# **PHA Plans**

#### Streamlined Annual Version

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

OMB No. 2577-0226

 $(\exp. 05/31/2006)$ 

Office of Public and Indian Housing

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

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

# **Streamlined Annual PHA Plan** for Fiscal Year: 2006

PHA Name: HUTCHINSON HOUSING **AUTHORITY** 

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

PHA Name: Hutchinson Housing Authority

HA Code: KS 163

# **Streamlined Annual PHA Plan Agency Identification**

PHA Name: Hutchinson H	ousing A	authority PHA	PHA Number: KS163			
PHA Fiscal Year Beginnin	g: (mm/	<b>yyyy</b> ) 01/01/2006				
PHA Programs Administer  Public Housing and Section Number of public housing units: Number of S8 units:	8 ⊠Se		ublic Housing Onler of public housing units			
PHA Consortia: (check be			•			
Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program		
Participating PHA 1:						
Participating PHA 2:						
Participating PHA 3:						
PHA Plan Contact Information  Name: Stacey Smithwick  TDD: (620) 663-8415  Public Access to Information regarding any action  (select all that apply)  PHA's main administration	on vities out ve office	PHA's deve	hhseauth@ourtov  be obtained by co	ontacting:		
The PHA Plan revised policies of public review and inspection.  If yes, select all that apply:	r program Yes e of the Placement off	changes (including att  No.  HA  ices	tachments) are avai			
PHA Plan Supporting Documents  Main business office of the Other (list below)			(select all that app pment managemen	•		

PHA Name: Hutchinson Housing Authority

HA Code: KS 163

#### Streamlined Annual PHA Plan Fiscal Year 2006

[24 CFR Part 903.12(c)]

#### **Table of Contents**

[24 CFR 903.7(r)]

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

Contents	Page #			
Annual Plan				
Annual Plan Information	2			
Table of Contents	3			
PHA Plan Components	4			
Capital Improvement Needs	5			
Voucher Homeownership Program	7			
Use of the Project-Based Voucher Program	8			
PHA Statement of Consistency with the Consolidated Plan				

#### **Attachments**

Attachment A – Supporting Documents Available for Review

PHA Name: Hutchinson Housing Authority HA Code: KS 163

Α.	PHA	<b>PLAN</b>	COMI	PONENTS
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] 1.	Site-Based Waiting List Policies
3.7(b)(2)	Policies on Eligibility, Selection, and Admissions
] 2.	Capital Improvement Needs
3.7(g) Sta	atement of Capital Improvements Needed
] 3.	Section 8(y) Homeownership
3.7(k)(1)	(i) Statement of Homeownership Programs
] 4.	Project-Based Voucher Programs
5.	PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has
ch	anged any policies, programs, or plan components from its last Annual Plan.
6.	Supporting Documents Available for Review
] 7.	Capital Fund Program and Capital Fund Program Replacement Housing Factor,
Aı	nnual Statement/Performance and Evaluation Report
] 8.	Capital Fund Program 5-Year Action Plan
	3.7(b)(2) 2. 3.7(g) Sta 3. 3.7(k)(1) 4. 5. ch 6. 7. A1

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

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

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

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

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

Form SF-LLL &SF-LLLa, <u>Disclosure of Lobbying Activities</u>.

#### 1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

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

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

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

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

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

#### A. Capital Fund Program

PHA Name:

**Hutchinson Housing Authority** 

Streamlined Annual Plan for Fiscal Year 2006

PHA Name:

**Hutchinson Housing Authority** 

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Streamlined Annual Plan for Fiscal Year 2006

PHA Name: Hutchinson Housing Authority HA Code: KS 163

3. Section 8 Tens	ant Based AssistanceSection 8(y) Homeownership Program
(if applicable) [24 Cl	FR Part 903.12(c), 903.7(k)(1)(i)]
1.  Yes No:	D oes the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)
2. Program Descript	ion:
a. Size of Program  Yes No:	Will the PHA limit the number of families participating in the Section 8 homeownership option?
	If the answer to the question above was yes, what is the maximum number of participants this fiscal year?
b. PHA-established  Yes No:	eligibility criteria Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria? If yes, list criteria:
c. What actions will	the PHA undertake to implement the program this year (list)?
3. Capacity of the Pl	HA to Administer a Section 8 Homeownership Program:
Establishing	strated its capacity to administer the program by (select all that apply): a minimum homeowner downpayment requirement of at least 3 percent of e and requiring that at least 1 percent of the purchase price comes from the purchase
Requiring that be provided, a secondary mo	at financing for purchase of a home under its Section 8 homeownership will insured or guaranteed by the state or Federal government; comply with ortgage market underwriting requirements; or comply with generally ate sector underwriting standards.
Partnering wi	th a qualified agency or agencies to administer the program (list name(s) experience below):
	g that it has other relevant experience (list experience below):

PHA Name: Hutchinson Housing Authority HA Code: KS 163

and commitments: (describe below)

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

Intent to Use Project-Based Assistance
Yes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.
1. Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:
low utilization rate for vouchers due to lack of suitable rental units access to neighborhoods outside of high poverty areas other (describe below:)
2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):
5. PHA Statement of Consistency with the Consolidated Plan
[24 CFR Part 903.15]
For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.
1. Consolidated Plan jurisdiction:The city limits of the City of Hutchinson, Kansas
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
Other: (list below)
3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions

PHA Name: **Hutchinson Housing Authority** HA Code: KS 163

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

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

	List of Supporting Documents Available for Review			
Applicable & On Display	Supporting Document	Related Plan Component		
X	PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;	5 Year and Annual Plans		
X	PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan	Streamlined Annual Plans		
X	Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.	5 Year and standard Annual Plans		
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans		
	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs		
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources		
	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies		
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies		
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing.   Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies		
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies		
	Public housing rent determination policies, including the method for setting public housing flat rents.  Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination		
	Schedule of flat rents offered at each public housing development.  Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination		
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies.  Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination		
	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance		
	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).  Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if	Annual Plan: Management and Operations Annual Plan: Operations and		
	necessary)	Maintenance and Community Service & Self-		

form **HUD-50075-SA** (04/30/2003)

Hutchinson Housing Authority KS 163 PHA Name:

HA Code:

Annliashla	List of Supporting Documents Available for Review	Related Plan Component		
Applicable & On Display	Supporting Document	Related Fian Component		
1 1		Sufficiency		
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations		
	Any policies governing any Section 8 special housing types  Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance		
	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 Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Need		
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Need		
	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 Need		
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Need		
	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: Designtion o Public Housing		
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion Public Housing		
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing		
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership		
	Policies governing any Section 8 Homeownership program (Sectionof the Section 8 Administrative Plan)	Annual Plan: Homeownership		
	Public Housing Community Service Policy/Programs  Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency		
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency		
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency		
	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency		
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency		
	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G).  Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy		
	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Aud		
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)		
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operatio		

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

Annual Statement/Per	rformance and Evaluation Report							
<b>Capital Fund Program</b>	n and Capital Fund Program Replacement	Housing Factor (	(CFP/CFPRHF)	Part I: Summary				
PHA Name:								
		pital Fund Program Gra			of Grant:			
	Re	placement Housing Fac	ctor Grant No:					
	nent Reserve for Disasters/ Emergencies Revise nation Report for Period Ending: Final Perf	d Annual Statement ormance and Evalua						
Line No.	Summary by Development Account	Total Estin		Total Act	tual Cost			
Line 110.	Summary by Development Account	Original	Revised	Obligated	Expended			
1	Total non-CFP Funds	O Liginus	110 / 150 4	Obligated	Дирописи			
2	1406 Operations							
3	1400 Operations 1408 Management Improvements							
4	1410 Administration							
5	1411 Audit							
6	1411 Audit 1415 Liquidated Damages							
7	1430 Fees and Costs							
8	1440 Site Acquisition							
9	1450 Site Improvement							
10	1460 Dwelling Structures							
11	1465.1 Dwelling Equipment—Nonexpendable							
12	1470 Nondwelling Structures							
13	1475 Nondwelling Equipment							
14	1485 Demolition							
15	1490 Replacement Reserve							
16	1492 Moving to Work Demonstration							
17	1495.1 Relocation Costs							
18	1499 Development Activities							
19	1501 Collaterization or Debt Service							
20	1502 Contingency							
21	Amount of Annual Grant: (sum of lines 2 – 20)							
22	Amount of line 21 Related to LBP Activities							
23	Amount of line 21 Related to Section 504							
	compliance							
24	Amount of line 21 Related to Security – Soft Costs							
25	Amount of Line 21 Related to Security – Hard							
	Costs							
26	Amount of line 21 Related to Energy Conservation							
	Measures							

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

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

PHA Name:		Grant Type and Capital Fund Pr Replacement H	<b>d Number</b> rogram Grant No: ousing Factor Gr	ant No:	ıt No:		Federal FY of Grant:		
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Funds Obligated	Funds Expended		

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

<b>Annual Statement</b>	/Performa	ance and I	<b>Evaluatio</b>	n Report				
Capital Fund Prog	gram and	Capital F	und Prog	ram Replac	ement Housi	ing Factor	(CFP/CFPRHF)	
Part III: Impleme	entation S	chedule						
PHA Name:		Grant Capita Repla	Federal FY of Grant:					
Development	All	Fund Obliga	ted	All	Funds Expende	ed	Reasons for Revised Target Dates	
Number Name/HA-Wide Activities	(Quar	rter Ending I	Date)	(Qua	arter Ending Da	ite)		
	Original	Revised	Actual	Original	Revised	Actual		

# 8. Capital Fund Program Five-Year Action Plan

_	_	ve-Year Action Plan			
PHA Name	<b>ry</b>			Original 5-Year Plan Revision No:	1
Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
		FFY Grant: PHA FY:	FFY Grant: PHA FY:	FFY Grant: PHA FY:	FFY Grant: PHA FY:
	Annual Statement				
CED E 1 II' 1					
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

# 8. Capital Fund Program Five-Year Action Plan

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

# 8. Capital Fund Program Five-Year Action Plan

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