# **PHA Plans**

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

(exp 08/31/2009)

OMB No. 2577-0226

Streamlined 5-Year/Annual Version

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

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

Streamlined 5-Year Plan for Fiscal Years 2006\_\_ - 2010\_\_\_ Streamlined Annual Plan for Fiscal Year 2006

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue. Full reporting for each component listed in the streamlined Annual Plan submitted with the 5-year plan is required.

# Streamlined Five-Year PHA Plan Agency Identification

| <b>PHA Name:</b> Gainesville l   | Housing A                | Authority                                 | PHA Number                                  | r: TX072                  |
|--|--------------------------|---|---|---------------------------|
| PHA Fiscal Year Beginning: (mm/yyyy) 07/2006   |                          |   |   |                           |
| PHA Programs Administ  Public Housing and Section Number of public housing units: Number of S8 units:  | n 8 So<br>Numb           | er of S8 units: Numbe                     | ablic Housing Onler of public housing units | ·<br>::                   |
| PHA Consortia: (check Participating PHAs   | PHA<br>Code              | Program(s) Included in the Consortium     | Programs Not in the Consortium              | # of Units<br>Each Progra |
| Participating PHA 1:   |                          |   |   |                           |
| Participating PHA 2:   |                          |   |   |                           |
| Participating PHA 3:   |                          |   |   |                           |
| (select all that apply)  ☐ Main administrative off ☐ PHA development mana ☐ PHA local offices  |                          |   |   |                           |
| <b>Display Locations For PI</b> The PHA Plans and attachment   |                          | 11  |   | ct all that               |
| apply)  Main administrative off PHA development mans PHA local offices Main administrative off Main administrative off Public library PHA website Other (list below) | agement of ice of the lo | fices  ocal government  County government |   |                           |
| PHA Plan Supporting Documer  Main business office of PHA development mana  | the PHA                  | _   | (select all that app                        | ly)                       |

# **Streamlined Five-Year PHA Plan** PHA FISCAL YEARS 2006 - 2010

| <b>A</b>     |     | <b>T</b> • | •   |     |
|--------------|-----|------------|-----|-----|
| Α.           | 11/ | 110        | CI  | on  |
| <b>∠ 1</b> • | ⊥▼. | 412        | SI. | VII |

|  | [24 CFR Part 903.12]   |
|--|--|
| State th   | <b>Lission</b> e PHA's mission for serving the needs of low-income, very low income, and extremely low-income families (HA'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)   |
| in recer<br>objective<br>ENCO<br>OBJEC<br>number | cals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized at legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or wes. Whether selecting the HUD-suggested objectives or their own, PHAs ARE STRONGLY URAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR CTIVES OVER THE COURSE OF THE 5 YEARS. (Quantifiable measures would include targets such as so of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the for below the stated objectives. |
| HUD  | Strategic Goal: Increase the availability of decent, safe, and affordable housing.   |
|  | PHA Goal: Expand the supply of assisted housing Objectives:  Apply for additional rental vouchers: 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 S       | Strategic Goal: Improve community quality of life and economic vitality  |  |  |  |  |
| $\boxtimes$ | 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:  |  |  |  |  |
|             | <ul> <li>Implement public housing security improvements:</li> <li>Designate developments or buildings for particular resident groups (elderly,</li> </ul>  |  |  |  |  |
|             | persons with disabilities)  Other: (list below) GHA will continue to provide outreach to landlords/tenants   |  |  |  |  |
|             | and encourage participation by owners of suitable units located outside areas of low income or minority concentration.   |  |  |  |  |
| HUD S       | Strategic Goal: Promote self-sufficiency and asset development of families and duals   |  |  |  |  |
| $\boxtimes$ | PHAGoal: 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 S       | Strategic Goal: Ensure Equal Opportunity in Housing for all Americans  |  |  |  |  |
|             | PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives:  |  |  |  |  |

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

Other PHA Goals and Objectives: (list below)

### **Streamlined Annual PHA Plan**

## PHA Fiscal Year 20\_\_\_\_

[24 CFR Part 903.12(b)]

#### **Table of Contents**

Provide the following table of contents for the streamlined Annual Plan submitted with the Five-Year Plan, including all streamlined plan components, and additional requirements, together with the list of supporting documents available for public inspection.

#### A. ANNUAL STREAMLINED PHA PLAN COMPONENTS

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

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

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

| $\boxtimes$            | 1. Housing Needs  |
|------------------------|---|
| $\boxtimes$            | 2. Financial Resources  |
| $\overline{\boxtimes}$ | 3. Policies on Eligibility, Selection and Admissions                              |
| $\overline{\boxtimes}$ | 4. Rent Determination Policies  |
| Ħ                      | 5. Capital Improvements Needs   |
| $\square$              | 6. Demolition and Disposition   |
|                        | 7. Homeownership  |
|                        | 8. Civil Rights Certifications (included with PHA Certifications of Compliance)   |
|                        | 9. Additional Information   |
|                        | a. PHA Progress on Meeting 5-Year Mission and Goals                               |
|                        | b. Criteria for Substantial Deviations and Significant Amendments                 |
|                        | c. Other Information Requested by HUD   |
|                        | i. Resident Advisory Board Membership and Consultation Process                    |
|                        | ii. Resident Membership on the PHA Governing Board                                |
|                        | iii. PHA Statement of Consistency with Consolidated Plan                          |
|                        | iv. (Reserved)  |
| $\boxtimes$            | 10. Project-Based Voucher Program   |
| Ħ                      | 11. Supporting Documents Available for Review                                     |
|                        | 12. FY 20 Capital Fund Program and Capital Fund Program Replacement Housing       |
|                        | Factor, Annual Statement/Performance and Evaluation Report                        |
|                        | 13. Capital Fund Program 5-Year Action Plan                                       |
|                        | 14. Other (List below, providing name for each item)                              |
|                        |   |
| <b>B.</b>              | SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE                          |
| Form 1                 | HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related        |
|                        | tions: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and |
| _                      | llined Five-Year/Annual Plans;  |
| ·                      | cation by State or Local Official of PHA Plan Consistency with Consolidated Plan. |
| -                      | IAs APPLYING FOR CAPITAL FUND PROGRAM (CFP) GRANTS:                               |

## **Executive Summary (optional)**

[903.7(r)]. If desired, provide a brief overview of the contents of the streamlined 5-Year/Annual Plan.

#### 1. Statement of Housing Needs [24 CFR Part 903.12 (b), 903.7(a)]

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

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

| Housing Needs of Families on the PHA's Waiting Lists  |                        |                           |                 |  |
|---|------------------------|---------------------------|-----------------|--|
| Waiting list type: (select one)  Section 8 tenant-based assistance Public Housing Combined Section 8 and Public Housing   |                        |                           |                 |  |
| Public Housing Site-Ba  |                        | 1 waiting list (optional) |                 |  |
|   | h development/subjuris |                           |                 |  |
| ii used, identity wine  | # of families          | % of total families       | Annual Turnover |  |
| Waiting list total  | 248                    |                           |                 |  |
| Extremely low income <=30% AMI  | 204                    |                           |                 |  |
| Very low income (>30% but <=50% AMI)  | 44                     |                           |                 |  |
| Low income (>50% but <80% AMI)  | n/a                    |                           |                 |  |
| Families with children  | 189                    |                           |                 |  |
| Elderly families  | 14                     |                           |                 |  |
| Families with Disabilities  | 49                     |                           |                 |  |
| Race/ethnicity  | 142                    |                           |                 |  |
| Race/ethnicity  | 73                     |                           |                 |  |
| Race/ethnicity  | 24                     |                           |                 |  |
| Race/ethnicity  | 9                      |                           |                 |  |
|   |                        |                           |                 |  |
| Characteristics by Bedroom  |                        |                           |                 |  |
| Size (Public Housing Only) 1BR  |                        |                           |                 |  |
| 2 BR  |                        |                           |                 |  |
| 3 BR  |                        |                           |                 |  |
| 4 BR  |                        |                           |                 |  |
| 5 BR  |                        |                           |                 |  |
| 5+ BR   |                        |                           |                 |  |
| Is the waiting list closed (select one)? ☑ No ☐ Yes   |                        |                           |                 |  |
| If yes:   |                        |                           |                 |  |
| How long has it been closed(# of months)?   |                        |                           |                 |  |
| Does the PHA expect to reopen the list in the PHA Plan year? No Yes  Does the PHA permit specific categories of families onto the waiting list, even if generally closed? |                        |                           |                 |  |
| No Yes  |                        |                           |                 |  |

#### **B.** Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families on the PHA's public housing and Section 8 waiting lists **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

#### (1) Strategies

Select all that apply

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:

| current   | resources by:  |  |  |
|---|--|--|--|
| Select all  | that apply   |  |  |
|   | Employ effective maintenance and management policies to minimize the number of public housing units off-line   |  |  |
|   | Reduce turnover time for vacated public housing units  |  |  |
|   | Reduce time to renovate public housing units   |  |  |
|   | Seek replacement of public housing units lost to the inventory through mixed finance                           |  |  |
|   | levelopment  |  |  |
|   | *  |  |  |
|   | 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                           |  |  |
|   | he 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                    |  |  |
|   | o increase owner acceptance of program   |  |  |
|   | Participate in the Consolidated Plan development process to ensure coordination with                           |  |  |
|   | proader community strategies   |  |  |
|   | · · · · · · · · · · · · · · · · · · ·  |  |  |
|   | Other (list below)   |  |  |
| Strategy  | y 2: Increase the number of affordable housing units by:   |  |  |
| Select all  |  |  |  |
|   |  |  |  |
| $\Box$ A  | Apply for additional section 8 units should they become available  |  |  |
|   | Leverage affordable housing resources in the community through the creation of mixed -                         |  |  |
| finance l   |  |  |  |
|   | 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 |  |  |  |

|       | 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  |  |  |  |
|       | gy 1: Target available assistance to families at or below 50% of AMI   |  |  |  |
|       | Employ admissions preferences aimed at families who are working<br>Adopt rent policies to support and encourage work<br>Other: (list below)  |  |  |  |
| Need: | Specific Family Types: The Elderly   |  |  |  |
|       | gy 1: Target available assistance to the elderly:  |  |  |  |
|       | Seek designation of public housing for the elderly<br>Apply for special-purpose vouchers targeted to the elderly, should they become available<br>Other: (list below)  |  |  |  |
| Need: | Specific Family Types: Families with Disabilities  |  |  |  |
|       | gy 1: Target available assistance to Families with Disabilities:   |  |  |  |
|       | 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  |  |  |  |
|       | gy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:  applicable   |  |  |  |

|           | Affirmatively market to races/ethnicities shown to have disproportionate housing needs Other: (list below)  |
|-----------|---|
|           | gy 2: Conduct activities to affirmatively further fair housing  1 that apply  |
| Sciect ui | Title apply   |
|           | Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units                         |
|           | Market the section 8 program to owners outside of areas of poverty /minority concentrations   |
|           | Other: (list below)   |
| Other     | Housing Needs & Strategies: (list needs and strategies below)   |
|           | asons for Selecting Strategies factors listed below, select all that influenced the PHA's selection of the strategies it will   |
|           | 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 |
| $\square$ | information available to the PHA Influence of the housing market on PHA programs  |
|           | Community priorities regarding housing assistance   |
|           | Results of consultation with local or state government  |
|           | Results of consultation with residents and the Resident Advisory Board  |
|           | Results of consultation with advocacy groups Other: (list below)  |
| Ш         | outer. (not below)  |

# 2. Statement of Financial Resources

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

List on the following table 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 20 grants)                                  |             |  |  |
| a) Public Housing Operating Fund                                  |             |  |  |
| b) Public Housing Capital Fund                                    |             |  |  |
| c) HOPE VI Revitalization   |             |  |  |
| d) HOPE VI Demolition   |             |  |  |
| e) Annual Contributions for Section 8 Tenant-<br>Based Assistance | \$2,171,109 |  |  |
| f) Resident Opportunity and Self-Sufficiency                      |             |  |  |
| Grants  |             |  |  |
| g) Community Development Block Grant                              |             |  |  |
| h) HOME   |             |  |  |
| Other Federal Grants (list below)                                 |             |  |  |
|   |             |  |  |
| 2. Prior Year Federal Grants (unobligated                         |             |  |  |
| funds only) (list below)  |             |  |  |
|   |             |  |  |
|   |             |  |  |
|   |             |  |  |
| 3. Public Housing Dwelling Rental Income                          |             |  |  |
|   |             |  |  |
|   |             |  |  |
| <b>4. Other income</b> (list below)                               | \$2,929     |  |  |
|   |             |  |  |
|   |             |  |  |
| 4. Non-federal sources (list below)                               |             |  |  |
|   |             |  |  |
|   |             |  |  |
|   |             |  |  |
| Total resources   | \$2,174,038 |  |  |
|   |             |  |  |

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

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

## A. Public Housing

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

## (1) Eligibility

| a. When does the PHA verify eligibility for admission to public housing? (select all that apply)  When families are within a certain number of being offered a unit: (state number)  When families are within a certain time of being offered a unit: (state time)  Other: (describe)   |
|---|
| b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?  Criminal or Drug-related activity  Rental history  Housekeeping Other (describe)  |
| c. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?  d. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?  e. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source) |
| (2)Waiting List Organization  |
| a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)  Community-wide list Sub-jurisdictional lists Site-based waiting lists Other (describe)   |
| b. Where may interested persons apply for admission to public housing?  PHA main administrative office  PHA development site management office  Other (list below)  |
| c. Site-Based Waiting Lists-Previous Year   |

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

|    |  |  | Site-Based Waiting Li  | sts   |   |
|----|--|--|--|---|---|
| -  | Development<br>Information:<br>(Name, number,<br>location) | Date Initiated   | Initial mix of Racial,<br>Ethnic or Disability<br>Demographics | Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL | Percent change<br>between initial<br>and current mix<br>of Racial, Ethnic,<br>or Disability<br>demographics |
| ŀ  |  |  |  |   |   |
|    |  |  |  |   |   |
| Ш  | at one time?   | iit offers may a   | •  | lopments to which far   |   |
|    | or any court order   | or settlement a<br>scribe how use  | agreement? If yes, de of a site-based waiting                  | nding fair housing con<br>escribe the order, agree<br>ag list will not violate    | ement or  |
| d. | Site-Based Waiting   | Lists – Coming   | Year   |   |   |
|    | -  | -  | more site-based waitinkip to subsection (3)                    | ng lists in the coming  Assignment  | year, answer each   |
|    | 1. How many site-  | -based waiting   | lists will the PHA op  | erate in the coming ye  | ar?   |
|    | 2. Yes N   | •  | hey are not part of a pan)?                                    | ased waiting lists new<br>oreviously-HUD-appro                                    |   |
|    | 3. Yes N   | o: May families If yes, how ma   | s be on more than one any lists?                               | e list simultaneously   |   |
|    | based waiting li PHA 1 All PH Manas At the                 | sts (select all the<br>main administra<br>IA development<br>gement offices a | nat apply)?<br>ntive office<br>nt management office:           | site-based waiting lis  |   |

## (3) Assignment

| or are O T                                  | nany vacant unit choices are applicants ordinarily given before they fall to the bottom of removed from the waiting list? (select one) one two hree or More   |
|---|---|
| b.  Ye                                      | es No: Is this policy consistent across all waiting list types?   |
|   | ver to b is no, list variations for any other than the primary public housing waiting list/s e PHA:   |
| (4) Adm                                     | nissions Preferences  |
|   | e targeting:  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?  |
| In what c      E     O     U     A     R    | der policies: dircumstances will transfers take precedence over new admissions? (list below) directions derections desired by the PHA (e.g., to permit modernization work) desident choice: (state circumstances below) deter: (list below)                   |
| c. Prefe                                    |   |
|   | ch of the following admission preferences does the PHA plan to employ in the coming (select all that apply from either former Federal preferences or other preferences)   |
| ☐ In () () () () () () () () () () () () () | Gederal preferences: Involuntary Displacement (Disaster, Government Action, Action of Housing Dwner, Inaccessibility, Property Disposition) Tictims of domestic violence Substandard housing Stomelessness Stigh rent burden (rent is > 50 percent of income) |

| Other preferences: (select below)   |
|---|
| Working families and those unable to work because of age or disability  |
| Veterans and veterans' families   |
| Residents who live and/or work in the jurisdiction  |
| Those enrolled currently in educational, training, or upward mobility programs  |
| Households that contribute to meeting income goals (broad range of incomes)   |
| Households that contribute to meeting income requirements (targeting)   |
| Those previously enrolled in educational, training, or upward mobility programs   |
| Victims of reprisals or hate crimes   |
| Other preference(s) (list below)  |
| Guier preference(s) (list below)  |
| 3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space                                 |
| that represents your first priority, a "2" in the box representing your second priority, and so on.                               |
| If you give equal weight to one or more of these choices (either through an absolute hierarchy or                                 |
| through a point system), place the same number next to each. That means you can use "1" more                                      |
| than once, "2" more than once, etc.   |
|   |
| Date and Time   |
|   |
| Former Federal preferences:   |
| Involuntary Displacement (Disaster, Government Action, Action of Housing  |
| Owner, Inaccessibility, Property Disposition)   |
| Victims of domestic violence  |
| Substandard housing   |
| Homelessness  |
| High rent burden  |
|   |
| Other preferences (select all that apply)   |
| Working families and those unable to work because of age or disability  |
| Veterans and veterans' families   |
| 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)  |
| 4. Relationship of preferences to income targeting requirements:  |
|   |
| The PHA applies preferences within income tiers  Not applies the peak of applicant families answers that the PHA will meet income |
| Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements                       |
| targoing requirements   |

#### (5) Occupancy

| of occupancy of programmer of the PHA-rest The PHA's A | ublic housing ident lease admissions and seeminars or v | plicants and residents use to obta<br>(select all that apply)<br>d (Continued) Occupancy policy<br>written materials |  |
|--|---|--|--|
| b. How often must re apply)                            | sidents notify  | the PHA of changes in family co  | omposition? (select all that   |
|  | reexamination   | and lease renewal  |  |
|  | nily compositi  | _  |  |
| = ' '  | uest for revisi   | on   |  |
| Other (list)   |   |  |  |
| (6) Deconcentration                                    | and Income  | Mixing   |  |
| a.  Yes No:  | development   | A have any general occupancy (f<br>s covered by the deconcentration<br>yes, continue to the next question            | rule? If no, this section is   |
| b. Yes No:   | Do any of th  | nese covered developments have   | average incomes above or   |
|  | •   | to 115% of the average incomes   |  |
|  |   | ion is complete. If yes, list these  | developments on the  |
|  | following ta  | ble:   |  |
|  | Deconcer  | tration Policy for Covered Developn  | nents  |
| <b>Development Name</b>                                | Number of<br>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)] |
|  |   | -  |  |
|  |   |  |  |
|  | 1   |  |  |

#### **B. Section 8**

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

### (1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

| Criminal or drug-related activity only to the extent required by law or regulation Criminal and drug-related activity, more extensively than required by law or regulation More general screening than criminal and drug-related activity (list factors): Other (list below)  |
|---|
| b. 🛛 Yes 🗌 No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?  |
| c. 🛛 Yes 🗌 No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?  |
| d. X Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)   |
| e. Indicate what kinds of information you share with prospective landlords? (select all that apply)   |
| Criminal or drug-related activity  Other (describe below)   |
| (2) Waiting List Organization   |
| <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> |
| <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   |
| <ul> <li>a.  Yes  No: Does the PHA give extensions on standard 60-day period to search for a unit?</li> <li>If yes, state circumstances below: for applicants w/a disability</li> </ul>   |
| (4) Admissions Preferences  |
| a. Income targeting   |
| Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting   |

| b. Preferences  | more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?   |
|---|---|
| 1. Yes No:  | Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent (5) Special purpose section 8 assistance programs)   |
|   | llowing admission preferences does the PHA plan to employ in the coming at apply from either former Federal preferences or other preferences)   |
| Inaccessibil  ✓ Victims of  Substandard  Homelessne                                       | Displacement (Disaster, Government Action, Action of Housing Owner, ity, Property Disposition) domestic violence d housing  |
| Working fa Veterans ar Residents v Those enro Households Households Those prev Victims of | select all that apply) milies and those unable to work because of age or disability ad veterans' families who live and/or work in your jurisdiction lled currently in educational, training, or upward mobility programs that contribute to meeting income goals (broad range of incomes) that contribute to meeting income requirements (targeting) tously enrolled in educational, training, or upward mobility programs reprisals or hate crimes rence(s) (list below) |
| that represents you<br>If you give equal w  | employ admissions preferences, please prioritize by placing a "1" in the space of first priority, a "2" in the box representing your second priority, and so on. reight to one or more of these choices (either through an absolute hierarchy of tem), place the same number next to each. That means you can use "1" more e than once, etc.  |
| Date and Ti   | ime   |
| Inaccessibil  | Displacement (Disaster, Government Action, Action of Housing Owner, ity, Property Disposition) domestic violence d housing  |

| Other preferences (select all that apply)  |
|--|
| Working families and those unable to work because of age or disability                     |
| Veterans and veterans' families  |
| Residents who live and/or work in your jurisdiction  |
| Those enrolled currently in educational, training, or upward mobility programs             |
| Households that contribute to meeting income goals (broad range of incomes)                |
| Households that contribute to meeting income requirements (targeting)                      |
| Those previously enrolled in educational, training, or upward mobility programs            |
| Victims of reprisals or hate crimes  |
| Other preference(s) (list below)   |
|  |
| 4. Among applicants on the waiting list with equal preference status, how are applicants   |
| selected? (select one)   |
| Date and time of application   |
| Drawing (lottery) or other random choice technique   |
| 5. If the PHA plans to employ preferences for "residents who live and/or work in the       |
| jurisdiction" (select one)   |
| This preference has previously been reviewed and approved by HUD                           |
| The PHA requests approval for this preference through this PHA Plan                        |
|  |
| 6. Relationship of preferences to income targeting requirements: (select one)              |
| The PHA applies preferences within income tiers  |
| Not applicable: the pool of applicant families ensures that the PHA will meet income       |
| targeting requirements   |
|  |
| (5) Special Purpose Section 8 Assistance Programs  |
| a. In which documents or other reference materials are the policies governing eligibility, |
| selection, and admissions to any special-purpose section 8 program administered by the PHA |
| contained? (select all that apply)   |
| The Section 8 Administrative Plan  |
| Briefing sessions and written materials  |
| Other (list below)   |
| Culer (list below)   |
| b. How does the PHA announce the availability of any special-purpose section 8 programs to |
| the public?  |
| Through published notices  |
| Other (list below)   |
|  |

# **4. PHA Rent Determination Policies** [24 CFR Part 903.12(b), 903.7(d)]

## A. Public Housing

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

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

| a. Use of discretionary policies: (select one of the following two)  |
|--|
| The PHA will <u>not employ</u> any discretionary rent-setting policies for income-based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))  The PHA <u>employs</u> discretionary policies for determining income-based rent (If selected, continue to question b.) |
| b. Minimum Rent  |
| 1. What amount best reflects the PHA's minimum rent? (select one)  \$0 \$1-\$25 \$26-\$50  |
| 2. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?   |
| 3. If yes to question 2, list these policies below:  |
| c. Rents set at less than 30% of 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 PHA 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>  |
| 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 all developments For all general occupancy developments (not elderly or disabled or elderly only) For specified general occupancy developments For certain parts of developments; e.g., the high-rise portion For certain size units; e.g., larger bedroom sizes Other (list below) |
| 3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)  |
| Market comparability study Fair market rents (FMR) 95 <sup>th</sup> percentile rents 75 percent of operating costs 100 percent of operating costs for general occupancy (family) developments Operating costs plus debt service The "rental value" of the unit Other (list below)       |
| f. Rent re-determinations:  |
| 1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)   |
| ☐ Never ☐ At family option  |

| Any time the family experiences an income increase  Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)  Other (list below)  |
|--|
| g.  Yes  No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?   |
| (2) Flat Rents   |
| <ul> <li>a. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)</li> <li>The section 8 rent reasonableness study of comparable housing</li> <li>Survey of rents listed in local newspaper</li> <li>Survey of similar unassisted units in the neighborhood</li> <li>Other (list/describe below)</li> </ul>   |
| B. Section 8 Tenant-Based Assistance   |
| Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).   |
| (1) Payment Standards  |
|  |
| Describe the voucher payment standards and policies.   |
| a. What is the PHA's payment standard? (select the category that best describes your standard)  At or above 90% but below100% of FMR  100% of FMR  Above 100% but at or below 110% of FMR  Above 110% of FMR (if HUD approved; describe circumstances below)   |
| <ul> <li>a. What is the PHA's payment standard? (select the category that best describes your standard)  At or above 90% but below100% of FMR  100% of FMR  Above 100% but at or below 110% of FMR  Above 110% of FMR (if HUD approved; describe circumstances below)</li> <li>b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)  FMRs are adequate to ensure success among assisted families in the PHA's segment of</li> </ul>   |
| <ul> <li>a. What is the PHA's payment standard? (select the category that best describes your standard)  At or above 90% but below100% of FMR  100% of FMR  Above 100% but at or below 110% of FMR  Above 110% of FMR (if HUD approved; describe circumstances below)</li> <li>b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)</li> </ul>  |
| <ul> <li>a. What is the PHA's payment standard? (select the category that best describes your standard)  At or above 90% but below100% of FMR  100% of FMR  Above 100% but at or below 110% of FMR  Above 110% of FMR (if HUD approved; describe circumstances below)</li> <li>b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)  FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area  The PHA has chosen to serve additional families by lowering the payment standard Reflects market or submarket</li> </ul> |

| To increase he Other (list bel                | ousing options for families<br>ow)  |
|---|---|
| d. How often are pay Annually Other (list bel | ow)   |
| (select all that appl<br>Success rates        | of assisted families of assisted families   |
| (2) Minimum Rent                              |   |
| \$0<br>\$1-\$25<br>\$26-\$50                  | reflects the PHA's minimum rent? (select one)  [Ias the PHA adopted any discretionary minimum rent hardship exemption]  |
|   | policies? (if yes, list below) see attachment   |
|   |   |
| Component 6.                                  |   |
| _   | Activities  nponent 5A: PHAs that will not participate in the Capital Fund Program may skip to PHAs must complete 5A as instructed.   |
| (1) Capital Fund Pro                          | ogram   |
| a. Yes No                                     | Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 12 and 13 of this template (Capital Fund Program tables). If no, skip to B.   |
| b. Yes No:                                    | Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.). |

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

Applicability of sub-component 5B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

| (1) Hope VI Revita                       | lization   |
|--|--|
| a. Yes No:                               | Has the PHA received a HOPE VI revitalization grant? (if no, skip to next component; if yes, provide responses to questions on chart below 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)  Development name:  Development (project) number:  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 |
| c. Yes No:                               | Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year? If yes, list development name/s below:   |
| d. Yes No:                               | Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:   |
| e. Yes No:                               | Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:   |
| 6. Demolition an [24 CFR Part 903.12(b), |  |
|  | ent 6: Section 8 only PHAs are not required to complete this section.  |
| a.  Yes No:                              | Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 or 24 (Hope VI)of the U.S. Housing Act of 1937 (42 U.S.C. 1437p) or Section 202/Section 33 (Mandatory Conversion) in the plan Fiscal Year? (If "No", skip to component 7; if "yes", complete one activity description for each development on the following chart.)  |

| <b>Demolition/Disposition Activity Description</b>   |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| 1a. Development name:  |   |  |  |  |  |  |
| 1b. Development (project) number:  |   |  |  |  |  |  |
| 2. Activity type: Demolition   |   |  |  |  |  |  |
| Dispos  3. Application status (s   |   |  |  |  |  |  |
| Approved Approved  | elect one)  |  |  |  |  |  |
|  | ding approval   |  |  |  |  |  |
| Planned applic   |   |  |  |  |  |  |
|  | proved, submitted, or planned for submission: (DD/MM/YY)  |  |  |  |  |  |
| 5. Number of units affe  | ected:  |  |  |  |  |  |
| 6. Coverage of action  | (select one)  |  |  |  |  |  |
| Part of the develop  |   |  |  |  |  |  |
| Total development  |   |  |  |  |  |  |
| 7. Timeline for activity   |   |  |  |  |  |  |
|  | ojected start date of activity:   |  |  |  |  |  |
| b. Projected en  | d date of activity:   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| 7 Castian O Tana   | and Decel Assistance Coeffee O(n) Hermony and in Ducamen  |  |  |  |  |  |
|  | ant Based AssistanceSection 8(y) Homeownership Program  |  |  |  |  |  |
| [24 CFR Part 903.12  | (b), 903.7(k)(1)(1)   |  |  |  |  |  |
| (1) Yes No:  | Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.) |  |  |  |  |  |
| (2) Program Descrip  | otion   |  |  |  |  |  |
| a. Size of Program  Yes No:  | Will the PHA limit the number of families participating in the Section 8 homeownership option?  |  |  |  |  |  |
|  | If the answer to the question above was yes, what is the maximum number of participants this fiscal year?   |  |  |  |  |  |
| b. PHA established eligibility criteria  Yes No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?  If yes, list criteria below: |   |  |  |  |  |  |
| c. What actions will the PHA undertake to implement the program this year (list)?  |   |  |  |  |  |  |

#### (3) Capacity of the PHA to Administer a Section 8 Homeownership Program

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

#### **8. Civil Rights Certifications**

[24 CFR Part 903.12 (b), 903.7 (o)]

Civil rights certifications are included in the *PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans,* which is submitted to the Field Office in hard copy—see Table of Contents.

# 9. Additional Information

[24 CFR Part 903.12 (b), 903.7 (r)]

# A. PHA Progress in Meeting the Mission and Goals Described in the 5-Year Plan

(Provide a statement of the PHA's progress against the goals and objectives established in the previous 5-Year Plan for the period FY 2006\_ - 2010\_ In compliance with HUD guidelines and snandards. GHA has successfully promoted adequate affordable housing, provided economic opportunity and maintained suitable living environment w/out discrimination.

#### **B.** Criteria for Substantial Deviations and Significant Amendments

#### (1) Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

- a. Substantial Deviation from the 5-Year Plan
- b. Significant Amendment or Modification to the Annual Plan

#### C. Other Information

[24 CFR Part 903.13, 903.15]

| (1) Resident Advisory Board Recommendations   |
|---|
| a.   Yes   No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?   |
| If yes, provide the comments below:   |
| <ul> <li>b. In what manner did the PHA address those comments? (select all that apply)</li> <li>Considered comments, but determined that no changes to the PHA Plan were necessary.</li> <li>The PHA changed portions of the PHA Plan in response to comments List changes below:</li> </ul>  |
| Other: (list below)   |
| (2) Resident Membership on PHA Governing Board  |
| The governing board of each PHA is required to have at least one member who is directly assisted by the PHA, unless the PHA meets certain exemption criteria. Regulations governing the resident board member are found at 24 CFR Part 964, Subpart E.  |
| a. Does the PHA governing board include at least one member who is directly assisted by the PHA this year?  |
| Yes No:   |
| If yes, complete the following:   |
| Name of Resident Member of the PHA Governing Board:   |
| Method of Selection:  |
| Appointment   |
| The term of appointment is (include the date term expires):   |
| Election by Residents (if checked, complete next sectionDescription of Resident Election Process)   |
| Description of Resident Election Process  Nomination of candidates for place on the ballot: (select all that apply)  □ Candidates were nominated by resident and assisted family organizations □ Candidates could be nominated by any adult recipient of PHA assistance □ Self-nomination: Candidates registered with the PHA and requested a place on ballot □ Other: (describe) |
| Eligible candidates: (select one)   |

|             | Any recipient of PHA assistance  |
|-------------|--|
|             | Any head of household receiving PHA assistance   |
| $\Box$      | Any adult recipient of PHA assistance  |
| $\Box$      | Any adult member of a resident or assisted family organization   |
| Ħ           | Other (list)   |
|             |  |
| Eligibl     | e voters: (select all that apply)  |
|             | All adult recipients of PHA assistance (public housing and section 8 tenant-based  |
|             | assistance)  |
|             | Representatives of all PHA resident and assisted family organizations  |
| Ħ           | Other (list)   |
| Ш           | other (list)   |
|             | e PHA governing board does not have at least one member who is directly assisted PHA, why not?   |
|             | The PHA is located in a State that requires the members of a governing board to  |
|             | be salaried and serve on a full time basis   |
|             | The PHA has less than 300 public housing units, has provided reasonable notice   |
|             | to the resident advisory board of the opportunity to serve on the governing board,   |
|             | and has not been notified by any resident of their interest to participate in the  |
|             | Board.   |
|             | Other (explain):   |
|             |  |
| Date o      | f next term expiration of a governing board member:  |
| Name        | and title of appointing official(s) for governing board (indicate appointing official  |
|             | next available position):  |
|             |  |
| (3) PH      | A Statement of Consistency with the Consolidated Plan  |
|             | R Part 903.15]   |
|             | n applicable Consolidated Plan, make the following statement (copy questions as many times as  |
| necessar    | ry).   |
| ~           |  |
| Conso       | lidated Plan jurisdiction: (provide name here)   |
| <b>7771</b> |  |
|             | PHA has taken the following steps to ensure consistency of this PHA Plan with the  |
| Conso       | lidated Plan for the jurisdiction: (select all that apply):  |
|             |  |
|             | The PHA has based its statement of needs of families on its waiting list on the  |
|             | needs expressed in the Consolidated Plan/s.  |
| Ш           | The PHA has participated in any consultation process organized and offered by  |
|             | the Consolidated Plan agency in the development of the Consolidated Plan.  |
| Ш           | The PHA has consulted with the Consolidated Plan agency during the   |
|             | development of this PHA Plan.  |
|             | Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below) |
|             |  |

| Other: (list below)  |
|--|
| b. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)  |
| (4) (Reserved)   |
| Use this section to provide any additional information requested by HUD.   |
| 10. Project-Based Voucher Program  |
| a.  Yes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If yes, answer the following questions.  |
| b.  Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option?                        |
| If yes, check which circumstances apply:  Low utilization rate for vouchers due to lack of suitable rental units  Access to neighborhoods outside of high poverty areas  Other (describe below:) |
| c. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):  |

# 11. List of Supporting Documents Available for Review for Streamlined Five-Year/ Annual PHA Plans

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

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

| Annlingti        | List of Supporting Documents Available for Review                                  | Doloted Diag Comment       |  |  |
|------------------|--|----------------------------|--|--|
| Applicable       | Supporting Document  | Related Plan Component     |  |  |
| &<br>O Disculato |  |                            |  |  |
| On Display       |  | A 1.D1 A                   |  |  |
| ,                | Consortium agreement(s).   | Annual Plan: Agency        |  |  |
| n/a              |  | Identification and         |  |  |
|                  |  | Operations/ Management     |  |  |
| n/a              | Public housing grievance procedures  | Annual Plan: Grievance     |  |  |
| 11/ 4            | Check here if included in the public housing A & O Policy.                         | Procedures                 |  |  |
|                  |  | Annual Plan: Grievance     |  |  |
| X                | Section 8 informal review and hearing procedures.                                  |                            |  |  |
|                  | Check here if included in Section 8 Administrative Plan.                           | Procedures                 |  |  |
| n/a              | The Capital Fund/Comprehensive Grant Program Annual Statement /Performance         | Annual Plan: Capital       |  |  |
|                  | and Evaluation Report for any active grant year.                                   | Needs                      |  |  |
| n/a              | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP            | Annual Plan: Capital       |  |  |
|                  | grants.  | Needs                      |  |  |
| n/a              | Approved HOPE VI applications or, if more recent, approved or submitted HOPE       | Annual Plan: Capital       |  |  |
|                  | VI Revitalization Plans, or any other approved proposal for development of public  | Needs                      |  |  |
|                  | housing.   |                            |  |  |
| X                | Self-evaluation, Needs Assessment and Transition Plan required by regulations      | Annual Plan: Capital       |  |  |
| 21               | implementing Section 504 of the Rehabilitation Act and the Americans with          | Needs                      |  |  |
|                  | Disabilities Act. See PIH Notice 99-52 (HA).                                       | recus                      |  |  |
| /-               | Approved or submitted applications for demolition and/or disposition of public     | Annual Plan: Demolition    |  |  |
| n/a              |  |                            |  |  |
| ,                | housing.   | and Disposition            |  |  |
| n/a              | Approved or submitted applications for designation of public housing (Designated   | Annual Plan: Designation   |  |  |
|                  | Housing Plans).  | of Public Housing          |  |  |
| n/a              | Approved or submitted assessments of reasonable revitalization of public housing   | Annual Plan: Conversion    |  |  |
|                  | and approved or submitted conversion plans prepared pursuant to section 202 of the | of Public Housing          |  |  |
|                  | 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or          |                            |  |  |
|                  | Section 33 of the US Housing Act of 1937.  |                            |  |  |
| n/a              | Documentation for required Initial Assessment and any additional information       | Annual Plan: Voluntary     |  |  |
|                  | required by HUD for Voluntary Conversion.  | Conversion of Public       |  |  |
|                  |  | Housing                    |  |  |
| n/a              | Approved or submitted public housing homeownership programs/plans.                 | Annual Plan:               |  |  |
| 11/α             | Approved of submitted public flouring floincownership programs/plans.              | Homeownership              |  |  |
| /-               | D-1:-:   | Annual Plan:               |  |  |
| n/a              | Policies governing any Section 8 Homeownership program                             |                            |  |  |
|                  | (Sectionof the Section 8 Administrative Plan)                                      | Homeownership              |  |  |
| n/a              | Public Housing Community Service Policy/Programs                                   | Annual Plan: Community     |  |  |
|                  | Check here if included in Public Housing A & O Policy                              | Service & Self-Sufficiency |  |  |
| n/a              | Cooperative agreement between the PHA and the TANF agency and between the          | Annual Plan: Community     |  |  |
|                  | PHA and local employment and training service agencies.                            | Service & Self-Sufficiency |  |  |
| n/a              | FSS Action Plan(s) for public housing and/or Section 8.                            | Annual Plan: Community     |  |  |
|                  |  | Service & Self-Sufficiency |  |  |
| n/a              | Section 3 documentation required by 24 CFR Part 135, Subpart E for public          | Annual Plan: Community     |  |  |
|                  | housing.   | Service & Self-Sufficiency |  |  |
| n/a              | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) | Annual Plan: Community     |  |  |
| 11/ 4            | grant program reports for public housing.  | Service & Self-Sufficiency |  |  |
| n/a              | Policy on Ownership of Pets in Public Housing Family Developments (as required     |                            |  |  |
| II/a             |  | Pet Policy                 |  |  |
|                  | by regulation at 24 CFR Part 960, Subpart G).                                      |                            |  |  |
|                  | Check here if included in the public housing A & O Policy.                         |                            |  |  |
| X                | The results of the most recent fiscal year audit of the PHA conducted under the    | Annual Plan: Annual        |  |  |
|                  | Single Audit Act as implemented by OMB Circular A-133, the results of that audit   | Audit                      |  |  |
|                  | and the PHA's response to any findings.  |                            |  |  |
| n/a              | Consortium agreement(s), if a consortium administers PHA programs.                 | Joint PHA Plan for         |  |  |
|                  |  | Consortia                  |  |  |
| n/a              | Consortia Joint PHA Plans ONLY: Certification that consortium agreement is in      | Joint PHA Plan for         |  |  |
| u                | compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and      | Consortia                  |  |  |
|                  | available for inspection   | Comportin                  |  |  |
|                  |  | (Specify as mood-1)        |  |  |
|                  | Other supporting documents (optional). List individually.                          | (Specify as needed)        |  |  |

| Annual Statement/Performance and Evaluation Report |  |  |   |                   |          |  |  |
|--|--|--|---|-------------------|----------|--|--|
| Capi   | tal Fund Program and Capital Fund Program  | Replacement Hous   | ing Factor (CFP/CFP                                 | RHF) Part I: Sumn | ary      |  |  |
| PHA N  | lame:  | Grant Type and Number<br>Capital Fund Program Grant Replacement Housing Fa | Federal<br>FY of<br>Grant:                          |                   |          |  |  |
|  | iginal Annual Statement Reserve for Disasters/ Emer<br>formance and Evaluation Report for Period Ending: |  | nual Statement (revision n<br>and Evaluation Report | o: )              | •        |  |  |
| Line   | Summary by Development Account   |  | timated Cost  | Total Act         | ual Cost |  |  |
|  |  | Original   | Revised   | Obligated         | Expended |  |  |
| 1  | Total non-CFP Funds  |  |   |                   |          |  |  |
| 2  | 1406 Operations  |  |   |                   |          |  |  |
| 3  | 1408 Management Improvements   |  |   |                   |          |  |  |
| 4  | 1410 Administration  |  |   |                   |          |  |  |
| 5  | 1411 Audit   |  |   |                   |          |  |  |
| 6  | 1415 Liquidated Damages  |  |   |                   |          |  |  |
| 7  | 1430 Fees and Costs  |  |   |                   |          |  |  |
| 8  | 1440 Site Acquisition  |  |   |                   |          |  |  |
| 9  | 1450 Site Improvement  |  |   |                   |          |  |  |
| 10   | 1460 Dwelling Structures   |  |   |                   |          |  |  |
| 11   | 1465.1 Dwelling Equipment—Nonexpendable  |  |   |                   |          |  |  |
| 12   | 1470 Nondwelling Structures  |  |   |                   |          |  |  |
| 13   | 1475 Nondwelling Equipment   |  |   |                   |          |  |  |
| 14   | 1485 Demolition  |  |   |                   |          |  |  |
| 15   | 1490 Replacement Reserve   |  |   |                   |          |  |  |
| 16   | 1492 Moving to Work Demonstration  |  |   |                   |          |  |  |
| 17   | 1495.1 Relocation Costs  |  |   |                   |          |  |  |
| 18   | 1499 Development Activities  |  |   |                   |          |  |  |
| 19   | 1501 Collaterization or Debt Service   |  |   |                   |          |  |  |
| 20   | 1502 Contingency   |  |   |                   |          |  |  |
| 21   | Amount of Annual Grant: (sum of lines 2 – 20)  |  |   |                   |          |  |  |
| 22   | Amount of line 21 Related to LBP Activities  |  |   |                   |          |  |  |
| 23   | Amount of line 21 Related to Section 504 compliance  |  |   |                   |          |  |  |
| 24   | Amount of line 21 Related to Security – Soft Costs   |  |   |                   |          |  |  |
| 25   | Amount of Line 21 Related to Security – Hard Costs   |  |   |                   |          |  |  |
| 26   | Amount of line 21 Related to Energy Conservation Measures  |  |   |                   |          |  |  |

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

| PHA Name:  |   | Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: |          |                         |         | Federal FY of G    | rant:             |                   |
|--|---|---|----------|-------------------------|---------|--------------------|-------------------|-------------------|
| Development Number<br>Name/HA-Wide<br>Activities | General Description of Major Work<br>Categories | Dev. Acct<br>No.  | Quantity | Total Estimated<br>Cost |         | Total Actual Cost  |                   | Status of<br>Work |
|  |   |   |          |                         | Ι =     |                    |                   |                   |
|  |   |   |          | Original                | Revised | Funds<br>Obligated | Funds<br>Expended |                   |
|  |   |   |          |                         |         |                    |                   |                   |
|  |   |   |          |                         |         |                    |                   |                   |
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|  |   |   |          |                         |         |                    |                   |                   |

# 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: |                                  |
|--------------------|-----------------------|---------|----------------|--------------------|--------------------|----------------------|----------------------------------|
|                    |                       | Capita  | al Fund Progra | m No:              |                    |                      |                                  |
|                    |                       | Repla   |                |                    |                    |                      |                                  |
| Development Number | All Fund Obligated    |         |                | All Funds Expended |                    |                      | Reasons for Revised Target Dates |
| Name/HA-Wide       | (Quarter Ending Date) |         |                | (Q                 | uarter Ending Date |                      |                                  |
| Activities         |                       |         |                |                    |                    |                      |                                  |
|                    | Original              | Revised | Actual         | Original           | Revised            | Actual               |                                  |
|                    |                       |         |                |                    |                    |                      |                                  |
|                    |                       |         |                |                    |                    |                      |                                  |
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|                    |                       |         |                |                    |                    |                      |                                  |
|                    |                       |         |                |                    |                    |                      |                                  |

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

|                          | al Fund Program Five  |                   |              |                       |                      |           |  |  |
|--------------------------|-----------------------|-------------------|--------------|-----------------------|----------------------|-----------|--|--|
|                          | orting Pages—Work     |                   | <del>,</del> |                       |                      |           |  |  |
| Activities for           | Activ                 | vities for Year : |              | Acti                  | Activities for Year: |           |  |  |
| Year 1                   | FFY Grant:<br>PHA FY: |                   |              | FFY Grant:<br>PHA FY: |                      |           |  |  |
|                          |                       |                   |              |                       |                      |           |  |  |
|                          | Development           | Major Work        | Estimated    | Development           | Major Work           | Estimated |  |  |
|                          | Name/Number           | Categories        | Cost         | Name/Number           | Categories           | Cost      |  |  |
| See                      |                       |                   |              |                       |                      |           |  |  |
| Annual                   |                       |                   |              |                       |                      |           |  |  |
| Statement                |                       |                   |              |                       |                      |           |  |  |
|                          |                       |                   |              |                       |                      |           |  |  |
|                          |                       |                   |              |                       |                      |           |  |  |
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|                          |                       |                   |              |                       |                      |           |  |  |
|                          |                       |                   |              |                       |                      |           |  |  |
| Total CFP Estimated Cost |                       | \$                |              |                       | \$                   |           |  |  |

| Capital Fund Progr<br>Part II: Supporting Pages- |                          | ion Plan       |   |                          |                |  |
|--|--------------------------|----------------|---|--------------------------|----------------|--|
| Activities for Year :<br>FFY Grant:<br>PHA FY:   |                          |                | Activities for Year:<br>FFY Grant:<br>PHA FY: |                          |                |  |
| Development Name/Number                          | Major Work<br>Categories | Estimated Cost | Development Name/Number                       | Major Work<br>Categories | Estimated Cost |  |
|  |                          |                |   |                          |                |  |
|  |                          |                |   |                          |                |  |
|  |                          |                |   |                          |                |  |
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|  |                          |                |   |                          |                |  |
|  |                          |                |   |                          |                |  |
| Total CFP Estimated Cost \$                      |                          |                |   | \$                       |                |  |