

# PHA Plans

5 Year Plan for Fiscal Years 2006 - 2010

Annual Plan for Fiscal Year 2006

**Portsmouth Housing Authority**  
**Portsmouth, New Hampshire**

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH  
INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## PHA Plan Agency Identification

**PHA Name:** Portsmouth (NH) Housing Authority

**PHA Number:** NH004

**PHA Fiscal Year Beginning: (mm/yyyy)** 01/2006

### 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 web site
- 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]

**A. Mission**

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction.

The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

The PHA's mission is: The mission of the Portsmouth Housing Authority is to be the leader in making quality affordable housing available for low and moderate-income members of the community. The mission will be accomplished by a fiscally responsible, creative organization, committed to excellence.

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives.

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

PHA Goal: Expand the supply of assisted housing

Objectives:

- Apply for additional rental vouchers if they become available:
- Reduce public housing vacancies:
- Leverage private or other public funds to create additional housing opportunities:
- Acquire or build units or developments
- Other (list below)

PHA Goal: Improve the quality of assisted housing

Objectives:

- Improve public housing management: (PHAS score)
- Improve voucher management: (SEMAP score)
- Increase customer satisfaction:
- Concentrate on efforts to improve specific management functions: Review PHA operations, implement recommendations in management reviews, improve utilization in HCVP, improve unit turnover in public housing operations.
  - Renovate or modernize public housing units:
  - Demolish or dispose of obsolete public housing:
  - Provide replacement public housing:
  - Provide replacement vouchers:
  - Other: Manage the Portsmouth Housing Authority's existing Public Housing and Section Eight Programs in an efficient and effective manner.  
Qualifying as a SEMAP high performer by December 31, 2009  
Qualifying as a PHAS high performer by December 31, 2009.

PHA Goal: Increase assisted housing choices

Objectives:

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

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

PHA Goal: Provide an improved living environment

Objectives:

- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- Implement public housing security improvements: per resident survey results
- Designate developments or buildings for particular resident groups (elderly, persons with disabilities) The PHA is considering designating portions of developments for non-elderly disabled only.
- Other: promote the creation of resident associations at each development

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

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

Objectives:

- Increase the number and percentage of employed persons in assisted families:
- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: provide improved social services and educational opportunities for residents

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

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
- Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:

- Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:

Other:

**Other PHA Goals and Objectives: (list below)**

**Annual PHA Plan**  
**PHA Fiscal Year 2006**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Streamlined Plan:**

- High Performing PHA**
- Small Agency (<250 Public Housing Units)**
- Administering Section 8 Only**

**Troubled Agency Plan**

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

[24 CFR Part 903.7 9 (r)]

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

**The Portsmouth Housing Authority prepared this Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the HUD requirements that put that legislation into effect. Our Annual Plan is based on the premise that if we accomplish our goals and objectives, we will be working toward the achievement of our mission, as stated in our Five-Year Plan.**

**The plans, statements, budget summary, policies and other information set forth in the Plan all contribute to the accomplishment of our Five-Year Plan goals and objectives. Taken as a whole, they constitute a comprehensive approach to the provision of affordable housing that is consistent with the Consolidated Plan of the City of Portsmouth.**

**A number of highlights of the Annual Plan are:**

**We recognize that the supply of housing within the reach of working people and people of limited income is extremely low in Portsmouth and that the affordable housing we provide is a precious commodity. We call upon the entire Seacoast area to join the effort to preserve and develop affordable housing.**

**We recognize the need for changes in the administration of the Housing Choice Voucher Program due to the cutbacks in program funding. As one of the cost savings possibilities, we decided to allow portability for all voucher holders subject to the receiving PHA absorbing them into their program. This is in lieu of conducting a cost effect analysis on each voucher holder desiring to port out.**

**We are proud of the high quality of our maintenance efforts and of the administrative services provided by our staff.**

**We work closely with the Portsmouth Police Department and employ an aggressive screening policy and strict lease enforcement to ensure that residents live in a wholesome environment and that children will grow in a healthy, safe neighborhood.**

**We have provided for incentives to employment and education.**

**Despite the obstacles presented by shrinking federal dollars that support various programs, we have made great strides in addressing the needs of our jurisdiction's extremely low-, very low- and low-income residents. In summary, we remain within the Portsmouth tradition of providing quality assisted housing.**

**George F. Robinson, Executive Director**

### **iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

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

<b>Table of Contents</b>	<b><u>Page #</u></b>
<b>Annual Plan</b>	
i. Executive Summary	1
ii. Table of Contents	
1. Housing Needs	6
2. Financial Resources	13
3. Policies on Eligibility, Selection and Admissions	14
4. Rent Determination	22
5. Operations and Management	25
6. Grievance Procedures	27
7. Capital Improvement Needs	28
8. Demolition and Disposition	29
9. Designation of Housing	30
10. Conversions of Public Housing	33
11. Homeownership	35
12. Community Service Programs	36
13. Crime and Safety	38
14. Pets	40
15. Civil Rights Certifications (included with PHA Plan Certifications)	40
16. Audit	40
17. Asset Management	41
18. Other Information	41

### **Attachments**

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

Required Attachments:

- Admissions Policy for Deconcentration (**Not Applicable**)
- Attachment A** - Brief Statement of Progress in Meeting the 5-Year Mission and Goals (**nh004a01**) **Page 44**
- Assessment of Site-Based Waiting List Development Demographic Changes (**Not Applicable**)
- Attachment B** – FY 2006 Capital Fund Program Annual Statement (**nh004b01**) **Page 45**
- Attachment C** – Capital Fund Program 5-Year Action Plan (**nh004c01**) **Page 49**
- Attachment D** – FY 2005 Capital Fund Program Performance and Evaluation Report (**nh004d01**) **Page 53**
- Attachment E** – FY 2004 Capital Fund Program Performance and Evaluation Report (**nh004e01**) **Page 57**
- Attachment F** – FY 2003 Capital Fund Program Performance and Evaluation Report (**nh004f01**) **Page 62**



- Attachment G** – FY 2003 (bonus funds) Capital Fund Program Performance and Evaluation Report (**nh004g01**) **Page 66**
- Attachment H** – Implementation of Public Housing Resident Community Service Requirements (**nh004h01**) **Page 71**
- Section 8 Homeownership Capacity Statement (**Not Applicable**)
- Attachment I**– Pet Policy (**nh004i01**) **Page 72**
- Attachment J** – Resident Membership of the PHA Governing Board (**nh004j01**) **Page 75**
- Attachment K** – Membership of the Resident Advisory Board (**nh004k01**) **Page 76**
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY) (**Not Applicable**)

Optional Attachments:

- Attachment L** – PHA Management Organizational Chart (**nh004l01**) **Page 77**
- Attachment M** – Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) (**nh004m01**) **Page 78**
- Public Housing Drug Elimination Program (PHDEP) Plan (**Not Applicable**)
- Other (List below, providing each attachment name)

### 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
Yes	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
Yes	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
Yes	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
Yes	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
Yes	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
Yes	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
Yes	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
Yes	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 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
Yes	Public housing rent determination policies, including the Methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
Yes	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
Yes	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
Yes	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
Yes	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
Yes	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
Yes	The HUD-approved Capital Fund/Comprehensive Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	N/A
Yes	Most recent, approved 5 Year Action Plan for the Capital Fund, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	N/A
N/A	Approved or submitted applications for demolition and/or disposition of public housing	N/A
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	N/A
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	N/A

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
N/A	Approved or submitted public housing homeownership programs/plans	N/A
N/A	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	N/A
No	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	N/A
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	N/A
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	N/A
Yes	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
N/A	Troubled PHAs: MOA/Recovery Plan	N/A
X X X N/A	Other supporting documents (optional) <b>Voluntary Conversion Analysis</b> <b>Pet Policy</b> <b>Community Service Policy</b> <b>Action Plan for the PHAS Resident Survey (Results of RASS indicate Action Plan is not needed)</b>	Annual Plan

## **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.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford-ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access-ibility</b>	<b>Size</b>	<b>Loca-tion</b>
Income <= 30% of AMI (2000)	963	5	5	5	5	5	5
Income >30% but <=50% of AMI (2000)	527	5	5	5	5	5	5
Income >50% but <80% of	962	5	5	5	5	5	5

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
AMI(2000)							
Elderly (2000)	875	5	5	5	5	5	5
Families with Disabilities (2000)	755	5	5	5	5	5	5
African American (2000 estimate)	136	5	5	5	5	5	5
Other Ethnic Groups (2000 estimate)	172	5	5	5	5	5	5

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

- Consolidated Plan of the Jurisdiction/s  
Indicate year: FY 2006-2010 Consolidated Plan and 2005/6 Annual Action Plan
- U.S. Census data (1990 and 2000)
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources:

### **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.

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance-NOTE: MIS best estimates		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	1118		60
Extremely low income <=30% AMI	973	87%	

<b>Housing Needs of Families on the Waiting List</b>			
Very low income (>30% but <=50% AMI)	N/A	0%	
Low income (>50% but <80% AMI)	145	13%	
Families with children	633	57%	
Elderly families	116	10%	
Families with Disabilities	216	19%	
White	733	66%	
African American	160	14%	
Latino	187	17%	
Asian or Pacific	19	2%	
Native American	12	1%	
Characteristics by Bedroom Size (Public Housing Only)			
0 BR	25	2%	
1 BR	388	35%	
2 BR	504	45%	
3 BR	183	16%	
4 BR	19	2%	
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? No <input type="checkbox"/> Yes			

### Housing Needs of Families on the Waiting List

Waiting list type: (select one)

- Section 8 tenant-based assistance
- Public Housing-NOTE: MIS best estimates
- Combined Section 8 and Public Housing
- Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	1,214		45
Extremely low income <=30% AMI	1,075	88%	
Very low income (>30% but <=50% AMI)	139	12%	
Low income (>50% but <80% AMI)	N/A	N/A	
Families with children	765	70%	
Elderly families	51	4%	
Families with Disabilities	253	21%	
White	796	65%	
African American	181	14%	
Latino	241	19%	
Asian or Pacific	13	1%	
Native American	12	1%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			

## Housing Needs of Families on the Waiting List

Is the waiting list closed (select one)?  No  Yes

If yes:

How long has it been closed (# of months)?

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

### C. Strategy for Addressing Needs

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

#### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will increase the ability of 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: **Note: The PHA is seeking to develop additional units of housing using a variety of resources.**

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

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing

- Pursue housing resources other than public housing or Section 8 tenant-based assistance, when economically feasible.
- 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 **PHA is considering designating a portion of one or more developments as elderly only.**
- 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: **PHA is considering designating a portion of one or more developments as non-elderly disabled only.**
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities



Other: (list below)

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

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

Select if applicable

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

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

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

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

**(2) Reasons for Selecting Strategies**

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

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

## **2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

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

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2006 grants)</b>		
a) Public Housing Operating Fund	\$808,152	
b) Public Housing Capital Fund	\$558,700	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	\$3,392,851	
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)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
Fiscal Year 2003 CFP	\$55,052	
Fiscal Year 2004 CFP	\$473,033	
Fiscal Year 2005 CFP	558,700	
<b>3. Public Housing Dwelling Rental Income</b>		
	\$1,366,266	Public Housing Operations
<b>4. Other income (list below)</b>		
Investment Income	\$5,000	Public Housing Operations
Excess utilities	\$20,000	Operations
Laundry Commissions	\$13,000	Operations
<b>4. Non-federal sources (list below)</b>		
Summer Recreation Program	28,042	Summer Recreation Program
<b>Total resources</b>	<b>\$7,278,796</b>	

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses

### 3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

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

##### (1) Eligibility

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

- When families are within a certain number of being offered a unit: **predicated on projected vacancies**
- When families are within a certain time of being offered a unit: **predicated on projected vacancies**
- Other:

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

- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other: **landlord references**

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

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

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

##### (2) Waiting List Organization

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

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

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

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

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

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

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? All as qualified.

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, without cause
- Three or More

b.  Yes  No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

### **(4) Admissions Preferences**

a. Income targeting:

Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- Emergencies
- Overhoused
- Underhoused

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

c. Preferences

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

**Occupancy**

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

Former Federal preferences:

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

Other preferences: (select below)

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

**Applicant who is a resident of Rockingham County**

**Applicant who is a resident of the State of New Hampshire**

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

1 Date and Time

Former Federal preferences:

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

Victims of domestic violence  
Substandard housing  
Homelessness  
High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability  
 Veterans and veterans' families  
1 Residents who live and/or work in the jurisdiction  
 Those enrolled currently in educational, training, or upward mobility programs  
 Households that contribute to meeting income goals (broad range of incomes)  
 Households that contribute to meeting income requirements, if necessary (targeting) to meet federal requirements.  
 Those previously enrolled in educational, training, or upward mobility programs  
 Victims of reprisals or hate crimes  
Other preference(s) (list below):  
2 **Applicant who is a resident of Rockingham County**  
3 **Applicant who is a resident of the State of New Hampshire**

4. Relationship of preferences to income targeting requirements:

- The PHA will apply preferences within income tiers, if necessary to meet deconcentration requirements  
 Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

### **(5) Occupancy**

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

- The PHA-resident lease  
 The PHA's Admissions and (Continued) Occupancy policy  
 PHA briefing seminars or written materials  
 Other source: **Postings of rules in developments and buildings**

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

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

**(6) Deconcentration and Income Mixing**

**(Per PIH 2001-4 and other HUD guidance, the following questions replace the former ones in the Agency Plan template. Rather than adding this as an additional attachment, Portsmouth Housing Authority has deleted the former questions from the template and inserted the following questions from the HUD website)**

**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:

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

**Per the regulations at 24 CFR Part 903 (b) (2) (iii), deconcentration does not apply to ...“developments operated by a PHA which consist of only one general occupancy, family public housing development.”**

**Portsmouth Housing Authority has only one (1) general occupancy development. Therefore, deconcentration does not apply to our Authority.**

**B. Section 8**

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

**(1) Eligibility**

- a. What is the extent of screening conducted by the PHA? (select all that apply)  
 Criminal or drug-related activity only to the extent required by law or regulation

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

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

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

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

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

- Criminal or drug-related activity
- Other (describe below) **As requested by a landlord and authorized by the voucher holder.**

**(2) Waiting List Organization**

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

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

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

- PHA main administrative office
- Other:

**(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: **PHA allows two 30 day extensions upon request.**

**(4) Admissions Preferences**

a. Income targeting

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



b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

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

**Applicant who is a resident of Rockingham County**

**Applicant who is a resident of the State of New Hampshire**

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

1 Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

- 2. **Applicant who is a resident of Rockingham County**
- 3. **Applicant who is a resident of the State of New Hampshire**

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

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

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

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

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

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

### **(5) Special Purpose Section 8 Assistance Programs**

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

- The Section 8 Administrative Plan
- Briefing sessions and written materials
- Other (list below) **Not applicable**

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

- Through published notices
- Other (list below) **Does not apply**

#### **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

##### **A. Public Housing**

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

##### **(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

c. Rents set at less than 30% than adjusted income

1.  Yes  No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below: **N/A**

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

- For the earned income of a previously unemployed household member  
 For increases in earned income  
 Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

**1. Excess employment and education commuting expense-Upon expending a \$500 deductible amount, a family may exclude up to \$1,000 of income for such commuting expenses.**

**2. Up to \$1,000 may be excluded from income for one family member employed full time for 12 consecutive months.**

**3. Up to \$ 2,500 may be excluded from income for a family member enrolled in a full course of study.**

Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:

- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below):

e. Ceiling rents

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

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

2. For which kinds of developments are ceiling rents in place? Does not 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) Does not apply.

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

f. Rent re-determinations:

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

- Never  
 At family option  
 Any time the family experiences an income increase  
 Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold): **If the family experiences a \$200 per month increase in gross household income.**

- Other:  
**Families are required to report changes in family composition prior to their occurrence.**  
**Changes in income which would result in a decrease in rent can be reported at any time.**

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

**(2) Flat Rents**

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

- The section 8 rent reasonableness study of comparable housing  
 Survey of rents listed in local newspaper  
 Survey of similar unassisted units in the neighborhood  
 Other: **Survey of similar unassisted units in the City and consideration of HUD FMR's.**

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

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

**(1) Payment Standards**

Describe the voucher payment standards and policies.

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

- At or above 90% but below 100% of FMR  
 100% of FMR  
 Above 100% but at or below 110% of FMR  
 Above 110% of FMR (if HUD approved; describe circumstances below)

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

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

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

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

Other:

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

- Annually
- Other (list below): **An analysis of voucher holder success rates is reviewed monthly throughout the year.**

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

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

## **(2) Minimum Rent**

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

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

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

Exemption allowed when:

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached. **Attachment L – nh004101 (Page 77)**

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

**B. HUD Programs Under PHA Management**

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

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	421	60
Section 8 Vouchers	406	30
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)		

**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 Policy
  - Affirmative Action Plan
  - Annual Audit
  - Capitalization Policy
  - Civil Rights Certification
  - Disposition Policy
  - Drug-Free Workplace Policy
  - Fair Housing Policy
  - Investment Policy
  - Lease
  - Maintenance Plan
  - Personnel Policy
  - Pest Control Policy
  - Pet Policy

Posted Rules  
Procurement Policy  
Public Housing Grievance Procedure  
Rent Collection Policy  
Statement of Approach to Asset Management  
Five-Year Plan  
Annual Plan

(2) Section 8 Management:

Affirmative Action Plan  
Annual Audit  
Civil Rights Certification  
Disposition Policy  
Drug-Free Workplace Policy  
Fair Housing Policy  
Investment Policy  
Personnel Policy  
Procurement Policy  
Section Eight Administrative Plan  
Section Eight Informal Review Procedure

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

### **A. Public Housing**

1.  Yes  No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)
- PHA main administrative office  
 PHA development management offices  
 Other (list below)

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

1.  Yes  No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?



If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

PHA main administrative office

Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

### **A. Capital Fund Activities**

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

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

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

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at **Attachment B – nh004b01 (Page 45)**

-or-

The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

#### **(2) Optional 5-Year Action Plan**

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a.  Yes  No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at **Attachment C - nh004c01 (Page 49)**

-or-

The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

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

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

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

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

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

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

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

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

Yes  No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.) Does not apply.

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

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below. Does not apply.

<b>Designation of Public Housing Activity Description</b>	
1a. Development name: Woodbury Manor, State Street and Pleasant Street	
1b. Development (project) number: NH-004-2	
2. Designation type:	
Occupancy by only the elderly	<input type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input checked="" type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA’s Designation Plan	<input type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input checked="" type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	<u>(04/01/06)</u>
5. If approved, will this designation constitute a (select one)	
<input checked="" type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously-approved Designation Plan?	
6. Number of units affected:	60
7. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input checked="" type="checkbox"/> Total development (20 units Elderly Families only; 40 units Families with disabilities only)	

<b>Designation of Public Housing Activity Description</b>	
1a. Development name: Feaster Apartments	
1b. Development (project) number: NH-004-3	
2. Designation type:	
Occupancy by only the elderly <input checked="" type="checkbox"/>	
Occupancy by families with disabilities <input type="checkbox"/>	
Occupancy by only elderly families and families with disabilities <input type="checkbox"/>	
3. Application status (select one)	
Approved; included in the PHA's Designation Plan <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input checked="" type="checkbox"/>	
4. Date this designation approved, submitted, or planned for submission: <u>(04/01/06)</u>	
5. If approved, will this designation constitute a (select one)	
<input checked="" type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously-approved Designation Plan?	
7. Number of units affected: 100	
7. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input checked="" type="checkbox"/> Total development	

<b>Designation of Public Housing Activity Description</b>	
1a. Development name: Margeson Apartments	
1b. Development (project) number: NH-004-6	
2. Designation type:	
Occupancy by only the elderly <input checked="" type="checkbox"/>	
Occupancy by families with disabilities <input type="checkbox"/>	
Occupancy by only elderly families and families with disabilities <input type="checkbox"/>	
3. Application status (select one)	
Approved; included in the PHA's Designation Plan <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input checked="" type="checkbox"/>	
4. Date this designation approved, submitted, or planned for submission: <u>(04/01/06)</u>	
5. If approved, will this designation constitute a (select one)	
<input checked="" type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously-approved Designation Plan?	
8. Number of units affected: 137	
7. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input checked="" type="checkbox"/> Total development	

## **10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

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

### **A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1.  Yes  No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

#### 2. Activity Description

- Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below. Does not apply.

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

(date submitted or approved: )

- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)

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

**Component 10 (B) Voluntary Conversion Initial Assessments**

**(Per PIH Notice 2001-26 and other HUD regulations, the following questions must be addressed starting in fiscal year 2002. Portsmouth Housing Authority has inserted these questions from HUD’s website into this Agency Plan template.)**

- a. How many of the PHA’s developments are subject to the Required Initial Assessments?

**One (1)**

- b. How many of the PHA’s developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?

**Three (3)**

- c. How many Assessments were conducted for the PHA’s covered developments?

**One (1)**

- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
None*	

**\*Portsmouth Housing Authority has one general occupancy development subject to the Required Initial Assessment. This development has been determined not appropriate for conversion. The Required Initial Assessment is a Supporting Document to this Annual Plan.**

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: **(Question not applicable to Portsmouth Housing Authority.)**

**11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

1.  Yes  No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.) Does not apply.

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.)

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



## B. Section 8 Tenant Based Assistance

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

2. Program Description: Does not apply.

a. Size of Program

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

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

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

b. PHA established eligibility criteria

Yes  No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?  
If yes, list criteria below:

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (l)]

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

### **A. PHA Coordination with the Welfare (TANF) Agency**

1. Cooperative agreements:

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

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

**The PHA has just created a cooperative agreement and will seek to implement it.**

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

Client referrals

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

**B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
<i>Reduced rent through income Deductions for full time employment and full time students See pg. 20 Sec. 4 pAb3</i>	<i>As needed</i>	<i>See pg. 20 for criteria</i>	<i>PHA main office</i>	<i>Both</i>

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

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	N/A	
Section 8	N/A	

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

**C. Welfare Benefit Reductions**

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

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

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

See Attachment H – nh004h01 (Page 71)

**13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

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

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

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

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

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

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

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

**NH004-1, Gosling Meadows**

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

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below): **PHA receives regular reports from the Portsmouth Police Department, consults on a regular basis with members of the Police Department, supports efforts to organize Neighborhood Watch programs, screens all applicants for criminal histories and pursues evictions for criminal activity.**

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

**NH004-1 Gosling Meadows**

### **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 (when necessary)
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- Other activities (list below)

**PHA has a police substation at Gosling Meadows.**

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

**NH004-1 Gosling Meadows**

**D. Additional information as required by PHDEP/PHDEP Plan**

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

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY 2003 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)]

**See Attachment I – nh004i01 (Page 72)**

**15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

**16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

- 1.  Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)

2.  Yes  No: Was the most recent fiscal audit submitted to HUD?
3.  Yes  No: Were there any findings as the result of that audit?
4.  Yes  No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_\_
5.  Yes  No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

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

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
  - Attached at Attachment (**nh004m01**) **Page 78**
  - Provided below:

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

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

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

3. Description of Resident Election Process

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

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

b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

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

**C. Statement of Consistency with the Consolidated Plan**

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

1. Consolidated Plan jurisdiction: **Portsmouth, N.H.**

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

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

Other: (list below)

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

**The City of Portsmouth remains open to opportunities to work together with PHA. At this time the City of Portsmouth and the PHA are seeking to develop affordable housing in a City owned building using a variety of resources.**

**D. Other Information Required by HUD**

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

**A. Substantial Deviation from the 5-year Plan:**

**A substantial deviation from the 5-year Plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5-year plan.**

**B. Significant Amendment or Modification to the Annual Plan:**

**Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.**



## **Attachment A – Statement of Progress in Meeting Five-Year Plan Mission and Goals**

Portsmouth Housing Authority did not achieve high-performer status under the PHAS program and will endeavor to achieve that status this fiscal year. We look forward to future scoring as high performers for both PHAS and SEMAP.

Our staff attended an increased number of professional development seminars, all of which contributed to their knowledge of fair housing issues.

We at Portsmouth Housing Authority continue to provide quality affordable housing, economic opportunity and a suitable living environment free from discrimination. We aggressively serve in a leadership role in the effort to make quality affordable housing available for low and moderate income members of our community.

**Attachment B – FY 2006 Capital Fund Program Annual Statement**

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

PHA Name: Portsmouth Housing Authority	Grant Type and Number NH36P00450106 Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Federal FY of Grant:  2006
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no)  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	100,000			
3	1408 Management Improvements	40,000			
4	1410 Administration	55,800			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,900			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	305,000			
11	1465.1 Dwelling Equipment—Nonexpendable	54,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	558,700			
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				

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

PHA Name: Portsmouth Housing Authority	Grant Type and Number NH36P00450106 Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Federal FY of Grant:  <b>2006</b>
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Original Annual Statement    Reserve for Disasters/ Emergencies    Revised Annual Statement (revision no)  
 Performance and Evaluation Report for Period Ending:    Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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: <b>Portsmouth Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>NH36P00450106</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</b>			
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	
NH 4-3	Replace kitchens	1460	100%	150,000				
	Rewire all electric	1460	100%	155,000				
	Replace Appliances	1465.1	100%	54,000				
	Sub-Total			<b>359,000</b>				
PHA Wide	Operations	1406		100,000				
	Management Improvements	1408		40,000				
	Advertising	1430		3,900				
	Salaries/Wages	1410		55,800				

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

PHA Name: <b>Portsmouth Housing Authority</b>		Grant Type and Number Capital Fund Program No: <b>NH36P0045106</b> Replacement Housing Factor No:					Federal FY of Grant: <b>2006</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
NH 4-3	9-09			9-10				
PHA WIDE Mgmt. Impr.	9-09			9-10				
PHA Wide Admin.	9-09			9-10				









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

Activ. for Year 1	Activities for Year: 5 FFY Grant: 2010 PHA FY: 1/10			Activities for Year: 5 FFY Grant: 2010 PHA FY: 1/10		
	Dev. Name/Num	Major Work Categories	Estimated Cost	Dev. Name/Num.	Major Work Categories	Estimated Cost
	NH 4-1	Community RM. Improve.	295,000	NH 4-3	Community room improvement	30,000
	Gosling Meadows	Plumbing improvements	565,000	Feaster Apts.	Heating/DHW improvements	150,000
A		Heating improvements	275,000		Replace kitchens	400,000
N		Interior doors	250,000		R eplace baths	0
N		504 Accessibility improvements	30,000		Interior doors	75,000
U		Landscaping	60,000		Exterior doors	25,000
A		Sewer line replacement	310,000		504 Accessibility improvements	30,000
L		Water line replacement	310,000		Masonry repairs	0
		Playground equipment	60,000		Common area improvements	30,000
S		Replace steps (front/rear)	250,000		Landscaping	10,000
T		Comm. Rm. Roof replacement	125,000		Replace Hallway flooring	60,000
A					Replace Compactor	30,000
T						
E		Total	2,530,000		T otal	840,000
M						
E						
N	NH 42	Community room Improvements	0	NH 46	Community room improvements	30,000
T	W,S,P Sts.	Plumbing improvements	0	Margeson Apts.	Plumbing improvements	10,000
		Replace roofs	240,000		Replace bathrooms	550,000
		Kitchen improvements	0		Closet doors	100,000
		Closet doors	45,000		Exterior doors	30,000
		Common area improvements	90,000		Common area improvements	80,000
		504 Accessibility improvements	30,000		504 accessibility improvements	30,000
		Landscaping	60,000		Masonry repairs	0
		Water line replacement	45,000		Landscaping	10,000
		Paving walkways	100,000		Replace Compactor	30,000
		Total	510,000		Total	870,000
	\$			\$		

**Attachment D - Fiscal Year 2005 Capital Fund Program Performance & Evaluation Report**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Portsmouth Housing Authority		Grant Type and Number NH36P00450105 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant:2005
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/05 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	2893	3,007		
4	1410 Administration	62543	55,800		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	560000	499,200		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	625436	558,700		
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				

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

PHA Name: Portsmouth Housing Authority	Grant Type and Number NH36P00450105 Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Federal FY of Grant:2005

Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending: 6/30/05  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures		299,200		

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

PHA Name: <b>Portsmouth Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>NH36P00450105</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2005</b>		
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	
NH 4-3	Rewire all electrical	1460	100%	360,000	299,200			
	Sub-total			360,000	299,200			
NH 4-6	Replace elevators	1460	100%	200,000	200,000			
	Sub-Total			200,000	200,000			
PHA Wide	Staff Training	1408		2,893	3,007			
	Sub-Total			2,893	3,007			
PHA Wide	Advertising	1410		4,000	3,000			
	Salaries/Wages	1410		58,543	52,800			
	Sub-Total			62,543	55,800			

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

<b>PHA Name: Portsmouth Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program No: NH36P0045105 Replacement Housing Factor No:	<b>Federal FY of Grant:2005</b>
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NH 4-3	9-07			9-09			
NH 4-6	9-07			9-09			
PHA WIDE Mgmt. Impr.	9-07			9-09			
PHA Wide Admin.	9-07			9-09			

**Attachment E - FY 2004 Capital Fund Program Performance & Evaluation Report**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Portsmouth Housing Authority		Grant Type and Number NH36P00450104 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant:2004
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no 3) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/05 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	-0-	60,033		
3	1408 Management Improvements	6,048	6,048		
4	1410 Administration	62,436	62,436	58,436	58,436
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000	10,000		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	546,952	486,919	90,468	90,468
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	625,436	625,436	148,904	148,904
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				

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

PHA Name: Portsmouth Housing Authority	Grant Type and Number NH36P00450104 Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Federal FY of Grant:2004

Original Annual Statement  
 Reserve for Disasters/ Emergencies  
 Revised Annual Statement (revision no 3)  
 Performance and Evaluation Report for Period Ending: 6/30/05  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
26	Amount of line 21 Related to Energy Conservation Measures	266,952	281,211		

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

PHA Name: <b>Portsmouth Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>NH36P00450104</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2004</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Operations	1406		-0-	60,033			Due to Reduced Subsidy
NH 4-2	Replace DHW Boilers	1460	100%	120000	120000			
	Sub-total			120000	120000			
NH 4-3	Electrical Upgrade Feasibility Study	1430	100%	10000	10000			
	Replace Elevators	1460	100%	200000	200000			
	Rewire All Electric	1460	100%	76,952	76,952			
	Replace DHW Boilers	1460	50%	5,708	5,708	5,708	5,708	Complete
	Sub-Total			286,952	292,660			
NH 4-6	Replace DHW BOILERS	1460	100%	70,000	24,893	24,893	24,893	Complete
	Upgrade HC Kitchens	1460	14	80,000	59,867	59,867	59,867	Complete
	Sub-Total			84,259	84,760	84,760	84,760	
PHA Wide	Staff Training	1408		6048	6048			
	Sub-Total			6048	6048			
PHA Wide	Advertising	1410		4000	4000			
	Clerk of Works	1410		-0-	-0-			



	Salaries/Wages	1410		58,436	58,436	58,436	58,436	Complete
	Sub-Total			62,436	62,436	58,436	58,436	

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

PHA Name: <b>Portsmouth Housing Authority</b>		Grant Type and Number Capital Fund Program No: <b>NH36P0045104</b> Replacement Housing Factor No:					Federal FY of Grant: <b>2004</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
NH 4-2	9-06			9-07	9-07			
NH 4-3	9-06			9-07	9-07			
NH 4-6	9-06			9-07	9-07		H/C Kitchens completed; Boilers completed	
PHA WIDE Mgmt. Impr.	9-06			9-07	9-07			
PHA Wide Admin.	9-06			9-07	9-07			

**Attachment F - Fiscal Year 2003 Capital Fund Program Performance & Evaluation Report**

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

<b>PHA Name: Portsmouth Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: NH36P00450103 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2003</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no 3)  
 Performance and Evaluation Report for Period Ending: 6/30/05  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	0	0	0	0
4	1410 Administration	54,842	54,842	54,842	54,842
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	0	0	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	469,574	469,574	485,206	485,206
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	15,632	15,632	0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	540,048	540,048	540,048	540,048
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				

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

PHA Name: Portsmouth Housing Authority	Grant Type and Number Capital Fund Program Grant No: NH36P00450103 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no 3)  
 Performance and Evaluation Report for Period Ending: 6/30/05  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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: Portsmouth Housing Authority		Grant Type and Number Capital Fund Program Grant No: NH36P00450103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NH 4-1	Replace Kit. Cabinets (cabinets, sinks, Faucets, lighting and related items)	1460	100%	469,574	469,574	485,206	485,206	Complete
	Subtotal			469,574	469,574	485,206	485,206	Complete
NH 4-2	N/A							
NH 4-3	N/A			0	0	0	0	
	Subtotal			0	0	0	0	
NH 4-6	N/A							
Mgmt Imp.	Staff Training	1408		0	0	0	0	
	Subtotal			0	0	0	0	
Admin	Advertising	1410		842	842	842	842	Complete
	Clerk of Works	1410		0	0	0	0	
	Salaries & Wages	1410		54,000	54,000	54,000	54,000	Complete
	Subtotal			54,842	54,842	54,842	54,842	Complete
Non Dwelling Equipment	Computer Equipment	1475		15,632	15,632	0	0	Complete
	Subtotal			15,632	15,632	0	0	Complete
Fees/Costs	A& E Services	1430		0	0	0	0	
	Subtotal			0	0	0	0	

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

PHA Name: Portsmouth Housing Authority	<b>Grant Type and Number</b> Capital Fund Program No: NH36P00450103 Replacement Housing Factor No:	<b>Federal FY of Grant:</b> 2003
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NH 4-1	9/05	9/04	9/04	9/06	9/04	9/04	Complete
NH 4-2	N/A	N/A		N/A	N/A		
NH 4-3	N/A	N/A		N/A	N/A		
NH 4-6	N/A	N/A		N/A	N/A		
Admin	9/05	12/03	12/03	9/06	12/03	12/03	Complete
Non Dwelling Equip	N/A	12/03	12/03	N/A	12/03	12/03	Complete
Fees/Costs	N/A	N/A		N/A	N/A		

**Attachment G - Fiscal Year 2003 (Bonus Funds) Capital Fund Program Performance & Evaluation Report**

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

<b>PHA Name: PORTSMOUTH HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: NH36P00450203 Replacement Housing Factor Grant No:			<b>2003</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/05 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	12,366	5,765	1,829	1,829
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	42,205	39,520	0	
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,429	8,029	8,029	8,029
11	1465.1 Dwelling Equipment—Nonexpendable	24,295	24,295	24,295	24,295
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	27,335	30,021	30,021	30,021
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	107,630	107,630	64,174	64,174
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				

**Annual Statement/Performance and Evaluation Report**

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

<b>PHA Name: PORTSMOUTH HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: NH36P00450203 Replacement Housing Factor Grant No:		<b>2003</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/05 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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: PORTSMOUTH HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: NH36P00450203 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NH 4-1	Replace Kitchen Cabinets (cabinets, sinks, faucets, lighting & related items)	1460	100%	1,429	8,029	8,029	8,029	Completed 8/04
	Subtotal			1,429	8,029	8,029	8,029	
NH 4-2	N/A							
NH 4-3	Replace stoves	1465. 1	100%	24,295	24,295	24,295	24,295	Completed 10/04
	Subtotal			24,295	24,295	24,295	24,295	
NH 4-6	Mailboxes	1475	100%	4,995	4,996	4,996	4,996	Completed 9/04
	Subtotal			4,995	4,996	4,996	4,996	
Mgt Imp.	Staff Training	1408		12,366	5,765	1,829	1,829	
	Subtotal			12,366	5,765	1,829	1,829	
Non Dwelling Equip	Computer Equipment	1475		22,340	25,025	25,025	25,025	Complete
	Subtotal			22,340	25,025	25,025	25,025	
Fees/Costs	A/E Services	1430		42,205	39,520	0	0	Seeking bids

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

PHA Name: PORTSMOUTH HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: NH36P00450203 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
								Qtr. End 12/05
	Subtotal			42,205	39,520	0	0	

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

PHA Name: PORTSMOUTH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: NH36P00450203 Replacement Housing Factor No:					Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
NH 4-1	2/06	9/04	9/04	2/07	9/04	9/04	Completed	
NH 4-2	N/A			N/A				
NH 4-3	2/04	9/04	9/04	9/04	12/04	12/04	Completed	
NH 4-6	N/A	9/04	9/04	N/A	9/04	9/04	Completed	
NON DWELLING EQUIPMENT	2/06	6/04	6/04	2/07	6/04	6/04	Completed	
FEES/COSTS	3/06	3/06		3/07	3/07			
STAFF TRAINING	3/06	3/06		3/07	3/07			

## **Attachment H – Implementation of Public Housing Resident Community Service Requirements**

The administrative steps that we will take to implement the Community Service Requirements include the following:

**1. Development of Written Description of Community Service Requirement:**

The Portsmouth Housing Authority has a written Community Service Policy and has completed the required Resident Advisory Board review and public comment period.

**2. Scheduled Changes in Leases:**

The PHA has made the necessary changes to the lease and has completed the required Resident Advisory Board review and public comment period.

**3. Written Notification to Residents of Exempt Status to each Adult Family Member:**

The PHA will notify residents at the time of their recertification.

**4. Programmatic Aspects**

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The PHA will coordinate with social service agencies, local schools, and the Department of Human Services in identifying a list of volunteer community service positions.

## **Attachment I- Pet Policy**

### **14.1EXCLUSIONS**

This policy does not apply to animals that are used to assist persons with disabilities. Such animals are allowed in all public housing facilities with no restrictions other than those imposed on all tenants for safety reasons, to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing their neighbors.

### **14.2PETS IN SENIOR BUILDINGS**

Residents living in developments or buildings designated for use by elderly and disabled families and in any development or building for which elderly or disabled families are given preference may, with prior Housing Authority approval, keep birds, fish, cats or dogs in their units.

### **14.3PETS IN FAMILY DEVELOPMENTS**

Residents of family developments may not keep dogs in their units. Other than dogs, the same rules apply to family developments as for developments for use by the elderly and disabled.

### **14.4APPROVAL**

A. Residents must register the pet and have the prior approval of the Housing Authority before moving a pet into their unit. Residents must request approval and furnish all information and documentation required by this Section before the Housing Authority will approve the request. For dogs and cats, at the first registration, a licensed veterinarian's certification must be filed, certifying that the pet has been spayed or neutered.

B. All pets must be registered with the Housing Authority before bringing them onto the development premises. Initial registration will not be allowed unless the family is in good standing with the Housing Authority. For these purposes, this means that for the previous eighteen months, the family must have been in compliance with their lease, current in all payments to the Authority and must have passed all housekeeping inspections. Thereafter, the registration must be fully updated each year at the resident's annual reexamination. For residents who do not need to be reexamined each year, the registration must be fully updated on or before January 31.

C. Full registration requires the following:

- 1.An original certification from a licensed veterinarian that the pet, if required, is fully inoculated according to State and local law;
- 2.An original license of any pet required to be licensed under local or state law;
- 3.A signed agreement exempting and holding harmless, the Portsmouth Housing Authority.
4. For dogs and cats, proof of insurance against personal injury caused by the animal.

D. The Housing Authority, in its discretion, will refuse registration of any animal deemed to be potentially harmful to the health or safety of others.

### **14.5TYPES AND NUMBER OF PETS**

The Housing Authority will allow only domesticated dogs, cats, birds, and fish in units. Dogs are not allowed in family developments.

- A. Dogs and cats are limited to one per unit, with a maximum weight of twenty pounds. Species trained as attack animals or known to have aggressive temperaments will not be allowed.
- B. Birds are limited one cage per unit or in the case of small species that can live in health in the same cage, to two per unit.
- C. Fish are limited to one tank per unit. The maximum capacity of the tank cannot exceed five gallons.

#### **14.6 PET DEPOSIT**

- A. A deposit of \$100.00 is required at the initial registration of any animal. The pet deposit, if used in full or in part, to pay the cost of fines described in these rules, must be renewed to the \$100.00 level. The pet deposit does not limit the resident's liability for the cost of repairs, replacement, cleaning, deodorizing, insect extermination or personal injury caused by the pet.
- B. The pet deposit is separate from and in addition to the security deposit held on behalf of the resident by the Housing Authority. The deposit will be refunded within thirty days of the day the pet is removed from the unit or within thirty days of the day the resident vacates the unit, less any amounts owed due to expenditures for the items listed in paragraph A, above. Any amounts withheld will be detailed in writing within thirty days.

#### **14.7 FINANCIAL OBLIGATION OF RESIDENTS**

Any resident who owns or keeps a pet in their dwelling unit will be required to pay for any repairs or replacement and cleaning for damages caused by the pet. The treatment of any pet-related insect infestation or odors in the pet owner's unit will be the financial responsibility of the pet owner.

#### **14.8 NUISANCE OR THREAT TO HEALTH OR SAFETY**

- A. The pet and its living quarters must be maintained in a manner to prevent odors and any other unsanitary conditions in the owner's unit, building and development grounds. Toilets may not be used for waste disposal.
- B. Pet owners may not allow their pet to urinate or defecate anywhere on Housing Authority grounds and property. They must curb their pet away from the development site. Should the pet have an accident and defecate or urinate on Housing Authority grounds and property, owners must clean and remove all urine or fecal matter. If a resident fails to clean up after their animal, they will be assessed a waste removal charge of \$25.00 for each occurrence.
- C. Repeated offenses will result in eviction or removal of the pet.
- D. Pets must not be allowed to make noise or otherwise disturb the quiet enjoyment of other residents.
- E. Residents of the Woodbury Manor, State Street and Pleasant Street developments must place all waste in resident-supplied rubbish containers with a tight, secure cover. At all other developments, pet waste, feces, urine, litter box contents, bird cage contents, aquarium waste, etc., must be disposed of in dumpsters, only. It may not be left for rubbish collection in rubbish containers or bags. It may not be left in rubbish closets or put down rubbish chutes. Violation of this rule will be grounds for eviction or removal of the pet.
- F. Aggressive behavior of any kind by pets will not be tolerated. Upon the first instance of aggressive behavior, the pet must be removed.

#### 14.9 CONTROL OF PETS OUTSIDE THE UNIT

Pet owners must appropriately and effectively restrain a dog or cat, by leash or cage, when the animal is outside the unit on Portsmouth Housing Authority premises. The pet owner or other responsible person must accompany a dog or cat whenever the animal is outside the unit. Pets will not be allowed to roam outside the unit. Pets cannot be tied to trees, poles, fences or other objects outside the unit.

#### 14.10 CONTROL OF PETS INSIDE THE UNIT

A. Residents must board their pets away from the development when they leave their unit for a day or more. Pets may not be left unattended for longer than twelve hours. If the Authority reasonably believes that an emergency exists concerning an unattended pet, it will enter the unit. The presence of an unattended pet for longer than twelve hours is considered an emergency, giving the Housing Authority the right to enter the unit.

All Housing Authority staff have the right to refuse to enter a unit where there is an unrestrained or nuisance animal. A refusal to restrain an animal that prevents Housing Authority staff from performing work is grounds for eviction.

#### 14.11 REMOVAL OF PETS

The Portsmouth Housing Authority, or an appropriate community authority, shall require the removal of any pet from a project if the pet's conduct or condition is determined to be a nuisance or threat to the health or safety of other occupants of the project or of other persons in the community where the project is located. The Housing Authority has the right to remove a pet to a humane location, when necessary.

#### 14.12 OTHER REGULATIONS

- A. Visitors with pets are not allowed without Housing Authority permission.
- B. Residents may exercise their rights under the Grievance Procedure if they dispute a Housing Authority action. The Housing Authority reserves the right to require that a pet be kept off the premises during the Grievance process.

**Attachment J – Resident Membership of the PHA Governing Board**

1.  Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: **Mr. Albert Charest**

B. How was the resident board member selected: (select one)?

- Elected
- Appointed

C. The term of appointment is (include the date term expires): **5 years (April 2010)**

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

**Evelyn Sirrell, Mayor, City of Portsmouth**



**Attachment K: Membership of the Resident Advisory Board or Boards**

- i. List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

CAROL WHITE  
6 WEDGEWOOD ROAD  
PORTSMOUTH, NH

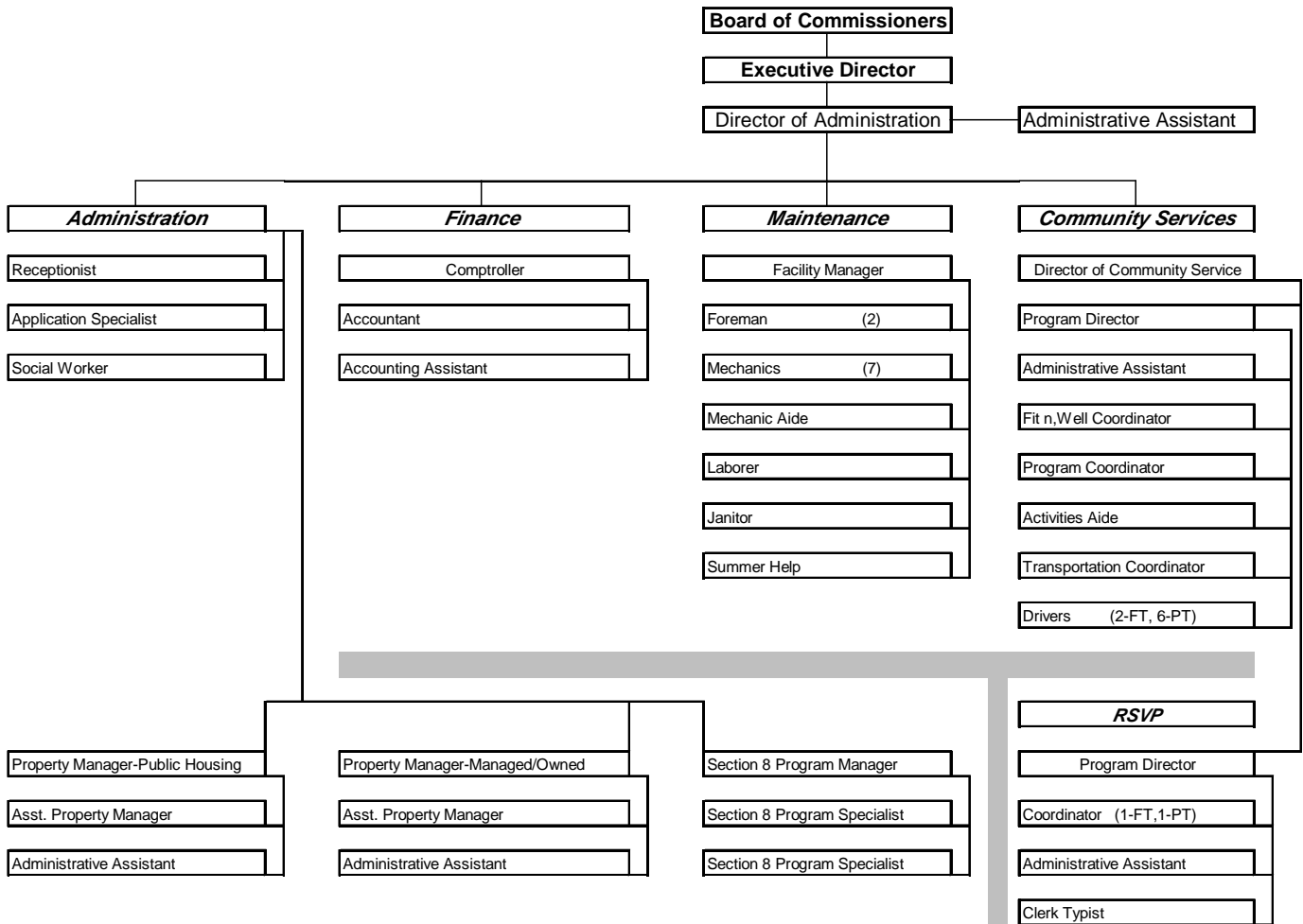
MONROE ALBERT  
140 COURT STREET, APT. 417  
PORTSMOUTH, NH

ETHEL KONESKY  
140 COURT STREET, APT. 607  
PORTSMOUTH, NH

GENE MORRILL  
66 MANOR DRIVE  
PORTSMOUTH, NH

TESS GRINDLE  
27 WEDGEWOOD ROAD  
PORTSMOUTH, NH

**Attachment L – Portsmouth Housing Authority Organizational Chart**



## **Attachment M – Resident Advisory Board Recommendations**

There were no specific comments from the member of the Resident Advisory Board.

In general RAB members noted how complex the Portsmouth Housing Authority requirements are. They appreciated for being asked to serve and for being able to participate in the process.

The Capital Fund Program was one area where it helped them understand why and how work items are selected over others. It helped them to understand the limited funding and how it was applied to items more necessary than other work items.