estima	F	
				UD-52564	50% of Line 480, column 5, form HUD-52564	0	
				10 E2504	The second secon		

Name of PHA / IHA
Winter Haven Housing Authority

Fiscal Year Ending

September 30, 2007
PHA/IHA Estimates

**HUD Modifications** 

740

2821

Operating Reserve
Part I - Maximum Operating Reserve - End of Current Budget Year
PHA/IHA - Leased Housing - Section 23 or 10(c)

# **Operating Budget**

Summary of Budget Data and Justifications

and Urban Development U.S. Department of Housing

Office of Public and Indian Housing

OMB Approval No. 2577-0026 (Exp. 6/30/2001)

Public reporting burden for this collection of information is estimated to average 45 minutes 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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collecton displays a valid OMB control number.

proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the PHA and the amounts are reasonable and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This This information is required by Section 6(c)(4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income housing program and provides a summary of nformation does not lend itself to confidentiality

**Housing Authority** Winter Haven Name of Local Housing Authority Winter Haven, Florida 33880 2670 Avenue C, SW Fiscal Year Ending September 30, 2007

Dwelling Rental of

\$ 182,616

is based on

06/01/2006

rent roll. See HUD-52723 for Calculations.

result in a greater or lesser average monthly rent roll during the Requested Budget Year. For Section 23 Leased Housing, state the number of units under lease, the PUM lease Operating Receipts

Dwelling Rental: Explain basis for estimate. For HUD-aided low-rent housing, other than Section 23 Leased housing, state amount of latest available total HA monthly rent roll, price, and whether or not the cost of utilities is included. If not included, explain method for payment at utility costs by HA and/or tenant. the number of dwelling units available for occupancy and the number accepted for the same month end. Cite HA policy revisions and economic and other factors which may

Rental Terms	To Whom	1. <u>Space Rented</u>
Nondwelling Rent. (NOT for Section 23 Leased Housing.) Complete Item 1, specifying each space rented, to whom, and the rental terms. For example: Community Building Space - Nursery School - \$50 per month, etc. Cite changes anticipated during the Requested Budget Year affecting estimated Non-dwelling Rental Income.	omplete Item 1, specifying each space rented, the Requested Budget Year affecting estimate	Nondwelling Rent. (NOT for Section 23 Leased Housing.) Complete Item 1, specifying each space rented, to whom, and the rental terms. F School - \$50 per month, etc. Cite changes anticipated during the Requested Budget Year affecting estimated Non-dwelling Rental Income.
		Annualized estimate -
A flat fee of \$1.00 to \$4.00 is charged monthly for "major" appliances used by tenants which are not provided by the Authority, i.e., air conditioners, freezers, dishwashers, washers, dryers, and extra ranges or refrigerators.	r "major" appliances used by tenants w or refrigerators.	A flat fee of \$1.00 to \$4.00 is charged monthly for "major" applia dishwashers, washers, dryers, and extra ranges or refrigerators
(Specify)	Electricity Other	1. Utility Services Surcharged: Gas
Excess Utilites: (NOT for Section 23 Leased housing.) Check appropriate spaces in item 1, and explain "Other". Under item 2, explain basis for determining excess utility consumption. For example: Gas; individual check meters at OH-100-1, proration of excess over allowances at OH-100-2, etc. Cite effective date of present utility allowances. Explain anticipated changes in allowances or other factors which will cause a significant change in the total amount of excess utility charges during the Requested Budget Year.	<ul><li>j.) Check appropriate spaces in item 1, an ers at OH-100-1, proration of excess over a swhich will cause a significant change in the</li></ul>	Excess Utilites: (NOT for Section 23 Leased housin consumption. For example: Gas; individual check met Explain anticipated changes in allowances or other factor

Previous editions are obsolete

Comments:

Interest on General Fund investments: State the amount of present General Fund investment and the percentage of the General Fund it represents. Explain circumstances such as increased or decreased operating reserves, dwelling rent, operating expenditures, etc., which will affect estimated average monthly total investments in the Requested Budget Year. Explain basis for distribution of interest income between housing programs.

Other Comments On Estimates of Operating Receipts:

Give comments on all other significant sources of income which will present a clear understanding of the HA's prospective Operating Receipts situation during the Requested Budget Year. For Section 23 Leased housing explain basis for estimate of utility charges to tenants.

# Operating Expenditures Summary of Staffing and Salary Data

Total

Complete the summary below on the basis of information shown on Form HUD-52566, Schedule of All Positions and Salaries, as follows:

Column (1): Enter the total number of positions designated with the corresponding account line symbol as shown in Column (1), form HUD-52566.

Column (2) Enter the number of equivalent full-time positions allocable to HUD-aided housing in management. For example: A HA has three "A-NT" positions allocable to such housing at the rate of 80%, 70%, and 50% respectively. Thus, the equivalent full-time positions is two. (8/10 + 7/10 + 5/10).

Column (3) Enter the portion of total salary expense shown in Column (5) or Column (6), Form HUD-52566, allocable to HUD-aided housing in management, other than Section 23 Leased housing.

Column (4) Enter the portion of total salary expense shown in Column (5) or Column (6), Form HUD-52566, allocable to Section 23 Leased Housing Management.

Column (5) Enter the portion of total salary expense shown in Column (5) or Column (7), form HUD-52566, allocable to Modernization Programs (Comprehensive Improvement Assistance Program or Comprehensive Grant Program).

Column (6) Enter the portion of total salary expense shown in Column (5) or Column (9), form HUD-52566, allocable to Section 8 Programs

Note: The number of equivalent full-time positions and the amount of salary expense for all positions designated "M" on Form HUD-52566 must be equitably distributed to account lines Ordinary Maintenance and Operation - Labor, Extraordinary Maintenance Work Projects, and Betterments and Additions Work Projects.

			HUD-Aic	HUD-Aided Management Program	rogram	
				Salary Expense	xpense	
		Equivalent				
	Total Number	Full-time		Section 23 Leased	Modernization	Section 8
Account Line	of Positions	Positions	Management	Housing only	Programs	Program
	(1)	(2)	(3)	(4)	(5)	(6)
Administration-Nontechnical Salaries 1/	<b>S</b>	ω	3 124,909.00		•	24,700.00
Administration-Technical Salaries 1/						
Ordinary Maintenance & Operation-Labor 1	2	2	54,142.00			
Utilities-Labor 1/						
Other (Specify) (Legal, etc.) 1/						
Extraordinary Maintenance Work Projects 2/						
Betterments and Additions Work Projects 2/						
1 Complete the appropriate line on the property of prices about the property of the property o	-4 -411				,	

1 Carry forward to the appropriate line on HUD-52564, the amount of salary expense shown in Column (3) on the corresponding line above. Carry forward to the appropriate line on HUD-52564 (Section 23 Leased Housing Budget), the amount of salary expense shown in Column (4) on the corresponding line above.

2 The amount of salary expense distributed to Extraordinary Maintenance Work Projects and to Betterments and Additions Work Projects is to be included in the cost of each individual project to be performed by the HA Staff, as shown on form HUD-52567.

Previous editions are obsolete

form HUD-52573 (3/95) ref Handbooks 7475.1

Specify all proposed new positions and all present positions to be abolished in the Requested Budget Year. Cite prior HUD concurrence in proposed staffing changes or present justification for such changes. Cite prior HUD concurrence in proposed salary increases for Administration Staff or give justification and pertinent comparability information. Cite effective date for current approved wage rates (form HUD-52158) and justify all deviations from these rates.

Travel, Publications, Membership Dues and Fees, Telephone and Telegraph, and Sundry: In addition to "Justification for Travel to Conventions and Meetings" shown on Form HUD-52571, give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for these accounts in the Current Budget Year. Explain basis for allocation of each element of these expenses.

Utilities: Give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for each utility servive in the Current Budget Year. Describe and state estimated cost of each element of "Other Utilities Expense."

See PFS HUD-52722 for computations of PUM's and total estimated utilities. Allowable utilities expense per unit month of:

56.23

Ordinary Maintenance & Operation - Materials: Give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for materials in the Current Budget Year.

Ordinary Maintenance & Operation - Contract Costs: List each ordinary maintenance and operation service contracted for and give the estimated cost for each. Cite and justify new contract services proposed for the Requested Budget Year. Explain substantial Requested Budget Year increases over the PUM rate of expenditure for Contract Services in the Current Budget Year. If LHA has contract for maintenance of elevator cabs, give contract cost per cab.

Total Estimated Contract Costs			Electrical Services	Lawn Service	Vehicle Repairs	Garbage	Extermination	Equipment Maintenance
98,800	•	•	5,000	36,000	2,000	44,000	6,800	5,000

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Page 3 of 4

Insurance: Give an explanation of substantial Requested Budget Year estimated increases in the PUM rate of expenditures for insurance over the Current Budget Year. Cite changes in coverage, premium rates, etc.

Property 63,000
General Liability 18,900
Auto 7,600
Fidelity Bond / Position Bond 200
Wind and Hail 34,000
Total Estimated Insurance 723,700

Employee Benefit Contributions: List all Employee Benefit plans participated in. Give justification for all plans to be instituted in the Requested Budget Year for which prior HUD concurrence has not been given.

Collection Losses: State the number of tenants accounts receivable to be written off and the number and total amount of all accounts receivable for both present and vacated tenants as of the month in which the estimate was computed.

We expect to write-off \$ 6,000 in uncollectible accounts.

Extraordinary Maintenance, Replacement of Equipment, and Betterments and Additions: Cite prior HUD approval or give justification for each nonroutine work project included in the Requested Budget and for those for future years which make up the estimate on Form HUD-52570. Justifying information incorporated on or attached to Form HUD-52567 need not be repeated here.

See HUD 52567 for details.

Contracts: List all contracts, other than those listed on page 3 of this form under Ordinary Maintenance & Operation (OMO). Cite the name of the contractor, type of contract, cost of contract, and contract period. Justification must be provided for all contract services proposed for the Requested Budget Year (RBY). Explain substantial RBY increases over the PUM rate of expenditure for these contracts in the Current Budget Year.

Page 4 of 4

Previous editions are obsolete

form HUD-52573 (3/95)

ref Handbooks 7475.1

**Operating Budget**Schedule of Administration **Expense Other Than Salary** 

### and Urban Development U.S. Department of Housing

Office of Public and Indian Housing

sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Washington, D.C. 20503. Do not send this completed form to either of the above addressees. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026), OMB Approval No. 2577-0026 (Exp. 10/31/97)
Public Reporting Burden for this collection of information is estimated to average 1.0 hour per response, including the time for reviewing instructions, searching existing data

Name	Name of Local Authority	Locality:			Fiscal Year End:	
Win	Winter Haven	2670 Avenue C, SW	eC,SW			
He	Housing Authority	Winter Have	Winter Haven, Florida 33880	3880	September 30, 2007	r 30, 2007
	(1)	(2)	(3)	(4)	(5)	(6)
	Description	Total	Management	Development	Section 8	Other
_	Legal Expense (See Special Note in Instructions)	\$ 16,300	\$ 16,300			
2	Training (list and provide justification)	3,000	3,000			
ω	Travel					
	Trips To Conventions and Meetings (list and provide justification)	3,000	3,000			
4	Other LHA Travel:					
	Outside Area of LHA Jurisdiction					
5	Within Area of LHA Jurisdiction					
6	Total Travel	3,000	3,000			
7	Accounting	15,000	15,000			
8	Auditing	19,000	19,000			
	Sundry					
9	Rental of Office Space					
10	Publications					
1	Membership Dues and Fees (list organization and amount)					
12	Telephone, Fax, Electronic Communications	5,820	5,820			
13	Collection Agent Fees and Court Costs	1,500	1,500			
14	Administrative Services Contract					
15	Forms, Stationary and Office Supplies	20,000	20,000			
16	Other Sundry Expense (provide breakdown)					
17	Total Sundry	27,320	27,320			
18	Total Administration Expense Other Than Salaries	\$ 83,620	\$ 83,620			

accurate. To the best of my knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of authorized representative & Date:

Executive Director

# **Operating Budget**

Schedule of Nonroutine Expenditures

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

OMB Approval No. 2577-0026 (Exp. 10/31/97 Public Reporting Burden for this collection of information is estimated to average 0.75 hour 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

Winter Haven Housing Authority Number Work Project 3 NFC, INC.
TRIDENT CONSULTING FIRM (List Extraordinary Maintenance and Betterments and Additions separately) Description of Work Project Extraordinary Maintenance and Betterments & Additions (Excluding Equipment Additions) Number Housing Project Winter Haven, Florida 33880 2670 Avenue C, SW Estimated Cost (4) Total 3,000 27,500 30,500 Complete Year End Budget Current Percent (5) Expenditure Estimated In Year Requested Budget Year (6)27,500 30,500 3,000 Complete Year End Percent 100.00% 100.00% UTILITY ALLOWANCE UPGRADE 100.00% DEVELOPMENT INITIATIVES (7) (List Replacements and Additions seperately) Description of Equipment Items Equipment Requirements Fiscal Year Ending Items (9) ₽ ₹ September 30, 2007 Requested Budget Cost (10) Estimated
Expenditure
In Year
(11)

Page 1 of 2

form HUD-525 orm HUD-52567 (3/95) ref Handbook 7475.1

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Operating Budget
Schedule of All Positions and Salaries

### U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

To the best of my knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012;31 U.S.C. 3729, 3802) Maintenance Supervisor
Maintenance Mechanic
Maintenance Mechanic TOTAL SALARIE & WAGES Maintenance Aide Maintenance Mechanic Property Manager
Assist Housing Manager Landscape Maintenance Maintenance Mechanic Maintenance Sec 8 Coord Administrative Assistant FSS Coordinator Housing Manager Administrative Name of Local Housing Authority
Winter Haven Housing Authority Recp/Clerk Executive Director By Organizational Unit and Function Position Title and Name brannen johnson blackmon williams sabin lander horne TOTAL TOTAL A-NT A-NT A-NT A-NT A-NT A-NT A-NT A-NT SZZ 2 2 **≥** (1a) Locality 2670 Avenue C, SW As of (date) Present Salary 2006 Rate 26,492 27,517 17,680 15,137 25,334 22,600 (2) 23,478 30,000 22,386 67,519 22,386 21,420 29,484 28,436 208,212 Rate 2007 (3) 15,250 153,190 25,022 30,000 69,800 55,022 30,900 27,040 10,200 Requested Budget Year Months <u>N</u> Estimated Payment (4) Amount (5) Winter Haven, Florida 33880 Management (6) 179,051 124,909 54,142 25,022 30,000 27,040 67,869 29,120 New Constrcut Section 8 3 Executive Director or Designated Official Development (8) Allocation of Salaries by Program Fiscal Year End Programs Section 8 24,700 14,820 24,700 (9) 9,880 September 30, 2007 Programs Other (10) Longevity (11) OMB Approval No. 2577-0026 Exp. (10/31/97) Date Method of Allocation form I

Totals Page 1 of 3