

PHA Plans

Streamlined Annual Version

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

OMB No. 2577-0226
(exp. 08/31/2009)

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

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

Streamlined Annual PHA Plan

for Fiscal Year: 2007

PHA Name: Housing Authority of the City of Trinidad

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

Streamlined Annual PHA Plan Agency Identification

PHA Name: Housing Authority of the City of Trinidad **PHA Number:** CO005

PHA Fiscal Year Beginning: (mm/yyyy) 04/2007

PHA Programs Administered:

Public Housing and Section 8
 Section 8 Only
 Public Housing Only
 Number of public housing units: **198**
 Number of S8 units:
 Number of public housing units:
 Number of S8 units: **83**

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:				

PHA Plan Contact Information:

Name: Helen Veltri, Executive Director Phone: 719-846-7204
 TDD: Email (if available): trihou@activematrix.net

Public Access to Information

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

PHA's main administrative office
 PHA's development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection.
 Yes
 No.

If yes, select all that apply:

Main administrative office of the PHA
 PHA development management offices
 Main administrative office of the local, county or 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)

Streamlined Annual PHA Plan Fiscal Year 2007

[24 CFR Part 903.12(c)]

Table of Contents

[24 CFR 903.7(r)]

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

A. PHA PLAN COMPONENTS	Page #
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903.7(b)(2) Policies on Eligibility, Selection, and Admissions	
<input checked="" type="checkbox"/> 2. Capital Improvement Needs	5
903.7(g) Statement of Capital Improvements Needed	
<input type="checkbox"/> 3. Section 8(y) Homeownership	6
903.7(k)(1)(i) Statement of Homeownership Programs	
<input type="checkbox"/> 4. Project-Based Voucher Programs	7
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<input checked="" type="checkbox"/> 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report –attachment (<i>co005a01</i>)	
<input checked="" type="checkbox"/> 8. Capital Fund Program 5-Year Action Plan – attachment (<i>co005b01</i>)	
Other Attachments:	
▪ 2006 Performance and Evaluation Report (<i>co005c01</i>)	
▪ 2005 Performance and Evaluation Report (<i>co005d01</i>)	
▪ Violence Against Women Policy (<i>co005f01</i>)	

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

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

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

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

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

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

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

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

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

A. Site-Based Waiting Lists-Previous Year

PHA does not operate site-based waiting lists

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

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

2. What is the number of site based waiting list developments to which families may apply at one time? *__ N/A*
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list? *__ N/A*
4. Yes No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below: *N/A*

B. Site-Based Waiting Lists – Coming Year

The PHA does not plan to operate site-based waiting lists.

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 next component.

1. How many site-based waiting lists will the PHA operate in the coming year? *N/A*
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)? *N/A*
 If yes, how many lists?

3. Yes No: May families be on more than one list simultaneously *N/A*
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)? *N/A*
- 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)

2. Capital Improvement Needs

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

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

A. Capital Fund Program

1. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2. Yes No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

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

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

1. Yes No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).
2. Status of HOPE VI revitalization grant(s): *NA*

HOPE VI Revitalization Grant Status	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
	<input type="checkbox"/> Revitalization Plan under development
	<input type="checkbox"/> Revitalization Plan submitted, pending approval
	<input type="checkbox"/> Revitalization Plan approved
	<input type="checkbox"/> Activities pursuant to an approved Revitalization Plan underway

3. Yes No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name(s) below:
4. Yes No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:
5. Yes No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to the next component; if “yes”, complete each program description below (copy and complete questions for each program identified.)

2. Program Description: *N/A*

a. Size of Program

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

If the answer to the question above was yes, what is the maximum number of participants this fiscal year?

b. PHA established eligibility criteria

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

c. What actions will the PHA undertake to implement the program this year (list)?

3. Capacity of the PHA to Administer a Section 8 Homeownership Program: *N/A*

The PHA has demonstrated its capacity to administer the program by (select all that apply):

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

4. Use of the Project-Based Voucher Program

Intent to Use Project-Based Assistance

Yes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1. Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply: *N/A*
 - low utilization rate for vouchers due to lack of suitable rental units
 - access to neighborhoods outside of high poverty areas
 - other (describe below:)
2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts): *N/A*

5. PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: (provide name here) *City of Trinidad*

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
 - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
 - Other: (list below)

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)
 - *Review of PHA Plan and preparation of Environmental Review.*
 - *Continual upgrading of housing stock.*

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

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

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

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

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

Annual Statement/Performance and Evaluation Report (See attachment co005a01)					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant:
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <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				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

Annual Statement/Performance and Evaluation Report (See attachment co005a01)
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

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

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

**Annual Statement/Performance and Evaluation Report *(See attachment co005a01)*
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
 Part III: Implementation Schedule**

PHA Name:		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant:	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan (See attachment co005b01)

Part I: Summary

PHA Name						<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY:	Work Statement for Year 3 FFY Grant: PHA FY:	Work Statement for Year 4 FFY Grant: PHA FY:	Work Statement for Year 5 FFY Grant: PHA FY:	
	Annual Statement					
CFP Funds Listed for 5-year planning						
Replacement Housing Factor Funds						

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan *(See attachment (co005b01))*

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual						
Statement						
Total CFP Estimated Cost			\$			\$

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan *(See attachment co005b01)*

Part II: Supporting Pages—Work Activities

Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
Total CFP Estimated Cost		\$			\$

CAPITAL FUND PROGRAM TABLES START HERE

Attachment: co005a01

12/19/2006

Annual Statement /Performance and Evaluation Report Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: <p style="text-align: center;">Housing Authority of the City of Trinidad</p>	Grant Type and Number: Capital Fund Program No: CO06P005501-07 Replacement Housing Factor Grant No:	Federal FY of Grant: <p style="text-align: center;">2007</p>
--	--	--

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Original Annual Statement | <input type="checkbox"/> Reserved for Disasters/Emergencies | <input type="checkbox"/> Revised Annual Statement/Revision Number |
| <input type="checkbox"/> Performance and Evaluation Report for Program Year Ending | | <input type="checkbox"/> Final Performance and Evaluation Report for Program Year Ending |

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds	0.00			
2	1406 Operating Expenses	20,000.00			
3	1408 Management Improvements	0.00			
4	1410 Administration	0.00			
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	0.00			
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	75,000.00			
10	1460 Dwelling Structures	225,359.00			
11	1465.1 Dwelling Equipment-Nonexpendable	0.00			
12	1470 Nondwelling Structures	0.00			
13	1475 Nondwelling Equipment	0.00			
14	1485 Demolition	0.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration	0.00			
17	1495.1 Relocation Costs	0.00			
18	1499 Development Activities	0.00			
19	1501 Collateralization or Debt Service	0.00			
20	1502 Contingency	0.00			
21	Amount of Annual Grant (sums of lines 2-20)	\$320,359.00			
22	Amount of line 21 Related to LBP Activities	0.00			
23	Amount of Line 21 Related to Section 504 Compliance	0.00			
24	Amount of Line 21 Related to Security - Soft Costs	0.00			
25	Amount of Line 21 Related to Security - Hard Costs	0.00			
26	Amount of Line 21 Related to Energy Conservation Measures	0.00			

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

12/19/06

PHA Name: Housing Authority of the City of Trinidad		Grant Type and Number: Capital Fund Program No: CO06P005501-07 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA - Wide	Operations	1406		20,000.00				
	Total 1406			\$20,000.00				
CO005003	Site Improvements							
	Concrete	1450		75,000.00				
	Total 1450			\$75,000.00				
CO005003	Dwelling Structures:							
	Exterior painting	1460	40	25,000.00				
	Washer drain repair	1460	40	25,000.00				
	Carpet or tile	1460	40	25,000.00				
	Storage sheds	1460	40	40,000.00				
	HC provisions	1460	40	25,359.00				
	Countertops	1460	40	50,000.00				
	Interior doors	1460	120	35,000.00				
	Total 1460			\$225,359.00				
	TOTAL CAPITAL FUNDS GRANT FOR 2007			\$320,359.00				

Annual Statement/Performance and Evaluation Report

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

12/19/2006

Part III: Implementation Schedule

PHA Name: Housing Authority of the City of Trinidad			Grant Type and Number: Capital Fund Program No: CO06P005501-07 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007	
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual	Actual	
CO005003	3/31/2009			3/31/2011				
HA-Wide	3/31/2009			3/31/2011				

Capital Fund Program Five-Year Action Plan Part I: Summary

12/19/2006

Attachment: **co005b01**

PHA Name: Housing Authority of the City of Trinidad		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No. ____			
Development Number/Name/HA-Wide	Year 1 2007	Work Statement for Year 2 FFY Grant: 2008 PHA FY: 2008	Work Statement for Year 3 FFY Grant: 2009 PHA FY: 2009	Work Statement for Year 4 FFY Grant: 2010 PHA FY: 2010	Work Statement for Year 5 FFY Grant: 2011 PHA FY: 2011
HA-Wide	Annual Statement	320,359.00	320,359.00	320,359.00	320,359.00
CFP Funds Listed for 5-Year planning		\$320,359.00	\$320,359.00	\$320,359.00	\$320,359.00
Replacement Housing Factor Funds		0.00	0.00	0.00	0.00

Capital Funds Program Five Year Action Plan

Part II: Supporting Pages--Work Activities

Activities for Year 1	Activities for Year: 2 FFY Grant: 2008 PHA FY: 2008		
2007	Development Name/Number	Major Work Categories	Estimated Cost
See	HA - Wide	Operations	25,000.00
	CO005004	Replace or repair concrete	45,359.00
	CO005004	Paint exterior of all buildings	35,000.00
	CO005004	Repair or replace washer drains	35,000.00
Annual	CO005004	Replace carpet or tile	35,000.00
	CO005004	Install sprinkler system	35,000.00
	CO005004	Replace interior doors	35,000.00
	CO005004	Provide handicap provisions	75,000.00
Statement			
	2008 - TOTAL CFP ESTIMATED COST		\$320,359.00

CAPITAL FUND PROGRAM TABLES START HERE

Attachment: co005c01

12/19/2006

Annual Statement /Performance and Evaluation Report Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of the City of Trinidad		Grant Type and Number: Capital Fund Program No: CO06P005501-06 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserved for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement/Revision Number <input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending 9/30/06 <input type="checkbox"/> Final Performance and Evaluation Report for Program Year Ending					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds	0.00		0.00	0.00
2	1406 Operating Expenses	20,000.00		0.00	0.00
3	1408 Management Improvements	0.00		0.00	0.00
4	1410 Administration	0.00		0.00	0.00
5	1411 Audit	0.00		0.00	0.00
6	1415 Liquidated Damages	0.00		0.00	0.00
7	1430 Fees and Costs	0.00		0.00	0.00
8	1440 Site Acquisition	0.00		0.00	0.00
9	1450 Site Improvement	0.00		0.00	0.00
10	1460 Dwelling Structures	300,359.00		0.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable	0.00		0.00	0.00
12	1470 Nondwelling Structures	0.00		0.00	0.00
13	1475 Nondwelling Equipment	0.00		0.00	0.00
14	1485 Demolition	0.00		0.00	0.00
15	1490 Replacement Reserve	0.00		0.00	0.00
16	1492 Moving to Work Demonstration	0.00		0.00	0.00
17	1495.1 Relocation Costs	0.00		0.00	0.00
18	1499 Development Activities	0.00		0.00	0.00
19	1501 Collateralization or Debt Service	0.00		0.00	0.00
20	1502 Contingency	0.00		0.00	0.00
21	Amount of Annual Grant (sums of lines 2-20)	\$320,359.00		\$0.00	\$0.00
22	Amount of line 21 Related to LBP Activities	0.00		0.00	0.00
23	Amount of Line 21 Related to Section 504 Compliance	0.00		0.00	0.00
24	Amount of Line 21 Related to Security - Soft Costs	0.00		0.00	0.00
25	Amount of Line 21 Related to Security - Hard Costs	0.00		0.00	0.00
26	Amount of Line 21 Related to Energy Conservation Measures	0.00		0.00	0.00

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

12/19/2006

Part III: Implementation Schedule

PHA Name: Housing Authority of the City of Trinidad	Grant Type and Number: Capital Fund Program No: CO06P005501-06 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
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Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual	Actual	
CO005002	7/17/2008			7/17/2010				
HA-Wide	7/17/2008			7/17/2010				

CAPITAL FUND PROGRAM TABLES START HERE

Attachment: co005d01

12/19/2006

Annual Statement /Performance and Evaluation Report Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of the City of Trinidad		Grant Type and Number: Capital Fund Program No: CO06P005501-05 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserved for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement/Revision Number	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending 9/30/06		<input type="checkbox"/> Final Performance and Evaluation Report for Program Year Ending			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds	0.00		0.00	0.00
2	1406 Operating Expenses	30,000.00		30,000.00	30,000.00
3	1408 Management Improvements	0.00		0.00	0.00
4	1410 Administration	0.00		0.00	0.00
5	1411 Audit	0.00		0.00	0.00
6	1415 Liquidated Damages	0.00		0.00	0.00
7	1430 Fees and Costs	0.00		0.00	0.00
8	1440 Site Acquisition	0.00		0.00	0.00
9	1450 Site Improvement	0.00		0.00	0.00
10	1460 Dwelling Structures	329,731.00		150,870.91	150,870.91
11	1465.1 Dwelling Equipment-Nonexpendable	0.00		0.00	0.00
12	1470 Nondwelling Structures	0.00		0.00	0.00
13	1475 Nondwelling Equipment	0.00		0.00	0.00
14	1485 Demolition	0.00		0.00	0.00
15	1490 Replacement Reserve	0.00		0.00	0.00
16	1492 Moving to Work Demonstration	0.00		0.00	0.00
17	1495.1 Relocation Costs	0.00		0.00	0.00
18	1499 Development Activities	0.00		0.00	0.00
19	1501 Collateralization or Debt Service	0.00		0.00	0.00
20	1502 Contingency	0.00		0.00	0.00
21	Amount of Annual Grant (sums of lines 2-20)	\$359,731.00		\$180,870.91	\$180,870.91
22	Amount of line 21 Related to LBP Activities	0.00		0.00	0.00
23	Amount of Line 21 Related to Section 504 Compliance	0.00		0.00	0.00
24	Amount of Line 21 Related to Security - Soft Costs	0.00		0.00	0.00
25	Amount of Line 21 Related to Security - Hard Costs	0.00		0.00	0.00
26	Amount of Line 21 Related to Energy Conservation Measures	0.00		0.00	0.00

Annual Statement/Performance and Evaluation Report

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

12/19/06

Part II: Supporting Pages

PHA Name: Housing Authority of the City of Trinidad		Grant Type and Number: Capital Fund Program No: CO06P005501-05 Replacement Housing Factor Grant No:					Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Funds Obligated	Funds Expended		
HA - Wide	Operations	1406		30,000.00		30,000.00	30,000.00		
	Total 1406			30,000.00		30,000.00	30,000.00	100% Completed	
	Dwelling Structures:								
CO005001	Exterior painting	1460		30,000.00		4,835.00	4,835.00		
CO005001	Family yard sprinklers	1460		66,776.00		9,820.00	9,820.00		
CO005001	Kitchen cabinets	1460		180,000.00		117,505.91	117,505.91		
CO005001	Various concrete work	1460		52,955.00		18,710.00	18,710.00		
	Total 1460			329,731.00		150,870.91	150,870.91	46% Completed	
TOTAL CAPITAL FUNDS GRANT FOR 2005						\$359,731.00	\$180,870.91	\$180,870.91	50% Completed

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

12/19/2006

PHA Name: Housing Authority of the City of Trinidad	Grant Type and Number: Capital Fund Program No: CO06P005501-05 Replacement Housing Factor Grant No:						Federal FY of Grant: 2005	
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual	Actual	
CO005001	8/17/2007			8/17/2009				
HA-Wide	8/17/2007			8/17/2009				

CAPITAL FUND PROGRAM TABLES START HERE

Attachment: co005e01

12/19/2006

Annual Statement /Performance and Evaluation Report		
Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary		
PHA Name: Housing Authority of the City of Trinidad	Grant Type and Number: Capital Fund Program No: CO06P005501-04 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004

<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserved for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement/Revision Number
<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending 9/30/06		<input type="checkbox"/> Final Performance and Evaluation Report for Program Year Ending

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds	0.00	0.00	0.00	0.00
2	1406 Operating Expenses	40,000.00	40,000.00	40,000.00	40,000.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration	0.00	0.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	0.00	0.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	373,230.00	373,230.00	373,230.00	368,240.00
11	1465.1 Dwelling Equipment-Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant (sums of lines 2-20)	\$413,230.00	\$413,230.00	\$413,230.00	\$408,240.00
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of Line 21 Related to Section 504 Compliance	213,230.00	77,430.00	77,430.00	77,430.00
24	Amount of Line 21 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security - Hard Costs	0.00	0.00	0.00	0.00
26	Amount of Line 21 Related to Energy Conservation Measures	0.00	60,200.00	60,200.00	60,200.00

Annual Statement/Performance and Evaluation Report

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

12/19/06

Part II: Supporting Pages

PHA Name:		Grant Type and Number:						Federal FY of Grant:		
Housing Authority of the City of Trinidad		Grant Type and Number: CO06P005501-04 Capital Fund Program No: CO06P005501-04 Replacement Housing Factor Grant No:						2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work		
				Original	Revised	Funds Obligated	Funds Expended			
HA - Wide	Operations	1406		40,000.00	40,000.00	40,000.00	40,000.00			
	Total 1406			\$40,000.00	\$40,000.00	\$40,000.00	\$40,000.00	100% Completed		
CO005 - All	Dwelling Structures:									
	Metal Roofing System	1460		60,000.00	50,000.00	50,000.00	50,000.00			
	Sprinkler system update	1460		100,000.00	139,000.00	139,000.00	134,010.00			
	Electrical update	1460		0.00	0.00	0.00	0.00			
	HC Provisions	1460		213,230.00	77,430.00	77,430.00	77,430.00			
	Replace old furnaces	1460		0.00	60,200.00	60,200.00	60,200.00			
	Replace some water heaters	1460		0.00	4,600.00	4,600.00	4,600.00			
	Replace broken concrete	1460		0.00	42,000.00	42,000.00	42,000.00			
	Total 1460			\$373,230.00	\$373,230.00	\$373,230.00	\$368,240.00	99% Completed		
TOTAL CAPITAL FUNDS GRANT FOR 2004						\$413,230.00	\$413,230.00	\$413,230.00	\$408,240.00	99% Completed

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

12/19/2006

PHA Name: Housing Authority of the City of Trinidad			Grant Type and Number: Capital Fund Program No: CO06P005501-04 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004	
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual	Actual	
CO005 - All	9/13/2006		3/31/2006	9/13/2008				
HA-Wide	9/13/2006		3/31/2006	9/13/2008				

ATTACHMENT: co005f01
TRINIDAD HOUSING AUTHORITY
VIOLENCE AGAINST WOMEN POLICY

In compliance with the Violence Against Women Act at P.L. 109-162 the Trinidad Housing Authority provides or offers the following activities, services, or programs that helps an individual or family victim of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing or to enhance victim safety in assisted housing by:

- **Allowing a preference for housing to victims of domestic violence;**
The Trinidad Housing Authority believes that victims of domestic violence deserve and need preferential treatment in admissions and/or continued occupancy.
- **Working closely with local Advocates Against Domestic Assault (AADA);**
This program provides residents with a timely, safe and effective means of alleviating domestic abuse through direct services, education, information and referrals.
- **Working closely with Housing Justice to obtain transitional housing, if needed;**
Another program that the Trinidad Housing Authority is partnering with to provide shelter to families and individuals who are victims of domestic violence.
- **Maintain a list of available services within the community that individuals and/or families may use.**
Specifically the Dept. of Social Services various departments and services.

A. Eviction and Termination

While the Trinidad Housing Authority screening and eviction statute allows PHAs to evict households for any criminal activity by a member of the family or a guest that threatens the health, safety or right to peaceful enjoyment of other residents, the Trinidad Housing Authority will carefully review circumstances where victims of domestic violence may be evicted due to circumstances beyond their control. A discretionary authority in some cases may allow for the removal of the perpetrator from the household, while allowing the victim to remain in occupancy of the unit. By establishing a working relationship with the local law enforcement the Trinidad Housing Authority may make unscheduled home visits to the victim's public housing

units. The victims will voluntarily submit their names to the list and allow unscheduled home visits as a way of deterring the perpetrator.

Tools that the Trinidad Housing Authority may use are:

- 1) Barring the culpable perpetrator from the unit or PHA development.
- 2) Establishing “no trespass” list for those that have been banned from the unit or THA development.

B. Screening and Admission

The Trinidad Housing Authority may screen families on the basis of their family behavior and suitability for tenancy. In doing so, the Trinidad Housing Authority may consider an applicant’s previous rental and tenancy history, as well as past criminal activity. In an attempt to ascertain whether domestic violence was a factor in the poor rental and tenancy history or criminal activity, staff will be encouraged to exercise discretion and inquire about the circumstances that may have contributed to the negative reporting. If the PHA determines that the negative reporting was a consequence of domestic violence against the applicant, the PHA may exercise discretion and approve admission pursuant to its Admissions and Continued Occupancy Plan. (ACOP).

C. Continued Occupancy and Transfer Policies

Issues related to the continuation of benefits are more often complicated by the fact that victims of domestic abuse may be evicted for the acts of their abuser. The Trinidad Housing Authority may assist these victims in avoiding their abusers and continuing occupancy in public housing by adopting a special transfer policy that takes into account the victim’s circumstances.

A special transfer policy would assist victims, who are seeking to flee their abusers, in accessing and maintaining stable housing separate and apart from their abuser. In this instance, the Trinidad Housing Authority will maintain a transfer policy that includes a preference for victims of domestic violence who wish to move to other neighborhoods or even other jurisdictions.

D. Types of Evidence Required as Proof of Domestic Violence,

Under existing HUD statutes and regulations, PHAs may already consider the nature and severity of each offence, and exercise discretion on whether or not household members or their guests may threaten the health, safety, or right to peaceful enjoyment of the premises by others. Currently, public housing agencies may consider: 1) the effects of termination of assistance on other family members who were not involved in the offense, and 2)

conditions barring the culpable household member from residing or visiting the unit. The Trinidad Housing Authority will consider the circumstances relevant to an eviction or termination of tenancy based on the extent to which the person has shown personal responsibility to prevent the offending action, and the time that has elapsed since their arraignment for that crime.

The Trinidad Housing Authority will exercise discretionary authority in accepting a broad range of evidence as proof of domestic violence. This evidence may include, but is not limited to:

- A domestic violence victim's statement, testimony or affidavit outlining the facts of the violence or cruelty in each incident. The statement should include a listing of the approximate dates when each incident occurred, discussion of the applicant's fears and injuries and the effect that each abusive incident has had on the applicant and her/his family.**
- Restraining or civil protection orders.**
- Medical records.**
- Police reports, records of telephone calls or visits to the victim's address. This may include telephone calls to the police registering a complaint, a log of police runs made to the residence, copies of all tapes and reports written by officers responding to a call.**
- Criminal court records if a batterer was arrested or convicted of any act of domestic violence or destruction of property relating to the victim (certified copies); a victim's own statement to police or prosecutors, which can be obtained from the prosecutor's office.**
- Statements of workers from a domestic violence shelter or other domestic violence programs attesting to the time the victim spent in the shelter and the reason as linked to incidents of abuse.**
- Statement from counselors, if victim attended counseling.**
- Reports, statements from police, judges and other court officials, clergy, social workers and other social service agencies.**
- Other credible evidence as corroborated by law enforcement or domestic violence providers.**

This policy is neither exhaustive nor exclusive. The Trinidad Housing Authority will take all other actions necessary to comply with P.O. 109-162 and any changes that may be forthcoming.

This shall become the policy of both the Trinidad Housing Authority (ACOP) Admission and Continued Occupancy Policy and the Section 8 Housing Choice Voucher, Administrative Policy.