# PHA Plans

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

Lawrenceburg Housing Authority 1020 Smith Avenue Post Office Drawer C Lawrenceburg, Tennessee 38464

TN048v02

## **FINAL**

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: Lawrenceburg Housing Authority						
PHA Number: TN048						
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)						
Display Locations For PHA Plans and Supporting Documents						
The PHA Plans (including attachments) are available for public inspection at: (select all that apply)  Main administrative office of the PHA PHA development management offices PHA local offices Main administrative office of the local government Main administrative office of the County government Main administrative office of the State government Public library PHA website Other (list below)						
PHA Plan Supporting Documents are available for inspection at: (select all that apply)  Main business office of the PHA  PHA development management offices  Other (list below)						

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

[24 CFR Part 903.5]

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	e PHA's mission for serving the needs of low-income, very low income, and extremely low-income in the PHA's jurisdiction. (select one of the choices below)
	The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
	The PHA's mission is: (state mission here)
emphas other go STRON REACI would i	als and objectives listed below are derived from HUD's strategic Goals and Objectives and those ized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify oals and/or objectives. Whether selecting the HUD-suggested objectives or their own, PHAS ARE NGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN HING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS. (Quantifiable measures include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify easures in the spaces to the right of or below the stated objectives.
	Strategic Goal: Increase the availability of decent, safe, and affordable housing.
	PHA Goal: Expand the supply of assisted housing Objectives:  Apply for additional rental vouchers: Reduce public housing vacancies: Leverage private or other public funds to create additional housing opportunities: Acquire or build units or developments Other (list below)
	PHA Goal: Improve the quality of assisted housing Objectives:  Improve public housing management: (PHAS score) Improve voucher management: (SEMAP score) Increase customer satisfaction: Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) Renovate or modernize public housing units: Demolish or dispose of obsolete public housing: Provide replacement public housing: Provide replacement vouchers: Other: (list below)

	PHA Goal: Increase assisted housing choices
	Objectives:
	Provide voucher mobility counseling:
	Conduct outreach efforts to potential voucher landlords
	Increase voucher payment standards
	Implement voucher homeownership program:
	Implement public housing or other homeownership programs:
	Implement public housing site-based waiting lists:
	Convert public housing to vouchers:
	Other: (list below)
HUD	Strategic Goal: Improve community quality of life and economic vitality
	PHA Goal: Provide an improved living environment Objectives:
	Implement measures to deconcentrate poverty by bringing higher income
	public housing households into lower income developments:
	Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
	Implement public housing security improvements:
	Designate developments or buildings for particular resident groups (elderly,
	persons with disabilities)
	Other: (list below)
HUD indivi	Strategic Goal: Promote self-sufficiency and asset development of families and duals
	PHA Goal: Promote self-sufficiency and asset development of assisted households
	Objectives:  Increase the number and percentage of employed persons in assisted families:
	Provide or attract supportive services to improve assistance recipients'
	employability:
	Provide or attract supportive services to increase independence for the elderly
	or families with disabilities.
	Other: (list below)
HUD :	Strategic Goal: Ensure Equal Opportunity in Housing for all Americans
	PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives:
	Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:

$\boxtimes$	Undertake affirmative measures to provide a suitable living environment for
	families living in assisted housing, regardless of race, color, religion national
	origin, sex, familial status, and disability:
$\boxtimes$	Undertake affirmative measures to ensure accessible housing to persons with
	all varieties of disabilities regardless of unit size required:
	Other: (list below)

Other PHA Goals and Objectives: (list below)

## Annual PHA Plan PHA Fiscal Year 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.
V 1

**Not required** 

## iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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nan	ne (A	A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is pro-	vided as a
		ATE file submission from the PHA Plans file, provide the file name in parentheses in the space	e to the
_		the title.	
Ke	quir	red Attachments:	
$\mathbb{A}$		Admissions Policy for Deconcentration (Attachment A)	
M		FY 2006 Capital Fund Program Annual Statement (Attachment G)	41 4
Ш		Most recent board-approved operating budget (Required Attachment for PHA)	s tnat
_	. •	are troubled or at risk of being designated troubled ONLY)	
Op	tion	al Attachments:	
		PHA Management Organizational Chart	
A		FY 2006 Capital Fund Program 5 Year Action Plan (Attachment H)	
Н		Public Housing Drug Elimination Program (PHDEP) Plan	
Ш		Comments of Resident Advisory Board or Boards (must be attached if not inc	iuded in
		PHA Plan text)	

Other (List below, providing each attachment name)
Attachment B – Definition of Substantial Deviation

Attachment C – Pet Policy

**Attachment D – PHA Board Members** 

**Attachment E – Resident Advisory Board** 

**Attachment F – Progress in Meeting Goals** 

Attachment I – Performance and Evaluation Reports (2004)

**Attachment J – Community Service Policy** 

Attachment K - Rsi dent Assessment Survey Follow-Up Plan

Attachment L – REAC Physical Component Plan

### **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								
X	PHA Plan Certifications of Compliance with the PHA Plans and	5 Year and Annual						
	Related Regulations	Plans						
X	State/Local Government Certification of Consistency with the	5 Year and Annual						
	Consolidated Plan (not required for this update)	Plans						
Х	Fair Housing Documentation Supporting Fair Housing Certifications:	5 Year and Annual						
	Records reflecting that the PHA has examined its programs or	Plans						
	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.							
Х	Housing Needs Statement of the Consolidated Plan for the	Annual Plan:						
	jurisdiction/s in which the PHA is located and any additional backup	Housing Needs						
	data to support statement of housing needs in the jurisdiction							
X Most recent board-approved operating budget for the public housing		Annual Plan:						
	program	Financial Resources						
Х	Public Housing Admissions and (Continued) Occupancy Policy	Annual Plan:						
	(A&O/ACOP), which includes the Tenant Selection and Assignment	Eligibility, Selection,						
	Plan [TSAP]	and Admissions						
		Policies						
Х	Any policy governing occupancy of Police Officers in Public	Annual Plan:						
	Housing	Eligibility, Selection,						
	check here if included in the public housing	and Admissions						
	A&O Policy	Policies						
NA	Section 8 Administrative Plan	Annual Plan:						
		Eligibility, Selection,						
		and Admissions						
		Policies						

List of Supporting Documents Available for Review						
Applicable & On Display	Supporting Document	Related Plan Component				
Х	Public housing rent determination policies, including the method for setting public housing flat rents    Check here if included in the public housing A & O Policy	Annual Plan: Rent Determination				
Х	Schedule of flat rents offered at each public housing development  check here if included in the public housing  A & O Policy	Annual Plan: Rent Determination				
NA	Section 8 rent determination (payment standard) policies  check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination				
Х	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				
Х	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations				
Х	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency				
NA	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations				
NA	Any required policies governing any Section 8 special housing types  check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance				
Х	Public housing grievance procedures  check here if included in the public housing  A & O Policy	Annual Plan: Grievance Procedures				
NA	Section 8 informal review and hearing procedures  check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures				
Х	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs				
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs				
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs				
Х	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs				
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition				
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing				

	List of Supporting Documents Available for Revie			
Applicable & On Display	Supporting Document	Related Plan Component		
NA NA	Approved or submitted assessments of reasonable revitalization of	Annual Plan:		
	public housing and approved or submitted conversion plans prepared	Conversion of Public		
	pursuant to section 202 of the 1996 HUD Appropriations Act,	Housing		
	Section 22 of the US Housing Act of 1937, or Section 33 of the US			
	Housing Act of 1937			
NA	Approved or submitted public housing homeownership	Annual Plan:		
	programs/plans	Homeownership		
NA	Policies governing any Section 8 Homeownership program	Annual Plan:		
	(sectionof the Section 8 Administrative Plan)	Homeownership		
NA	Cooperation agreement between the PHA and the TANF agency and	Annual Plan:		
	between the PHA and local employment and training service	Community Service &		
	agencies	Self-Sufficiency		
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan:		
		Community Service &		
		Self-Sufficiency		
Χ	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan:		
		Community Service &		
		Self-Sufficiency		
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident	Annual Plan:		
	services grant) grant program reports	Community Service &		
		Self-Sufficiency		
Χ	The most recent Public Housing Drug Elimination Program	Annual Plan: Safety		
	(PHEDEP) semi-annual performance report	and Crime Prevention		
For previous	PHDEP-related documentation:	Annual Plan: Safety		
PHDEP Grants	Baseline law enforcement services for public housing	and Crime Prevention		
	developments assisted under the PHDEP plan;			
	· Consortium agreement/s between the PHAs participating in			
	the consortium and a copy of the payment agreement			
	between the consortium and HUD (applicable only to PHAs			
	participating in a consortium as specified under 24 CFR			
	761.15);			
	Partnership agreements (indicating specific leveraged			
	support) with agencies/organizations providing funding,			
	services or other in-kind resources for PHDEP-funded			
	activities;			
	<ul> <li>Coordination with other law enforcement efforts;</li> </ul>			
	<ul> <li>Written agreement(s) with local law enforcement agencies</li> </ul>			
	(receiving any PHDEP funds); and			
	All crime statistics and other relevant data (including Part I)			
	and specified Part II crimes) that establish need for the			
	public housing sites assisted under the PHDEP Plan.			
Х	Policy on Ownership of Pets in Public Housing Family	Pet Policy		
	Developments (as required by regulation at 24 CFR Part 960,			
	Subpart G)			
	check here if included in the public housing A & O Policy			
Χ	The results of the most recent fiscal year audit of the PHA conducted	Annual Plan: Annual		
^	under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C.	Audit Audit		
		Adult		
	1437c(h)), the results of that audit and the PHA's response to any			
	findings			

	List of Supporting Documents Available for Review						
Applicable & On Display							
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs					
NA	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)					

## 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction									
by Family Type									
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion		
Income <= 30% of AMI	454	4	3	3	1	NA	NA		
Income >30% but <=50% of AMI	342	4	3	3	1	NA	NA		
Income >50% but <80% of AMI	388	4	3	3	1	NA	NA		
Elderly	280	4	4	3	1	NA	NA		
Families with Disabilities	NA					NA	NA		
Race/Ethnicity/W	1140	NA	NA	NA	NA	NA	NA		
Race/Ethnicity/B	40	NA	NA	NA	NA	NA	NA		
Race/Ethnicity/H	4	NA	NA	NA	NA	NA	NA		
Race/Ethnicity									

Source: CHAS data, Lawrenceburg City Jurisdiction Area, 2000 Census

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.)

$\boxtimes$	Consolidated Plan of the Jurisdiction/s
	Indicate year: 2000, Tennessee Housing & Development Agency
$\boxtimes$	U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS")
	dataset: 2000 Census
	American Housing Survey data
	Indicate year:
	Other housing market study

Indicate year: Other sources: (list and indicate year of information)

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

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

Housing Needs of Families on the Waiting List				
Waiting list type: (select one)				
Section 8 tenant-	Section 8 tenant-based assistance			
Public Housing	₫			
Combined Section	n 8 and Public Housing			
Public Housing S	Site-Based or sub-jurisdic	ctional waiting list (option	onal)	
If used, identify	which development/sub	jurisdiction:		
	# of families	% of total families	Annual Turnover	
Waiting list total	134		111	
Extremely low income	29	21.96		
<=30% AMI				
Very low income	94	71.21		
(>30% but <=50% AMI)				
Low income	9	6.81		
(>50% but <80% AMI)	100	02		
Families with children	109	82		
Elderly families	5	4		
Families with	20	15		
Disabilities				
Race/ethnicity/W 122 91				
Race/ethnicity/B	12	9		
Race/ethnicity/H	2	2		
Race/ethnicity	0' (D 11' II ' O '			
•	m Size (Public Housing On		1 4-	
1BR	62	46	45	
2 BR	60	45	34	
3 BR	12	9	26	
4 BR	0	0	6	
5 BR				
5+ BR	1 ( )0 M N			
Is the waiting list closed (select one)? No Yes				
If yes: How long has it been closed (# of months)? NA				
Does the PHA expect to reopen the list in the PHA Plan year? No Yes NA				
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?				
□ No □ Yes	init specific eutogories of f	mines onto the watting in	on, or on it generally crosed?	

### C. Strategy for Addressing Needs

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

## (1) Strategies

## NEED: SHORTAGE OF AFFORDABLE HOUSING FOR ALL ELIGIBLE POPULATIONS

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

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

## NEED: SPECIFIC FAMILY TYPES: FAMILIES AT OR BELOW 30% OF MEDIAN

## Strategy 1: Target available assistance to families at or below 30 % of AMI Select all that apply $\boxtimes$ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance Employ admissions preferences aimed at families with economic hardships Adopt rent policies to support and encourage work Other: (list below) NEED: SPECIFIC FAMILY TYPES: FAMILIES AT OR BELOW 50% OF MEDIAN Strategy 1: Target available assistance to families at or below 50% of AMI Select all that apply Employ admissions preferences aimed at families who are working Adopt rent policies to support and encourage work Other: (list below) NEED: SPECIFIC FAMILY TYPES: THE ELDERLY **Strategy 1: Target available assistance to the elderly:** Select all that apply Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below) NEED: SPECIFIC FAMILY TYPES: FAMILIES WITH DISABILITIES Strategy 1: Target available assistance to Families with Disabilities: Select all that apply Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing Apply for special-purpose vouchers targeted to families with disabilities, should they become available Affirmatively market to local non-profit agencies that assist families with disabilities

Other: (list below)

# NEED: SPECIFIC FAMILY TYPES: RACES OR ETHNICITIES WITH DISPROPORTIONATE HOUSING NEEDS

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

C 1	cumentes with disproportionate needs.
Select if	applicable
	Affirmatively market to races/ethnicities shown to have disproportionate housing needs Other: (list below)
	gy 2: Conduct activities to affirmatively further fair housing
Sciect ai	п шат аррту
	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. (list below)
	Housing Needs & Strategies: (list needs and strategies below)
(2) R	easons for Selecting Strategies
	factors listed below, select all that influenced the PHA's selection of the strategies it
	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
$\bowtie$	Results of consultation with residents and the Resident Advisory Board
	Results of consultation with advocacy groups Other: (list below)
_	

## 2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

	Financial Resources: Planned Sources and Uses			
Sources Planned \$ Planned Uses				
1. Federal Grants (FY 2006 grants)				
a) Public Housing Operating Fund	\$580,847			
b) Public Housing Capital Fund	\$432,000			
c) HOPE VI Revitalization				
d) HOPE VI Demolition				
e) Annual Contributions for Section 8 Tenant-Based Assistance				
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)				
2. Prior Year Federal Grants (unobligated funds only) (list below)				
Capital Fund 2005	\$432,552	Capital Improvements		
3. Public Housing Dwelling Rental Income				
Rent	\$385,000	Operations		
Maintenance	\$10,000	Operations		
4. Other income (list below)	+ 10,000			
Interest, etc.	\$32,000	Operations		
5. Non-federal sources (list below)				
Excess Utilities	\$10,600	Operations		
Investments	\$30,000	Unexpected Needs		
Total resources	1,912,999.00			

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

<b>A</b>	D I		TT	•
Δ	Pnt	MIC	$\mathbf{H}\mathbf{\Omega}$	using
$\Gamma$	1 UL		110	using

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

(1) Eligibility
<ul> <li>a. When does the PHA verify eligibility for admission to public housing? (select all that apply)</li> <li>When families are within a certain number of being offered a unit: (state number)</li> <li>When families are within a certain time of being offered a unit: (state time)</li> <li>Other: (describe) Begin processing application immediately upon taking application.</li> </ul>
<ul> <li>b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?</li> <li>Criminal or Drug-related activity</li> <li>Rental history</li> <li>Housekeeping</li> <li>Other (describe)</li> <li>Violent behavior, rape/sex offender, record of serious disturbance, alcohol related criminal activities, false information and refusal to complete forms.</li> </ul>
c. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
<ul> <li>d. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?</li> <li>e. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)</li> </ul>
(2)Waiting List Organization
<ul> <li>a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)</li> <li>Community-wide list</li> <li>Sub-jurisdictional lists</li> <li>Site-based waiting lists</li> <li>Other (describe)</li> </ul>
<ul> <li>b. Where may interested persons apply for admission to public housing?</li> <li>PHA main administrative office</li> <li>PHA development site management office</li> <li>Other (list below)</li> </ul>

c.	If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection (3) <b>Assignment</b> Not Applicable
	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?
	<ul> <li>4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?</li> <li>PHA main administrative office</li> <li>All PHA development management offices</li> <li>Management offices at developments with site-based waiting lists</li> <li>At the development to which they would like to apply</li> <li>Other (list below)</li> </ul>
(3	) Assignment
a.	How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)  One Two Three or More
b.	Yes No: Is this policy consistent across all waiting list types?
c.	If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:
(4	) Admissions Preferences
a.	Income targeting:  Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
	Transfer policies: 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)
	references 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)
con	nich of the following admission preferences does the PHA plan to employ in the ming year? (select all that apply from either former Federal preferences or other ferences)
Former	Federal preferences: Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden (rent is > 50 percent of income)
Other p	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)
spa and abs	he PHA will employ admissions preferences, please prioritize by placing a "1" in the ce that represents your first priority, a "2" in the box representing your second priority, I so on. If you give equal weight to one or more of these choices (either through an olute hierarchy or through a point system), place the same number next to each. That ans you can use "1" more than once, "2" more than once, etc.
	Date and Time

	er Federal prefe	rences:	
$\boxtimes 1$	Involuntary D	isplacement (Disaster, Government Action, Action of Housing	ng
	Owner, Inacce	essibility, Property Disposition)	
$\sum 1$	Victims of do	mestic violence	
	Substandard h	nousing	
	Homelessness		
	High rent burd	den	
Other	preferences (se	lect all that apply)	
$\Box$	-	lies and those unable to work because of age or disability	
Ħ	_	veterans' families	
$\boxtimes 2$		o live and/or work in the jurisdiction	
		d currently in educational, training, or upward mobility progr	ams
Ħ		nat contribute to meeting income goals (broad range of incom	
Ħ		nat contribute to meeting income requirements (targeting)	105)
H		isly enrolled in educational, training, or upward mobility pro	orams
H	-	prisals or hate crimes	Siains
H	-	nce(s) (list below)	
	Other preferen	ice(s) (list octow)	
4. Re	lationship of pro	eferences to income targeting requirements:	
		lies preferences within income tiers	
$\square$		e: the pool of applicant families ensures that the PHA will m	leet income
	targeting requ	± ± ±	
	884		
<u>(5) Oc</u>	<u>ecupancy</u>		
a Wh	at reference ma	terials can applicants and residents use to obtain information	about the
		of public housing (select all that apply)	about the
	The PHA-resi		
$\bowtie$		dmissions and (Continued) Occupancy policy	
$     \mid     \mid     \mid     \mid   $	_	seminars or written materials	
	Other source (	(IIST)	
h Hov	v often must re	sidents notify the PHA of changes in family composition?	(select all
that ap		sidents notify the 111/1 of changes in family composition:	(select all
		reexamination and lease renewal	
$\bowtie$		ily composition changes	
	<u>-</u>	· · · · · · · · · · · · · · · · · · ·	
		uest for revision	
	Other (list)		
Comp	onent 3, (6) De	econcentration and Income Mixing	
	** 🗆		
a. 🔀	Yes No:	Does the PHA have any general occupancy (family) public	_
		developments covered by the deconcentration rule? If no, t	his section
		is complete. If yes, continue to the next question.	

b. 🛛 Yes 🗌 No:	Do any of these covered developments have average incomes above or
	below 85% to 115% of the average incomes of all such developments?
	If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units	Explanation (if any) [see step 4 at \$903.2(c)(1)((iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]
TN048-001	48		Increase high-income
TN048-002	12		Increase high-income
TN048-009 (scattered site)	17		Increase low-income

## **B. Section 8** Not Applicable

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. Wh	Criminal or dru Criminal and d regulation	of screening conducted by the PHA? (select all that apply) ag-related activity only to the extent required by law or regulation arug-related activity, more extensively than required by law or acreening than criminal and drug-related activity (list factors below) w)
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)
	ply)	of information you share with prospective landlords? (select all that ag-related activity below)

<ul> <li>a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)</li> <li>None</li> <li>Federal public housing</li> <li>Federal moderate rehabilitation</li> <li>Federal project-based certificate program</li> <li>Other federal or local program (list below)</li> </ul>	e
<ul> <li>b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)</li> <li>PHA main administrative office</li> <li>Other (list below)</li> </ul>	
(3) Search Time Not Applicable	
a.  Yes No: Does the PHA give extensions on standard 60-day period to search for unit?	a
If yes, state circumstances below:	
(4) Admissions Preferences Not Applicable	
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 familiat or below 30% of median area income?	_
<ul> <li>b. Preferences</li> <li>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 program</li> </ul>	-
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	,

Not Applicable

(2) Waiting List Organization

	High rent burden (rent is > 50 percent of income) preferences (select all that apply)
	Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in your jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below)
spa and abs	the PHA will employ admissions preferences, please prioritize by placing a "1" in the ace that represents your first priority, a "2" in the box representing your second priority I so on. If you give equal weight to one or more of these choices (either through an solute hierarchy or through a point system), place the same number next to each. That ans you can use "1" more than once, "2" more than once, etc.
	Date and Time
	r 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 p	Preferences (select all that apply) Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in your jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below)
sele	nong applicants on the waiting list with equal preference status, how are applicants ected? (select one)  Date and time of application  Drawing (lottery) or other random choice technique

	ne PHA plans to employ preferences for "residents who live and/or work in the sdiction" (select one)
	This preference has previously been reviewed and approved by HUD The PHA requests approval for this preference through this PHA Plan
6. Rel	ationship 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) S	pecial Purpose Section 8 Assistance Programs
sele	which documents or other reference materials are the policies governing eligibility, ection, and admissions to any special-purpose section 8 program administered by the A contained? (select all that apply)  The Section 8 Administrative Plan  Briefing sessions and written materials  Other (list below)
	ow does the PHA announce the availability of any special-purpose section 8 programs the public?
	Through published notices
	Other (list below)
[24 CFF	HA Rent Determination Policies R Part 903.7 9 (d)]
	ublic Housing ions: PHAs that do not administer public housing are not required to complete sub-component 4A.
	come Based Rent Policies e the PHA's income based rent setting policy/ies for public housing using, including discretionary (that
	equired by statute or regulation) income disregards and exclusions, in the appropriate spaces below.
a. Use	e 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 subcomponent (2))
	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 (\$50.00)	
2. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?	
3. If yes to question 2, list these policies below: Not Applicable	
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:	
<ul> <li>d. Which of the discretionary (optional) deductions and/or exclusions policies does the PF plan to employ (select all that apply)</li> <li>For the earned income of a previously unemployed household member</li> <li>For increases in earned income</li> <li>Fixed amount (other than general rent-setting policy)</li> <li>If yes, state amount/s and circumstances below:</li> </ul>	I.A
Fixed percentage (other than general rent-setting policy)  If yes, state percentage/s and circumstances below:	
For household heads For other family members For transportation expenses For the non-reimbursed medical expenses of non-disabled or non-elderly families Other (describe below)	•
e. Ceiling rents	
1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)	
Yes for all developments Yes but only for some developments No	

2.	For which kinds of	developments are ceiling rents in place? (select all that apply)	
	For specified go For certain part	occupancy developments (not elderly or disabled or elderly only) neral occupancy developments of developments; e.g., the high-rise portion units; e.g., larger bedroom sizes	
3.	Select the space or apply)	spaces that best describe how you arrive at ceiling rents (select all the	ıat
	Market compar Fair market ren 95 <sup>th</sup> percentile 75 percent of o 100 percent of Operating costs The "rental value Other (list belo	ents erating costs perating costs for general occupancy (family) developments plus debt service e" of the unit	
f. 1	Rent re-determination	ns:	
fan	nily composition to that apply) Never At family optio Any time the fa	nily experiences an income increase ly experiences an income increase above a threshold amount or elected, specify threshold)	et
g. [	☐ Yes ⊠ No: Do	es 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?	he
<u>(2)</u>	Flat Rents		
1.	establish comparab The section 8 re	t-based flat rents, what sources of information did the PHA use to lity? (select all that apply.) nt reasonableness study of comparable housing listed in local newspaper	

	Survey of similar unassisted units in the neighborhood Other (list/describe below)
	ection 8 Tenant-Based Assistance Not Applicable
compon	ions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub- ent 4B. Unless otherwise specified, all questions in this section apply only to the tenant-based 8 assistance program (vouchers, and until completely merged into the voucher program, ates).
(1) Pa	yment Standards
Describ	e the voucher payment standards and policies.
a. Wha	at is the PHA's payment standard? (select the category that best describes your rd)  At or above 90% but below100% of FMR
H	100% of FMR
	Above 100% but at or below 110% of FMR
	Above 110% of FMR (if HUD approved; describe circumstances below)
	ne payment standard is lower than FMR, why has the PHA selected this standard? ect 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)
	ne payment standard is higher than FMR, why has the PHA chosen this level? (select hat apply)
	FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area Reflects market or submarket
H	To increase housing options for families
	Other (list below)
d. Ho	w often are payment standards reevaluated for adequacy? (select one) Annually Other (list below)
	at factors will the PHA consider in its assessment of the adequacy of its payment idard? (select all that apply) Success rates of assisted families Rent burdens of assisted families Other (list below)

a. Wh	at amount best reflects the PHA's minimum rent? (select one) \$0 \$1-\$25 \$26-\$50
b. 🗌	Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)
5. Op	erations and Management
	R Part 903.7 9 (e)]
	ions from Component 5: High performing and small PHAs are not required to complete this section. 8 only PHAs must complete parts A, B, and C(2)
A. PH	IA Management Structure
Describe	e the PHA's management structure and organization.
(select	one)
	An organization chart showing the PHA's management structure and organization is attached.
$\boxtimes$	A brief description of the management structure and organization of the PHA follows:
	Staff Positions Include:
	Executive Director
	Director of Operations
	Occupancy Coordinator
	Occupancy Specialist
	Family Self Sufficiency Coordinator
	Resident Services Coordinator
	Director of Maintenance
	Maintenance Mechanic
	Modernization Coordinator

(2) Minimum Rent

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

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

Program Name	<b>Units or Families Served</b>	Expected Turnover
	at Year Beginning	
Public Housing	303	100
Section 8 Vouchers		
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)

Dwelling Lease (Revised)

Admissions & Continued Occupancy Policy (ACOP) Revised

**Grievance Policy** 

**Tenant Transfer Policy** 

**Tenant Charges for Abuse** 

**Tenant Utility Allowances** 

Pet Policy for Elderly, Disabled, and Families

Community Space Policy

Unit/Building/Site Housing Quality Standards Materials

Maintenance Plan (includes provision for Eradication of Pest Infestation)

**Disposition Policy** 

**Procurement Policy** 

Personnel Policy and Job Descriptions

**Travel Policy** 

Daily Receipt and Change Fund Policy

Operating Budget and Subsidy Schedule

Comprehensive Grant Plan and Budget

Public Housing Agency Plans (5-Year and Annual)
Public Housing Management Assessment Certification and Score
HUD Regulations, Notices, and Circular Letters
Annual Contributions Contract (ACC) & Amendments with HUD
Tennessee Sunshine/Open Records Law
Non-Profit Corporation Act and Charter
Lawrenceburg Housing Authority By-Laws
Cooperation Agreement Between Authority/City of Lawrenceburg

(2) Section 8 Management: (list below)
Not Applicable

#### 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.

Omy i iins are exempt ire	m suo-component on.
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?
2. Which PHA office PHA grievance property PHA main address.	ations to federal requirements below: should residents or applicants to public housing contact to initiate the ocess? (select all that apply) ministrative office ment management offices ow)
B. Section 8 Tenant- 1. Yes No:	Based Assistance - Not Applicable 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 addi	tions to federal requirements below:
review and inform	should applicants or assisted families contact to initiate the informal nal hearing processes? (select all that apply) ministrative office ow)

## 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	t one: The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) (Attachment G)
	The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)
(2) 0	Optional 5-Year Action Plan
Agenci	ies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be eted by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan te <b>OR</b> by completing and attaching a properly updated HUD-52834.
a. 🔀	Yes No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)
b. If y	yes to question a, select one: The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name)(Attachment H)
	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 grants (select the statement that best describes the current status)
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:
<ul> <li>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:     </li> <li>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?</li> </ul>
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	on				
Yes No:	Has the PHA provided the activities description information in the <b>optional</b> Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.)				
	Demolition/Disposition Activity Description				
1a. Development name					
1b. Development (proj					
2. Activity type: Demo					
Dispos					
3. Application status (s	select one)				
Approved					
_	nding approval				
Planned applic					
	proved, submitted, or planned for submission: (DD/MM/YY)				
5. Number of units affe					
6. Coverage of action (select one)					
Part of the development  Total development					
7. Timeline for activit					
	ojected start date of activity:				
-	nd 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)]					
	onent 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	on				
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.				
	esignation of Public Housing Activity Description				
1a. Development name:					
1b. Development (project) number:					
2. Designation type:					
Occupancy by only the elderly					
Occupancy by families with disabilities  Occupancy by only elderly families and families with disabilities					
3. Application status (se					
	uded in the PHA's Designation Plan				
Submitted, pending approval					
Planned applica					
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)					
	s designation constitute a (select one)				
New Designation P	lan				
	ously-approved Designation Plan?				
6. Number of units aft	fected:				
7. Coverage of action					
Part of the develop					
Total development					
	f Public Housing to Tenant-Based Assistance				
[24 CFR Part 903.7 9 (j)]					
Exemptions from Compor	nent 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					
	ppropriations Act				
	, p p				
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.)				
	r · · · · · · · · · · · · · · · · · · ·				
2. Activity Description	on				
Yes No:	Has the PHA provided all required activity description information for				
	this component in the <b>optional</b> Public Housing Asset Management				
	Table? If "yes", skip to component 11. If "No", complete the Activity				
	Description table below.				

Conv	ersion of Public Housing	Activity Decemention				
1a. Development name:	ersion of Public Housing	Activity Description				
1b. Development (project)	number					
2. What is the status of the						
	_					
	Assessment underway Assessment results submitted to HUD					
		f marked proceed to r	next question)			
Assessment results approved by HUD (if marked, proceed to next question)  Other (explain below)						
	onversion Plan required? (	If ves, go to block 4: i	f no. go to block 5.)			
4. Status of Conversion P						
Conversion Plan in development						
<u> </u>	an submitted to HUD on:	(DD/MM/YYYY)				
Conversion Pl	an approved by HUD on:	(DD/MM/YYYY)				
Activities pursuant to HUD-approved Conversion Plan underway						
5. Description of how req						
conversion (select one)						
	ed in a pending or approve approved:	d demolition applicati	on (date submitted			
	ed in a pending or approve	d HOPE VI demolitio	n application (date			
	ibmitted or approved:	)	a appround (date			
	ed in a pending or approve	d HOPE VI Revitaliza	tion Plan (date			
· · · · · · · · · · · · · · · · · · ·	ibmitted or approved:	)	· ·			
	no longer applicable: vac	ancy rates are less tha	n 10 percent			
	no longer applicable: site	•	_			
Other: (descri	be below)					
(R) Voluntary Conver	sion Initial Assessment	C.				
(B) Voluntary Convers	sion initial Assessment	5				
<b>a.</b> How many of the	e PHA's developments a	re subject to the Rec	uired Initial			
•	ubmitted in FY 2001 Age					
		•				
h How many of the	e PHA's developments a	re not subject to the	Doguired Initial			
•	-	· ·	•			
	ed on exemptions (e.g.,	elderly and/or disabl	ed developments not			
general occupand	cy projects)? NA					
<b>c.</b> How many Asses	ssments were conducted	for the PHA's cover	red developments? NA			
d. Identify PHA dev	velopments that may be	appropriate for conv	ersion based on the			
Required Initial	-	11 1				
rioquita initiar	a a secondario de la companya de la					
			1			
	Development Name	Number of Units				
	NA					
			-			
	I	1				

**e.** If the PHA has not completed the Required Initial Assessments, describe the status of these assessments. **NA** 

### C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

### 11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing		
0	ent 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 <b>small PHA</b> or <b>high performing PHA</b> status. PHAs completing streamlined submissions may skip to component 11B.)	
2. Activity Description  Yes No:	n Has the PHA provided all required activity description information for	
	this component in the <b>optional</b> Public Housing Asset Management	
	Table? (If "yes", skip to component 12. If "No", complete the Activity	
	Description table below.)	
Public Housing Homeownership Activity Description		
	(Complete one for each development affected)	
1a. Development name:		
1b. Development (project		
2. Federal Program author	ority:	
HOPE I		
$\bigcup_{m} 5(h)$		
☐ Turnkey III	f the USUA of 1027 (offenting 10/1/00)	
3. Application status: (se	of the USHA of 1937 (effective 10/1/99)	
	ncluded in the PHA's Homeownership Plan/Program	
	pending approval	
Planned app	¥	
	Plan/Program approved, submitted, or planned for submission:	
(DD/MM/YYYY)		
5. Number of units affe	ected:	
6. Coverage of action: (select one)		
Part of the developm	nent	
Total development		

<b>B. Section 8 Tena</b>	ant Based Assistance	Not Applicable
1.  Yes No:	Does the PHA plan to administer a pursuant to Section 8(y) of the U.S 24 CFR part 982? (If "No", skip to each program using the table below each program identified), unless the streamlined submission due to high performing PHAs may skip to compare the program identified.	o component 12; if "yes", describe v (copy and complete questions for e PHA is eligible to complete a performer status. <b>High</b>
2. Program Descripti	on:	
a. Size of Program  Yes No:	Will the PHA limit the number of f 8 homeownership option?	families participating in the section
number of par	to the question above was yes, which ticipants? (select one) Tewer participants Oparticipants Oparticipants han 100 participants	n statement best describes the
Se	eligibility criteria the PHA's program have eligibility ection 8 Homeownership Option pro yes, list criteria below:	
12. PHA Commu	nity Service and Self-sufficien	ncy Programs
	nent 12: High performing and small PHAs ally PHAs are not required to complete sub-complete sub-	
A. PHA Coordination	on with the Welfare (TANF) Agen	ncy
A co	ments: as the PHA has entered into a coope gency, to share information and/or to the ontemplated by section 12(d)(7) of the hat was the date that agreement was	arget supportive services (as he Housing Act of 1937)? If yes,
Client referral	n efforts between the PHA and TAN s naring regarding mutual clients (for a	

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 prog	grams offe	ered to residents ar	nd participants	
(1) General				
Public housing Section 8 admi Preference in a Preferences for non-housing pr Preference/elig	rent deterrated admission to families worgrams optibility for patients.	mination policies as policies cies o section 8 for certa vorking or engaging erated or coordinate public housing hom section 8 homeowne	lies in the following a in public housing fam in training or educati	rilies on programs for rticipation
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)
<b>GED Training</b>	10	waiting list	PHA-Wide	Public Housing

### (2) Family Self Sufficiency programs

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants	Actual Number of Participants
	(start of FY 2002 Estimate)	(As of: DD/MM/YY)
Public Housing	14	14 – 7/27/05
Section 8		

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

### C. Welfare Benefit Reductions

1.	The PHA is complying with the statutory requirements of section 12(d) of the U.S.
	Housing Act of 1937 (relating to the treatment of income changes resulting from welfare
	program requirements) by: (select all that apply)
$\times$	Adopting appropriate changes to the PHA's public housing rent determination
	policies and train staff to carry out those policies
$\boxtimes$	Informing residents of new policy on admission and reexamination
$\times$	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
$\times$	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

### 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. I	Describe the need for measures to ensure the safety of public housing residents (select all		
t]	hat apply)		
	High incidence of violent and/or drug-related crime in some or all of the PHA's developments		
	High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments		
	Residents fearful for their safety and/or the safety of their children		
$\overline{\boxtimes}$	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)		
	What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).		
	Safety and security survey of residents		
Ħ	Analysis of crime statistics over time for crimes committed "in and around" public		
ш	housing authority		
	Analysis of cost trends over time for repair of vandalism and removal of graffiti		
$\square$	Resident reports		
	PHA employee reports		
Ħ	Police reports		
X	Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug		
	programs		
	Other (describe below)		
3. V	Which developments are most affected? (list below)  All developments		
B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year			
	List the crime prevention activities the PHA has undertaken or plans to undertake: (select hat apply)		
	Contracting with outside and/or resident organizations for the provision of crime-		
Ш	and/or drug-prevention activities		
	Crime Prevention Through Environmental Design		
H	Activities targeted to at-risk youth, adults, or seniors		
<u> </u>	11011 11100 till gotte to til Holl youth, addito, of bollioto		

<ul><li>✓ Volunteer Resident Patrol/Block Watchers Program</li><li>✓ Other (describe below)</li></ul>			
PHA police patrol funded through CFP.			
2. Which developments are most affected? (list below)  All developments.			
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			
community policing office, officer in residence)  Police regularly testify in and otherwise support eviction cases  Police regularly meet with the PHA management and residents  Agreement between PHA and local law enforcement agency for provision of above-			
baseline law enforcement services			
Other activities (list below)			
2. Which developments are most affected? (list below)  All developments.			
<b>D.</b> Additional information as required by PHDEP/PHDEP Plan Not Applicable PHAs eligible for FY 2002 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 2002 in this PHA Plan?			
Yes No: This PHDEP Plan is an Attachment. (Attachment Filename:			
14. RESERVED FOR PET POLICY			
[24 CFR Part 903.7 9 (n)]			
15. Civil Rights Certifications [24 CFR Part 903.7 9 (o)]			
Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.			

	Fiscal Audit			
[24 CF	R 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.	=	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. I	PHA Asset N	<u> Management</u>		
[24 CF	R Part 903.7 9 (q)	]		
		nent 17: Section 8 Only PHAs are not required to complete this component. High (As are not required to complete this component.		
1.	Yes No:	Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have <b>not</b> been addressed elsewhere in this PHA Plan?		
2. W	Not applicable Private management			
H	-	z-based accounting ve stock assessment		
	-	elow) SEE ATTACHMENT L		
3. 🗌	Yes No:	Has the PHA included descriptions of asset management activities in the <b>optional</b> Public Housing Asset Management Table?		
	Other Inform R Part 903.7 9 (r)			
A. Ro	esident Adviso	ory Board Recommendations		
1.	Yes No:	Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?		

Resident Comments and PHA Responses	BE be		
10010011 Commonto una l'Ill'Itosponoco	BE be		
1. Comment: Can upstairs bathroom or closet in development 48-08 converted to a laundry room?  Response: The PHA will investigate the feasibility of adding laund the next 12 months for consideration in the FY2007 CF			
2. Comment: Would like to see playground areas resurfaced.  Response: The PHA is currently investigating products to use for and will include this work in a future CFP program year.			
3. Comment: Birds are entering attics in development 48-009.  *Response: The PHA will repair or replace the gable vents through or future CFP funds.	n maintenance		
<ul> <li>3. In what manner did the PHA address those comments? (select all that apply)</li> <li>Considered comments, but determined that no changes to the PHA Plan were necessary.</li> <li>The PHA changed portions of the PHA Plan in response to comments List changes below:</li> <li>Other: (list below)</li> <li>See above responses to comments.</li> </ul>			
B. Description of Election process for Residents on the PHA Board			
1. Yes No: Does the PHA meet the exemption criteria provided se of the U.S. Housing Act of 1937? (If no, continue to quyes, skip to sub-component C.)	, , , ,		
2. Yes No: Was the resident who serves on the PHA Board elected residents? (If yes, continue to question 3; if no, skip to component C.)	•		

3. Description of Resident Election Process
<ul> <li>a. Nomination of candidates for place on the ballot: (select all that apply)</li> <li>Candidates were nominated by resident and assisted family organizations</li> <li>Candidates could be nominated by any adult recipient of PHA assistance</li> <li>Self-nomination: Candidates registered with the PHA and requested a place on ballot Other: (describe)</li> </ul>
<ul> <li>b. Eligible candidates: (select one)</li> <li>Any recipient of PHA assistance</li> <li>Any head of household receiving PHA assistance</li> <li>Any adult recipient of PHA assistance</li> <li>Any adult member of a resident or assisted family organization</li> <li>Other (list)</li> </ul>
<ul> <li>c. Eligible voters: (select all that apply)</li> <li>All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)</li> <li>Representatives of all PHA resident and assisted family organizations</li> <li>Other (list)</li> </ul>
<b>C. Statement of Consistency with the Consolidated Plan</b> For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).
Consolidated Plan jurisdiction: (provide name here)     State of Tennessee, Tennessee Housing Development Agency
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)
<ul> <li>□ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.</li> <li>□ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.</li> <li>□ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.</li> <li>□ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)</li> <li>□ Other: (list below)</li> </ul>
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

### D. Other Information Required by HUD

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

### **Attachments**

Use this section to provide any additional attachments referenced in the Plans.

### ATTACHMENT A - DECONCENTRATION POLICY

The objective of the Deconcentration Policy for the public housing units is to ensure that families are housed in a manner that will prevent a concentration of poverty families and/or a concentration of higher income families in any one development. The specific objective of the PHA is to house not less than 40% of its public housing inventory with families that have incomes at or below 30% of the area median income by public housing development. Also, the PHA will take actions to ensure that no individual development has a concentration of higher income families in one or more of the developments. To ensure that the PHA does not concentrate families with higher income levels, it is the goal of the PHA not to house more than 60% of its units in any one development with families whose income exceeds 30% of the area median income. The PHA will track the status of family income, by development, on a monthly basis by utilizing income data maintained by the PHA. To accomplish the deconcentration goals, the PHA will take the following actions:

- 1. At the beginning of each PHA fiscal year, the PHA will establish a goal for housing 40% of its new admissions with families whose incomes are at or below the area median income. The annual goal will be calculated by taking 40% of the total number of move-ins from the previous PHA fiscal year.
- 2. The PHA will house not less than 40% of its public housing inventory on an annual basis with families that have incomes at or below 30% of the area median income, and will not house families with incomes that exceed 30% of the area median income in developments that have 60% or more of the total household living in the development with incomes that exceed 30% of the area median income, in accordance with the incentives reflected in Section II, 6, Resident Selection of the PHA's Admission and Continued Occupancy Policy (ACOP).

### ATTACHMENT B - AMENDMENT AND DEVIATION DEFINITIONS

- A. Substantial Deviation from the 5-Year Plan
  The Lawrenceburg Housing Authority will consider a "Substantial Deviation" to be a change in the
  Mission, Goals, and Objectives of the PHA Plans that is duly determined by the Board of Commissioners
  and the Resident Advisory Board to be a deviation from the latest approved PHA Plans. If the Board of
  Commissioners and the Resident Advisory Board consider the change(s) in the Mission, Goals, and
  Objectives to be substantial in their determination, the Plans will be submitted to HUD for review and
  approval.
- B. Significant Amendment or Modification to the Annual Plan
  In addition, if there is a change in funding of greater than 20 percent of the Operating Budget and/or the
  Capital Fund amount, this will be considered an amendment/modification to the Plans, except for
  emergencies that are beyond the control of the PHA. If the item/activity is included in the 5-Year Capital
  Improvement Program, it will not be considered a significant change although the cost may exceed the
  20 percent threshold; therefore, not requiring HUD review and approval.

### ATTACHMENT C - PET POLICY

In accordance with HUD regulations, reasonable requirements for Lawrenceburg Public Housing Authority residents to own pets are established in this Pet Policy. However, the LHA may not apply or enforce this policy against service animals that assist persons with disabilities. (This exclusion applies to service animals that reside in public housing and service animals that visit the developments).

Each family may own or have one household pet in the dwelling unit occupied by the family listed below and reflected in this Lease Addendum.

Lessee:	Unit/Account No
Co-Lessee:	
Non-Refundable Pet Fee:	
Name and Description of Pet:	
statements made in this Lease Adden refers to "pet", that means that only do	, and all household members agree to the following rules and dum as set by the Lawrenceburg Housing Authority (LHA). When the LHA emesticated dogs, cats, birds and fish are included. Snakes are lects the responsibilities of the LHA and the resident.

I agree to pay \$150.00 as a non-refundable fee to cover the reasonable operating costs to the project relating to the presence of my pet. This fee may be used by the LHA for damages caused to units (filters, extermination, wall/floor damage, etc.)

#### WHAT I MUST DO:

Only one pet is allowed per family.

- 1. I must provide the LHA with all verifications of my pet's inoculations, neutering and spaying before I can have my pet. I must bring verification of inoculations each year at the annual reexamination date.
- 2. I must make sure my pet receives the medical care necessary for my pet to maintain good health.
- 3. I must have my dog or cat on a leash any time it is out of my own apartment.
- 4. I must exercise my pet only in the yard of the unit assigned to me.
- 5. I am solely responsible for cleaning up pet droppings outside the unit and on facility grounds. Droppings must be disposed of by being placed in a sack and then placed in a refuse container outside the building.
- 6. I must accept complete responsibility for any damages to property caused by my pet. This includes other resident's property as well as all LHA property.
- 7. I will hold harmless the LHA for any injuries or damages caused by my pet.

- 8. I must accept complete responsibility for the behavior and conduct of my pet at all times.
- 9. In the event of my pet's death, I must dispose of the remains according to local health regulations, but NOT on LHA property.
- 10. I must notify the LHA, when requesting maintenance for my unit, that I have a pet and I will be present when the LHA responds to the request for maintenance or the pet will be restrained in order for maintenance to work in a safe environment.
- 11. I will not own or possess a "vicious" dog. A "vicious dog" means any dog which, without provocation, attacks or bites, or has attacked or bitten a human being or domestic animal; or any dog owned or harbored primarily or in part for the purpose of dog fighting (these include, but are not limited to: Boxers, German Shepherds, Pit Bulls, Rottweilers, Dobermans and Chows).
- 12. I will not tie my pet to any utility (including, gas meters, electrical devices, water faucets, etc.)

### WHAT THE LHA WILL NOT DO:

- 1. The LHA will not be responsible for my pet at any time regardless of the circumstances.
- 2. The LHA will not be responsible for any damages or injuries caused by my pet.
- 3. The LHA will not permit my pet to become a nuisance to management or other residents.

### WHAT THE LHA WILL DO:

- 1. The LHA will furnish stickers to be placed on the window closest to the front door, identifying the presence of a dog or cat.
- 2. When it is necessary for the LHA to spray for fleas, ticks or other insects caused by my pet other than at the regular appointed times, the LHA will charge me for the cost of spraying. The non-refundable fee paid by the resident will be used for this expense, if applicable.
- 3. The LHA will dispose of my pet in any way necessary, if at any time I leave my pet unattended or abandoned for an unreasonable period of time.
- 4. The LHA will take appropriate actions if my pet is causing the living or working conditions in my building to be unsafe, unsanitary or indecent.
- 5. The LHA will give me a Notice to Vacate and will end my Lease if there are repeated or continuous problems with my pet.

The Resident Advisory Board will act as the Pet Review Board for request exceptions to identified pets.

### **DO I UNDERSTAND THIS PET POLICY**

By signing this Pet Policy, I am saying that the LHA has gone over this policy with me. I am also saying that I understand all of it. I understand that this is an agreement between the LHA and me and that it is a legally binding contract between me and the LHA.

Date:	
	Lawrenceburg Housing Authority
Lessee	Lawrencesday Flowering Additionly
Typed Name	Executive Director
PET APPLICAT	TION
Resident's Name:	Unit/Apt No
Type of Pet:	Age of Pet:
Name of Pet:	
How long have you owned this pet?	
Has your pet lived in rental housing before? If so, where:	
Date of last vaccinations: License Tag No	).
Has your pet been spayed or neutered?  Yes  No	
If your pet is a cat, has it been declawed?  Yes No	
Provide three names and numbers for persons responsible for	r your pet in case of emergency:
Name and Telephone Number of Veterinarian:	
Exterminator-Contact Person:	
Name of Insurance Company that has my liability insurance:	

I have furnished the LHA with a veterinarian's statement certifying that my pet has been spayed neutered and has received all vaccines required by law, and is in good health with no communicable diseases. Yes No
If my pet is a service animal that assists with my disability, I have furnished a doctor's statement indicating that am disabled and require assistance of the animal.   Yes   No
Date:
Signature:
Lessee

### **ATTACHMENT D: PHA BOARD MEMBERS**

Kathy Pollock, Chairperson Larry Morrow, Vice Chairperson Walter Adams, Resident Commissioner Uday Shah Glenda Ezell

### ATTACHMENT E: RESIDENT ADVISORY BOARD

Shauna Shay, Development 48-09 Darla Smith, Development 48-01 Charity Gonzalez, Development 48-07 Christine Polk, Development 48-3 Jerry Jaco, Development 48-08E Juanita Howell, Development 48-02 Horace Fralix, Development 48-07E

### **ATTACHMENT F: PROGRESS IN MEETING GOALS**

Goal: Renovate or modernize public housing units.

The LHA is continually upgrading its public housing units. With the inception of the Capital Fund

Program, we are now able to better plan and implement physical improvements.

Goal: Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments.

The LHA has revised its ACOP to promote deconcentration and income mixing.

Goal: Implement public housing security improvements.

> The LHA continues to implement activities initiated previously with PHDEP funds. The LHA contracts with the City of Lawrenceburg to provide a police officer for patrol, education and security.

Goal: Increase the number and percentage of employed persons in assisted families.

The LHA gives admission preferences for employed applicants. LHA staff work closely with residents to encourage job and employment opportunities.

Goal: Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability.

The LHA continues to operate its public housing program in a fair manner that ensures equal access and opportunities to all residents and eligible applicants.

Goal: 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.

Our inspections, maintenance and CFP modernization programs are spread equally among all of our developments.

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

The LHA provides accessible and handicapped units where needed for all of our special needs residents.

### ATTACHMENT J: COMMUNITY SERVICE POLICY

#### Introduction

Community Service is defined as the performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community Service is not employment and may not include political activities. Additionally, residents may not perform activities that relate to work, which is ordinarily performed by Lawrenceburg Housing Authority employees in order to satisfy this requirement.

The Quality Housing and Work Responsibility Act of 1998 requires that nonexempt residents of public housing perform community service. HUD states that the provision is not intended to be perceived as punitive, but rather considered as rewarding activity that will assist residents in improving their own and their neighbors' economic and social well-being and give residents a greater stake in their communities.

Effective January 01, 2001, in order to be eligible for continued occupancy in public housing, each adult family member must either contribute eight hours per month of community service, or participate in an economic self-sufficiency program. A combination of community service and a self-sufficiency program will suffice to meet this eight-hour requirement. The only exception will be those who meet the exemption requirements, which are defined in the body of this policy.

# Section One Qualifying Activities

The following list contains community service and self-sufficiency locations and activities that meet the requirements of this policy. This list is not meant to be all-inclusive and other programs may be added, as they are identified. If not included on this list, residents must contact the LHA office to ensure their activity complies with this policy. Qualifying activities are as follows:

- (1) Resident Organizations
- (2) Neighborhood Patrols
- (3) Participation in Adult Education Programs
- (4) Summer Food Program (LHA or City of Lawrenceburg)
- (5) Youth Activities (sponsored through the LHA community centers)
- (6) Youth Activities (sponsored through the City of Lawrenceburg)
- (7) Participation in any approved job training program (JTPA or other State Program)
- (8) Salvation Army
- (9) Harbor House
- (10) The Shelter
- (11) Family Resource Center
- (12) Westside Outreach
- (13) Senior Citizen Center (meals on wheels)
- (14) Adult Learning Center
- (15) Participation in Community Action Councils or Committees (Drug Task Force)
- (16) Participation in AA or other substance abuse programs
- (17) Loretto Samaritan House
- (18) Hunger Coalition
- (19) LHA Safe and Smart
- (20) A single parent of under school age children, or a parent of under school age children, where the other adult member qualifies for an exemption from the community service requirement.
- (21) Work either full or part time anywhere.

Residents will be required to bring in verification of eight hours completed for each month in which they do not qualify for an exemption. The administrator of the program in which the service is being performed must sign this verification of hours worked. The Housing Authority will maintain a time sheet on each Resident that is required to do community service, and will track the hours completed. Residents may complete more than eight hours in one month toward the total of 96 hours per year, therefore completing the requirement earlier than the twelve months allowed. LHA will review family compliance on a continuous basis, and will verify such compliance annually, at least thirty days before the end of the twelve-month lease term.

Any non-exempt Resident, who does not complete the required hours in a calendar year, will not be eligible for continued assistance from the Housing Authority, and their lease may be terminated. Residents who have completed their required hours shall have their lease automatically renewed, unless terminated for other good cause. Requirements for exemption are contained in Section Two of this policy.

# Section Two Exemptions

In order to qualify for an exemption from the Community Service requirement, each adult family member must complete an exemption request, along with proper verification, and return this request to the LHA office. LHA will approve or deny the request for exemption within 30 days from receipt of a request that includes the required documentation. A family member may request exempt status at any time. All new residents are exempt for the partial month when they first move in, after which an exemption must be requested if one is desired.

Exempt individuals are those who meet one or more of the following criteria, and can provide verification:

(1) Is 62 years of age or older;

Verification: Birth Certificate

(2) Is a blind or disabled individual, as defined under the Social Security Act, and who certifies that because of this disability he or she is unable to comply with the community service requirements; Verification: Social Security or SSI award letter

(3) Can provide documentation from a licensed physician that they have a disabling condition, which would prevent them from completing the community service requirement, specifying the expected length of the disabling condition;

Verification: Letter from physician

(4) Is a family member who is the primary caregiver for someone who is blind or disabled as set forth above:

Verification: Award letter of affected member

(5) Is a family member who is employed, either full or part-time:

Verification: Check Stubs or Income Verification Form

(6) Is a full-time student; (in high school or college with 12 credit hours or more)

Verification: Enrollment Form

(7) Is a family member who is exempt from work activity under Part A of Title IV of the Social Security Act or under any other State welfare program;

Verification: Letter or Notice from DHS

(8) Is a family member receiving assistance, benefits or services under a State program funded under Part A of Title IV of the Social Security Act or under any other State welfare program, and who is in compliance with that program:

Verification: Families First PRP or benefit letter

# Section Three Non-Compliance

LHA shall not renew or extend any lease, or provide any new lease, for a dwelling unit for any household that includes an adult member who was subject to the community service requirement and failed to comply with the requirement. If LHA determines that there is a family member who is required to fulfill the service requirement, but who has violated this family obligation, the resident will be considered to be in non-compliance, and notified of this determination in writing. This notification will contain the following:

- A. A brief description of the non-compliance;
- B. Notification that LHA will not renew the lease at the end of the twelve month lease term unless:
- 1. The resident, and any other non-compliant family member enter into a written agreement with LHA in order to cure such non-compliance. Non-compliance must be cured in accordance with such agreement by participating in an economic self-sufficiency program for or contributing to community service as many additional hours as the resident needs to comply in the aggregate with such requirement and make themselves current with program requirements; or
- 2. The family provides written assurance satisfactory to the LHA that the resident or other non-compliant family member no longer resides in the unit.
- C. Notification that the resident may request a grievance hearing on the LHA determination in accordance with LHA grievance procedures. Additionally, that the resident may exercise any available judicial remedy to seek timely redress for LHA's non-renewal of the lease because of such determination.

### Section Four Documentation

On the following pages are the forms used to document participation in Community Service and/or economic self-sufficiency activities. These forms include 1.) A Resident notification letter; 2.) An exemption request form; 3.) A Master time sheet; and 4.) An individual time sheet.

### COMMUNITY SERVICE WORK REQUIREMENT NOTIFICATION LETTER

The Quality Housing and Work Responsibility Act of 1998 requires that nonexempt residents of public housing perform community service. In order to be eligible for continued occupancy, each adult family member must contribute eight hours of community service per month or participate in an economic self-sufficiency program, or a combination of the two for eight hours per month, unless they are exempt from the requirement.

Eligible activities for completion of your Community Service Requirement will include eight hours per month contributed to any of the following activities or organizations:

- (1) Resident Organizations
- (2) Neighborhood Patrols
- (3) Participation in Adult Education Programs
- (4) Summer Food Program (LHA or City of Lawrenceburg)
- (5) Youth Activities (sponsored through the LHA community centers)
- (6) Youth Activities (sponsored through the City of Lawrenceburg)
- (7) Participation in any approved job training program (JTPA or other State Program)
- (8) Salvation Army
- (9) Harbor House
- (10) The Shelter
- (11) Family Resource Center
- (12) Westside Outreach
- (13) Senior Citizen Center (meals on wheels)
- (14) Adult Learning Center
- (15) Participation in Community Action Councils or Committees (Drug Task Force)
- (16) Participation in AA or other substance abuse programs
- (17) Lorreto Samaritan House
- (18) Hunger Coalition
- (19) LHA Safe and Smart
- (20) A single parent of under school age children, or a parent of under school age children, where the other adult member qualifies for an exemption from the community service requirement.
- (21) Work either full or part time anywhere.

If you are participating in a program that is not listed, contact the Housing Authority office with the name of the program in which you are participating. This list is not meant to be all-inclusive and other programs may be added, as we become aware of them.

You will be required to bring in verification of hours completed each month. The administrator of the program in which you are participating must sign your verification of hours worked. The Housing Authority will maintain a time sheet on each Resident that is required to do community service, and will track the hours completed. You

may complete more than eight hours in one month toward your total of 96 hours per year, therefore completing your requirement earlier than the twelve months allowed. You must only have eight hours for each month in which you do not qualify for an exemption. Exemption request forms are available at the Housing Authority business office.

Anyone who does not complete the required hours in a calendar year, will not be eligible for continued assistance from the Housing Authority, and their lease may be terminated. Residents who have completed their required hours shall have their lease automatically renewed, unless terminated for other good cause.

Sincerely,

Eddy Casteel
Executive Director

# COMMUNITY SERVICE EXEMPTION REQUEST

All adult (over 18) members of resident families are required to perform eight hours of community service each month, unless they qualify for exempt status with the Housing Authority. To qualify for an exemption, each adult family member must complete and return an exemption request, along with proper documentation, to verify that they are exempt from the community service requirement.

Exempt individuals are those who meet one or more of the following criteria. An adult who:

- (1) Is 62 years of age or older; Verification: Birth Certificate
- (2) Is a blind or disabled individual, as defined under the Social Security Act, and who certifies that because of this disability he or she is unable to comply with the community service requirements; Verification: Social Security or SSI award letter
- (3) Can provide documentation from a licensed physician that they have a disabling condition, which would prevent them from completing the community service requirement, specifying the expected length of the disabling condition; Verification: Letter from physician
- (4) Is a family member who is the primary caregiver for someone who is blind or disabled as set forth above; Verification: Award letter of affected member
- (5) Is a family member who is employed, either full or part-time; Verification: Check Stubs or Income Verification Form
- (6) Is a full-time student; (in high school or college with 12 credit hours or more) Verification: Enrollment Form
- (7) Is a family member who is exempt from work activity under Part A of Title IV of the Social Security Act or under any other State welfare program; Verification: Letter or Notice from DHS
- (8) Is a family member receiving assistance, benefits or services under a State program funded under Part A of Title IV of the Social Security Act or under any other State welfare program, and who is in compliance with that program; Verification: Families First PRP or benefit letter

In order to qualify for the exemption, you must turn in verification of your exemption with your request form. All new residents are exempt for the partial month when they first move in, after which an exemption must be

I do hereby request an exemption from performing my eight hours of community service each month, because I qualify for one of the exemptions listed above. NAME ADDRESS DATE **COMMUNITY SERVICE - INDIVIDUAL TIME SHEET** Move-in Date: Start Month: Address: Hours Organization Location Verified Hours Month Required Comp January February March April May June July August September October November December TOTAL Annual Requirements Completed ☐ Yes ☐ No Certified By

requested if one is desired. If an exemption is not requested, it will be assumed that you do not desire one and you will be required to perform the required community service hours. Please fill in required information below.

### **COMMUNITY SERVICE - MASTER TIME SHEET**

Housing Community
-------------------

	Hours Completed												
Name & Apt #	J	F	М	Α	М	J	J	Α	S	0	N	D	TOTAL

1-96 Hours Completed

X Excused (new Move-in, etc)
E Exempt (Temp, Exemption)

Figures are taken from individual time sheets and posted to the master time sheet. Individual time sheets are arranged by housing community in this book. Individual time sheets are placed in tenant files once annual hours are completed.

### ATTACHMENT K: FOLLOW UP PLANS FOR REAC RESIDENT SURVEY

### **Neighborhood Appearance**

TheLHA has an ongoing program of neighborhood improvements and clean up. In addition to the resident's efforts to keep their units clean of trash, as required by the LHA, the LHA maintenance staff work on a daily basis to keep the area clean of trash. The LHA continues to plant grass, trees and annual flowers. In addition, trees and shrubs are regularly trimmed. The LHA works closely with the Advisory Board, Resident Committee and residents in an effort to make necessary aesthetic improvements. We all want our developments to be clean and attractive.

### **Communications**

TheLHA is always striving to improve communications with the residents. All residents are encouraged to utilize the Advisory Board and Resident Committee process, and to contact staff as necessary. The Advisory Board and Resident Committee meet with LHA staff on a regular basis. The LHA distributes a quarterly informative newsletter to residents. The newsletter informs residents of issues, upcoming programs, and meetings. The LHA also posts notices for public meetings and events on the bulletin board located in the administrative office.

### ATTACHMENT L - REAC PHYSICAL PLAN

### **Physical Component**

The Lawrenceburg Housing Authority (LHA) is making significant progress in our efforts to eliminate the deficiencies identified in the REAC Physical Assessment Component. In addition to the ongoing renovation of public housing units in all developments as part of the Capital Fund Program, our maintenance staff has identified and repaired all safety and health deficiencies observed in all developments. This includes the replacement of inoperable smoke detectors and GFI receptacles. These issues will be monitored by LHA administrative staff, and repeated on an ongoing basis.

#### **Attachment G Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)** Part 1: Summary PHA Name: **Grant Type and Number** Federal FY of **Lawrenceburg Housing Authority** Capital Fund Program: TN43P04850106 Grant: **FY 2006** Capital Fund Program Replacement Housing Factor Grant No: Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: **◯**Original Annual Statement **Performance and Evaluation Report for Period Ending:** Final Performance and Evaluation Report **Summary by Development Account Total Estimated Cost Total Actual Cost** No. **Original** Revised **Obligated** Expended \$0.00 Total non-CFP Funds 1406 Operations \$85,952.00 2 3 1408 Management Improvements \$59.500.00 4 1410 Administration \$34,000.00 \$0.00 1411 Audit 1415 liquidated Damages 6 \$0.00 1430 Fees and Costs \$36,600.00 8 1440 Site Acquisition \$0.00 1450 Site Improvement \$0.00 1460 Dwelling Structures \$212,500.00 10 1465.1 Dwelling Equipment—Nonexpendable \$0.00 11 1470 Nondwelling Structures \$0.00 12 1475 Nondwelling Equipment 13 \$3,000.00 14 1485 Demolition \$0.00 1490 Replacement Reserve \$0.00 15 1492 Moving to Work Demonstration 16 \$0.00 1495.1 Relocation Costs \$0.00 17 1498 Mod Used for Development 18 \$0.00 \$1,000.00 19 1502 Contingency 20 **Amount of Annual Grant: (sum of lines 2-19)** \$432,552.00 Amount of line 20 Related to LBP Activities 21 \$0.00 22 Amount of line 20 Related to Section 504 Compliance \$0.00 23 Amount of line 20 Related to Security \$0.00 Amount of line 20 Related to Energy Conservation \$0.00 Measures

### **Annual Statement/Performance and Evaluation Report**

**Attachment G** 

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

**Part II: Supporting Pages** 

PHA Name: Law	renceburg Housing Authority		and Number		Federal FY of Grant: FY 2006			
	,	Capital Fun	d Program #:	CFP TN37P048				
		Capital Fun	d Program Re	eplacement Housin	g Factor #:			
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estir	nated Cost	Total Ac	ctual Cost	Status of
Name/HA-Wide		NO.		Omi oim ol	Revised	Funds	Funds	Proposed Work
Activities				Original	Revised	Obligated	Expended	WOIK
PHA-Wide	Transfer funds to PHA Operating Budget	1406	1	\$85,952.00				
PHA-Wide	Community oriented policing	1408	1	\$30,000.00				
PHA-Wide	Computer software	1408	1	\$2,000.00				
PHA-Wide	Salary-Resident Services Coordinator	1408	1	\$25,000.00				
PHA-Wide	Resident training	1408	1	\$500.00				
PHA-Wide	Staff training	1408	1	\$2,000.00				
PHA-Wide	PHA staff salaries (mod. coordinator)	1410	1	\$34,000.00				
PHA-Wide	A/E design services	1430	1	\$17,200.00				
PHA-Wide	A/E inspection services	1430	1	\$11,400.00				
PHA-Wide	CGP annual update	1430	1	\$5,000.00				
PHA-Wide	Conduct utility conversion study	1430	1	\$3,000.00				
PHA-Wide	Purchase new computer hardware	1475	3	\$3,000.00				
PHA-Wide	Contingencies	1502	1	\$1,000.00				
TN37P048001	Upgrade electrical service and panel on dwelling units	1460	48	\$48,000.00				
TN37P048001	Replace existing central cooling/heat system in all units	1460	47	\$164,500.00				

#### **Attachment G Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule** PHA Name: **Grant Type and Number** Federal FY of Grant: FY 2006 Capital Fund Program #: TN43P04850106 **Lawrenceburg Housing Authority** Capital Fund Program Replacement Housing Factor #: Development Number **All Fund Obligated All Funds Expended Reasons for Revised Target Dates** Name/HA-Wide (Quart Ending Date) (Quarter Ending Date) Activities **Original** Original Revised Revised Actual Actual TN37P048001 06/30/08 69/30/10 M.L. Lumpkins Homes PHA Police 06/30/08 06/30/10 06/30/08 06/30/10 Computer software Resident Services 06/30/08 06/30/10 Resident training 06/30/08 06/30/10 Staff training 06/30/08 06/30/10

Capital Fund P	rogram F	ive-Year Action Plan			Attachment H
Part I: Summa	ry				
	<u> </u>	ousing Authority		⊠Original 5-Year Plan □Revision No:	
Development	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
Number/Name/HA-		FFY Grant: 2007	FFY Grant: 2008	FFY Grant: 2009	FFY Grant: 2010
Wide		PHA FY: <b>2007</b>	PHA FY: 2008	PHA FY: 2009	PHA FY: <b>2010</b>
	Annual Statement				
PHA-Wide		\$216,552.00	\$256,552.00	\$267,552.00	\$235,476.00
TN048-001		\$0.00	\$0.00	\$0.00	\$23,028.00
TN048-002		\$54,000.00	\$0.00	\$0.00	\$26,977.00
TN048-003A		\$0.00	\$176,000.00	\$0.00	\$58,957.00
TN048-003AE		\$162,000.00	\$0.00	\$0.00	\$53,586.00
TN048-003B		\$0.00	\$0.00	\$45,000.00	\$24,388.00
TN048-005		\$0.00	\$0.00	\$120,000.00	\$0.00
TN048-007		\$0.00	\$0.00	\$0.00	\$6,375.00
TN048-007E		\$0.00	\$0.00	\$0.00	\$2,050.00
TN048-008		\$0.00	\$0.00	\$0.00	\$1,715.00
TN048-009		\$0.00	\$0.00	\$0.00	\$0.00
TOTAL		\$432,552.00	\$432,552.00	\$432,552.00	\$432,552.00

Capital F	und Program F	ive-Year Action Plan	1			Attachment H
Part II: S	Supporting Page	es—Work Activities				
Activities for Year 1		Activities for Year: 2 FFY Grant: 2007 PHA FY: 2007			Activities for Year: 3 FFY Grant: 2008 PHA FY: 2008	
1 Cai 1	Development Name/Number	Major Work Categories	<b>Estimated Cost</b>	Development Name/Number	Major Work Categories	<b>Estimated Cost</b>
	PHA-Wide		1,000.00	PHA-Wide		\$41,000.00
See						
Annual	TN048-002	Electrical	\$12,000.00	TN048-003A	Electrical	\$44,000.00
Statement		Mechanical	\$42,000.00		Mechanical	\$132,000.00
	TN048-003AE					
		Electrical	\$36,000.00			
		Mechanical	\$126,000.00			
	Total CFP Estim	ated Cost	\$217,000.00			\$217,000.00

#### **Capital Fund Program Five-Year Action Plan Attachment H** Part II: Supporting Pages—Work Activities Activities for Year: 4 Activities for Year: **5** FFY Grant: 2010 FFY Grant: 2009 PHA FY: 2009 PHA FY: 2010 **Development Development Major Work Estimated Cost Major Work Estimated Cost** Name/Number Categories Name/Number **Categories** PHA-Wide \$1,000,00 PHA-Wide \$7,500.00 TN048-001 Site Improvements \$1,375.00 \$10,000.00 TN048-003B Electrical **Bathroom Renovations** \$3,231.00 \$35,000.00 **Building Exterior** \$9,400.00 Mechanical \$4,700.00 Doors \$344.00 TN048-005 Electrical \$50.000.00 Electrical Mechanical \$70,000,00 Kitchen Renovations \$905.00 Mechanical \$2,585.00 Dwelling Equipment \$1,150.00 Site Improvements \$688.00 TN048-002 Bathroom Renovations \$900.00 **Building Exterior** \$21,459.00 Electrical \$1,800.00 \$1,800.00 Kitchen Renovations \$330.00 Mechanical **Dwelling Equipment** \$230.00 \$1,000.00 TN048-003 Site Improvements \$5,500.00 **Bathroom Renovations Building Exterior** \$7,463.00 Carpentry \$1,800.00 \$2,475.00 Doors \$3,520.00 Electrical \$19,674.00 Finishes Handicap Accessibility \$2,500.00 \$2,750.00 Insulation \$3,300.00 Kitchen Renovations Mechanical \$4,400.00 \$4,575.00 Windows **Dwelling Equipment** \$1,150.00 **Total CFP Estimated Cost** \$166,000.00 See next page

apital Fund Pro	Attachment I				
art II: Supportii	Activities for Year: 4			Activities for Year: 5	
	FFY Grant: <b>2009</b> PHA FY: <b>2009</b>			FFY Grant: 2010 PHA FY: 2010	
Development	Major Work	<b>Estimated Cost</b>	Development	Major Work	<b>Estimated Cost</b>
Name/Number	Categories	Estimated Cost	Name/Number	Categories	Listimated Cost
1 (02220/1 (0222002	0.000 0.1100		TN048-003AE	Site Improvements	\$1,250.0
				Bathroom Renovations	\$4,500.
				Building Exterior	\$7,700.
				Carpentry	\$2,340.
				Doors	\$6,400.
				Electrical	\$2,700
				Finishes	\$13,973
				Insulation	\$8,603
				Kitchen Renovations	\$3,060
				Mechanical	\$3,060
				Dwelling Equipment	\$920
			TN048-003B	Site Improvements	\$1,250
				Bathroom Renovations	\$1,250
				Building Exterior	\$3,400
				Carpentry	\$2,310
				Doors	\$1,750
				Electrical	\$1,200
				Finishes	\$5,766
				Handicap Accessibility	\$2,500
				Insulation	\$4,962
				Dwelling Equipment	\$460.
			TN048-007	Building Exterior	\$6,375
			TN048-007E	Building Exterior	\$2,050
			TN048-008	Building Exterior	\$1,715.
Total CFP Es	stimated Cost				\$207,998.

Ann	ual Statement/Performance and Evalua	ation Report			Attachment G			
Cap	ital Fund Program and Capital Fund P	rogram Replacemen	nt Housing Factor	(CFP/CFPRHF)				
_	1: Summary	<i>6</i> <b>1</b>	8	,				
PHA N	· · · · · · · · · · · · · · · · · · ·	Grant Type and Number			Federal FY of			
	unic.	Capital Fund Program: TN43	P04850105		Grant:			
Lawre	enceburg Housing Authority		cement Housing Factor Grant N	Vo:	FY 2005			
	ginal Annual Statement		sasters/ Emergencies R		(revision no: )			
	formance and Evaluation Report for Period Ending:		nd Evaluation Report		,			
Line	Summary by Development Account	Total Estin	nated Cost	Total Actu	ial Cost			
No.	-							
		Original	Revised	Obligated	Expended			
1	Total non-CFP Funds	\$0.00						
2	1406 Operations	\$86,500.00						
3	1408 Management Improvements	\$72,000.00						
4	1410 Administration	\$32,000.00						
5	1411 Audit	\$0.00						
6	1415 liquidated Damages	\$0.00						
7	1430 Fees and Costs	\$33,100.00						
8	1440 Site Acquisition	\$0.00						
9	1450 Site Improvement	\$54,411.00						
10	1460 Dwelling Structures	\$136,453.00						
11	1465.1 Dwelling Equipment—Nonexpendable	\$10,588.00						
12	1470 Nondwelling Structures	\$0.00						
13	1475 Nondwelling Equipment	\$7,500.00						
14	1485 Demolition	\$0.00						
15	1490 Replacement Reserve	\$0.00						
16	1492 Moving to Work Demonstration	\$0.00						
17	1495.1 Relocation Costs	\$0.00						
18	1498 Mod Used for Development	\$0.00						
19	1502 Contingency	\$0.00						
20	O Amount of Annual Grant: (sum of lines 2-19) \$432,552.00							
21	Amount of line 20 Related to LBP Activities	\$0.00						
22	Amount of line 20 Related to Section 504 Compliance	\$0.00						
23	Amount of line 20 Related to Security	\$0.00						
24	Amount of line 20 Related to Energy Conservation	\$0.00						
	Measures				1			

### **Annual Statement/Performance and Evaluation Report**

**Attachment G** 

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

Part II: Supporting Pages

PHA Name: Law	Grant Type :	d Program #: C	FP TN37P048	50105	Federal FY of Grant: FY 2005			
Development Number	General Description of Major Work Categories	Dev. Acct	Quantity	Total Estin		Total Actual Cost		Status of Proposed
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work
PHA-Wide	Transfer funds to PHA Operating Budget	1406	1	\$86,500.00				
PHA-Wide	Community oriented policing	1408	1	\$30,000.00				
PHA-Wide	Computer software	1408	1	\$2,000.00				
PHA-Wide	Salary-Resident Services Coordinator	1408	1	\$25,000.00				
PHA-Wide	Resident training	1408	1	\$500.00				
PHA-Wide	Staff training	1408	1	\$2,000.00				
PHA-Wide	Vista worker	1408	1	\$12,500.00				
PHA-Wide	PHA staff salaries (mod. coordinator)	1410	1	\$32,000.00				
PHA-Wide	A/E design services	1430	1	\$17,200.00				
PHA-Wide	A/E inspection services	1430	1	\$11,400.00				
PHA-Wide	CGP annual update.	1430	1	\$4,500.00				
PHA-Wide	Purchase new personal computers	1475	3	\$7,500.00				
PHA-Wide	Contingencies	1502	1	\$0.00				
TN048-003A	Plant trees and shrubs.	1450	40	\$54,411.00				
TN048-003A	Cover all fascia with aluminum.	1460	2968	\$20,034.00				
TN048-003A	Cover porch ceilings with aluminum.	1460	2886	\$19,481.00				
TN048-003A	Remove existing and install new perforated vinyl soffit.	1460	3009	\$20,311.00				
TN048-003A	Install new dishwasher.	1465.1	35	\$10,588.00				
TN048-003AE	Cover all fascia with aluminum.	1460	2474	\$16,700.00				
TN048-003AE	Cover porch ceilings with aluminum.	1460	4346	\$29,336.00				
TN048-003AE	Remove existing and cover miscellaneous wood trim and fascia with aluminum.	1460	2000	\$13,500.00				
TN048-003B	Cover all fascia with aluminum.	1460	816	\$5,508.00				
TN048-003B	Cover porch ceilings with aluminum.	1460	888	\$5,994.00				
TN048-003B	Remove existing and install new perforated vinyl soffit.	1460	828	\$5,589.00				

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

PHA Name:		Type and Nun		Federal FY of Grant: FY 2005			
Lawrenceburg Housing	Authority			n #: TN43P04850			
	T	Capita	al Fund Prograi	n Replacement Hou			
Development Number		Fund Obligat			l Funds Expende		Reasons for Revised Target Dates
Name/HA-Wide	(Qua	rt Ending Da	ate)	(Qu	arter Ending Da	te)	
Activities							
	Original	Revised	Actual	Original	Revised	Actual	
TN048-002	09/30/07			09/30/09			
M.L. Lumpkins Homes							
TN048-003A	09/30/07			09/30/09			
M.L. Lumpkins Homes							
TN048-003AE	09/30/07			09/30/09			
MI.L. Lumpkins Homes							
TN048-003B	09/30/07			09/30/09			
M.L. Lumpkins Homes							
Police patrol	09/30/07			09/30/09			
Computer software	09/30/07			09/30/09			
Res. coordinator	09/30/07			09/30/09			
Resident training	09/30/07			09/30/09			
Staff training	09/30/07			09/30/09			
Vista worker	09/30/07			09/30/09			

Ann	ual Statement/Performance and Evalua	ation Report			Attachment I			
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
_	1: Summary	rogram Kepiacemei	it Housing Pactor (	CFI/CFI KIIF)				
PHA N	•	Grant Type and Number			Federal FY of Grant:			
		Capital Fund Program: TN43	P04850104					
Lawre	enceburg Housing Authority		cement Housing Factor Grant No	<b>):</b>	FY 2004			
Or	iginal Annual Statement		sasters/ Emergencies Rev		(revision no: )			
<b>Per</b>	formance and Evaluation Report for Period Ending: 00	6/30/04 Final Performan	nce and Evaluation Report					
Line	Summary by Development Account	Total Estin	nated Cost	Total Ac	ctual Cost			
No.								
		Original	Revised	Obligated	Expended			
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00			
2	1406 Operations	\$89,611.00	\$89,611.00	\$89,611.00	\$89,611.00			
3	1408 Management Improvements	\$56,500.00	\$56,090.00	\$56,090.00	\$41,366.12			
4	1410 Administration	\$32,000.00	\$32,726.00	\$32,726.00	\$32,696.17			
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00			
6	1415 liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00			
7	1430 Fees and Costs	\$33,100.00	\$35,579.00	\$35,579.00	\$30,952.84			
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00			
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.0			
10	1460 Dwelling Structures	\$236,846.00	\$234,051.00	\$234,051.00	\$234,051.0			
11	1465.1 Dwelling Equipment—Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.0			
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00			
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00			
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00			
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00			
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00			
17	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00			
18	1498 Mod Used for Development	\$0.00	\$0.00	\$0.00	\$0.00			
19	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00			
20	Amount of Annual Grant: (sum of lines 2-19)	\$448,057.00	\$448,057.00	\$448,057.00	\$428,677.13			
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00			
22	Amount of line 20 Related to Section 504 Compliance	\$0.00	\$0.00	\$0.00	\$0.00			
23	Amount of line 20 Related to Security	\$0.00	\$0.00	\$0.00	\$0.00			
24	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00			

### **Annual Statement/Performance and Evaluation Report**

**Attachment I** 

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

**Part II: Supporting Pages** 

PHA Name: Lawrenceburg Housing Authority		Grant Type and Number Capital Fund Program #: CFP TN37P04850104 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: FY 2004		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work
PHA Wide	Transfer to PHA Operating Budget	1406	1	\$89,611.00	\$89,611.00	\$89,611.00	\$89,611.00	
PHA Wide	Community Oriented Policing	1408	1	\$30,000.00	\$29,660.00	\$29,660.00	\$14,723.88	
PHA Wide	Computer software	1408	1	\$500.00	\$330.00	\$330.00	\$330.00	
PHA Wide	Salary Resident Services Coordinator	1408	1	\$25,000.00	\$25,000.00	\$25,000.00	\$25,000.00	
PHA Wide	Resident training	1408	1	\$500.00	\$500.00	\$500.00	\$500.00	
PHA Wide	Staff training	1408	1	\$500.00	\$600.00	\$600.00	\$600.00	
PHA Wide	PHA staff salaries (mod coordinator)	1410	1	\$32,000.00	\$32,726.00	\$32,726.00	\$29.83	
PHA Wide	LBP & Asbestos Monitoring	1430	1	\$1,601.00	\$4,080.00	\$4,080.00	\$4,080.00	
PHA Wide	A/E design services	1430	1	\$16,642.00	\$16,642.00	\$16,642.00	\$16,642.00	
PHA Wide	A/E inspection services	1430	1	\$10,357.00	\$10,357.00	\$10,357.00	\$5,740.84	
PHA Wide	CFP annual update	1430	1	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	
TN37P048001	Remove existing and install new asphalt shingle roof shingles and felt.	1460	816	\$107,255.00	\$107,255.00	\$107,255.00	\$107,255.00	
TN37P048001	Replace damaged sheathing.	1460	8160	\$4,500.00	\$3,375.00	\$3,375.00	\$3,375.00	
TN37P048001	Remove existing and cover porch ceilings with vinyl.	1460	3779	\$5,796.00	\$5,796.00	\$5,796.00	\$5,796.00	
TN37P048001	Install new wood fascia, box beams, gable soffit and trim and over with aluminum or vinyl as scheduled	1460	5557	\$32,580.00	\$32,580.00	\$32,580.00	\$32,580.00	
TN37P048001	Remove existing vinyl and asbestos siding at gables of the 1, 2, and 3 BR duplexes. (ACM)	1460	21	\$12,855.00	\$10,395.00	\$10,395.00	\$10,395.00	
TN37P048001	Install new vinyl siding at gables of the 1, 2, and 3 BR duplexes.	1460	21	\$6,825.00	\$6,825.00	\$6,825.00	\$6,825.00	
TN37P048001	Remove existing painted wood fascia, box beams, gable soffitt and trim including covering material. (LBP)	1460	28	\$31,225.00	\$27,940.00	\$27,940.00	\$27,940.00	
TN37P048001	Remove existing and install new perforated vinyl soffit at front and rear of buildings	1460	28	\$9,240.00	\$9,240.00	\$9,240.00	\$9,240.00	

# Annual Statement/Performance and Evaluation Report

**Attachment I** 

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

**Part II: Supporting Pages** 

PHA Name: Lawrenceburg Housing Authority		Grant Type and Number Capital Fund Program #: CFP TN37P04850104 Capital Fund Program				Federal FY of Grant: FY 2004											
											Replacement Housing Factor #:						
									Development	General Description of Major Work	Dev. Acct	Quantity	Total Estimated Cost		Total Actual Cost		Status of
Number	Categories	No.		Proposed													
Name/HA-Wide				Original	Revised	Funds	Funds	Work									
Activities						Obligated	Expended										
TN37P048002	Remove existing and over porch ceilings with aluminum.	1460	7	\$4,893.00	\$4,893.00	\$4,893.00	\$4,893.00										
TN37P048002	Remove existing painted wood fascia, box beams, and trim at gable ends including covering material (LBP)	1460	7	\$6,875.00	\$6,050.00	\$6,050.00	\$6,050.00										
TN37P048002	Install new wood fascia, box beams and trim and cover with aluminum or vinyl as scheduled	1460	7	\$8,147.00	\$8,147.00	\$8,147.00	\$8,147.00										
TN37P048002	Remove existing and install new vinyl siding at gables of the 1, 2, and 3 BR duplexes	1460	5	\$4,275.00	\$4,275.00	\$4,275.00	\$4,275.00										
TN37P048002	Remove existing and install new perforated vinyl soffit.	1460	7	\$2,380.00	\$2,380.00	\$2,380.00	\$2,380.00										
Ch. Ord No. 1	Remove/Replace Shingles on Storage Shed	1460	1		\$4,900.00	\$4,900.00	\$4,900.00										

### **Annual Statement/Performance and Evaluation Report Attachment I Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule Grant Type and Number** PHA Name: Federal FY of Grant: FY 2004 Capital Fund Program #: TN43P04850104 **Lawrenceburg Housing Authority** Capital Fund Program Replacement Housing Factor #: All Fund Obligated All Funds Expended **Reasons for Revised Target Dates** Development Number Name/HA-Wide (Quart Ending Date) (Quarter Ending Date) Activities **Original Original** Revised Actual Revised Actual TN37P048001 09/30/06 09/30/08 ML Lumpkins Homes TN37P048002 09/30/06 09/30/08 ML Lumpkins Homes