

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

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# PHA Plans

5 Year Plan for Fiscal Years 2007 - 2011

Annual Plan for Fiscal Year 2007

**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:** Housing Authority of the City of Boaz

**PHA Number:** AL075

**PHA Fiscal Year Beginning:** 07/2007

**PHA Programs Administered:**

**Public Housing and Section 8**     **Section 8 Only**     **Public Housing Only**  
Number of public housing units: 451    Number of S8 units:    Number of public housing units:  
Number of S8 units: 368

**PHA Consortia:** (check box if submitting a joint PHA Plan and complete table)

| Participating PHAs   | PHA Code | Program(s) Included in the Consortium | Programs Not in the Consortium | # of Units Each Program |
|----------------------|----------|---------------------------------------|--------------------------------|-------------------------|
| Participating PHA 1: |          |                                       |                                |                         |
| Participating PHA 2: |          |                                       |                                |                         |
| Participating PHA 3: |          |                                       |                                |                         |

### Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
- PHA development management offices
- Other (list below)

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2007 - 2011**  
[24 CFR Part 903.5]

**A. Mission**

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (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)  
Our goal is to provide drug free, decent, safe, and sanitary housing for eligible families and to provide opportunities and promote self-sufficiency and economic independence for residents.

In order to achieve this mission, we will:

- 1) Recognize residents as our ultimate customer;
- 2) Improve Public Housing Authority (HA) management and service delivery efforts through effective and efficient management of HA staff;
- 3) Seek problem-solving partnerships with residents, community, and government leadership;
- 4) Apply HA resources to the effective and efficient management and operation of public housing programs, taking into account changes in Federal funding

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or 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) 87
- Improve voucher management: (SEMAP score) 85
- 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: Continue to provide housing, both Section 8 and Public Housing for low income persons and continue deconcentration efforts

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

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

Objectives:

- Increase the number and percentage of employed persons in assisted families:
- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (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:
- 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: Maintain a practice of accepting housing discrimination complaints and forward those complaints to the proper agencies of departments. Also, to brief Section 8 owners and housing Authority personnel on housing discrimination laws at least once a year.

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

**Continue to maintain compliance with HUD rules and regulations, maintain policies to assure compliance with laws and continue to practice nondiscrimination in all areas of our housing and administrative areas.**

**Annual PHA Plan**  
**PHA Fiscal Year 2007**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Troubled Agency Plan**

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

[24 CFR Part 903.7 9 (r)]

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

**The Annual Plan was developed by the Boaz Housing Authority (BHA) in accordance with the Rules and Regulations promulgated by HUD.**

**The goals and objectives of the BHA are contained in the Five-Year Plan and the ACOP/Section 8 Administrative Plan. These were written to comply with the HUD guidelines, rules, regulations, and Federal Law. The basic goals and objectives are:**

**1) Increase the availability of decent, safe and affordable housing in Boaz, Alabama**

**2) To insure equal opportunity in housing for all Americans.**

**3) To promote self-sufficiency and asset development of families and Individuals.**

**4) To help improve community quality of life and economic vitality.**

**This plan was written after consultation with necessary parties and entities as provided in the guidelines issued by HUD. All necessary accompanying documents are attached to the document, or are available upon request.**

**The PHA plans to make as many affordable housing units, that are suitable for living, and that will meet the economic needs of families, available to as many families as possible in the jurisdiction it serves. We intend to make capital improvements to our existing housing stock with available funds to improve living conditions. We further plan to improve our vacancies by improving our turn-around time for vacant units, and lease up capability to insure families in occupancy.**

**We plan to follow the deconcentration and income mixing policies, following information taken from the development analysis, to insure a balance of income levels and income mix at each development. The PHA has set a discretionary minimum rent for public and Section 8 housing, and has adopted a minimum rent hardship policy.**

### **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.

#### **Table of Contents**

Page #

#### **Annual Plan**

- i. Executive Summary
  - Table of Contents
  - 1. Housing Needs
  - 2. Financial Resources
  - 3. Policies on Eligibility, Selection and Admissions
  - 4. Rent Determination Policies
  - 5. Operations and Management Policies
  - 6. Grievance Procedures
  - 7. Capital Improvement Needs
  - 8. Demolition and Disposition
  - 9. Designation of Housing
  - 10. Conversions of Public Housing
  - 11. Homeownership
  - 12. Community Service Programs
  - 13. Crime and Safety
  - 14. Pets (Inactive for January 1 PHAs)
  - 15. Civil Rights Certifications (included with PHA Plan Certifications)
  - 16. Audit
  - 17. Asset Management
  - 18. Other Information



**Attachments**

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

**Required Attachments:**

- Admissions Policy for Deconcentration
- FY 2007 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- List of Resident Advisory Board Members
- List of Resident Board Member
- Community Service Description of Implementation
- Information on Pet Policy
- Section 8 Homeownership Capacity Statement, if applicable
- Description of Homeownership Programs, if applicable

**Optional Attachments:**

- PHA Management Organizational Chart
- FY 2005 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

**Supporting Documents Available for Review**

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

| <b>List of Supporting Documents Available for Review</b> |   |                                  |
|--|---|----------------------------------|
| <b>Applicable &amp; On Display</b>                       | <b>Supporting Document</b>  | <b>Applicable Plan Component</b> |
| X  | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations  | 5 Year and Annual Plans          |
| X  | State/Local Government Certification of Consistency with the Consolidated Plan  | 5 Year and Annual Plans          |
| X  | Fair Housing Documentation:<br>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          |
|  | Consolidated Plan for the jurisdiction/s in which the PHA is  | Annual Plan:                     |

| <b>List of Supporting Documents Available for Review</b> |   |  |
|--|---|--|
| <b>Applicable &amp; On Display</b>                       | <b>Supporting Document</b>  | <b>Applicable Plan Component</b>                             |
|  | located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction   | Housing Needs  |
| X  | Most recent board-approved operating budget for the public housing program  | Annual Plan: Financial Resources;                            |
| X  | Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]  | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X  | Section 8 Administrative Plan   | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X  | Public Housing Deconcentration and Income Mixing Documentation:<br>1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and<br>2. Documentation of the required deconcentration and income mixing analysis | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X  | Public housing rent determination policies, including the methodology for setting public housing flat rents<br><input type="checkbox"/> check here if included in the public housing A & O Policy   | Annual Plan: Rent Determination                              |
| X  | Schedule of flat rents offered at each public housing development<br><input type="checkbox"/> check here if included in the public housing A & O Policy   | Annual Plan: Rent Determination                              |
| X  | Section 8 rent determination (payment standard) policies<br><input type="checkbox"/> check here if included in Section 8 Administrative Plan  | Annual Plan: Rent Determination                              |
| X  | Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)  | Annual Plan: Operations and Maintenance                      |
| X  | Public housing grievance procedures<br><input type="checkbox"/> check here if included in the public housing A & O Policy   | Annual Plan: Grievance Procedures                            |
| X  | Section 8 informal review and hearing procedures<br><input type="checkbox"/> check here if included in Section 8 Administrative Plan  | Annual Plan: Grievance Procedures                            |
| X  | The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year  | Annual Plan: Capital Needs                                   |
|  | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant   | Annual Plan: Capital Needs                                   |

| <b>List of Supporting Documents Available for Review</b> |   |   |
|--|---|---|
| <b>Applicable &amp; On Display</b>                       | <b>Supporting Document</b>  | <b>Applicable Plan Component</b>                  |
| X  | Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)  | Annual Plan: Capital Needs                        |
|  | Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing                               | Annual Plan: Capital Needs                        |
|  | Approved or submitted applications for demolition and/or disposition of public housing  | Annual Plan: Demolition and Disposition           |
|  | Approved or submitted applications for designation of public housing (Designated Housing Plans)   | Annual Plan: Designation of Public Housing        |
|  | Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act     | Annual Plan: Conversion of Public Housing         |
|  | Approved or submitted public housing homeownership programs/plans   | Annual Plan: Homeownership                        |
|  | Policies governing any Section 8 Homeownership program<br><input type="checkbox"/> check here if included in the Section 8 Administrative Plan  | Annual Plan: Homeownership                        |
| X  | Any cooperative agreement between the PHA and the TANF agency   | Annual Plan: Community Service & Self-Sufficiency |
|  | FSS Action Plan/s for public housing and/or Section 8   | Annual Plan: Community Service & Self-Sufficiency |
|  | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports  | Annual Plan: Community Service & Self-Sufficiency |
|  | The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)                       | Annual Plan: Safety and Crime Prevention          |
|  | The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings | Annual Plan: Annual Audit                         |
|  | Troubled PHAs: MOA/Recovery Plan  | Troubled PHAs                                     |
|  | Other supporting documents (optional)<br>(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.

| <b>Housing Needs of Families in the Jurisdiction<br/>by Family Type</b> |         |                |        |         |                |      |           |
|---|---------|----------------|--------|---------|----------------|------|-----------|
| Family Type   | Overall | Afford-ability | Supply | Quality | Access-ibility | Size | Loca-tion |
| Income <= 30% of AMI  | 4304    | 5              | 5      | 5       | 5              | 5    | 5         |
| Income >30% but <=50% of AMI  | 2903    | 4              | 4      | 4       | 4              | 4    | 4         |
| Income >50% but <80% of AMI   | 4148    | 3              | 3      | 3       | 3              | 3    | 3         |
| Elderly   | 4493    | 5              | 5      | 5       | 5              | 5    | 5         |
| Families with Disabilities  | n/a     |                |        |         |                |      |           |
| Race/Ethnicity  | n/a     |                |        |         |                |      |           |
| Race/Ethnicity  | n/a     |                |        |         |                |      |           |
| Race/Ethnicity  | n/a     |                |        |         |                |      |           |
| Race/Ethnicity  | n/a     |                |        |         |                |      |           |

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

- Consolidated Plan of the Jurisdiction/s  
Indicate year:
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- 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 sub-jurisdictional public housing waiting lists at their option.

| Housing Needs of Families on the Waiting List  |                   |                     |                 |
|--|-------------------|---------------------|-----------------|
| Waiting list type: (select one)  |                   |                     |                 |
| <input type="checkbox"/> Section 8 tenant-based assistance                                       |                   |                     |                 |
| <input type="checkbox"/> Public Housing  |                   |                     |                 |
| <input checked="" type="checkbox"/> Combined Section 8 and Public Housing                        |                   |                     |                 |
| <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) |                   |                     |                 |
| If used, identify which development/subjurisdiction:   |                   |                     |                 |
|  | # of families     | % of total families | Annual Turnover |
| Waiting list total   | 201               |                     | 277             |
| Extremely low income <=30% AMI   | 173               | 86                  |                 |
| Very low income (>30% but <=50% AMI)   | 5                 | 3                   |                 |
| Low income (>50% but <80% AMI)   | 23                | 12                  |                 |
| Families with children   | 4                 | 2                   |                 |
| Elderly families   | 32                | 03                  |                 |
| Families with Disabilities   | 18                | 9                   |                 |
| Race/ethnicity   | White-198         | 99                  |                 |
| Race/ethnicity   | Black- 3          | 1                   |                 |
| Race/ethnicity   | Hispanic-0        | 0                   |                 |
| Race/ethnicity   | Native American-0 | 0                   |                 |
| Characteristics by Bedroom Size (Public Housing Only)  |                   |                     |                 |

| <b>Housing Needs of Families on the Waiting List</b>  |          |         |                            |
|---|----------|---------|----------------------------|
| 1BR   | White-10 | Black-0 | Hispanic/Native American-0 |
| 2 BR  | “ - 3    | “ -0    | “ -0                       |
| 3 BR  | “ -2     | “ -0    | “ -0                       |
| 4 BR  |          |         |                            |
| 5 BR  |          |         |                            |
| 5+ BR   |          |         |                            |
| Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |          |         |                            |
| If yes:   |          |         |                            |
| How long has it been closed (# of months)?  |          |         |                            |
| Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes   |          |         |                            |
| Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes |          |         |                            |

### **C. Strategy for Addressing Needs**

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

#### **(1) Strategies**

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

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will 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)

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

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)
  - 1) Request for additional new vouchers should additional funds become available.
  - 2) Request for development of new construction units should funds become available.

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

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

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

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

Select if applicable

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

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

Select all that apply

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

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



**(2) Reasons for Selecting Strategies**

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

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

**2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

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

| <b>Financial Resources:<br/>Planned Sources and Uses</b>                              |                   |                     |
|---|-------------------|---------------------|
| <b>Sources</b>  | <b>Planned \$</b> | <b>Planned Uses</b> |
| <b>1. Federal Grants (FY 2007 grants)</b>   |                   |                     |
| a) Public Housing Operating Fund  | 944,070           |                     |
| b) Public Housing Capital Fund  | 677,458           |                     |
| c) HOPE VI Revitalization   |                   |                     |
| d) HOPE VI Demolition   |                   |                     |
| e) Annual Contributions for Section 8 Tenant-Based Assistance                         | 1,169,748         |                     |
| f) Public Housing Drug Elimination Program (including any Technical Assistance funds) |                   |                     |
| g) Resident Opportunity and Self-Sufficiency Grants                                   |                   |                     |

| <b>Financial Resources:<br/>Planned Sources and Uses</b>                  |                   |                      |
|---|-------------------|----------------------|
| <b>Sources</b>  | <b>Planned \$</b> | <b>Planned Uses</b>  |
| h) Community Development Block Grant                                      |                   |                      |
| i) HOME   |                   |                      |
| Other Federal Grants (list below)   |                   |                      |
|   |                   |                      |
| <b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b> |                   |                      |
|   |                   |                      |
|   |                   |                      |
| <b>3. Public Housing Dwelling Rental Income</b>                           |                   |                      |
|   | 472,468           | Public Housing Needs |
|   |                   |                      |
| <b>4. Other income (list below)</b>                                       |                   |                      |
| INTEREST  | 37,490            | Public Housing Needs |
| OTHER   | 5,225             | Public Housing Needs |
| <b>4. Non-federal sources (list below)</b>                                |                   |                      |
|   |                   |                      |
|   |                   |                      |
|   |                   |                      |
| <b>Total resources</b>  | 2,136,711         |                      |
|   |                   |                      |
|   |                   |                      |

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

[24 CFR Part 903.7 9 (c)]

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

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

##### **(1) Eligibility**

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

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe) After interview completed and person put on waiting list, and a delay for when fingerprinting is required for NCIC checks.

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

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

2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?

3.  Yes  No: May families be on more than one list simultaneously  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- PHA main administrative office
  - All PHA development management offices
  - Management offices at developments with site-based waiting lists
  - At the development to which they would like to apply
  - Other (list below)

**(3) Assignment**

- a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)
- One
  - Two
  - Three or More
- b.  Yes  No: Is this policy consistent across all waiting list types?
- c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

**(4) Admissions Preferences**

- a. Income targeting:
- Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
- b. Transfer policies:
- In what circumstances will transfers take precedence over new admissions? (list below)
- Emergencies
  - Overhoused
  - Underhoused
  - Medical justification
  - Administrative reasons determined by the PHA (e.g., to permit modernization work)
  - Resident choice: (state circumstances below)

Other: (list below)

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

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 applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Occupancy**

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

- The PHA-resident lease
- The PHA's Admissions and (Continued) Occupancy policy
- PHA briefing seminars or written materials
- Other source (list)

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

- At an annual reexamination and lease renewal
- Any time family composition changes
- At family request for revision
- Other (list) Any changes as required by the lease, ACOP, rules and regulations

**(6) Deconcentration and Income Mixing**

a.  Yes  No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b.  Yes  No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

Adoption of site based waiting lists  
If selected, list targeted developments below:

Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:

Employing new admission preferences at targeted developments  
If selected, list targeted developments below:

Other (list policies and developments targeted below)

d.  Yes  No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts  
 List (any applicable) developments below:

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

- a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, This section is complete. If yes, continue to the next question.

#### **DECONCENTRATION POLICY JULY 12, 1999**

THE OBJECTIVE OF THE DECONCENTRATION POLICY FOR THIS AUTHORITY 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.

THIS AUTHORITY WILL HOUSE **NO LESS THAN 40 PERCENT** OF THE HOUSING INVENTORY WITH FAMILIES THAT HAVE INCOME **AT OR BELOW 30% OF THE AREA MEDIAN INCOME FOR THAT DEVELOPMENT.**

THIS AUTHORITY WILL TAKE ACTIONS TO INSURE THAT NO INDIVIDUAL DEVELOPMENT HAS A CONCENTRATION OF HIGHER INCOME OR VERY-LOW INCOME FAMILIES IN ONE OR MORE OF THE DEVELOPMENTS.

IT WILL BE THE GOAL OF THIS AUTHORITY NOT TO HOUSE MORE THAN **60%** OF ITS UNITS IN ANY ONE DEVELOPMENT WITH FAMILIES WHOSE INCOME EXCEEDS **30%** OF THE AREA MEDIAN INCOME.

THIS AUTHORITY WILL ESTABLISH A GOAL FOR HOUSING **40%** OF ITS NEW ADMISSIONS WITH FAMILIES WHOSE INCOMES ARE AT OR BELOW THE AREA MEDIAN INCOME.

TO MEET THE GOALS ESTABLISHED BY THIS AUTHORITY AND THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, **IT MAY BECOME NECESSARY AT TIMES TO SKIP OVER FAMILIES ON THE WAITING LIST,** IN ORDER TO MEET THE INCOME REQUIREMENTS. THIS AUTHORITY IS REQUIRED TO AVOID CONCENTRATING VERY LOW INCOME FAMILIES IN THE DEVELOPMENT AND IT COULD BE THE AUTHORITY NEEDS A **HIGHER INCOME** OR A **LOWER INCOME** FAMILY AT THE TIME OF A VACANCY.



## **B. Section 8**

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

### **(1) Eligibility**

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- Criminal or drug-related activity only to the extent required by law or regulation
  - Criminal and drug-related activity, more extensively than required by law or regulation
  - More general screening than criminal and drug-related activity (list factors below)
  - Other (list below)
- b.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- Criminal or drug-related activity
  - Other: Information about damages caused and lease violations from former landlord.

### **(2) Waiting List Organization**

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- None
  - Federal public housing
  - Federal moderate rehabilitation
  - Federal project-based certificate program
  - Other federal or local program (list below)
- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- PHA main administrative office  
 Other (list below) The Manor House, 200 South Church Street, Boaz, Alabama

**(3) Search Time**

- a.  Yes  No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

**(4) Admissions Preferences**

- a. Income targeting

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

- b. Preferences

1.  Yes  No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability  
 Veterans and veterans' families  
 Residents who live and/or work in your jurisdiction  
 Those enrolled currently in educational, training, or upward mobility programs  
 Households that contribute to meeting income goals (broad range of incomes)  
 Households that contribute to meeting income requirements (targeting)

- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other 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 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)

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 903.7 9 (d)]

**A. Public Housing**

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

**(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

- The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare

rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

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

b. Minimum Rent

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

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

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

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

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

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

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

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

- For the earned income of a previously unemployed household member  
 For increases in earned income  
 Fixed amount (other than general rent-setting policy)  
If yes, state amount/s and circumstances below:

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

- For household heads  
 For other family members  
 For transportation expenses

- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. 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**

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

- The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below) Complete Flat Rent Market Study by professional Utility Allowance Specialist.

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

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

### **(1) Payment Standards**

Describe the voucher payment standards and policies.

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

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

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

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

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

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

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

- Annually
- Other : Every two years

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

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

## **(2) Minimum Rent**

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

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

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

### **Minimum Rent Hardship Exemptions:**

A. The HA shall immediately grant an exemption from application of the minimum monthly rent to any family who is unable to pay because of financial hardship, which shall include:



- (1). The family has lost eligibility for, or is awaiting an eligibility determination from a federal, state, or local assistance program, including a family that includes a member who is an alien lawfully admitted for permanent residence under the immigration and nationalization act who would be entitled to public benefits but for Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.
  - (2). The family would be evicted as a result of the implementation of the minimum rent (this exemption is only applicable for the initial implementation of a minimum rent or increase to the existing minimum rent).
  - (3). The income of the family has decreased because of changed circumstance, including loss of employment.
  - (4). A death in the family has occurred which affects the family circumstances.
  - (5). Other circumstances which may be decided by the HA on a case by case basis. All of the above must be proven by the Resident providing verifiable information in writing to the HA prior to the rent becoming delinquent and before the lease is terminated by the HA.
- B. If a resident requests a hardship exemption (**prior to the rent being delinquent**) under this section, and the HA reasonably determines the hardship to be of a temporary nature, exemption shall not be granted during a ninety day period beginning upon the making of the request for the exemption. A resident may not be evicted during the ninety day period for non-payment of rent. In such a case, if the resident thereafter demonstrates that the financial hardship is of a long term basis, the HA shall retroactively exempt the resident from the applicability of the minimum rent requirement for such ninety day period. This paragraph does not prohibit the HA from taking eviction action for other violations of the lease.

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

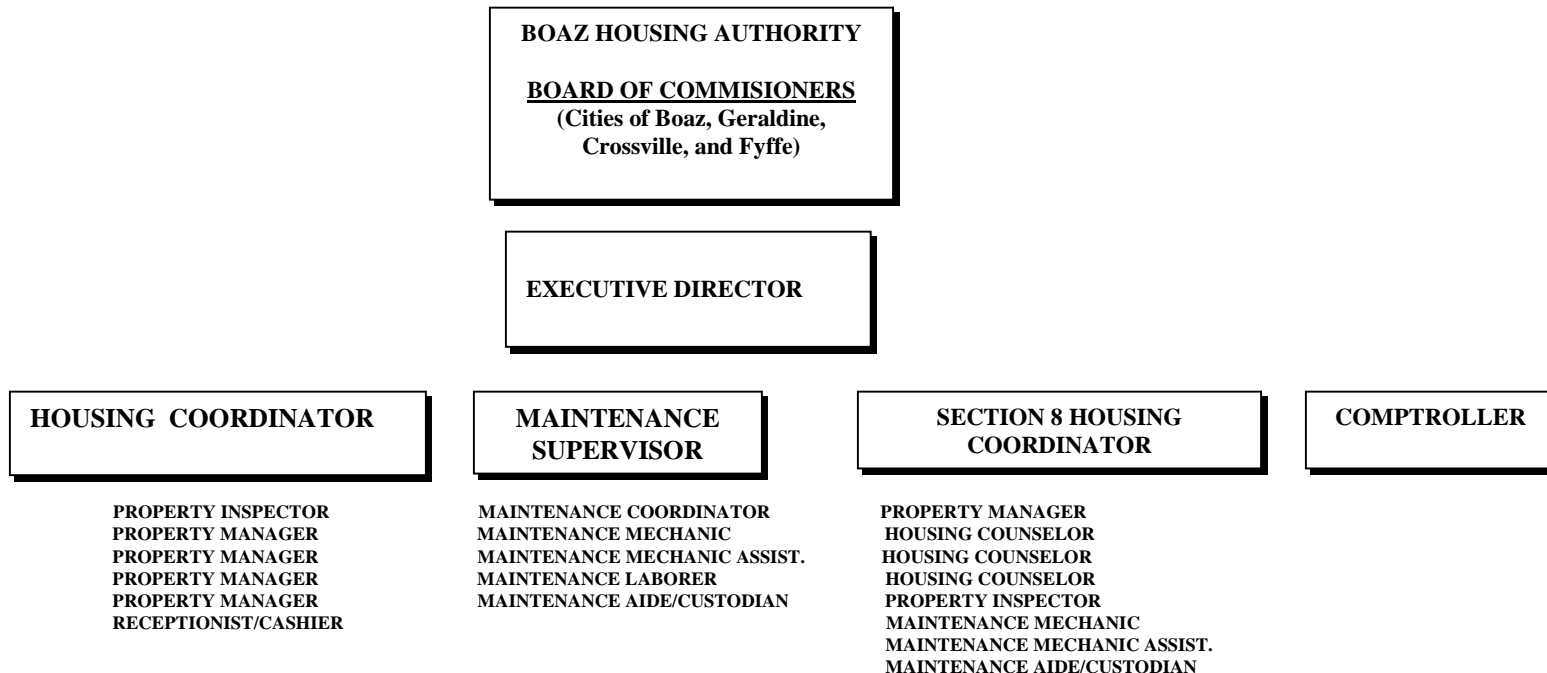
### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:

# BOAZ HOUSING AUTHORITY PROPOSED ORGANIZATION CHART



**B. HUD Programs Under PHA Management**

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

| <b>Program Name</b>   | <b>Units or Families Served at Year Beginning</b> | <b>Expected Turnover</b> |
|---|---|--------------------------|
| Public Housing  | 451   | 250                      |
| Section 8 Vouchers  | 368   | 150                      |
| 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)

**MAINTENANCE PLAN**

All Emergency Work Orders are brought to a satisfactory conclusion in twenty-four hours or less, depending on the severity of the emergency.

Non – emergency work orders are brought to a satisfactory conclusion in seventy-two hours or less, depending on the nature of the needed repairs.

All emergency work orders are time stamped, dated and assigned a chronological number.

All other work orders are dated and assigned a chronological number.

Maintenance personnel are on duty throughout the normal work day, operating from a well-stocked vehicle, answering maintenance requests as they come in. At the close of business hours, an answering machine is activated informing the caller of the name and home phone number of the on-duty maintenance technician. This plan is also effected on weekends and holidays. If the technician needs assistance, there is back-up available. In the event a specific part is needed but is not readily available, the piece of equipment is replaced temporarily with a spare unit and is returned when repaired. This primarily refers to refrigerators, ranges, water heaters, and heaters. Other items, fixtures, glass, doors, locks, etc., are kept in adequate supply in the warehouse.

Wage rates are kept on hand and updated periodically in all appropriate phases of technical needs, i.e., roofers, plumbers, air conditioning/heating, painters, brick masons, etc. These are wage rates form this area from comparable industries and organizations.

The PHA Procurement Policy is followed at all times.

Work items are established form call-ins from complex residents and visual inspection of all housing and maintenance personnel in performance of their daily tasks.

Other work items are generated through periodic inspection of items and grounds, and residences. For example, all smoke alarm systems are checked quarterly for performance and presence. Annual inspection of all residences is carried out using the HUD approved Section 8 forms and method of inspection. Work orders created from this inspection are categorized, prioritized and assigned to the appropriately trained personnel for completion.

All routine work orders and remaining work load are taken into consideration, organized, prioritized, scheduled and assigned to the appropriately trained personnel.

Maintenance employees are trained continually through on-the-job experiences, workshops and seminars. Each employee is situated in the most productive position as it relates to their knowledge, experience and performance. This enables the authority to successfully complete the many varied and different problems as they arise.

(2) Section 8 Management: (list below)

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

### A. Public Housing

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

If yes, list additions to federal requirements below:

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

### B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)
- PHA main administrative office
  - Other: The Manor House, 200 Church Street, Boaz, AL

## 7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

### A. Capital Fund Activities

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

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

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

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

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

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

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

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

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

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

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

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

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

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

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

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

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

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

### 2. Activity Description

- Yes  No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

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

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

[24 CFR Part 903.7 9 (i)]

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

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



2. Activity Description

- Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

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

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

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 11. If “No”, complete the Activity Description table below.

| <b>Conversion of Public Housing Activity Description</b>  |
|---|
| 1a. Development name:<br>1b. Development (project) number:  |
| 2. What is the status of the required assessment?<br><input type="checkbox"/> Assessment underway<br><input type="checkbox"/> Assessment results submitted to HUD<br><input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question)<br><input type="checkbox"/> Other (explain below)  |
| 3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)  |
| 4. Status of Conversion Plan (select the statement that best describes the current status)<br><input type="checkbox"/> Conversion Plan in development<br><input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY)<br><input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY)<br><input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway   |
| 5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)<br><input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved:<br><input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: )<br><input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: )<br><input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent<br><input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units<br><input type="checkbox"/> Other: (describe below) |

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

a. How many of the PHA’s developments are subject of the Required Initial Assessment?      **10 developments**

- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? **1 exemption**
- a. How many Assessments were conducted for the PHA's covered developments?  
**10**
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: **None**

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

**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**

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

1.  Yes  No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to component 11B; if "yes", complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing

Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

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

## B. Section 8 Tenant Based Assistance

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

### 2. Program Description:

#### a. Size of Program

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

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

- 25 or fewer participants

- 26 - 50 participants
- 51 to 100 participants
- more than 100 participants

b. PHA-established eligibility criteria

- Yes  No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

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

[24 CFR Part 903.7 9 (1)]

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

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

1. Cooperative agreements:

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

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

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

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

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

#### **(1) General**

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

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

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

a. Participation Description

| <b>Family Self Sufficiency (FSS) Participation</b> |  |  |
|--|--|--|
| Program  | Required Number of Participants<br>(start of FY 2005 Estimate) | Actual Number of Participants<br>(As of: DD/MM/YY) |
| Public Housing                                     |  |  |
| Section 8  |  |  |

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

**C. Welfare Benefit Reductions**

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

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

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

**COMMUNITY SERVICE POLICY**

A. Each non-exempt adult public housing resident must contribute eight (8) hours of

Community service of participate in a self-sufficiency program for eight (8) hours In each month. Community Service is 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 does not include political activities.

**Note:**

**For purposes of the community service requirement an adult is a person eighteen (18) or older.**

**A. Exempt:** The following adult family members are exempt:

- (1) 62 years of age or older
- (2) Persons with qualifying disabilities which prevent the individual's Compliance. The individual must provide appropriate documentation to Support the qualifying disability, which may include self certification. In Addition, any person who is the primary caretaker of such individual is Exempt.
- (3) Persons engaged in work activities as defined in section 407. (d) of the Social Security Act
- (4) Persons participating at least eight (8) hours a month in a welfare-to-work Program.
- (5) Person receiving assistance from and in compliance with a State program funded under Part A, Title iv of the Social Security Act.

**B. Proof of Compliance:** Each head of household must present to the HA office Documentation that he/she and all other persons eighteen years of age or older living the household, who are not exempt, have complied with this section. Documentation may include a letter from the agency on letterhead of other official document.

Any such documentation shall be verifiable by the HA. Failure to comply with the Community Service Requirement and to provide appropriate verifiable documentation prior to the date required shall result in the lease not being renewed by the HA. Provided, however, that the HA may allow the family member who is not in compliance to complete the requirements within the following year as follows: The head of household and the person not in compliance shall sign an agreement stating that the deficiency will be cured within the next twelve months.



Proof of compliance with the agreement shall be made by the head of household annually at re-certification. Failure to comply with the agreement shall result in the lease being terminated for such non-compliance, unless the person(s), other than the head of household, on longer resides in the unit and has been removed form lease.

FALURE TO COMPLY WITH THE COMMUNITY SERVICE REQUIREMENT AND TO PROVIDE APPROPRIATE VERIFIABLE DOCUMENTATION PRIOR TO THE DATE REQUIRED SHALL RESULT IN THE LEASE NOT BEING RENEWED BY THE HA.

C. Changes in Exempt Status will be handled during an interim of annual re-certification.

The Housing Authority has elected to postpone the community service requirement as long as the statue allows the suspension to continue.

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

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti

- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

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

AL-75-001

AL-008

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

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

- Contracting with outside and/or resident organizations for the provision of crime-and/or drug-prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

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

**C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- Other activities (list below)

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

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

PHAs eligible for FY 2005 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 2005 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)]

**PET POLICY**

Authority will permit residents who demonstrate that they have physical, mental and financial capability for a pet to keep one if they abide by the following rules.

**A. APPLY TO THE AUTHORITY**

1. **Provide evidence that the dog or cat has been spayed or neutered, as applicable, and**
2. Provide evidence that the dog or cat has received current rabies and distemper inoculations or boosters shots, as applicable. Cats must be de-clawed.

(No permit is required of any tenant for caged birds or for fish aquariums)

**B. ALL RESIDENTS WITH A PET SHALL COMPLY WITH THE FOLLOWING RULES**

1. Permitted pets are domesticated dogs, cats, birds, and fish aquariums (no white mice, hamsters, guinea pigs or rodent). The weight of the dog or cat may not exceed 30 pounds (adult size).
2. Only one pet per household will be permitted.
3. Owners of dogs and cats must show proof of annual rabies and distemper booster inoculations.
4. Vicious and / or intimidating animals will not be allowed.
5. Dogs and cats shall remain inside the residents unit. No animal shall be permitted to be loose on any Authority property.
6. When taken outside the unit, the animal must be kept on a lease, controlled by a responsible tenant.

7. Birds must be confined to cages.
8. Residents shall not permit their pet to disturb, interfere or diminish the peaceful enjoyment of other residents. The terms "disturb, interfere or diminish" shall include but not be limited to barking, meowing, howling, chirping, biting, scratching and other activities.
9. Residents must provide litter boxes for cat waste which must be kept in the apartment. Litter removed from the box must be placed in plastic bags and disposed of in the tenant's garbage can. Residents shall not permit refuse from the litter boxes to accumulate nor to become unsightly or unsanitary.
10. Residents shall take adequate precautions and measures to eliminate pet odors within or around the unit and shall maintain the unit in a sanitary condition at all times.
11. If pets are left unattended for a period of twenty-four (24) hours or more, the Authority may enter the dwelling unit, or come upon the premises to remove the pet and transfer it to the proper authorities, subject to the provisions of state law and pertinent local ordinances. The Housing Authority accepts no responsibility for the animal under such circumstances.
12. Residents are solely responsible for cleaning up pet droppings, outside the unit and on facility grounds. Droppings must be disposed of by being placed in a plastic bag and then placed in the tenant's garbage containers.
13. Residents shall not alter their unit, or unit area in order to create an enclosure for any pet.
14. Residents are prohibited from feeding or harboring stray animals. This constitutes having a pet without the written permission of the Housing Authority.
15. Residents are responsible for all damages caused by their pets, including, but not limited to, the cost of replacing or cleaning carpets and / or fumigation of units.
16. Residents must identify an alternate custodian for pets in the event of residents or other absences from the dwelling unit.
17. Pet deposit will be retained throughout the duration of the tenant's lease.

### **C. PET DEPOSIT**

The tenant shall make a cash deposit on one hundred fifty (\$150.00) dollars, except in units where carpets and / or drapes are furnished by the Housing Authority, then the deposit shall be three hundred (\$300.00) dollars. Tenants may pay pet deposit in the following manner, fifty dollars (\$50.00) initially, then ten (\$10.00) dollars per month until the full deposit is accrued. The deposit, less the cost of repairing any damages to the unit, will be returned upon termination of the dwelling lease.

**D.** The privilege of maintaining a pet in a facility owned and / or operated by the Authority shall be subject to the rules set forth above. This privilege may be revoked at any time subject to the Housing Authority Hearing Procedures if the animal should become destructive, create a nuisance, represent a threat to the safety and security of other residents, or create a problem in the area of cleanliness and sanitation or otherwise violate a provision to this policy.

E. Should a breach of the rules set forth above occur, the authority may also exercise any remedy granted it in accordance with appropriate state and local laws, including termination of the tenant's dwelling lease.

I HAVE READ THE FOREGOING AND HEREBY AGREE TO ABIDE BY THE PET POLICY OF THE BOAZ HOUSING AUTHORITY AS STATED

TENANT \_\_\_\_\_ DATE \_\_\_\_\_ APT. # \_\_\_\_\_  
TYPE OF PET \_\_\_\_\_ BREED \_\_\_\_\_ WEIGHT \_\_\_\_\_  
INOCULATION: YES \_\_\_ NO \_\_\_ DISTEMPER: YES \_\_\_ NO \_\_\_ BOOSTER: YES \_\_\_ NO \_\_\_  
NEUTERED: YES \_\_\_ NO \_\_\_ SPAYED: YES \_\_\_ NO \_\_\_ DECLAWED: YES \_\_\_ NO \_\_\_  
ALTERNATE CUSTODIAN \_\_\_\_\_ ADDRESS \_\_\_\_\_  
PET DEPOSIT \_\_\_\_\_ PAID IN FULL: YES \_\_\_ NO \_\_\_ TERMS: \_\_\_\_\_

\_\_\_\_\_  
TENANT SIGNATURE

\_\_\_\_\_  
HOUSING AUTHORITY REPRESENTATIVE

### **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

### **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1.  Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
2.  Yes  No: Was the most recent fiscal audit submitted to HUD?
3.  Yes  No: Were there any findings as the result of that audit?
4.  Yes  No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_\_
5.  Yes  No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

### **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

1.  Yes  No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating,

capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)

- Not applicable
- Private management
- Development-based accounting
- Comprehensive stock assessment
- Other: (list below)

3.  Yes  No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

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

- (1). **Boyd Gregory- Married Elderly- President**
- (2). Denise Mayes- Single
- (3). Edith Meads- Married
- (4). Betty Box- Single Elderly
- (5). Mary Gaylord- Single Elderly

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

- Attached at Attachment (File name)
- Provided below:

3. In what manner did the PHA address those comments? (select all that apply)

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments  
List changes below:
- Other: (list below)

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

1.  Yes  No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

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

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

b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

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

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

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

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

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

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

#### **D. Other Information Required by HUD**

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

### **STATEMENT OF PROGRESS ON MEETING 5-YEAR PLAN MISSION AND GOALS**

**The Housing Authorities main objective is to provide decent safe and sanitary housing for low -income families.**

**Goal #1- Increase customer satisfaction in two areas. Number 1 Communication, Number 2 Safety. The Housing Authorities goal is to increase communications among our residents through a quarterly news letter. The Housing Authority has also increase the level of safety by implementing a neighborhood watch program and extra lighting in area that were deficient.**



**Goal #2- The Housing Authority is continuing to make great strides in renovating our units. The Housing Authority is concentrating on 5 primary areas. #1 Remodeling inside units, #2 Putting in Central Air & Heat #3 Replacing Roofs, #4 Replacing Sewer lines and #5 Doing general landscaping. These objectives are being met.**

## **Attachments**

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

HOAZ HOUSING AUTHORITY APPROVED RESOLUTION-04-05  
DATED 8-11-04

EXHIBIT XXVII

**HOUSING AUTHORITY OF THE CITY OF BOAZ, ALABAMA  
AND THE TOWN OF CROSSVILLE, ALABAMA  
COMMUNITY SERVICE REQUIREMENTS POLICY**

**I. Community Service Requirements**

- A. Based on federal requirements (Title 24 CFR 960.600) all public housing residents must comply with the requirements of performing community service as outlined in this policy. All non-exempt residents eighteen (18) years of age or older must perform volunteer 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. This requirement is effective with resident re-examinations of tenancy increase and completion on or after July 1, 2001. For example, if a head of household re-examination is July 2001, the resident(s) must comply with the community services requirement and perform eight (8) hours of community service per month effective July 1, 2001.
- B. All non-exempt residents must meet the following criteria during each 12 month period of their dwelling lease:
1. Contribute 8 hours per month of community service (not including political activities); or
  2. Participate in an economic self-sufficiency program for 8 hours per month; or
  3. Perform 8 hours per month of random activities as described in 1 and 2 above.

**II. Criteria for Exempt Status**

In accordance with Section XXVII of the Admissions and Continued Occupancy Policy the following adult family members are exempt from performing community service:

- A. 62 years of age or older - since the date of birth is verified at admission the birth date specified in the HOA accounting system will be the date used to establish the age of a person.
- B. Persons with qualifying disabilities which prevents the individual's compliance. The individual must provide appropriate documentation to support the qualifying disability.

**NOTE-** Individuals that qualify for a disability for occupancy reasons may provide a self certification that indicates that their disability keeps them from performing community service (See attachment no. 1). Also, other persons (not classified as disabled) may be exempted in this category if they provide a written Doctors statement, which specifies their medical condition and that they are not capable of complying with the community service requirement due to their medical condition.

- C. Persons engaged in work activities as defined in Section 407(d) of the Social Security Act. This would be employment with any Agency, organization or self-employment that is treated as a license to conduct business and the resident pays into the Social Security System.
- D. Persons participating at least eight (8) hours a month in a welfare-to-work program. An example in this category is the JCERS program, which is administered by the Department of Human Resources. NOTE: Full or part-time students are not exempt from providing community service.
- E. Any member of a family receiving assistance from and in compliance with a State program funded under Part A, TITLE IV of the Social Security Act. This would be programs funded through the Department of Human Resources and all family members would be exempt from the community service requirements.
- F. Any person that is the primary caregiver of a blind or disabled individual. The person for whom the individual is a caretaker for must certify (see attachment 2 for certification form) that the caretaker is their primary source of care and that their disability requires a caretaker. Also, please note that the blind or disabled person may be a resident or non-resident of public housing.

**III. Proof of Compliance with the Community Service Requirement**

Each head of household must present to the Boaz Housing Authority Housing Manager documentation that he/she and all other persons eighteen years of age or older living in the household, who are not exempt has complied with this section. The documentation must be provided to the Housing Manager, by the head of household, at least 20 calendar days prior to the required annual reexamination of family income and composition. Documentation may include a letter from the agency on letterhead or other official document. The letter or other official document must contain the following information:

- A. Agency Name
- B. Official's Name from Agency and Title
- C. Total Hours worked by resident
- D. Sign and date for following certification: I, \_\_\_\_\_ certify that \_\_\_\_\_ has performed eight (8) hour per month of volunteer community service work for this agency over the past twelve months for the total number of hours indicated.
- E. The letter must be signed and dated by the certifying official.

**NOTE-** At the head of household option a certification form prepared by the BHA may be obtained from the Housing Manager in the Mt. Vernon Homes Office and used by the agency to make the certification of compliance to the BHA (See Attachment No. 3).

**IV. Failure to comply with the Community Service Requirements**

The BHA will verify compliance of each applicable family member, who is required to fulfill the community service requirement during annual reexamination. If the head of household fails to provide the signed certification to the BHA, a determination of non-compliance will be made and the resident notified, in writing, of their non-compliance (See Attachment No. 4). The letter will explain the resident's status and what actions the resident must take to rectify to non-compliance (See Attachment No. 5).

**V. Qualifying Agencies and other Agency approvals for Volunteer Community Service**

Any agency that is designated as a non-profit agency and serves the public is an authorized agency for performing community service. The following is a list of qualifying agencies and/or organizations and their telephone number: All Churches (check yellow pages for applicable telephone numbers), American Red Cross: 891-7310, Community Services: 893-2580, Council on Aging: 574-7880, Salvation Army: 593-2580, United Way of Marshall County: 891-0858.

The agencies listed above do not represent all the eligible agencies in Boone and Marshall County, however. If a resident chooses an agency that is not listed above to perform community service, the resident must submit the name of the agency and/or organization to the Housing Manager, in writing, prior to performing the community service. A decision will be made on the agency's eligibility and the resident will be notified, in writing, if the agency is approved or disapproved. If the agency is disapproved the resident is entitled to follow the grievance procedure to try and resolve the dispute.

**NOTE:** It is the responsibility of the resident to contact qualifying agencies (as listed above) and make the necessary arrangements to perform community service as outlined in this policy. Also, it is the responsibility of the Head of Household to ensure that all non-exempt family members comply with the community service requirements.

**VI. Qualifying Agency for Participant in an economic self-sufficiency program for 8 hours per month.**

As noted in Section E B 2 above, non-exempt residents may meet the community service requirements by participating in an economic self-sufficiency program. Therefore, if a resident chooses to participate in an economic self-sufficiency program, the Head of Household must submit the name of the agency and/or organization to the Housing Manager, in writing, prior to performing the community service. A decision will be made on the agency's eligibility and the resident will be notified, in writing, if the agency is approved or disapproved. If the agency is disapproved the resident is entitled to follow the grievance procedure to try and resolve the dispute.

**VII. Procedure for Processing Changes to Exempt or Non-Exempt Status**

The Head of Household must notify the Housing Manager within ten (10) calendar days after there is a change in any family members exempt status as defined in Section II above. Therefore, a change from exempt to non-exempt or non-exempt to exempt must be reported by the Head of Household within ten (10) calendar days of the change for any affected household member.

\_\_\_\_\_  
Printed Name and Address of Head of Household

\_\_\_\_\_  
Signature of Head of Household      DATE

\_\_\_\_\_  
Signature of HHA Representative      DATE

Attachment 1

Housing Authority of the City of Boaz, Alabama and  
The Town of Crossville, Alabama

I, \_\_\_\_\_, certify that my disability (for which I receive  
(Print Name)

a disability allowance from the BBA) prevents me from performing the required  
"Community Service" requirements.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BBA Representative

\_\_\_\_\_  
DATE

Attachment 2

The Housing Authority of the City of Boaz, Alabama  
and the Town of Crossville, Alabama

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, certify that my disability requires that I  
(Print Name)

have a caretaker and \_\_\_\_\_, is my primary  
caretaker.

\_\_\_\_\_  
Resident Signature      Address      Date

\_\_\_\_\_  
Caretaker Signature      Address      Date

\_\_\_\_\_  
BIA Representative      Date

Attachment 3

**Community Service Certification Form  
for the  
Boaz and Crossville Housing Authority**

Resident Name: \_\_\_\_\_  
(Print Name)

Address: \_\_\_\_\_  
\_\_\_\_\_

Total Hours Worked: \_\_\_\_\_

I, \_\_\_\_\_, certify that the above named person  
(Print Name)

has performed eight (8) hours per month of volunteer community service work for our  
agency over the past twelve months for the total number of hours indicated.

\_\_\_\_\_  
Name of Agency/Organization (print)

\_\_\_\_\_  
Signature and Title of Authorized Person      Date \_\_\_\_\_



Attachment 4

The Housing Authority of the City of Boaz, Alabama  
and the Town of Crenshaw, Alabama  
Notice to the Head of Household of Non-Compliance with the  
Community Service Requirement

Date:

Resident Name:

Address:

Dear

The BHA has reviewed your activities regarding compliance with the Community Service Requirement and has determined that you (or name of household member) has not fulfilled the community service requirements for the lease term ending . The reason for this determination is as follows: (appropriate reason(s) is checked below.)

You failed to furnish the BHA a signed certification from a qualified organization indicating that you (or name of household member) have met the required service requirements.

You (or name of household member) failed to perform the necessary eight (8) hours per month of volunteer service for the lease period.

As a result, the BHA will not renew your lease at the end of the twelve month lease period unless one of the following actions are taken:

- A. As Head of Household, you may enter into a written agreement (copy enclosed) to cure the noncompliance. The enclosed agreement must be executed within five (5) business days of the date of this letter or no later than \_\_\_\_\_; or
- B. As Head of Household you may provide a written notice to vacate, which complies with Section IV (H) of the dwelling lease. Section IV (H) states, "To provide to the Landlord with 10 calendar days advanced notice of intent to vacate and terminate this agreement. The notice shall be in writing and delivered to the Mt. Vernon Homes office or sent by U. S. Mail properly addressed. Upon termination of this agreement, Tenant agrees that the dwelling shall not be considered "vacated" for rental charge purposes only, until such time as the keys are returned and the Landlord accepts the unit."
- C. If you fail to take action as identified in A. or B above, your dwelling lease will be terminated.

You have the right to request an informal settlement conference, either orally or in writing. Also, a grievance hearing may be requested pursuant to the grievance hearing procedure. If you desire a conference or hearing, please call me at 593-5824 within five (5) business days of the date of this notice, or no later than \_\_\_\_\_.

Sincerely,

\_\_\_\_\_, Housing Manager

Enclosure

**The Housing Authority of the City of Boaz, Alabama  
and the Town of Crossville, Alabama  
Exemption Certification from Community Service**

I \_\_\_\_\_, certify that I am exempt from  
meeting the requirement of "Community Service" because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Documentation in the resident file supports that the resident is exempt from  
performing community service.

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

HHA Representative \_\_\_\_\_ Date \_\_\_\_\_

**PHA Plan  
Table Library**

**Component 7  
Capital Fund Program Annual Statement  
Parts I, II, and II**

| <b>Annual Statement/Performance and Evaluation Report</b>  |   |  |         |                   |                                     |
|--|---|--|---------|-------------------|-------------------------------------|
| <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>   |   |  |         |                   |                                     |
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF BOAZ,<br>ALABAMA  |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: AL09P075-501-07<br>Replacement Housing Factor Grant No: |         |                   | <b>Federal FY of Grant:</b><br>2007 |
| <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b><br><input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b> |   |  |         |                   |                                     |
| Line No.   | Summary by Development Account                      | Total Estimated Cost   |         | Total Actual Cost |                                     |
|  |   | Original   | Revised | Obligated         | Expended                            |
| 1  | Total non-CFP Funds                                 |  |         |                   |                                     |
| 2  | 1406 Operations                                     |  |         |                   |                                     |
| 3  | 1408 Management Improvements                        |  |         |                   |                                     |
| 4  | 1410 Administration                                 | 3,000  |         |                   |                                     |
| 5  | 1411 Audit  |  |         |                   |                                     |
| 6  | 1415 Liquidated Damages                             |  |         |                   |                                     |
| 7  | 1430 Fees and Costs                                 | 50,000   |         |                   |                                     |
| 8  | 1440 Site Acquisition                               |  |         |                   |                                     |
| 9  | 1450 Site Improvement                               |  |         |                   |                                     |
| 10   | 1460 Dwelling Structures                            | 624,458  |         |                   |                                     |
| 11   | 1465.1 Dwelling Equipment—Nonexpendable             |  |         |                   |                                     |
| 12   | 1470 Nondwelling Structures                         |  |         |                   |                                     |
| 13   | 1475 Nondwelling Equipment                          |  |         |                   |                                     |
| 14   | 1485 Demolition                                     |  |         |                   |                                     |
| 15   | 1490 Replacement Reserve                            |  |         |                   |                                     |
| 16   | 1492 Moving to Work Demonstration                   |  |         |                   |                                     |
| 17   | 1495.1 Relocation Costs                             |  |         |                   |                                     |
| 18   | 1499 Development Activities                         |  |         |                   |                                     |
| 19   | 1501 Collateralization or Debt Service              |  |         |                   |                                     |
| 20   | 1502 Contingency                                    |  |         |                   |                                     |
| 21   | Amount of Annual Grant: (sum of lines 2 – 20)       | 677,458  |         |                   |                                     |
| 22   | Amount of line 21 Related to LBP Activities         |  |         |                   |                                     |
| 23   | Amount of line 21 Related to Section 504 compliance |  |         |                   |                                     |

| <b>Annual Statement/Performance and Evaluation Report</b>  |   |  |         |                                     |          |
|--|---|--|---------|-------------------------------------|----------|
| <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>   |   |  |         |                                     |          |
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF BOAZ,<br>ALABAMA  |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: AL09P075-501-07<br>Replacement Housing Factor Grant No: |         | <b>Federal FY of Grant:</b><br>2007 |          |
| <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b><br><input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b> |   |  |         |                                     |          |
| Line No.   | Summary by Development Account                            | Total Estimated Cost   |         | Total Actual Cost                   |          |
|  |   | Original   | Revised | Obligated                           | Expended |
| 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 | 624,458  |         |                                     |          |

| <b>Annual Statement/Performance and Evaluation Report</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b><br><b>Part II: Supporting Pages</b> |  |               |  |                      |         |                                     |                |                |
|---|--|---------------|--|----------------------|---------|-------------------------------------|----------------|----------------|
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF BOAZ,<br>ALABAMA   |  |               | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: AL09P075-501-07<br>Replacement Housing Factor Grant No: |                      |         | <b>Federal FY of Grant:</b><br>2007 |                |                |
| Development Number<br>Name/HA-Wide Activities   | General Description of Major Work Categories | Dev. Acct No. | Quantity   | Total Estimated Cost |         | Total Actual Cost                   |                | Status of Work |
|   |  |               |  | Original             | Revised | Funds Obligated                     | Funds Expended |                |
| PHA WIDE  | FEE ACCOUNTANT                               | 1410          |  | 3,000                |         |                                     |                |                |
|   | A& E COST                                    | 1430          |  | 50,000               |         |                                     |                |                |
| AL09P075-09   | METAL ROOFS                                  | 1460          |  | 274,000              |         |                                     |                |                |
| GERALDINE HOMES   |  |               |  |                      |         |                                     |                |                |
| AL09P075-12   | HVAC   | 1460          |  | 140,458              |         |                                     |                |                |
| GERALDINE HOMES   |  |               |  |                      |         |                                     |                |                |
| AL09P075-12   | METAL ROOFS                                  | 1460          |  | 210,000              |         |                                     |                |                |
| GERALDINE HOMES   |  |               |  |                      |         |                                     |                |                |
|   |  |               |  |                      |         |                                     |                |                |
|   |  |               |  |                      |         |                                     |                |                |
|   |  |               |  |                      |         |                                     |                |                |
|   | TOTAL CFP                                    |               |  | 677,458              |         |                                     |                |                |

| <b>Annual Statement/Performance and Evaluation Report</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b><br><b>Part III: Implementation Schedule</b> |   |  |        |   |         |                                     |                                  |
|---|---|--|--------|---|---------|-------------------------------------|----------------------------------|
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF<br>BOAZ, ALABAMA   |   | <b>Grant Type and Number</b><br>Capital Fund Program No: AL09P075-501-07<br>Replacement Housing Factor No: |        |   |         | <b>Federal FY of Grant:</b><br>2007 |                                  |
| Development Number<br>Name/HA-Wide<br>Activities  | All Fund Obligated<br>(Quarter Ending Date) |  |        | All Funds Expended<br>(Quarter Ending Date) |         |                                     | Reasons for Revised Target Dates |
|   | Original                                    | Revised  | Actual | Original                                    | Revised | Actual                              |                                  |
| PHA WIDE  | 6-30-2009                                   |  |        | 6-30-2011                                   |         |                                     |                                  |
|   |   |  |        |   |         |                                     |                                  |
| AL09P075-03,4,7   |   |  |        |   |         |                                     |                                  |
| MT VERNON HOMES   | 6-30-2009                                   |  |        | 6-30-2017                                   |         |                                     |                                  |
|   |   |  |        |   |         |                                     |                                  |
| AL09P075-12   |   |  |        |   |         |                                     |                                  |
| GERALDINE HOMES   | 6-30-2009                                   |  |        | 6-30-2017                                   |         |                                     |                                  |
|   |   |  |        |   |         |                                     |                                  |
| AL09P075-12   |   |  |        |   |         |                                     |                                  |
| GERALDINE HOMES   | 6-30-2009                                   |  |        | 6-30-2017                                   |         |                                     |                                  |
|   |   |  |        |   |         |                                     |                                  |
|   |   |  |        |   |         |                                     |                                  |
|   |   |  |        |   |         |                                     |                                  |



| <b>Capital Fund Program Five-Year Action Plan</b>                      |                     |   |   |   |  |
|--|---------------------|---|---|---|--|
| Part I: Summary  |                     |   |   |   |  |
| PHA Name <b>HOUSING<br/>AUTHORITY OF THE CITY OF<br/>BOAZ, ALABAMA</b> |                     |   |   | <input checked="" type="checkbox"/> <b>Original 5-Year Plan</b><br><input type="checkbox"/> <b>Revision No:</b> |  |
| Development<br>Number/Name/HA-<br>Wide                                 | Year 1              | Work Statement for Year 2<br>FFY Grant:<br>PHA FY: 2008 | Work Statement for Year 3<br>FFY Grant:<br>PHA FY: 2009 | Work Statement for Year 4<br>FFY Grant:<br>PHA FY: 2010   | Work Statement for<br>Year 5<br>FFY Grant:<br>PHA FY: 2011 |
|  | Annual<br>Statement |   |   |   |  |
| PHA WIDE   |                     | 54,000  | 54,000  | 54,000  | 54,000   |
| AL75-001   |                     |   |   |   |  |
| AL75-002   |                     |   |   |   |  |
| AL75-003   |                     | 207,819   |   |   |  |
| AL75-004   |                     | 207,819   |   |   |  |
| AL75-005   |                     |   |   | 135,000   | 120,000  |
| AL75-006   |                     |   |   |   | 108,000  |
| AL75-007   |                     | 207,820   | 623,458   |   |  |
| AL75-008   |                     |   |   |   |  |
| AL75-009   |                     |   |   | 263,458   |  |
| AL75-011   |                     |   |   | 225,000   | 395,458  |
| AL75-012   |                     |   |   |   |  |
| CFP Funds Listed for<br>5-year planning                                |                     | 677,458   | 677,458   | 677,458   | 677,548  |
| Replacement Housing<br>Factor Funds                                    |                     |   |   |   |  |





| <b>Annual Statement/Performance and Evaluation Report</b>   |   |  |         |                                     |          |
|---|---|--|---------|-------------------------------------|----------|
| <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>  |   |  |         |                                     |          |
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF BOAZ,<br>ALABAMA   |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: AL09P075-501-05<br>Replacement Housing Factor Grant No: |         | <b>Federal FY of Grant:</b><br>2005 |          |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 11/30/06 <input type="checkbox"/> Final Performance and Evaluation Report |   |  |         |                                     |          |
| Line No.  | Summary by Development Account                      | Total Estimated Cost   |         | Total Actual Cost                   |          |
|   |   | Original   | Revised | Obligated                           | Expended |
| 1   | Total non-CFP Funds                                 |  |         |                                     |          |
| 2   | 1406 Operations                                     |  |         |                                     |          |
| 3   | 1408 Management Improvements                        |  |         |                                     |          |
| 4   | 1410 Administration                                 | 4,000  |         |                                     |          |
| 5   | 1411 Audit  |  |         |                                     |          |
| 6   | 1415 Liquidated Damages                             |  |         |                                     |          |
| 7   | 1430 Fees and Costs                                 | 50,000   | 50,000  | 50,000                              | 50,000   |
| 8   | 1440 Site Acquisition                               |  |         |                                     |          |
| 9   | 1450 Site Improvement                               |  |         |                                     |          |
| 10  | 1460 Dwelling Structures                            | 655,959  | 659,959 | 659,959                             | 616,112  |
| 11  | 1465.1 Dwelling Equipment—Nonexpendable             |  |         |                                     |          |
| 12  | 1470 Nondwelling Structures                         |  |         |                                     |          |
| 13  | 1475 Nondwelling Equipment                          |  |         |                                     |          |
| 14  | 1485 Demolition                                     |  |         |                                     |          |
| 15  | 1490 Replacement Reserve                            |  |         |                                     |          |
| 16  | 1492 Moving to Work Demonstration                   |  |         |                                     |          |
| 17  | 1495.1 Relocation Costs                             |  |         |                                     |          |
| 18  | 1499 Development Activities                         |  |         |                                     |          |
| 19  | 1501 Collateralization or Debt Service              |  |         |                                     |          |
| 20  | 1502 Contingency                                    |  |         |                                     |          |
| 21  | Amount of Annual Grant: (sum of lines 2 – 20)       | 709,959  | 709,959 | 709,959                             | 666,112  |
| 22  | Amount of line 21 Related to LBP Activities         |  |         |                                     |          |
| 23  | Amount of line 21 Related to Section 504 compliance |  |         |                                     |          |

| <b>Annual Statement/Performance and Evaluation Report</b>   |   |   |         |                              |          |
|---|---|---|---------|------------------------------|----------|
| <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>  |   |   |         |                              |          |
| PHA Name:<br>HOUSING AUTHORITY OF THE CITY OF BOAZ,<br>ALABAMA  |   | Grant Type and Number<br>Capital Fund Program Grant No: AL09P075-501-05<br>Replacement Housing Factor Grant No: |         | Federal FY of Grant:<br>2005 |          |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 11/30/06 <input type="checkbox"/> Final Performance and Evaluation Report |   |   |         |                              |          |
| Line No.  | Summary by Development Account                            | Total Estimated Cost  |         | Total Actual Cost            |          |
|   |   | Original  | Revised | Obligated                    | Expended |
| 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 | 655,959   | 659,959 |                              |          |

Signed: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

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

| PHA Name:<br><b>HOUSING AUTHORITY OF THE CITY OF BOAZ,<br/>ALABAMA</b> |  | Grant Type and Number<br>Capital Fund Program Grant No: AL09P075-501-05<br>Replacement Housing Factor Grant No: |          |                      | Federal FY of Grant:<br>2005 |                   |                |                |
|--|--|---|----------|----------------------|------------------------------|-------------------|----------------|----------------|
| Development Number<br>Name/HA-Wide Activities                          | General Description of Major Work Categories | Dev. Acct No.   | Quantity | Total Estimated Cost |                              | Total Actual Cost |                | Status of Work |
|  |  |   |          | Original             | Revised                      | Funds Obligated   | Funds Expended |                |
| PHA WIDE   | ACCOUNTING                                   | 1410  |          | 4,000                |                              |                   |                |                |
|  | A & E COST                                   | 1430  |          | 50,000               | 50,000                       | 50,000            | 50,000         |                |
| AL09P075008  |  |   |          |                      |                              |                   |                |                |
| SUMMERVILLE HOME   | METAL ROOFS                                  | 1460  |          | 506,278              | 659,959                      | 659,959           | 659,959        |                |
|  |  |   |          |                      |                              |                   |                |                |
|  |  |   |          |                      |                              |                   |                |                |
| AL09P075012  |  |   |          |                      |                              |                   |                |                |
| GERALDINE HOMES  | HVAC   | 1460  |          | 75,000               |                              |                   |                |                |
|  |  |   |          |                      |                              |                   |                |                |
| AL09P075005  |  |   |          |                      |                              |                   |                |                |
| FYFFE HOMES  | HVAC   | 1460  |          | 74,681               |                              |                   |                |                |
|  |  |   |          |                      |                              |                   |                |                |
|  |  |   |          |                      |                              |                   |                |                |
|  | TOTAL CFP                                    |   |          | 709,959              | 709,959                      | 709,959           | 709,959        |                |

| <b>Annual Statement/Performance and Evaluation Report</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b><br><b>Part III: Implementation Schedule</b> |   |  |        |   |         |                                     |                                  |
|---|---|--|--------|---|---------|-------------------------------------|----------------------------------|
| <b>PHA Name:</b><br><b>HOUSING AUTHORITY OF THE CITY OF BOAZ, ALABAMA</b>   |   | <b>Grant Type and Number</b><br>Capital Fund Program No: AL09P075-501-05<br>Replacement Housing Factor No: |        |   |         | <b>Federal FY of Grant:</b><br>2005 |                                  |
| Development Number<br>Name/HA-Wide<br>Activities  | All Fund Obligated<br>(Quarter Ending Date) |  |        | All Funds Expended<br>(Quarter Ending Date) |         |                                     | Reasons for Revised Target Dates |
|   | Original                                    | Revised  | Actual | Original                                    | Revised | Actual                              |                                  |
| PHA WIDE  | 6-30-2007                                   |  |        | 6-30-2009                                   |         |                                     |                                  |
| AL09P075008   |   |  |        |   |         |                                     |                                  |
| SUMMERVILLE HOME  | 6-30-2007                                   |  |        | 6-30-2009                                   |         |                                     |                                  |
| AL09P075009   |   |  |        |   |         |                                     |                                  |
| GERALDINE HOMES   | 6-30-2007                                   |  |        | 6-30-2009                                   |         |                                     |                                  |
| AL09P075012   |   |  |        |   |         |                                     |                                  |
| GERALDINE HOMES   | 6-30-2007                                   |  |        | 6-30-2009                                   |         |                                     |                                  |
| AL09P075005   |   |  |        |   |         |                                     |                                  |
| FYFFE HOMES   | 6-30-2007                                   |  |        | 6-30-2009                                   |         |                                     |                                  |

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

|   |  |                                     |
|---|--|-------------------------------------|
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF BOAZ,<br>ALABAMA | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: AL09P075-501-06<br>Replacement Housing Factor Grant No: | <b>Federal FY of Grant:</b><br>2006 |
|---|--|-------------------------------------|

Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 2 )  
 Performance and Evaluation Report for Period Ending: 11/30/06  Final Performance and Evaluation Report

| Line No. | Summary by Development Account          | Total Estimated Cost |         | Total Actual Cost |          |
|----------|---|----------------------|---------|-------------------|----------|
|          |   | Original             | Revised | Obligated         | Expended |
| 1        | Total non-CFP Funds                     |                      |         |                   |          |
| 2        | 1406 Operations                         |                      |         |                   |          |
| 3        | 1408 Management Improvements            |                      |         |                   |          |
| 4        | 1410 Administration                     | 4,000                | 3,000   |                   |          |
| 5        | 1411 Audit                              |                      |         |                   |          |
| 6        | 1415 Liquidated Damages                 |                      |         |                   |          |
| 7        | 1430 Fees and Costs                     | 50,000               | 50,000  |                   |          |
| 8        | 1440 Site Acquisition                   |                      |         |                   |          |
| 9        | 1450 Site Improvement                   |                      |         |                   |          |
| 10       | 1460 Dwelling Structures                | 623,458              | 624,458 |                   |          |
| 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    |                      |         |                   |          |



| <b>Annual Statement/Performance and Evaluation Report</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>   |   |  |         |                                     |          |
|---|---|--|---------|-------------------------------------|----------|
| <b>PHA Name:</b><br>HOUSING AUTHORITY OF THE CITY OF BOAZ,<br>ALABAMA   |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: AL09P075-501-06<br>Replacement Housing Factor Grant No: |         | <b>Federal FY of Grant:</b><br>2006 |          |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 11/30/06 <input type="checkbox"/> Final Performance and Evaluation Report |   |  |         |                                     |          |
| Line No.  | Summary by Development Account                            | Total Estimated Cost   |         | Total Actual Cost                   |          |
|   |   | Original   | Revised | Obligated                           | Expended |
| 20  | 1502 Contingency  |  |         |                                     |          |
| 21  | Amount of Annual Grant: (sum of lines 2 – 20)             | 677,458  | 677,458 |                                     |          |
| 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 | 623,458  | 624,458 |                                     |          |

Signed: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

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

| PHA Name:<br><b>HOUSING AUTHORITY OF THE CITY OF BOAZ,<br/>ALABAMA</b> |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: AL09P075-501-06<br>Replacement Housing Factor Grant No: |          |                      |         | <b>Federal FY of Grant:</b><br>2006 |                   |                   |
|--|---|--|----------|----------------------|---------|-------------------------------------|-------------------|-------------------|
| Development<br>Number<br>Name/HA-Wide<br>Activities                    | General Description of Major Work<br>Categories | Dev. Acct No.  | Quantity | Total Estimated Cost |         | Total Actual Cost                   |                   | Status of<br>Work |
|  |   |  |          | Original             | Revised | Funds<br>Obligated                  | Funds<br>Expended |                   |
| PHA WIDE   | FEE ACCOUNTANT                                  | 1410   |          | 3,000                | 3,000   |                                     |                   |                   |
|  | A& E COST                                       | 1430   |          | 50,000               | 50,000  |                                     |                   |                   |
| AL09P075-03,4,7<br>MT VERNON HOMES                                     | HVAC  | 1460   |          | 623,458              | 613,042 |                                     |                   |                   |
| AL09P075-08<br>SUMMERSVILLE<br>HOMES                                   | METAL ROOFS                                     | 1460   |          |                      | 11,416  | 11,416                              | 11,416            |                   |
|  |   |  |          |                      |         |                                     |                   |                   |
|  |   |  |          |                      |         |                                     |                   |                   |
|  |   |  |          |                      |         |                                     |                   |                   |
|  |   |  |          |                      |         |                                     |                   |                   |
|  |   |  |          |                      |         |                                     |                   |                   |
|  |   |  |          |                      |         |                                     |                   |                   |
|  |   |  |          |                      |         |                                     |                   |                   |
|  |   |  |          |                      |         |                                     |                   |                   |
|  |   |  |          |                      |         |                                     |                   |                   |
|  | TOTAL CFP                                       |  |          | 677,458              | 677,458 | 11,416                              | 11,416            |                   |

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

|  |  |                                     |
|--|--|-------------------------------------|
| PHA Name:<br><b>HOUSING AUTHORITY OF THE CITY OF<br/>BOAZ, ALABAMA</b> | Grant Type and Number<br>Capital Fund Program No: <b>AL09P075-501-06</b><br>Replacement Housing Factor No: | Federal FY of Grant:<br><b>2006</b> |
|--|--|-------------------------------------|

| Development Number<br>Name/HA-Wide<br>Activities | All Fund Obligated<br>(Quarter Ending Date) |         |        | All Funds Expended<br>(Quarter Ending Date) |         |        | Reasons for Revised Target Dates |
|--|---|---------|--------|---|---------|--------|----------------------------------|
|  | Original                                    | Revised | Actual | Original                                    | Revised | Actual |                                  |
| PHA WIDE   | 6-30-2008                                   |         |        | 6-30-2010                                   |         |        |                                  |
|  |   |         |        |   |         |        |                                  |
| AL09P075-03,4,7<br>MT VERNON HOMES               | 6-30-2008                                   |         |        | 6-30-2010                                   |         |        |                                  |
|  |   |         |        |   |         |        |                                  |
| AL09P075-08<br>SUMMERSVILLE HOMES                | 6-30-2008                                   |         |        | 6-30-2010                                   |         |        |                                  |
|  |   |         |        |   |         |        |                                  |
|  |   |         |        |   |         |        |                                  |
|  |   |         |        |   |         |        |                                  |
|  |   |         |        |   |         |        |                                  |
|  |   |         |        |   |         |        |                                  |