

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

PHA Plans

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: Marianna Housing Authority

PHA Number: FL031

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: 80 Number of S8 units: Number of public housing units:
 Number of S8 units: 117

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)

PHA FISCAL YEAR 2007

[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: The mission of the Housing Authority of the City of Marianna, Florida is to offer safe and affordable housing options and opportunities for low income and disadvantage residents of Jackson County.

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: by 10%
 - Improve voucher management: by 10 %
 - Increase customer satisfaction: by 20%
 - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units: 80
 - Demolish or dispose of obsolete public housing:
 - Provide replacement public housing:

- Provide replacement vouchers:
- Other: (list below)

PHA Goal: Increase assisted housing choices

Objectives:

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

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

PHA Goal: Provide an improved living environment

Objectives:

- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: continuing
- 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: continuing
- 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: 10%
- 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: (list below)

Other PHA Goals and Objectives: (list below)

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)]

In accordance with the Section 511 of the (QHWRA) Quality Housing and Work Responsibility Act, the Housing Authority of the City of Marianna, Florida has prepared this annual plan as follows: After reviewing the housing needs of the residents of Jackson County, the housing authority has established goals and policies for the economic gain of it's residents to create an over all better community.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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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 **Page 42**
- Most recent board-approved operating budget **Page 57**
- List of Resident Advisory Board Members
- List of Resident Board Member **Only one, Annie Peterson**
- Community Service Description of Implementation **Page 100**
- Information on Pet Policy **Page 77**
- FY 2006 Capital Fund Program Annual Statement **Page 45**
- FY 2005 Capital Fund Program Annual Statement **Page 48**
- FY 2004 Capital Fund Program Annual Statement **Page 51**

Optional Attachments:

- PHA Management Organizational Chart
- FY 2005 Capital Fund Program 5 Year Action **Plan Page 54**
- 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.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
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: 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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
N/A	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
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
N/A	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
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 <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	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 HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
N/A	Most recent, approved 5 Year Action Plan for the Capital	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	
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	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	Annual Plan: 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 <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
N/A	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	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	Annual Plan: Community Service & Self-Sufficiency
N/A	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
X	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
X	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	13,784	5	5	5	5	5	3
Income >30% but <=50% of AMI	2,168	4	5	5	5	5	3
Income >50% but <80% of AMI	1,663	3	5	5	5	5	3
Elderly	4,971	5	3	2	1	1	1
Families with Disabilities	2,782	3	3	2	1	1	1
Race/Ethnicity W	34,748	1	1	1	1	1	1
Race/Ethnicity B	13,456	1	1	1	1	1	1
Race/Ethnicity H	1,725	1	1	1	1	1	1
Race/Ethnicity O	34,317	1	1	1	1	1	1

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.)

- X Consolidated Plan of the Jurisdiction/s
Indicate year: Florida Housing Data Clearinghouse 2005
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- X Other sources: U.S. Census Bureau, Jackson County FL 2006

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 checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	17		
Extremely low income <=30% AMI	2	12%	
Very low income (>30% but <=50% AMI)	15	89%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	11	65%	
Elderly families	1	6%	
Families with Disabilities	0	0	
Race/ethnicity B	12	71%	
Race/ethnicity W	5	30%	
Race/ethnicity O	0	0	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	6	36%	

Housing Needs of Families on the Waiting List			
2 BR	8	47%	
3 BR	1	6%	
4 BR	2	12%	
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			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	104		
Extremely low income <=30% AMI	22	22%	
Very low income (>30% but <=50% AMI)	76	73%	
Low income (>50% but <80% AMI)	6	6%	
Families with children	75	73%	
Elderly families	3	3%	
Families with Disabilities	0	0	
Race/ethnicity B	62	60%	
Race/ethnicity W	42	41%	
Race/ethnicity O	0	0	
Race/ethnicity			
Characteristics by			

Housing Needs of Families on the Waiting List			
Bedroom Size (Public Housing Only)			
1BR	28	27%	
2 BR	43	42%	
3 BR	29	28%	
4 BR	3	3%	
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)

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.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2006 grants)		
a) Public Housing Operating Fund	187,112	
b) Public Housing Capital Fund	373,249	
c) HOPE VI Revitalization	N/A	
d) HOPE VI Demolition	N/A	
e) Annual Contributions for Section 8 Tenant-Based Assistance	413,577	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	N/A	
g) Resident Opportunity and Self-Sufficiency Grants	N/A	
h) Community Development Block Grant	N/A	
i) HOME	N/A	
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
501-04	67,797	
501-05	116,726	
501-06	101,245	

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
3. Public Housing Dwelling Rental Income		
Misc. Income-Tenant Charges	7591	
4. Other income (list below)		
4. Non-federal sources (list below)		
Total resources	514,822	

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: 3
 When families are within a certain time of being offered a unit: days
 Other: (describe)

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

- Criminal or Drug-related activity
 Rental history
 Housekeeping
 Other (describe)

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

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

(2)Waiting List Organization

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

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

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

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

c. 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)

(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:

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 Screening is up to landlord.
- 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 All tenant records are available per Landlord's request.

(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)

(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: Hardships beyond tenant's control.

(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)
- 95th 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)

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 (list below)

- 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 To make rents comparable to those of unassisted units in the area.

(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)

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: The Executive Director reports to a Board which consists of 5 members: Chairman, Vice-Chairman, two commissioners and one resident commissioners. 4 employees report to the Executive Director: Maintenance Supervisor with one maintenance worker, one Public Housing Specialist and one Administrative Assistant.

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
--------------	--	-------------------

Public Housing	79	25
Section 8 Vouchers	117	35
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: Admission and Occupancy Policy
- Lease Part I & II
- Grievance Policy
- Procurement Policy
- Capitalization Policy
- Investment Policy
- Disposition Policy
- Pet Policy
- Travel Policy
- Rent Policy
- One Strike Policy
- Maintenance Policy
- Preventative Maintenance Policy

- (2) Section 8 Management: Administrative Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

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

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office
 Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (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 **Page 54**

-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.)

Demolition/Disposition Activity Description	
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: (DD/MM/YY)	
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.

Designation of Public Housing Activity Description	
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.

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

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.)

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

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

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

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.)

- 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

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)

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 One PH unit is being utilized as a Substation for the local Police Department and they patrol all properties 16 hours a week.

2. Which developments are most affected? All properties

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? All properties.

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)] Attached

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

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

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

1. Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

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

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

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

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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

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

- Attached at Attachment (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)

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: State of FL city of Marianna, FL Jackson County and to the city limits of Graceville, FL.
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.

The PHA will provide housing to eligible residents that is safe, sanitary and decent in an affordable manner to meet the resident need within the jurisdiction.

- Other: (list below)

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

The Consolidated Plan of the State of Florida supports the PHA in assisting eligible residents to obtain safe, sanitary and decent housing which is affordable and assist resident with economic opportunities with in the jurisdiction.

D. Other Information Required by HUD

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

Attachments

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

Annual Statement/Performance and Evaluation Report		Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPHF) Part I: Summary		Federal FY of Grant: 2007	
PIEA Name: Mariana Housing Authority		Grant Type and Number Capital Fund Program Grant No: 0129W01507.97 Replacement Housing Factor Grant No			
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1)			
Line No.	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost	Expended
		Original	Revised		
1	1401 Non-CFP Funds				
2	1406 Operations	20,000.00			
3	1408 Management Improvements	25,000.00			
4	1410 Administration	8,000.00			
5	1411 Audit				
6	1415 Lighted Barriers				
7	1430 Fees and Costs	24,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	200,000.00			
11	1465.1 Dwelling Equipment--Nonresponsible	8,000.00			
12	1470 Woodwelling Structures				
13	1475 Woodwelling Equipment	13,000.00			
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 Deb. Service				
20	1532 Concessions				
21	Amount of Annual Grant: (Sum of Lines 2 - 20)	297,000.00			
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	15,000.00			
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
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages**

Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Name: MARIANNA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: EL029F04159167		Federal FY of Grant:		2007		
Replacement Housing Factor Grant No:								
EL001/HA-WIDE	OPERATIONS	1406	1	25,029,000				
EL001/HA-WIDE	POLICE OFFICERS SALARY ADMIN./MAINT./SALARY PROBATION	1408	1	25,029,000				
EL001/HA-WIDE	ARCHITECT ASSISTANCE	1410	1	8,000,000				
EL001/HA-WIDE	REMOVING EXISTING ROOF AND PUTTING ON NEW ROOFS ON ROOMS ON	1420	1	24,029,000				
EL002/HA-WIDE	REPLACING OLD REFRIG WITH NEW	1405	20	240,029,000				
EL002/HA-WIDE	REPLACING OLD COMPUTERS WITH NEW/ PHASE 1	1475	5	13,029,000				

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

Annual Statement/Performance and Evaluation Report

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

PREA Name:
MAHARANA HOUSING AUTHORITY

Grant Type and Number
 Capital Fund Program Grant No: FL29P03150106
 Replacement Housing Factor Grant No:

Federal FY
 of Grant:
 2006

Original Annual Statement Reserve for Disasters, Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending 12/31/06 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFU Funds				
2	1406 Operations	10,000.00		-0-	-0-
3	1408 Management Improvements	20,000.00		-0-	-0-
4	1410 Administration	3,000.00		-0-	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000.00		14,851.04	14,851.04
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	68,245.00		-0-	-0-
11	1465.1 Dwelling Requirement—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 Collaboration or Direct Service				
20	1502 Contingency				
21	Amount of Annual Grant (sum of lines 2 - 20)	116,245.00		14,851.04	14,851.04
22	Amount of line 21 Related to LRP 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	20,000.00			
26	Amount of line 21 Related to Energy Conservation				

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

PHA Name: **MARIANNA HOUSING AUTHORITY** Grant Type and Number: **Capital Fund Program Grant No: FL29963150105** Federal FY of Grant: **2005**
 Reserve for Disasters/ Emergencies: Revised Annual Statement (revision no:)
 X Performance and Evaluation Report for Period Ending: **12/31/2006** 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	10,000.00		-0-	-0-
3	1408 Management Improvements	24,795.00		-0-	-0-
4	1410 Administration	6,000.00		-0-	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs			-0-	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	69,976.00		-0-	-0-
11	1465 1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	13,205.00		-0-	-0-
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1489 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)	123,976.00		123,976.00	123,976.00
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	24,795.00			
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures				

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

PHA Name: **MARIANNA HOUSING ACTIVITY** Grant Type and Number: **Capital Fund Program Grant No: FL39PW319104** Federal FY of Grant: **2004**
 Original Annual Statement Reserve for Disaster Emergencies Revised Annual Statement (revision no:) Replacement Housing Factor Grant No: _____

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	5,000.00		5,000.00	5,000.00
3	1408 Management Improvements	30,000.00		30,000.00	30,000.00
4	1410 Adornishments	5,000.00		5,000.00	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1420 Fees and Costs	5,000.00		5,000.00	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465 Dwelling Equipment—Nonexpendable	88,028.00		88,028.00	12,196.39
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demolition				
17	1495 Relocation Costs				
18	1499 Developmental Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 - 20)	133,028.00		133,028.00	47,196.39
22	Amount of line 21 Related to EB? 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

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name: Miramar Housing Authority		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
	ADDITIONAL SUBJECTS				
H1031-PELA-WIDE	20,600.00	15,600.00	15,000.00	15,000.00	
H1031-PELA-WIDE	25,600.00	25,600.00	25,000.00	25,000.00	25,000.00
H1031-PELA-WIDE	12,600.00	10,600.00	10,000.00	10,000.00	10,000.00
H1031-PELA-WIDE	12,000.00	14,600.00	12,000.00	12,000.00	8,000.00
H1031-PELA-WIDE	150,000.00	150,000.00	150,000.00	150,000.00	150,000.00
CFP Funds Listed for 5-year Planning		219,000.00	214,000.00	242,000.00	238,000.00
Replacement Housing Factor Funds					

Operating Budget

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

OMB Approval No. 2577-0070 (exp. 05/01/2006)

See page four for instructions and the Public reporting burden statement

a. Type of Sub-grantee <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision NO. _____ 6/30/2007		b. Fiscal Year ending _____	c. No. of months (check one) <input checked="" type="checkbox"/> 12 mo. <input type="checkbox"/> Other (specify) _____	d. Type of HUD assisted project(s) 01 <input checked="" type="checkbox"/> PHA/HA-Owned Rental Housing 02 <input type="checkbox"/> HA-Owned Mutual Help Homeownership 03 <input type="checkbox"/> PHA/HA Leased Rental Housing 04 <input type="checkbox"/> PHA/HA-Owned Family III Homeownership 05 <input type="checkbox"/> PHA/HA Home for Homeownership			
e. Name of Public Housing Agency / Indian Housing Authority (PIA/IIA) Maricopa Housing Authority							
f. Address (city, State, zip code) 2913 Albert St Maricopa FL 32448							
g. ACC Number _____		h. PAS / LOGOS Project No _____		i. HUD Field Office _____			
j. No. of Dwelling Units 791		k. No. of Unit Months Available 948		m. No. of Projects 1			
Line No.	Acc. No.	Description (1)	Actual Last Fiscal Yr. 2005 PUM (2)	<input checked="" type="checkbox"/> Estimates or Actual Current Budget Yr. 2006 -UM (3)	Requested Budget Estimates		
					PHVHA Estimates PUM (4)	PHVHA Estimate Annual (In excess of \$10) (5)	HUC Modification Amount (In excess of \$10) (6)
Homebuyers Monthly Payments for							
010	7711	Operating Expense					
020	7712	Earned Home Payments					
030	7714	Nonrecurring Maintenance Reserve					
040	Total Break-Even Amount (sum of lines 010, 020, and 030)						
050	7715	Excess (or deficit) Break-Even					
060	7730	Homebuyers Monthly Payments - Gains					
Operating Receipts							
070	3110	Dwelling Rental	63.06	75.36	32.45	75.160	
080	3120	Excess Utilities	0.00	0.00	0.00	0	
090	3180	Nonworking Rental	0.00	0.00	0.00	0	
100	Total Rental Income (sum of lines 070, 080, and 090)		63.06	75.36	32.45	75.160	
110	3600	Interest on General Fund Investments	0.24	5.33	7.35	7.350	
120	3080	Other Income	9.10	36.17	5.20	5.300	
130	Total Operating Income (sum of lines 100, 110, and 120)		72.40	116.86	45.00	87.810	
Operating Expenditures - Administration							
140	4110	Administrative Salaries	57.40	76.15	77.00	73.300	
150	4130	Legal Expenses	0.19	0.00	0.21	200	
160	4140	Staff Training	0.19	0.00	0.00	0	
170	4150	Travel	1.10	1.90	2.11	2,000	
180	4170	Accounting Fees	2.72	3.24	1.00	2,000	
190	417	Auditing Fees	0.84	11.10	7.80	5,200	
200	4190	Other Administrative Expenses	17.45	18.28	13.71	13,000	
210	Total Administrative Expense (sum of line 140 thru line 200)		80.09	108.67	103.83	97,620	
Tenant Services							
220	4210	Salaries	0.00	0.00	0.00	0	
230	4220	Recreation, Publications and Other Services	1.33	2.93	1.93	1,830	
240	4230	Contract Costs, Training and Other	0.00	0.00	0.00	0	
250	Total Tenant Services Expense (sum of lines 220, 230, and 240)		1.33	2.93	1.93	1,830	
Utilities							
260	4310	Water	5.39	2.37	6.04	5,730	
270	4320	Electricity	4.24	4.41	4.70	4,150	
280	4330	Gas	9.15	0.00	3.15	100	
290	4340	Fuel	0.00	0.00	0.00	0	
300	4350	Laundry	0.00	0.00	0.00	0	
310	4380	Other utilities expense	0.00	0.00	0.00	0,000	
320	Total Utilities Expense (sum of line 260 thru line 310)		19.78	7.78	16.89	15,720	

Marianna Housing Authority

6/30/2011

Line No.	Acct. No.	Description (1)	Actual Last Fiscal Yr. 10/20/05 PUM (2)	Estimate or Actual Current Budget Yr. 10/20/06 PUM (3)	Required Budget Estimates			
					FHA/PHA Estimate		HUD Method (line 6)	
					PUM (4)	Amount (Congress \$10 ⁶) (5)	PUM (6)	Amount (Congress \$10 ⁶) (7)
Ordinary Maintenance and Operation								
330	2410	1-fee	50.10	65.37	65.37	61.933		
370	2420	Materials	20.95	47.32	26.37	25.003		
390	4420	Contract Costs	14.81	11.73	23.42	23.233		
390	Total Ordinary Maintenance & Operation Expense (lines 330 to 390)		85.86	124.42	115.16	109.169		
Protective Services								
370	4480	Labour	0.00	0.00	0.00	0		
390	4470	Materials	0.00	0.00	0.00	0		
390	4490	Contract costs	0.00	0.00	0.00	0		
400	Total Protective Services Expense (sum of lines 370 to 390)		0.00	0.00	0.00	0		
General Expense								
480	4510	Insurance	30.73	30.91	40.74	38.010		
480	4520	Payments in Lieu of Taxes	0.48	0.84	0.00	0.250		
430	4530	Terminal Leave Payments	0.00	0.00	0.00	0		
440	4540	Employer Profit/Contribution	50.00	56.03	52.33	50.200		
490	4570	Collection Agency	0.27	1.47	1.45	1.000		
490	4580	Other Costs of Expense	0.00	0.00	0.00	0		
470	Total General Expense (sum of lines 410 to 480)		81.48	149.28	149.52	149.260		
480	Total Facilities Expense (sum of lines 210, 240, 320, 360, 400, and 470)		325.44	345.70	346.62	328.610		
Rent for Leased Dwellings								
490	4210	Rent to Owners of Leased Dwellings	0.00	0.00	0.00	0		
490	Total Operating Expense (sum of lines 480 and 490)		325.44	345.70	346.62	328.610		
Nonroutine Expenditures								
510	4610	Extraordinary Maintenance	0.00	0.00	0.00	0		
520	7320	Replacement of Nonexpendable Equipment	0.00	0.00	0.00	0		
530	7640	Property Betterment and Additions	0.00	0.00	0.00	0		
540	Total Nonroutine Expenditures (sum of lines 510, 520, and 530)		0.00	0.00	0.00	0		
550	Total Operating Expenditures (sum of lines 500 and 540)		325.44	345.70	346.62	328.610		
Prior Year Adjustments								
550	6000	Prior Year Adjustments Affecting Residual Receipts	0.00	0.00	0.00	0		
Other Expenditures								
570	Deficiency in Residual Receipts at End of Preceding Fiscal Yr.		0.00	0.00	0.00	0		
580	Total Operating Expenditures, including prior year adjustments and other expenditures (line 550 plus or minus line 560 plus line 570)		325.44	345.70	346.62	328.610		
580	Residual Receipts (or Deficit) before HUD Contributions and provision for spending reserve (line 550 minus line 580)		221.80	259.95	220.52	228.420		
HUD Contributions								
600	9010	Basic Annual Contribution Formed - Leased Projects Current Year	0.00	0.00	0.00	0		
610	9011	Prior Year Adjustments - (Debit) Credit	0.00	0.00	0.00	0		
620	Total Basic Annual Contribution (line 600 plus or minus line 610)		0.00	0.00	0.00	0		
630	9020	Contributions Formed - Op. Sub - Cur. Yr. (before year-end adj)	250.34	330.55	241.00	229.229		
640	Mandatory PWS Ad. amounts (net)		0.00	0.00	0.00	0		
650	Other (specify)		0.00	0.00	0.00	0		
660	Other (specify)		0.00	0.00	0.00	0		
670	Total Year-end Adjustments/Other (plus or minus lines 640 thru 660)		0.00	0.00	0.00	0		
680	9030	Total Operating Subsidy current year (line 580) plus or minus line 670	221.80	259.95	241.52	228.420		
690	Total HUD Contributions (sum of lines 620 and 680)		221.80	259.95	241.52	228.420		
700	Residual Receipts (or Deficit) (sum of line 580 plus line 690) Enter here and on line 310		0.00	0.00	0.00	0.000		

Name of PHA/PIHA: North Anna Housing Authority Fiscal Year End: 5/30/2007

Operating Reserve		PHAPHA Estimates	HUD Modifications
Part I - Maximum Operating Reserve - End of Current Budget Year			
743	2021 PHA/PIHA Leased Housing - Section 22 or 14(c) 50% of LIHC 48C, column 5, form HLC 62564	164,504	

Part II - Provision for and Estimated or Actual Operating Reserve at Fiscal Year End			
750	Operating Reserve at End of Previous Fiscal Year - Actual for FYE (date) 5/31/2005	216152.04	
790	Provision for Operating Reserve - Current Budget Year (check one) <input type="checkbox"/> Estimated for FYE <input checked="" type="checkbox"/> Actual for FYE <u>6/30/2006</u>	+29110.17	
800	Operating Reserve at End of Current Budget Year (check one) <input type="checkbox"/> Estimated for FYE <input checked="" type="checkbox"/> Actual for FYE <u>6/30/2006</u>	199421.47	
810	Provision for Operating Reserve - Requested Budget Year Estimated for FYE (Enter Amount from line 730)	-3922.00	
820	Operating Reserve at End of Requested Budget Year Estimated for FYE (Sum of Lines 800 and 810)	199421.47	
830	Cash Reserve Requirement % of LIHC 48C		

Comments:

PHA/PIHA Approval Name: Bonnie Horne
 Title: Executive Director
 Signature: Bonnie M. Horne Date: _____

Field Office Approval Name: _____
 Title: _____
 Signature: _____ Date: _____

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

Operating Budget
Schedule of All Positions and Salaries

See back of page for instructions and explanation of reporting format.

Position Title and Name by Organization, Unit, and Function	Grade	Pay Rate	Authority	Location	FTE	Funding Source	Personnel Data		Budget Data		Program Data		Remarks
							Salary	Benefits	Base	Other	Section 8	Other	
							Amount	Amount	Amount	Amount	Amount	Amount	
ADMINISTRATION:													
Executive Director (Bernita Borne)	A-RT	97369			1.0	0000	497369	497369	497369	497369	497369	497369	
Administrative Assistant (Misty Benson)	A-RT	40039			1.0	0000	24045	54483	18838	18838	18838	18838	
Clerical (Lisa Mendrek)	A-RT	20022			1.0	0000	20022	10925	10925	10925	10925	10925	
TOTALS							73816	73816	73816	73816	73816	73816	
MAINTENANCE:													
Maintenance Supervisor (Jonathan Korte)	M	30237			1.0	0000	35549	35945	35945	35945	35945	35945	
Maintenance Assistant (Kenny Dickema)	N	20729			1.0	0000	25972	25972	25972	25972	25972	25972	
Maintenance Facilities (Max S. Bell)	M	10400			1.0	0000	10670	10600	10600	10600	10600	10600	
TOTALS							72191	72517	72517	72517	72517	72517	

In the use of my knowledge of the information contained herein, I believe that the information reported is true and accurate.
Warning: HUD will review the data for consistency with the information reported in the HUD-50075 (03/2006) form.

**Maintenance Wage
Rate Determination**

**U.S. Department of Housing
and Urban Development
Office of Labor Relations**

Public Housing Agency/Local Housing Authority Housing Authority of the City of Martinez		Agency/Wage Decision No. FL044A	
The following wage rate determination has been made for maintenance laborers and mechanics employed pursuant to Section 12(a) of the United States Housing Act of 1937 as amended. This determination is effective as of: July 1, 2005			
The PHA/HA and its contractors must pay to maintenance workers no less than the wage rate(s) indicated for the type of work they actually perform.			
Ira C. Turman HUD Labor Relations Specialist		April 7, 2005 Date	
Overtime Provisions: Maintenance workers must be compensated at no less than one and one-half times their basic rate of pay for all hours worked in excess of 40 hours in any workweek. (Contract Work Hours and Safety Standards Act)			
Classification	Basic Hourly Wage Rate	Fringe Benefits (If any unless stated otherwise)	Remarks
Maintenance Mechanic	\$ 13.00		A 3% increase was incorporated in the basic hourly wage rate based upon documentation submitted by the Housing Authority. A 3% increase was not applied to the Groundkeeper classification. Per region guidance, this classification is established at the current minimum wage rate. Effective May 2, 2005, the minimum wage requirement for the State of Florida is increased to \$6.15 per hour.
Maintenance Mechanic Assistant	\$ 10.81		
Maintenance Laborer	\$ 0.72		
Janitor	\$ 7.64		
Groundkeeper	\$ 6.10		

**Operating Budget
Schedule of Routine Expenditures**

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

OMB Approval No. 2579-0286 (see 2580-0286)

See back of page for instructions and Federal Accounting Standards Interpretations

Agency Name	Funding Activity	Total Available for the Activity	Total Available for the Activity	Total Available for the Activity	Local Government		Federal Government	
					Local Government	Federal Government	Local Government	Federal Government
Agency Name	Funding Activity	Total Available for the Activity	Total Available for the Activity	Total Available for the Activity	Local Government	Federal Government	Local Government	Federal Government
EXTRACURRICULAR MAINTENANCE:								
		00	00	00	00	00	00	00
TOTALS								
EXTRACURRICULAR MAINTENANCE:								
		00	00	00	00	00	00	00
TOTALS								

Operating Budget
 Schedule of Administration
 Expense Other Than Salary

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

CMB Approval No. 2377-0025 (Ex. 2/30/2006)

Public reporting burden for this collection of information is estimated to average 1 hour 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. This agency may not conduct or sponsor a collection of information unless it displays a valid OMB control number.

This information is required by Section 552(a)(4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income housing program and provides a summary of proposed budget, description of expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating budget complies with PHA and the common law rules and does not violate P-A or compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lead back to confidentiality.

Name of Housing Authority		Locality			Fiscal Year/Date	
Marianna Housing Authority		Marianna, FL, 32448			Jan. 30, 2007	
(1) Description	(2) Total	(3) Management	(4) Construction	(5) Services	(6) Other	
1 Legal Expense (see Special Note in Instructions)	900	200	0	200	0	
2 Training (list and provide justification)	0	0	0	0	0	
3 Travel Trips To Conventions and Meetings (list and provide justification)	4000	2000	0	2000	0	
4 Office Travel Outside Area of Jurisdiction	0	0	0	0	0	
5 Within Area of Jurisdiction	0	0	0	0	0	
6 Total Travel	4000	2000	0	2000	0	
7 Accounting	5670	2835	0	2835	0	
8 Auditing	13000	6500	0	6500	0	
9 Sundry Rental of Office Space	0	0	0	0	0	
10 Publications	600	400	0	400	0	
11 Membership Dues and Fees (list organization and amount)	1000	500	0	500	0	
12 Telephones, Fax, Electronic Communications	9500	2750	0	2750	0	
13 Collection Agent Fees and Court Costs	1000	500	0	500	0	
14 Administrative Services Contracts (list and provide justification)	3000	1500	0	1500	0	
15 Forms, Stationery and Office Supplies	7700	3850	0	3850	0	
16 Other Sundry Expense (provide breakdown)	7000	3500	0	3500	0	
17 Total Sundry	26000	10000	0	13000	0	
18 Total Administration Expense Other Than Salaries	49070	24535	0	24535	0	

To the best of my knowledge, all facts stated are stated fairly, as well as any information provided in the accompanying financial statements and accounts.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 10-2-31 U.S.C. 3729-3802)

Signature of authorized representative & Date

X *Bonnie M. Horne*

Bonnie Horne, Executive Director

ACCOUNTING FEE: \$472.50 PER MO \$5,670 PER YEAR.
AUDIT FEE: BASED ON SIGNED CONTRACT NOT TO EXCEED \$13,000 PER YEAR.

Instructions for Preparation of Form HUD-52571

Prepare this form to reflect detailed estimates of Administration Expense, other than salaries, and the distribution to all programs administered by the Housing Authority.

The identification boxes in the upper right hand corner are self-explanatory.

1. Legal Expense: Enter in Column (2), Line 1 the estimated cost of legal service. Enter in Columns (3) through (6) the pro rata shares of amounts in Column (2) chargeable to programs administered by the Housing Authority.

Special Note: The amount entered on Form HUD-52564 should also include salaries of Staff Attorneys as shown on Form HUD-52566 and included on line for "Other" in the Summary of Staffing and Salary Data section of Form HUD-52573.

2. Training: List and provide justification for all training.

Travel Expense: Justification must be provided for travel.

3. Trips to Conventions and Meetings: Under Justification/Breakdown, list each convention and meeting to be attended by commissioners and staff, with the location. Enter the number of persons expected to attend and show the aggregate number of travel days and the estimated total cost of each trip including subsistence allowance, cost of transportation, and reimbursable miscellaneous expenses. Enter the sum of the total costs of all trips in Column (2). Enter in Columns (3) through (6) the pro rata shares of amounts in Column (2) chargeable to programs administered by the Housing Authority.

4. Other Travel: Outside Area of Jurisdiction: Enter in Column (2), Line 4 the estimated cost for travel by commissioners and staff, including subsistence, transportation, and reimbursable miscellaneous expenses. Follow instructions 3 above for columns (3) through (6).

5. Other Travel: Within Area of Jurisdiction: Enter in Column (2), Line 5 the estimated cost for travel, including fixed monthly allowances for reimbursement on a mileage basis for use of privately owned automobiles, and reimbursement for authorized use of local public transportation. Follow instructions 3 above for columns (3) through (6).

6. Total Travel: Sum Lines 3, 4, and 5 for Columns (2) through (7) and enter total for each on Line 6 "Total Travel."

7. thru 13. Accounting, Auditing and Sundry: Enter the estimated total for all programs in Column (2) for each item of expense in Lines 7 through 13. In Columns (3) through (6) enter the pro rata share of amounts shown in Column (2) chargeable to all programs administered by the Housing Authority.

14. Administrative Services Contracts: List and provide justification for all contracts (excluding accounting contracts).

15. All Other Sundry Expense: List all items identified under this expense.

16. Total Administration Expense Other Than Salaries:

Add the amounts on the following lines:

- Line 1 Legal Expense
- Line 2 Training
- Line 6 Total Travel
- Line 7 Accounting
- Line 8 Auditing
- Line 17 Total Sundry

On Line 16 enter the appropriate totals in Columns (2) through (6). The amount shown in Column (2), lines 1, 2, 6, 7, 8, and 17, should be carried forward to Lines 158 through 200 of Form HUD-52564, Operating Budget.

Operating Budget
Summary of Budget Data and Justifications

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

OMB Approval No. 2577-0028 (Exp. 03/31/2008)

Public reporting burden for this collection of information is estimated to average 46 minutes 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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This information is required by Section 8(e)(4) of the U.S. Housing Act of 1967. The information is the operating budget for the low income housing program and provides a summary of proposed budgeted income and expenditures, approval of budgeted roof-placed expenditures, and justification of certain specified amounts. HUD reviews this information to determine if the operating plan adopted by the PI A and the amounts are reasonable and that the PI A is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality.

Name of Local Housing Authority	Locality	Fiscal Year Ending
Marianna Housing Authority	Marianna FL 32448	Oct 31, 2007

Operating Receipts

Dwelling Rental. Explain basis for estimate for HUD-subsidized low-rent housing, other than Section 25 Leased housing, state amount of latest available total RA monthly rental, the number of dwelling units available for occupancy and the number accepted for the same month end. Cite RA policy revisions and economic and other factors which may result in a greater or lesser average monthly rental during the Requested Budget Year. For Section 23 Leased housing state the number of units under lease, the P.M. lease price, and whether or not the cost of utilities is included. If an individual separate method for payment of utility costs by RA and/or tenant.

ESTIMATE BASED ON CURRENT YEAR ACTUALS.

ESTIMATE \$78,160

Excess Utilities. (Not for Section 23 Leased housing.) Check appropriate spaces in Item 1, and explain "Other". Under Item 2, explain basis for determining excess utility consumption. For example, Gas: individual check meters at OH-100-1, proration of excess over allowances at O-100-2, etc. Cite effective date or present utility allowances, explain anticipated changes in allowances or other factors which will cause a significant change in the total amount of excess utility charges during the Requested Budget Year.

1. Utility Services Surcharged: Gas Electricity Other (Specify) _____

2. Comments

NO INCOME EARNED UNDER THIS LINE ITEM.

Non-dwelling Rent. (Not for Section 23 Leased housing.) Complete Item 1, specifying each space rented, to whom, and the rental terms. For example: Community Building Space - Nursery School - \$50 per month, etc. Cite changes anticipated during the Requested Budget Year affecting estimated non-dwelling Rental Income.

1	Space Rented	To Whom	Rental Terms

2. Comments

NO INCOME EARNED UNDER THIS LINE ITEM

Interest on General Fund Investments. State the amount of present General Fund Investment and the percentage of the General Fund it represents. Explain circumstances such as increased or decreased operating revenues, dwelling rent, operating expenditures, etc. which will affect estimated average monthly total investments in the Requested Budget Year. Explain basis for distribution of interest income between housing programs.

**INTEREST BASED ON ACTUALS FROM PREVIOUS FISCAL YEAR,
ESTIMATE \$7,300**

Other Comments On Estimates of Operating Receipts. Give comments on all other significant sources of income which will present a clear understanding of the HA's prospective Operating Receipts situation during the Requested Budget Year. For Section 23 Leased Housing explain bases for estimate of utility charges to tenants.

**THIS LINE IS BASED ON ACTUAL CHARGES TO TENANT'S FOR LATE FEES AND OTHER CHARGES.
ESTIMATE \$5,300**

Operating Expenditures

Summary of Staffing and Salary Data

Complete the summary below on the basis of information shown on form HUD-52566, Schedule of All Positions and Salaries, as follows:

- Column (1)** Enter the total number of positions designated with the corresponding account line symbol as shown in Column (3) form HUD-52566
- Column (2)** Enter the number of equivalent full-time positions allocable to HUD-aided housing in management. For example: A HA has three "A-N-T" positions allocable to cash heating at the rate of 80%, 70%, and 50% respectively. Thus, the equivalent full-time positions is two. (810 + 710 = 510).
- Column (3)** Enter the portion of total salary expense shown in Column (5) or Column (6) form HUD-52566, allocable to HUD-aided housing in management other than Section 23 Leased housing.
- Column (4)** Enter the portion of total salary expense shown in Column (5) or Column (6) form HUD-52566, allocable to Section 23 Leased housing in management.
- Column (5)** Enter the portion of total salary expense shown in Column (6) or Column (7) form HUD-52566, allocable to Modernization program (Comprehensive Improvement Assistance Program or Comprehensive Grant Program)
- Column (6)** Enter the portion of total salary expense shown in Column (5) or Column (6) form HUD-52566, allocable to Section 8 Programs.

Note: The number of equivalent full-time positions and the amount of salary expense for all positions designated "N" on form HUD-52566 must be equitably distributed to support these **Ordinary Maintenance and Operation—Labor**, **Extraordinary Maintenance Work Projects**, and **Reform and Additions Work Projects**.

Account Line	Total Number of Positions (1)	Equivalent Full Time Positions (2)	HUD-Aided Management Program			
			Salary Expenses			
			Management (3)	Section 23 Leased Housing Only (4)	Modernization Programs (5)	Section 8 Program (6)
Administration—Non-technical Salaries ¹	3	3.00	73071.00			19649.00
Administration—Technical Salaries ¹						
Ordinary Maintenance and Operation—Labor ¹	3	2.50	61921.00		10800.00	
Utilities—Labor ¹						
Other (Spotty, Legal, etc.) ¹						
Extraordinary Maintenance Work Projects ¹						
Reform and Additions Work Projects ¹						

- 1 Carry forward to the appropriate line on HUD-52564, the amount of salary expense shown in Column (3) on the corresponding line above. Carry forward to the appropriate line on HUD-52564 (Section 23 Leased Housing Budget), the amount of salary expense shown in Column (4) on the corresponding line above.
- 2 The amount of salary expense distributed to Extraordinary Maintenance Work Projects and to Reform and Additions Work Projects is to be included in the cost of each individual project as he performed by the HA Staff, as shown on form HUD-52567.

Previous editions are obsolete
Created with SACS/NEP

Specify proposed new positions and all present positions to be abolished in the Requested Budget Year. Cite prior HUD concurrence in proposed staffing changes or present justification for such changes. Cite prior HUD concurrence in proposed salary increases for Administration Staff or give justification and performance responsibility information. Cite related work plan and approved wage rates (Form HUD-52158) and justify all deductions from the salaries.

ALL POSITIONS WERE GIVEN A 5% INCREASE
THIS INCREASE BASED ON BOARD OF DIRECTOR'S APPROVAL.

Travel, Publications, Membership Dues and Fees, Telephone and Telegraph, and Sundry. In addition to justification for Travel to Conventions and Meetings show on Form HUD-52571, give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for these accounts in the Current Budget Year. Explain basis for allocation of each element of those expenses.

SEE HUD FORM 52571 FOR BREAKDOWN

Utilities. Give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for each utility service in the Current Budget Year. Describe and state estimated cost of each element of "Other Utilities Expense."

BASED ON PFS CALCULATIONS

WATER	\$5,730
ELECTRICITY	4,150
GAS	140
SEWERAGE	5,720

TOTAL \$15,740

Ordinary Maintenance & Operation—Materials. Give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for materials in the Current Budget Year.

BASED ON ACTUAL COSTS FROM CURRENT FISCAL YEAR.

ESTIMATE \$25,000

Ordinary Maintenance & Operation—Contract Costs. List each ordinary maintenance and operation service contracted for and give the estimated cost for each. Give an explanation of materials and services proposed for the Requested Budget Year. Explain substantial Requested Budget Year increases over the PUM rate of expenditure for Contract Services in the Current Budget Year. If LHA has contract for maintenance of elevator cables, give contract cost per cab.

OFFICE CLEANING	\$2,000
CONTRACT REPAIRS	2,000
CARBACE	13,128
PEST CONTROL	3,744
TERMINAL BOND	650
ESTINGUISHER INSPECTIONS	500

TOTAL \$22,322

Insurance. Disclose the dollar value of the total Requested Budget Year estimated increases in the FUM (sum of expenditures for insurance over the Current Budget Year) due to changes in coverage, premium rates, etc.

PROPERTY	\$17,764
COMMENTS	435
LIABILITY	4,225
AUTO	1,500
DIR/OFF LIAB	4,375
POSITION BUR BOND	500
WORKERS COMP	10,000
TOTAL	\$38,999

Employee Benefit Contributions. List all Employee Benefit plans participated in. Give justification for all plans to be instituted in the Requested Budget Year for which prior HUD consentance has not been given.

FICA	\$12,500
HOSPITAL	20,000
DENTAL/LIFE	4,500
AMERICAN GRANDIA ANNUITY	16,000
RETIRESTAR	5,100
TOTAL	\$58,100

Collection Losses. State the number of tenants accounts receivable to be written off and the number and total amount of all accounts receivable for both present and vacated tenancies over the month in which the estimate was computed.

ESTIMATE \$1,000

Extraordinary Maintenance, Replacement of Equipment, and Betterments and Additions. Get prior HUD approval or give justification for each item of the work project included in the Requested Budget and for items for life years which make up the estimate on form HUD-62070. Justifying information incorporated or referenced to form HUD-62667 need not be repeated here.

Contracts. List all contracts, other than those listed on page 3 of this form under Contract Maintenance & Operation (M/O). Give the name of the contractor, type of contract, year of contract, and contract period. Justification must be provided for all contract services proposed for the Requested Budget Year (RBY). *If there is a substantial RBY increase over the FYM, an explanation must be provided for these contracts in the Current Budget Year.

**Operating Fund
Calculation of Operating Subsidy
PHA-Owned Rental Housing**

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

FORM HUD-50075 (03/2006) (10/31/2006)

Section 1

a) Name and Address of Public Housing Agency
MARIANNA HOUSING AUTHORITY
2512 ALBERT ST.
MARIANNA, FL 32449

b) Budget Submission to HUD required
 Yes No

c) Type of Submission
 Original
Revision No.

d) No. of PH Units	e) Unit Months Available (UMs)	f) Budget FYE	g) ACC Number	h) Operating Fund Project No.	i) DUNS Number
79	948	2007	A 2344	FL0310012006E	042235074

Section 2

Line No.	Description	Requested by PHA (PUM)	HUD Modifications (PUM)
Part A. Allowable Expenses and Additions			
01	Previous allowable expense level (Part A, Line 01 of form HUD-50720 for previous year)	268.26	
02	Part A, Line 01 multiplied by .006	1.34	
03	Delta from form HUD-50720-B, if applicable (see instructions)		
04	"Requested" year units delta from form HUD-50720-A (see instructions)		
05	Add-ons to allowable expense level from previous fiscal year (see instructions)		
06	Total of Part A, Lines 01, 02, 03, 04 and 05	259.60	
07	Inflation factor	1.0330	
08	Revised allowable expense level (AEL) (Part A, Line 06 times Line 07)	278.50	
09	Transition Funding		
10	Increase to AEL		
11	Allowable utility expense level from form HUD-52720-A	16.59	
12	Actual PUM cost of Independent Audit (IA) (through FY06/07/08)	11.50	
13	Costs attributable to lease-guaranteed units		
14	Total Allowable Expenses and Additions (Sum of Part A, Lines 08 thru 13)	306.59	
Part B. Dwelling Rental Income			
01	Total rent roll (as of 07/01/2005)	\$ 6,301	
02	Number of occupied units as of rent roll date	73	
03	Average monthly dwelling rental charge per unit for current budget year (Part B, Line 01 ÷ Line 02)	86.32	
04	Average monthly dwelling rental charge per unit for prior budget year	60.67	
05	Average monthly dwelling rental charge per unit for budget year 2 years ago	68.23	
06	Three-year average monthly dwelling rental charge per unit ((Part B, Line 03+Line 04+Line 05) ÷ 3)	71.74	
07	50/50 income split ((Part B, Line 03 + Line 05) ÷ 2)	79.03	
08	Average monthly dwelling rental charge per unit (lesser of Part B, Line 06 or Line 07)	71.03	
09	Rental income adjustment factor	1.03	
10	Projected average monthly dwelling rental charge per unit (Part B, Line 08 times Line 09)	81.10	
11	Projected occupancy percentage from form HUD-50720	92.00 %	
12	Projected average monthly dwelling rental income per unit (Part B, Line 10 times Line 11)	74.89	
Part C. Non-dwelling Income			
01	Other income		
02	Total operating receipts (Part B, Line 12 plus Part C, Line 01)	74.89	
03	PUM deficit or (income) (Part A, Line 14 minus Part C, Line 02)	231.70	
04	Deficit or (income), before add-ons (Part C, Line 03 times Section 1 e)	219.652	

Line No.	Description	Requested by PHA (Whole Dollars)	HUD Modifications (Whole Dollars)
Part D. Add-ons for changes in Federal law or regulation and other eligibility			
01	FICA contributions	7,750	
02	Unemployment compensation		
03	Family Self Sufficiency Program		
04	Energy Add-On for loan amortization		
05	Unit reconfiguration		
06	Non-dwelling units approved for subsidy		
07	Long-term vacant units		
08	Phase Down for Demolition		
09	Units Eligible for Resident Participation: Occupied Units (Part B, Line 02)	73	
10	Employee Units		
11	Public Units		
12	Total Units Eligible for Resident Participation (Sum of Part D, Lines 09 thru 11)	73	
13	Funding for Resident Participation (Part D, Line 12 x \$55)		1,025
14	Other approved funding, not listed (Specify in Section 8)		
15	Total add-ons (sum of Part D, Lines 01, 02, 03, 04, 05, 06, 07, 08, 13 and 14)		9,575
Part E. Calculation of Operating Subsidy Eligibility Before Adjustments			
01	Gross rent (income) before adjustments (Total of Part C, Line 04 and Part D, Line 10)	239,337	
02	Actual cost of Independent Audit (A)		10,900
03	Operating subsidy eligibility before adjustments (greater of Part E, Line 01 or Line 02) (Total from 01, 02 and zero (0))		229,227
Part F. Calculation of Operating Subsidy Approvable for Subject Fiscal Year (Note: Do not substitute the end of this subject FY)			
01	Utility Adjustment for Prior years		
02	Additional subject fiscal year operating subsidy eligibility (specify)		
03	Unfunded eligibility in prior fiscal years to be obligated in subject fiscal year		
04	HUD discretionary adjustments		
05	Other (specify)		
06	Other (specify)		
07	Unfunded portion due to proration	()	()
08	Net adjustments to operating subsidy (total of Part F, Lines 01 thru 07)		
09	Operating subsidy approvable for subject fiscal year (total of Part E, Line 03 and Part F, Line 08)		229,227
HUD Use Only (Notes: Do not revise after the end of the subject FY)			
10	Amount of operating subsidy approvable for subject fiscal year not funded		()
11	Amount of funds obligated in excess of operating subsidy approvable for subject fiscal year		
12	Funds obligated in subject fiscal year (sum of Part F, Lines 01 thru 11) (Must be the same as line 09 of the Operating Budget, form HUD-52564, for the subject fiscal year) Appropriation symbol(s):		
Part G. Memorandum of Amounts Due HUD, Including Amounts on Repayment Schedules			
01	Total amount due in previous fiscal year (Part G, Line 04 of form HUD-52728 for previous fiscal year)		
02	Total amount to be collected in subject fiscal year (Identify individual amounts under Section 2)	()	()
03	Total additional amount due HUD (include any amount ordered on Part F, Line 11) (Identify individual amounts under Section 2)		
04	Total amount due HUD to be collected in future fiscal year(s) (Total of Part G, Lines 01 thru 03) (Identify individual amounts under Section 2)		

HUD-52723 (1/2006)

Line No.	Description	Required by PHA (Whole Dollars)	HUD Modifications (Whole Dollars)
Part H. Calculation of Adjustments for Subject Fiscal Year			
This part is to be completed only after the subject fiscal year has ended			
01	Indicate the types of adjustments that have been reflected on this form: <input type="checkbox"/> Utility Adjustment <input type="checkbox"/> HUD discretionary adjustment (Specify under Section 3)		
02	Utility adjustments from form HUD-52723-B		
03	Deficit or (income) after adjustments (total of Part E, Line 01 and Part H, Line 02)	229,227	
04	Operating subsidy eligibility after year-end adjustments (greater of Part E, Line 02 or Part H, Line 03)	229,227	
05	Part E, Line 03 of latest form HUD-52723 approved during subject FY (Do not use Part E, Line 03 of this revision)		
06	Net adjustments for subject fiscal year (Part H, Line 04 minus Part H, Line 05)	229,227	
07	Utility adjustment (enter same amount as Part H, Line 02)		
08	Total HUD discretionary adjustments (Part H, Line 05 minus Line 07)	229,227	
09	Unfunded portion of utility adjustment due to proration		
10	Unfunded portion of HUD discretionary adjustment due to proration		
11	Prorated utility adjustment (Part H, Line 07 plus Line 09)		
12	Prorated HUD discretionary adjustment (Part H, Line 08 plus Line 10)	229,227	

Section 3

Remarks (provide part and line numbers):

I hereby certify that all information stated herein, as well as any information provided in the accompanying herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. 18 U.S.C. 1001, 1011, 1012; 31 U.S.C. 3729, 3802

Signature of Administrator, HA Representative & Data:

Signature of Authorized Field Office Representative & Data:

x *Bonnie M. Horne*
Bonnie Horne, Executive Director

x

Part C. Status of Units Undergoing Modernization as of Report Date If changes occur after the Report Date but prior to submission of this form, the most current status will be shown.

26. Projected Units	Occupied Units	Vacant Units
a. Number of units that are under modernization construction (contract awarded or force account work started)		
b. Number of units not under construction or start but included in a HUD-approved modernization budget where the time period for placing the units under construction (two FFRs after FFR of approval) has not yet expired.		
27. Unprojected Units: Number of units included in a HUD-approved modernization budget where the time period for placing the units under construction (two FFRs after FFR of approval) has expired.		

Part D. Units Estimated to be Available for Occupancy During RBY

	(a) No. of Units	(b) Avg. No. of Mos. in RBY	(c) No. of Unit Mos.(a)(b)
28. Units Available as of Report Date (Enter line 8)	79	12	948
29. Additional Units Available During RBY because of Development/Acquisition of FFR-Eligible projects	*		*
30. Units Cancelled due to FFR because of Demolition/Disposition/Conversion Actions Approved by HUD	-		-
31. Total (Add lines 28 and 29; subtract line 30)	79		948

Part E. Units Estimated to be Occupied During RBY

	(a) No. of Units	(b) Avg. No. of Mos. in RBY	(c) No. of Unit Mos.(a)(b)
32. Units Occupied as of Report Date (Enter line 9)	73	12	876
33. Additional Units Occupied during RBY because of Development/Acquisition of FFR-Eligible projects	*		*
34. Reoccupancy during RBY of Units Vacated for Circumstances Beyond the HA's Control	*		*
35. Reoccupancy during RBY of Vacant Units in a Funded Modernization Program	*		*
36. Occupied Units in Funded Modernization Program Being Vacated during RBY			-
37. Occupied Units Being Vacated during RBY because of Demolition/Disposition/Conversion Actions Approved by HUD. If there are occupied units that also are vacated after the Report Date but before the start of the RBY because of circumstances and actions beyond the HA's control, place that number here () and include in total shown on 37. Attach separate sheet with same information requested in Part C.			
38. Total (Add lines 32-36; subtract line 37)	73		876

Part F. Occupancy Percentage During RBY

39. Total Unit Months of Occupancy (Enter line 38c)	876
40. Total Unit Months Available for Occupancy (Enter line 31c)	948
41. Occupancy Percentage for RBY (Divide line 39 by line 40; multiply by 100 and round to nearest whole)	92%
42. Average Number of Vacant Units During RBY (Subtract line 38 from line 40; divide result by 12 and round to nearest whole)	6

43. If the result on line 41 is 87% or higher or if the result on line 42 is five or less, then check the appropriate box below. You have completed the form and do not need to proceed further.

- Stop & Note
- a. High Occupancy HA Occupancy Percentage is 87% or higher for the RBY → Use 87% as the Projected Occupancy Percentage on Part B, line 11 of form HUD-52728
- b. High Occupancy HA with five or fewer vacant units → Use line 41 for the Projected Occupancy Percentage on Part B, line 11 of form HUD-52728

Part G. Vacancy Percentage for RBY Adjusted for Modernization

44. Total Unit Months of Vacancy in RBY (Enter line 43 less line 39)	72
45. Total Unit Months for Vacant Units in Funded Mod. and Under Construction or Funded for Construction (Sum the vacant units of lines 26a and b; multiply by 12)	
46. If any of the vacant units on lines 26a or b will be reoccupied during the RBY, enter that number times the average number of months during the RBY these units will be reoccupied.	
47. If any of the occupied units on lines 28a or b will be vacated during the RBY for mod. construction, write that number times the average number of months during the RBY these units will be vacated.	
48. Total Unit Months for Vacant Units in Funded Mod. and Under Construction or Funded for Construction in RBY (Add line 45; less line 46; plus line 47)	
49. Total Unit Months of Vacancy in RBY Adjusted for Modernization (Enter line 44 less line 48)	72
50. Vacancy Percentage for RBY Adjusted for Modernization (Divide line 49 by line 40; multiply 100; and round to nearest whole)	6%
51. Average Number of Vacant Units in RBY Adjusted for Modernization (Divide line 49 by 12; round to nearest whole)	6

52. If the result on line 50 is 2% or lower or if the result on line 51 is five or less, then check the appropriate box below. You have completed the form and do not need to proceed further.

- Stop & Note
- a. High Occupancy HA; Vacancy Percentage is 2% or less for the RBY after Modernization Adjustment → Use line 41 as the Projected Occupancy Percentage on Part B, line 11 of form HUD-52728
- b. High Occupancy HA; five or fewer vacant units after Modernization Adjustment → Use line 41 for the Projected Occupancy Percentage on Part B, line 11 of form HUD-52728

This form replaces forms HUD-52728-A, B, and C which have been canceled. Previous editions are obsolete.

Form HUD-52728 (8/2001)

Part H. Vacancy Percentage for RBY Adjusted for Both Modernization and Beyond Control Circumstances

53. Total Unit Months of vacancy in RBY (Enter line 44)	72
54. Total Unit Months of vacancy in RBY Due to Modernization (Enter line 48)	
55. Total Unit Months of vacancy in RBY Due to Beyond Control Vacancies (Enter line 21 times 12; less any entry made on line 34c)	
56. Total Unit Months of vacancy After Above Adjustments (Enter line 53 less lines 54 and 55)	72
57. Vacancy Percentage for RBY After Above Adjustments (Circle line 56 by line 40; multiply by 100 and round to nearest whole.)	8%
58. Average Number of Vacant Units in RBY After Above Adjustments (Divide line 56 by 12; round to nearest whole)	6
59. If the result on line 57 is 3% or lower or if the result on line 58 is five or less, then check the appropriate box below. You have completed the form and do not need to proceed further.	
Step 5 Note	
<input type="checkbox"/> a. High Occupancy HA: Vacancy Percentage is 3% or less for the RBY after Modernization Adjustment	→ Use line 41 as the Projected Occupancy Percentage on Part B, line 11 of form HUD-62723
<input type="checkbox"/> b. High Occupancy HA: five or fewer vacant units after Modernization Adjustment	→ Use line 41 for the Projected Occupancy Percentage on Part B, line 11 of form HUD-62723

Part I. Adjustment for Long-Term Vacancies: If the HA estimates that it will have a vacancy percentage of more than 3% for its RBY and more than five vacant units after adjusting for vacant units undergoing modernization and vacancies beyond its control, the HA will exclude all of its long-term vacancies (if any) from its count of units available for occupancy and use this section to determine its projected occupancy percentage.

60. Total Long-Term Vacancies (Subtract vacant units shown on lines 21, 26a, and b from line 12. Analyze remaining vacancies and identify those units that have been vacant for more than 12 months as of the Report Date.)	
61. Unit Months of Vacancy Associated With Long-Term Vacancies (Multiply line 60 by 12)	
62. Total Unit Months Available for Occupancy in RBY Adjusted for Long-Term Vacancies (Subtract line 61 from line 51c) Use this UMA number in all other PFS calculations.	948
63. Occupancy Percentage for RBY Adjusted for Long-Term Vacancies (Divide line 56(c) by line 62; multiply by 100 and round to nearest whole)	93%
64. Average Number of Vacant Units in RBY after All Adjustments (Subtract line 60 from line 58)	6
65. Total Unit Months of vacancy in RBY after All Adjustments (Subtract line 61 from line 56)	72
66. Vacancy Percentage for RBY Adjusted for Long-Term Vacancies (Circle line 65 by line 62; multiply by 100 and round to nearest whole)	8%
67. If the result on line 63 is 92% or higher or if the result on line 64 is five or less or if the result on line 65 is 3% or less, then check the appropriate box below. You have completed the form and do not need to proceed further.	
Step 5 Note	
<input type="checkbox"/> a. High Occupancy HA: Occupancy Percentage is 92% or higher for the RBY after Long-Term Vacancies Adjustment	→ Use 92% as the Projected Occupancy Percentage on Part B, line 11 of form HUD-62723. Use the UMA result on line 62 in calculating PFS eligibility.
<input type="checkbox"/> b. High Occupancy HA: five or fewer vacant units after Adjustment for Long-Term Vacancies	→ Use line 65 as the Projected Occupancy Percentage on Part B, line 11 of form HUD-62723. Use the UMA result on line 62 in calculating PFS eligibility.
<input type="checkbox"/> c. High Occupancy HA: Vacancy Percentage is 3% or lower for the RBY after Long-Term Vacancies Adjustment	→ Use line 65 as the Projected Occupancy Percentage on Part B, line 11 of form HUD-62723. Use the UMA result on line 62 in calculating PFS eligibility.

Part J. Projected Occupancy Percentages for Low Occupancy HAs: If the HA cannot determine an acceptable Projected Occupancy Percentage for the RBY using the above approach, it will use this section. The HA will use the lower of either 97% or the percentage based on having five units vacant for the RBY. Either percentage can be adjusted for vacant units undergoing modernization construction and vacancies beyond its control. Small HAs of 140 units or less will generally want to use a percentage based on five vacant units.

68. Enter 97% if HA has more than 140 units. If 140 or fewer units, determine occupancy percentage based on 5 vacant units for RBY. (Take 60 unit months and divide by line 62; multiply by 100 and round to nearest whole. Subtract result from 100%)	91%
69. Percentage Adjustment for Modernization and Beyond Control Vacancies (Add lines 48 plus 55, divide that sum by line 62; multiply by 100 and round to nearest whole)	3%
70. Projected Occupancy Percentage for Low Occupancy HA (Take the percentage on line 68 and subtract the percentage shown on line 69. Use the result as the Projected Occupancy Percentage on Part B, line 11 of form HUD-62723. Use the UMA result on line 62 in calculating PFS eligibility)	88%

Marianna Housing Authority
Operating Procedure
Supplement #2
Board Approval Date:
Established: June 1, 2003
Revision Date:

PET POLICY

In accordance with Section 526 of the Quality Housing and Work Responsibility Act of 1998 (QHWRA), Marianna Housing Authority (MHA) hereby sets forth rules and regulations concerning pet ownership in its public housing units. Only "common household pets" as defined herein will be permitted in MHA owned properties.

A common household pet, for the purposes of MHA's conventional housing program: *A domesticated animal, such as a dog, cat, bird, or fish* that is traditionally kept in the home for pleasure rather than for commercial or breeding purposes. Common household pet does not include reptiles. This definition shall not include animals that are used to assist persons with disabilities.

Residents may own and keep fish or birds in accordance with the dwelling lease.

Residents may own up to two pets. If one of the pets is a dog or cat, (or other four-legged animal), the second pet must be contained in a cage or an aquarium for fish. Each bird or other animal, other than fish, shall be counted as one pet.

EXCLUSION FOR ANIMALS THAT ASSIST PERSONS WITH DISABILITIES

MHA's Pet Policy shall neither apply to animals that are used to assist persons with disabilities and their assistance animals, who visit MHA's developments and dwelling units. 24 CFR 5; 24 CFR 960.705. The exclusion applies to animals that reside in developments for the elderly or persons with disabilities. MHA must grant this exclusion if the following is provided:

- The resident or prospective resident verifies that they are persons with disabilities by completing MHA's reasonable accommodation process.
- The animal has been trained to assist persons with the specific disability (example, seeing eye dog); and
- The animal actually assists the person with a disability.

COMPANION/SERVICE ANIMALS

Distinction is hereby given to "companion animals" and "service animals." If the animal does not have specific disability related training but is necessary in coping with the disability (for instance, if the animal provides emotional support to a person with a panic disorder), the animal is a "companion animal" not a "service animal."

A "service animal" means any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability. Service animals are equivalent to other "auxiliary aids" such as wheelchairs and eyeglasses, and as such must be permitted. 24 CFR 5.303; 28 CFR 36.104.

When an applicant or resident with a disability asserts and can verify that an animal is a companion or service animal for his/her disability, the applicant should make a request for a reasonable accommodation; specifically, to be allowed to keep the animal by completing MHA's reasonable accommodation process.

MHA will require verification that the applicant is a "qualified individual with handicaps" as defined by 24 CFR 8.3, and that the animal is necessary in coping or assisting with the disability. (Exhibit #3)

Upon receipt of verifications, MHA will approve the animal.

Residents requiring more than one pet as either a "companion animal" or "service animal" must request the animal by completing MHA's reasonable accommodation process. (MHA Form, Exhibit "1").

MANDATORY RULES FOR RESIDENTS WITH PETS

In accordance with 24 CFR 960.707, MHA hereby sets forth the following rules for pet ownership in its conventional housing units:

REGISTRATION

1. The Resident must request and receive written formal approval from the MHA prior to bringing the common household pet, (hereinafter referred to as "pet") on the premises. The pet request shall be made on the standard form "Pet Occupancy Request/Registration Form" (MHA PM Form, Exhibit "5").
2. Residents registering cats, dogs, or other four-legged animal, after receiving written approval for pet ownership, will be issued a sticker, a red "P," to be displayed on the front door or window of the dwelling unit. Said sticker will identify the unit to MHA staff or law enforcement officials as having Pet Addendum with the housing authority. (Exhibit "4")
3. Registration of the pet shall include a photograph being taken by the MHA and retained on file with MHA PM Form #78 on the left hand side of the resident's

folder. The photograph will be utilized to confirm identity of the pet in case of emergency and to ensure that the same pet registered is the pet occupying the resident's dwelling unit.

4. Residents registering pets that are not fully-grown at the execution of the initial Pet Addendum, will be required to report back to the development office at the first year anniversary of the agreement in order that the pet may be re-photographed for identification purposes.
5. At the time of registration, Resident must provide information sufficient to identify the pet and to demonstrate that it is a common household pet. See MHA PM Form #78.
6. The name, address, and phone number of one or more responsible parties who will care for the pet if the pet owner dies, is incapacitated, or is otherwise unable to care for the pet must be provided at the time of registration.

DOGS

1. If the pet is a dog, it shall not weigh more than 25 pounds (fully grown) and stand no more than 15 inches in height from the front shoulder of the animal.
2. Doghouses located outside any dwelling unit are prohibited.

CATS

1. The weight of a cat cannot exceed ten (10) pounds (fully-grown). Cats must also be declawed at the front paws by three (3) months of age. Evidence of declawing must be provided to MHA from a licensed veterinarian and/or staff of the Humane Society.
2. The resident must provide waterproof and leak proof litter boxes for cat waste, which must be kept inside the dwelling unit. Litter boxes must be changed twice per week at a minimum. Cardboard boxes are not acceptable and will not be approved. The resident shall not permit refuse from Litter boxes to accumulate, become odorous, to become unsightly, or unsanitary.

DOG/CAT—SPAYING & NEUTERING

If the pet is a dog or cat, it must be spayed/neutered by six months of age. Evidence of spaying/neutering can be proved by a statement/bill from a licensed veterinarian and/or staff of the Humane Society or by means of the veterinarian certification provided for on MHA PM Form 78, (Exhibit #5).

FISH

If the pet is fish, the aquarium must be twenty gallons or less, and the container must be placed in a safe location in the unit. The resident is limited to one container for fish, however, there is no limit on the number of fish that can be maintained in the container as long as the container is maintained in a safe and non-hazardous manner. Residents shall be responsible for any damage caused by leakage or spillage from the aquarium or fish bowl.

INOCULATIONS/VACCINATIONS

If the pet is a cat, dog, or other four-legged animal, it must have received rabies and distemper inoculations or boosters, as applicable. The resident shall provide the MHA with evidence of inoculations certified by a licensed veterinarian or a State or local authority empowered to inoculate animals (or designated agent of such an authority) stating that the pet has received all inoculations required by applicable State and local law. Said certification may be provided on the veterinarian's statement/bill or on MHA PM Form #78 (Exhibit 5).

LICENSING

1. Licensing of all dogs shall be required in accordance with applicable State and local law on an annual basis. The dog must always wear a license with owner's name, address and telephone number.
2. In the event that applicable State or local law changes with reference to licensing of any and all pets, MHA will require its residents to comply upon appropriate notice.

SANITARY CONDITIONS

The pet rules shall prescribe sanitary standards to govern the disposal of pet waste. These rules are as follows:

- Resident shall be responsible for immediately disposing of all animal waste excreted inside the development building or on the development grounds.
- Pet waste may be disposed in designated areas for the development (pet waste stations or dumpsters).
- Waste must be placed in a plastic bag, tightly secured and deposited in a dumpster.
- Poorly disposed waste will not be tolerated and will be subject to a \$25.00 charge per incident.
- Each time a pet owner fails to remove pet waste in accordance with this rule, a \$25.00 charge will be levied to the resident's account.
- Conditions outlined in *Regs #2*, above, pertaining to cat waste shall also prevail.

GENERAL PROVISIONS

1. All pets must be housed within the unit and no facilities can be constructed outside of the unit for any pet.
2. Costs incurred by MHA for extermination of fleas, ticks, and other animal related pests, will be deducted from the pet security deposit after either the pet is removed or the resident vacates. Residents are encouraged to use flea bombs to get rid of fleas and other animal-related pests on an "as needed" basis.
3. Pet(s) shall not disturb, interfere or diminish the peaceful enjoyment of other residents. The terms, "disturb, interfere or diminish" shall include but is not limited to: barking, meowing, crying, howling, chirping, biting, scratching and other like activities. This includes any pets that make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one-half hour or more and therefore disturbs any person at any time of the day or night. The MHA will terminate this authorization if a pet disturbs other residents under this section of the lease addendum. The resident will be given one week to make other arrangements for the care of the pet or the dwelling lease will be terminated.
4. Each pet must be maintained responsibly and in accordance with this pet ownership lease addendum and in accordance with all applicable ordinances, state and local public health, animal control, and animal anti-cruelty laws and regulations governing pet ownership.
5. The weight of all four-legged animals, other than dogs, cannot exceed 10 pounds with height not to exceed 15 inches from the front shoulder of the animal.
6. Pets may not be bred or used for any commercial purposes on MHA property.

CONTROL OF THE ANIMAL

1. No animal shall be permitted to be loose and if the pet is taken outside it must be taken outside on a chain leash no longer than five (5') feet and kept off lawns designated to other residents. Retractable leashes are prohibited.
2. All authorized pet(s) must be under the control of an adult leaseholder. An unleashed pet, or one tied to a fixed object, is not under the control of an adult. MHA staff will contact the local Humane Society or dog warden in the event pets are found to be unleashed, or leashed and unattended, on MHA property. It shall be the responsibility of the resident to reclaim the pet and at the expense of the resident.
3. The resident pet owner shall have canine pets restrained so that maintenance can be performed in the dwelling unit. The resident shall whenever an inspection or maintenance is scheduled, either be at home or shall have all animals restrained or caged. If a maintenance person enters an apartment where an animal is not restrained, maintenance shall not be performed, and the resident pet owner shall be charged a fee of \$25.00. If the situation again occurs, the pet shall be removed from the premises. Pets that are not caged or properly restrained will be impounded and reported to the local Humane Society for removal. It shall be the responsibility of the resident pet owner to reclaim the pet at the expense of the resident. The Housing Authority shall not be responsible if any animal escapes from the residence due to its maintenance, inspections, or other activities.

UNATTENDED PETS

Pet(s) may not be left unattended for more than ten (10) consecutive hours. If it is reported to MHA staff that a pet has been left unattended for more than a ten- (10) hour period, MHA staff may enter the unit and remove the pet and transfer the pet to the humane society. Any expense to remove and reclaim the pet from any facility will be the responsibility of the resident.

PROHIBITED PETS

1. MHA will forbid the following kinds of animals from being kept as pets on any of its properties: Pitbull, Rottweiler, German Shepherd, Chow, Doberman Pinscher or any species considered vicious, intimidating, or kept for the purpose of training for fighting or warring of bats (i.e., roosters for "cockfighting", etc.). MHA forbids the keeping of animals that have had their vocal cords cut, by a process commonly known as "debarking."
2. Exotic pets or barnyard animals are prohibited. Exception may be certain species of pigs utilized as bona-fide "service animals". (Snakes and reptiles are considered exotic pets.)

Pet Policy Violation Procedures

MHA reserves the right to require residents to remove any pet from the premises whose conduct (noise, biting, breeding, etc.) or condition is duly determined to constitute a nuisance or a threat to the health or safety of the other occupants or pets of the development, neighbors, staff, or visitors. MHA reserves the right to remove such a pet in the event that the pet owner does not or cannot remove the pet.

Notice of Pet Policy Violation

If MHA determines on the basis of objective facts, supported by written statements, that a pet owner has violated a rule governing the owning or keeping of pets:

- MHA may serve a written notice of Pet Policy violation on the pet owner in accordance with the dwelling lease. The notice of pet rule violation must:
 1. Contain a brief statement of the factual basis for the determination and the pet rule or rules alleged to be violated;
 2. State that the pet owner has five (5) days from the effective date of service of the notice to correct the violation (including, in appropriate circumstances, removal of the pet) or to make a written request for a meeting to discuss the violation;
 3. State that the pet owner is entitled to be accompanied by another person of his or her choice at the meeting; and
 4. State that the pet owner's failure to correct the violation, to request a meeting, or to appear at a requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.

Pet Policy Violation Private Conference

If the pet owner makes a timely request for a private conference to discuss an alleged Pet Policy violation, MHA shall establish a mutually agreeable time and place for the private conference not no later than three (3) days from the effective date of service of the notice of Pet Policy violation.

At the pet rule violation private conference, the pet owner and MHA representative shall discuss any alleged Pet Policy violation and attempt to correct it. MHA may, as a result of the meeting, give the pet owner additional time to correct the violation.

Notice for Pet Removal

If the pet owner and MHA are unable to resolve the Pet Policy violation at the pet rule violation private conference, or if a representative of MHA staff determines that the pet owner has failed to correct the Pet Policy violation within any additional time provided herein, the MHA may serve a written notice on the pet owner in accordance with Section of the Dwelling Lease or at the private conference, if appropriate, requiring the pet owner to remove the pet. The notice must:

1. Contain a brief statement of the factual basis for the determination and the Pet Policy or rules that have been violated;
2. State that the pet owner must remove the pet within five (5) days of the effective date of service of the notice of pet removal (or the private conference, if notice is served at the private conference); and
3. State that failure to remove the pet may result in initiation of procedures to terminate the pet owner's tenancy.

Initiation of Procedures to Remove a Pet or Terminate the Pet Owner's Tenancy

MHA may not initiate procedures to terminate a pet owner's tenancy based on a Pet Policy violation, unless:

1. The pet owner has failed to remove the pet or correct a pet rule violation within the applicable time period specified in this section (including any additional time permitted by the owner); and
2. The Pet Policy violation is sufficient to begin procedures to terminate the pet owner's tenancy under the terms of the lease and applicable regulations.

MHA may initiate procedures to remove a pet under 24 CFR 5.327 (threat to health and safety) at any time, in accordance with the provisions of applicable State or local law.

SCHEDULE OF PET FEES AND INITIAL DEPOSIT

FEE AND DEPOSIT SCHEDULE

(An Pet Fee and One Time Deposit is required for each pet at the time of registration)

Type of Pet	Fee	Deposit
Dog	\$200	\$150
Cat	\$200	\$150
Fish Aquarium	\$0	\$0
Fish Bowl (Requires no power and no larger than two gallons)	\$0	\$0
Caged Pets	\$0	\$0

Note: The above schedule is applicable for each pet; therefore, if a resident pet owner has more than one pet he or she must pay the applicable fee and deposit for each pet.

ALL PET AGREEMENTS SIGNED WITH RESIDENTS OF MHA PRIOR TO THE ADOPTION OF THIS POLICY ARE NOT SUBJECT TO PAYING ADDITIONAL DEPOSIT AMOUNTS OR FEE REQUIREMENTS. RESIDENTS SIGNING PET POLICY ADDENDUM'S FOLLOWING THE ADOPTION OF THIS POLICY WILL BE SUBJECT TO PAYING FEES FOR ANY NEW OR ADDITIONAL PETS.

The entire fee and deposit (subject to the exception listed below) must be paid prior to the execution of the Pet Policy Addendum or in accordance with this policy. No pet shall be allowed in the unit prior to the completion of the terms of this Pet Policy.

The Pet fee shall be paid at the time of approval of the pet and all proof of inoculations and other requirements shall be made available to the MHA at such time. The Pet Fee is not reimbursable nor will it be prorated in the event of move-out before the annual reexamination date. The pet deposit made shall be utilized to effect damages caused by the pet and/or tenant. Any balance, if any, from the deposit will be refunded to the tenant. **THERE SHALL BE NO REFUND OF THE PET FEE.**

Any damage to the apartment, building, grounds, flooring, walls, trim, finishes, tiles, carpeting, or stains thereon, will be the full responsibility of the resident and the resident agrees to pay any costs involved in restoring the apartment to its original condition.

If MHA finds a residual odor problem left in the apartment, the resident agrees to pay for the cost of any and all materials or chemicals needed to repair to remove the odor. If odor removal fails, the resident agrees to pay for replacement of carpeting, padding, wallboard, baseboard, etc., as is deemed necessary. The resident also agrees to abide by management's decision as to what is necessary.

It shall be a serious violation of the lease for any resident to have a pet without proper approval and without having complied with the terms of this policy. Such violation shall be considered to be a violation of the lease (a serious violation) and the MHA will issue a termination notice in accordance with of the dwelling lease. The resident pet owner will be entitled to a grievance hearing in accordance with the provisions of the dwelling lease.

Pet Policy Addendum

Marianna Housing Authority

This Addendum is being executed in accordance with the terms of the Dwelling Lease.

Section I. Pet Ownership

A resident may own one or more common household pets or have one or more common household pets present in the dwelling unit of such resident, subject to the following conditions:

1. Each head of household may own up to two pets. If one of the pets is a dog or cat, (or other four-legged animal), the second pet must be contained in a cage or an aquarium for fish. Each bird or other animals, other than fish, shall be counted as one pet.
2. If the pet is a dog or cat, it must be neutered/spayed by the age of six (6) months, and cats must be declawed at the front paws by the age of three (3) months. The evidence can be provided by a statement/bill from a veterinarian, certified on MHA Form #78, and/or staff of the local humane society. Evidence must be provided prior to the execution of this agreement and/or within 10 days of the pet becoming of the age to be neutered/spayed or declawed. Resident must provide waterproof and leak proof litter boxes for cat waste, which must be kept inside the dwelling unit. Cardboard boxes are not acceptable and will not be approved. The Resident shall not permit refuse from litter boxes to accumulate nor to become unsightly or unsanitary. Also, the weight of a cat cannot exceed ten (10) pounds (fully grown) and a dog may not exceed 25 pounds in weight (fully-grown). All other four-legged animals are limited to ten (10) pounds (fully-grown). The height of all four-legged animals cannot exceed 15 inches from the front shoulder of the animal.
3. If the pet is a bird, it shall be housed in a hutch and cannot be let out of the cage at any time.
4. If the pet is a fish, the aquarium must be twenty (20) gallons or less, and the container must be placed in a safe location in the unit. The Resident is limited to one container for the fish; however, there is no limit on the number of fish that can be maintained in the container as long as the container is maintained in a safe and non-hazardous manner.
5. If the pet is a cat or dog, it must have received rabies and distemper inoculations or boosters, as applicable. Evidence of inoculations can be provided by a statement/bill from veterinarian, certified on MHA Form #78, or by staff of the Humane Society and must be provided before the execution of the Pet Policy Addendum.

6. All pets must be housed within the unit and no facilities can be constructed outside of the unit for any pet. No animal shall be permitted to be loose and if the pet is taken outside it must be taken outside on a leash and kept off other Resident's lawns. Also, all pets must wear collars with identification and license at all times. Pets without a collar will be picked-up immediately by the Humane Society, county dog warden, or other appropriate agency.
7. All pet(s) must be under the control of an adult leaseholder. An unleashed pet, or one tied to a fixed object, is not considered to be under the control of an adult leaseholder. Pets, which are unleashed, or leashed and unattended, on housing authority property, may be impounded and reported to the local Humane Society, dog warden or other appropriate agency for pick-up. It shall be the responsibility of the Resident to reclaim the pet at the expense of the Resident.
8. Pet(s) may not be left unattended for more than ten (10) consecutive hours. If it is reported to MHA staff that a pet(s) has been left unattended for more than an eight (8) consecutive hour period, MHA staff may enter the unit with the humane society, dog warden or other appropriate agency to pick-up the animal. Any expense to remove and reclaim the pet from any facility will be the responsibility of the Resident. In the case of an emergency, MHA will work with the resident to allow no more than 24 hours for the resident to make accommodations for the pet.
9. Pet(s), as applicable, must be weighed by a veterinarian or staff of the Humane Society. A statement containing the weight of the pet must be provided to MHA prior to the execution of this agreement and upon request by the MHA at any time following the inception of the Pet Policy Addendum.
10. **Responsible Pet Ownership:** Each pet must be maintained responsibly and in accordance with this pet ownership lease addendum and in accordance with all applicable ordinances, state and local public health, animal control, and animal anti-cruelty laws and regulations governing pet ownership. Any waste generated by a pet must be properly and promptly disposed of by the tenant to avoid any unpleasant and unsanitary odor from being in the unit in accordance with the provisions of MHA's Pet Policy.
11. **Prohibited Animals:** Animals or breeds of animals that are considered by MHA to be vicious and/or intimidating will not be allowed. Some examples of animals that have a reputation of a vicious nature are: reptiles, Rottweiler, Doberman Pinscher, Pit Bulldog, German Shepherd, Chow, and/or any animal that displays vicious behavior. This determination will be made by an MHA representative prior to the execution of this lease addendum.

12. Pet(s) shall not 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, crying, howling, chirping, biting, scratching and other like activities. This includes any pets that make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one-half hour or more and therefore disturbs any person at any time of the day or night. The MHA will terminate this authorization if a pet disturbs other residents under this section of the lease addendum. The resident will be given one week to make other arrangements for the care of the pet or the dwelling lease will be terminated.
13. If the animal should become destructive, create a nuisance, represent a threat to the safety and security of other persons, or create a problem in the area of cleanliness and sanitation, the MHA will notify the tenant, in writing, that the animal must be removed from the development, within five (5) days of the date of the notice from MHA. The Resident may request a hearing, which will be handled according to MHA's established grievance procedure. The pet may remain with the resident during the hearing process unless MHA has determined that the pet may be a danger or threat to the safety and security of other persons. If this determination has been made by MHA, the pet must be immediately removed from the unit upon receipt of the notice from MHA.
14. The Resident is solely responsible for cleaning up the waste of the pet within the dwelling and on the premises of the public housing development. If the pet is taken outside, it must be on a leash at all times. If there is any visible waste by the pet, it must be disposed of in a plastic bag, securely tied and placed in the garbage receptacle for their unit. If the Housing Authority staff is required to clean any waste left by a pet, the Resident will be charged \$10 for the removal of the waste.
15. The Resident shall have pets restrained so that maintenance can be performed in the apartment. The Resident shall, whenever an inspection or maintenance is scheduled, either be at home or shall have all animals restrained or caged. If a maintenance person enters an apartment where an animal is not restrained, maintenance shall not be performed, and the Resident shall be charged a fee of \$25.00. If this same situation again occurs, the pet shall be removed from the premises. Pets that are not caged or properly restrained may be impounded by animal control officers and taken to the local Humane Society or dog warden. It shall be the responsibility of the Resident to reclaim the pet at the expense of the Resident. The Housing Authority shall not be responsible if any animal escapes from the residence due to maintenance, inspections, or other activities of the landlord.
16. Pets may not be bred or used for any commercial purposes on MHA property.

Section II. SCHEDULE OF ANNUAL FEES AND INITIAL DEPOSIT

FEE AND DEPOSIT SCHEDULE

(An Pet Fee and Deposit is required for each pet)

Type of Pet	Fee	Deposit
Dog	\$200	\$150
Cat	\$200	\$150
Fish Aquarium	\$0	\$0
Fish Bowl (Requires no power and no larger than two gallons)	\$0	\$0
Caged Pets	\$0	\$0

Note: The above schedule is applicable for each pet; therefore, if a resident has more than one pet he or she must pay the applicable annual fee and deposit for each pet. Annual fees will be due each year on the anniversary date of signing the Pet Addendum.

The entire annual fee (subject to the exception listed below) must be paid prior to the execution of the lease addendum. The deposit may be paid in increments of not less than \$10 per month for each succeeding month until the sum of \$150 is paid. No pet shall be allowed in the unit prior to the completion of the terms of this pet policy.

The fee shall be paid at the time of the pet approval and all proof of inoculations and other requirements shall be made available to the Housing Authority at such time. The pet fee is not reimbursable. The deposit made shall be utilized to offset damages caused by the pet and/or tenant. Any balance, if any, from the deposit will be refunded to the tenant. **THERE SHALL BE NO REFUND OF THE PET FEE.**

It shall be a serious violation of the lease for any resident to have a pet without proper approval and without having complied with the terms of this policy. Such violation shall be considered to be a serious violation of the lease and this Addendum and the Housing Authority will issue a termination notice. The resident will be entitled to a grievance hearing in accordance with the provisions of the dwelling lease.

It is understood and agreed that MHA is not responsible for any damages caused by the pet including but not limited to: bites and scratches to residents, neighbors, visitors, staff, MHA contractors, and others who are lawfully on the MHA's premises or other pets or service animals.

RESIDENT ACKNOWLEDGMENT

After reading and/or having read to me this lease addendum I/we the undersigned, hereinafter "I," agree to the following:

I agree to abide by the requirements outlined in this lease addendum for pet ownership and to keep the pet(s) in accordance with this lease addendum.

I agree and understand that I am liable for any damage or injury whatsoever caused by pet(s) and shall pay MHA for any damages or injury caused by the pet(s). I also realize that I should obtain liability insurance for pet ownership and that paying for the insurance is my responsibility.

I agree to accept full responsibility and will indemnify and hold harmless MHA for any claims by or injuries to third parties or their property caused by my pet(s).

I agree to pay a non-refundable fee of \$_____ to cover some of the additional operating cost incurred by the MHA. I also understand that this fee is due and payable prior to the execution of this lease addendum.

I agree to pay a refundable pet deposit of \$_____ to MHA. The Fee and initial Deposit must be paid prior to the execution of this lease addendum. The pet deposit may be used by MHA at the termination of the lease toward payment of any rent or toward payment of any other costs made necessary because of my occupancy of the premises. Otherwise, the pet deposit, or any balance remaining after final inspection, will be returned to me after the premises are vacated and all keys have been returned.

I AGREE AND UNDERSTAND THAT ALL INFORMATION CONCERNING MY PET (S) MUST BE UPDATED ANNUALLY AND PROVIDED TO THE MHA AT THE ANNUAL REEXAMINATION.

I AGREE AND UNDERSTAND THAT VIOLATING THIS LEASE ADDENDUM MAY RESULT IN THE REMOVAL OF THE PET (S) FROM THE PROPERTY OF THE MHA AND/OR EVICTION. I ALSO UNDERSTAND THAT I MAY NOT BE ALLOWED TO OWN ANY TYPE OF PET IN THE FUTURE WHILE BEING AN OCCUPANT OF THE MHA.

I ALSO UNDERSTAND THAT I MUST OBTAIN PRIOR APPROVAL FROM MHA BEFORE MAKING A CHANGE OF A PET FOR WHICH THIS POLICY WAS APPROVED OR ADDING A SECOND PET. ALSO, A PICTURE MAY BE TAKEN BY MHA STAFF OF THE PET (S) FOR DOCUMENTATION. THE PICTURE WILL BE MAINTAINED IN THE RESIDENT'S FILE WITH THE APPROPRIATE MHA MANAGEMENT OFFICE.

Head of Household (Undersigned)

Date

Housing Authority Representative

Date

Exhibit "1"

Preliminary Request for a Reasonable Accommodation

Leaseholder/Resident/Advocate Name: _____ S.S. #: _____

Current Address: _____ Move-In Date: _____

of Bedrooms: __ Member of Household Accommodation is requested for: _____

A reasonable accommodation is needed because:

The accommodation will:

- _____ Help you live in the housing or take part in MHA's program;
- _____ Help you meet the lease requirements of MHA's program;
- _____ Help you meet other requirements of MHA's program.

Do not tell the MHA the name of your disability or the nature or extent of your disability.

Physician/Health Care Provider name, address and telephone number:

Other comments you would like to make regarding this request: _____

By signing below you confirm the accuracy of the information submitted above. You will be mailed by the MHA an "Authorization for Release of Medical Information," which will be forwarded to your physician. Your physician will then be required to confirm your eligibility and justify your request for MHA.

Once this process has been completed, MHA will be in contact with you regarding the status of your request, which is based on medical reasons.

Leaseholder/Resident Signature

Phone Number

Date of Request

Do not write below line

For Office Use Only

MHA's Signature: _____

Date Received by MHA: _____

Date Authorization for Release of Medical Information sent to Leaseholder/Resident: _____

Date Medical Justification Letter sent to physician/health care provider: _____

MHA Form

06/03

Exhibit "2"

AUTHORIZATION FOR RELEASE
OF MEDICAL INFORMATION

To: _____

(Name & Address of Medical Provider)

RE: _____

The undersigned hereby authorizes you to verify, to the Maricopa Housing Authority, ("MHA"), whether the undersigned is an individual with handicaps as defined by 24 CFR 8.3. The undersigned also authorizes you to disclose to the MHA, the undersigned's need, if any, for an accessible feature (reasonable modification) to the undersigned's unit and/or a change in MHA's policies and/or procedures (reasonable accommodation) so that the undersigned may have an equal opportunity to use and enjoy his/her dwelling unit. The undersigned further authorizes you to disclose, to the MHA, exactly what is requested to accommodate the limitations imposed by the undersigned's handicaps, if any. However, you are not authorized to provide access to confidential medical records or disclose the specific handicaps to the MHA.

I hereby waive and release you from any restrictions imposed by law in disclosing any professional observation or communication to the MHA that is within the scope of this authorization.

This authorization is valid for ninety (90) days. A photocopy of this authorization shall be as effective as the original.

YOU MUST HAVE YOUR SIGNATURE NOTARIZED WHEN SENDING THE FORM BACK.

Date

Date of Birth

Sworn to before me and subscribed in my presence this _____ day of _____, 20____.

Notary Public

Exhibit "3"

DEFINITIONS

To: Doctor/Other Qualified Person

Pursuant to 24 CFR 8.3, the definition of an individual with handicaps is provided below:

Individual with handicaps means any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment, or is regarded as having such an impairment. For purposes of employment, this term does not include: Any individual who is an alcoholic or drug abuser whose current use of alcohol or drugs prevents the individual from performing the duties of the job in question, or whose employment, by reason of current alcohol or drug abuse, would constitute a direct threat to property or the safety of others; or any individual who has a currently contagious disease or infection and who, by reason of such disease or infection, would constitute a direct threat to the health or safety of other individuals or who, by reason of the currently contagious disease or infection, is unable to perform the duties of the job. For purposes of other programs and activities, the term does not include any individual who is an alcoholic or drug abuser whose current use of alcohol or drugs prevents the individual from participating in the program or activity in question, or whose participation, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or the safety of others. As used in this definition, the phrase:

(a) Physical or mental impairment includes:

(1) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or

(2) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

(b) Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

(c) Has a record of such an impairment means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

(d) Is regarded as having an impairment means:

(1) Has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by a recipient as constituting such a limitation;

(2) Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward such impairment; or

(3) Has none of the impairments defined in paragraph (a) of this section but is treated by a recipient as having such an impairment.

Exhibit "4"

MHA PM Form #78

Revised June 2003

PET OCCUPANCY REQUEST/REGISTRATION FORM

Resident Name: _____

Resident Address: _____

Resident Home Phone Number: _____

Resident Work Phone Number: _____

Alternate Pet Contact: _____

Address of alternate pet contact/care giver: _____

Home Phone Number: _____ Work Phone Number: _____

(List more than one, if applicable)

(To be completed by Veterinarian)

Description of Pet:

Name: _____ Breed: _____

Age: _____ Color: _____

Additional Markings/Information: _____

Height: _____ Weight: _____

Projected Weight at full growth: _____

Veterinarian's Signature

Date

"Exhibit "5"

PET OCCUPANCY REGISTRATION FORM

Resident Name: _____

Resident Address: _____

Resident Home Phone Number: _____

Resident Work Phone Number: _____

Alternate Pet Contact: _____

Address of alternate pet contact/care giver: _____

Home Phone Number: _____ Work Phone Number: _____

(List more than one, if applicable)

Description of Pet:

Name: _____ Breed: _____

Age: _____ Color: _____

Additional Markings/Information: _____

Height: _____ Weight: _____

Projected Weight at full growth: _____

License No.: _____

Copy of License/Tag obtained: Yes No

Picture of Pet is to be attached to this form.

Veterinarian Information/Certifications:

Name of Veterinarian: _____

Address: _____

Phone No.: _____

Certification of Inoculations: _____

Dated: _____

Date spayed or neutered: _____

Date declawed (cats only): _____

How long has resident owned this pet? _____

Has your pet lived in rental housing before? Yes No

If so, fill in the following:

Name of apartment complex: _____

Manager's Name: _____

Phone No.: _____

Registration of all pets must be submitted to the Management Office before the pet is permitted on the premises.

Signature Date

(For MHA use only)

Pet Photographed by: _____
MHA Staff Date

Resident has paid the appropriate Pet Deposit and Annual fee for the pet(s) being registered.

Yes No

Pet identification sticker affixed to unit door/window:

By: _____
MHA Staff Date

Photo to be affixed here & filed with the agreement

Marianna Housing Authority
Operating Supplement #4
Board Approval Date
Effective Date June 1, 2003
Revision Date

COMMUNITY SERVICE/SELF SUFFICIENCY SUPPLEMENT

A. Background

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt (see definitions) public housing adult residents (18 or older) contribute eight (8) hours per month of community service (volunteer work) or participate in eight (8) hours of training, counseling, classes and other activities which help an individual toward self-sufficiency and economic independence. This is a requirement of the dwelling lease signed with all residents of Marianna Housing Authority (MHA).

MHA requires residents to verify compliance annually, at least 30 days before the expiration of the lease term. Self-certification by residents is not acceptable; third party certification must be provided by the entity with whom the resident is performing the service.

B. Definitions

Community Service – volunteer service that includes, but is not limited to:

- Service at a local school, church, hospital, recreation center, senior center, service organization, or child care center
- Service with youth or senior organizations, including Police Athletic League (PAL) events and functions
- Service at MHA to help improve physical conditions including the clean-up programs and non-paid time spent on caretaker duties
- Service at MHA to help with children's programs or youth sporting events
- Service at MHA to help with senior programs
- Helping neighborhood groups with special projects including Blockwatch, Apartment watch or Resident Patrol
- Working through the Resident Council or individual development Resident Council's or Senior Club to help other residents with problems
- Caring for the children of other residents so they may volunteer
- Service on the Resident Advisory Board
- Other volunteer service with non-profits, for example, 501(C)(3) organizations, providing community service programs.

NOTE: Political activity is excluded. This would include but is not limited to: voter registration; campaign worker; and poll worker assignments.

1

Self-Sufficiency Activities – activities that include, but are not limited to:

- Employment and Training programs
- Job training programs
- GED classes
- Substance abuse or mental health counseling
- English proficiency or literacy (reading) classes
- Budgeting and credit counseling
- Homeownership educational programs or seminars (offered by MHA and other community organizations)
- Any kind of class that helps a person move toward economic independence

Exempt Adult – an adult member of the family who

- Is 62 years of age or older
- Has a disability that prevents him/her from being gainfully employed
- Is the caretaker of a disabled person
- Is working at least 20 hours per week
- Is participating in a welfare to work program
- Is receiving assistance from TANF and is in compliance with job training and work activities requirements of the program
- Each adult member of the household must sign a Community Service Exemption Certification at each annual recertification or if they become an "exempt adult" at any time between recertifications that the status should change. (See "Exhibit 1" attached; MHA Form #1)

C. Requirements of the Program

1. The eight- (8) hours per month may be either volunteer service or self-sufficiency program activity or a combination of the two.
2. At least eight (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant consideration. The Executive Director, or their designee will make the determination of whether to allow or disallow a deviation from the schedule. (See Exhibit #3, MHA Form #2).
3. Activities must be performed within the community and not outside the jurisdictional area of MHA which includes Marianna, Florida.
4. **Family obligations**
 - At lease execution or re-examination after October 1, 2003, all adult members (18 or older) of a public housing resident family must

- 1) Provide documentation that they are exempt from Community Service requirement if they qualify for an exemption, and;
 - 2) Provide documentation that they are exempt from Community Service requirement if they qualify for an exemption, and;
 - 3) Sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the Community Service requirement will result in non-renewal of their lease.
- At each annual re-examination, non-exempt family members must present a completed documentation form (to be provided by MHA's recertification area) of activities performed over the previous twelve (12) months. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.
 - If a family member is found to be noncompliant at re-examination, he/she and the Head of Household will sign an agreement with MHA to make up the deficient hours over the next twelve- (12) month period.
5. Change in exempt status:
- If, during the twelve- (12) month period, a non-exempt person becomes exempt, it is his/her responsibility to report this to the management office and provide documentation of such.
 - If, during the twelve- (12) month period, an exempt person becomes non-exempt, it is his/her responsibility to report this to the management office. MHA will provide the person with the Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.

D. MHA obligations

1. To the greatest extent possible and practicable, MHA will
 - Provide names and contacts at agencies that can provide opportunities for residents, including disabled, to fulfill their Community Service obligations. *(According to the Quality Housing and Work Responsibility Act, a disabled person who is otherwise able to perform community service is not necessarily exempt from the Community Service requirement).*
 - Provide in-house opportunities for volunteer service or self-sufficiency programs.

2. MHA offices will provide the family with: Community Service Exemption Certification Form (See MHA Form #115; "Exhibit 1"); Community Service Compliance Certification Form (See MHA Form #109; "Exhibit 2"); Record and Certification of Community Service and Self-Sufficiency Activities Form (See MHA Form # 110; "Exhibit 3"); and Caretaker Verification for Community Service Exemption Form (See MHA Form # 141; "Exhibit 6"), attached, and a copy of this policy at initial application and at lease execution.
3. MHA's Executive Director or their designee will make the final determination as to whether or not a family member is exempt from the Community Service requirement. Residents may use the Grievance Procedure if they disagree with MHA's determination.
4. Non-compliance of family member. The responsibility for enforcement will be with the MHA.
 - At least thirty (30) days prior to annual re-examination and/or lease expiration, MHA will begin reviewing the exempt or non-exempt status and compliance of family members.
 - If MHA finds a family member to be non-compliant, the MHA will enter into an agreement with the non-compliant member and the head of household to make up the deficient hours over the next twelve- (12) month period. (MHA Form #116; "Exhibit 4" and MHA Form #114 "Exhibit 5" attached).
 - If, at the next annual re-examination, the family member still is not compliant, the lease will not be renewed and the entire family would be issued a 30-day notice to vacate by the MHA, unless the non-compliant member agrees to move out of the unit and a new lease is signed with the family amending its composition accordingly.
 - The family may use the Grievance Procedure to appeal the lease termination, after attending a private conference with the MHA representative.

Exhibit 1

COMMUNITY SERVICE EXEMPTION CERTIFICATION¹

I certify that I am eligible for an exemption from the Community Service requirement for the following reason:

- I am 62 or older
- I receive Supplemental Security Income (SSI) or Social Security Disability (SSD) benefits for a disability recognized by the Social Security Administration (SSA). And, because of such disability, I cannot perform 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.
- I am the primary caretaker of a person who satisfies the above criteria and I am submitting MHA Form #141 for verification.
- I am working
(Employment Verification form will serve as documentation)
- I am participating in a Welfare to Work Program
(Must provide verification letter from agency)
- I am receiving TANF and am participating in a required economic self-sufficiency program or work activity

(Must provide verification from the funding agency that you are complying with job training or work requirements. A certification form must be signed by each adult member of the household)

Resident

Address

Date

¹ This certification applies only to the Community Service Exemption per 24 CFR 960.601 and no other MHA program requirements.

"Exhibit 2"

COMMUNITY SERVICE COMPLIANCE CERTIFICATION

I/We have received a copy of, have read and understand the contents of the Authority's Community Service/Self Sufficiency Policy.

I/We understand that this is a requirement of the Quality Housing and Work Responsibility Act of 1998 and that if we do not comply with this requirement, our lease will not be renewed.

Resident _____ Date _____

Resident _____ Date _____

Resident _____ Date _____

Exhibit 4

AGREEMENT

In accordance with the provisions of MHA's Community Service/Self-Sufficiency policy, I/We agree to complete all deficient service hours over the next 12-month period. Deficient service hours are for the review year _____ and will be completed by _____.

I/We understand that MHA may issue a 30-day notice if the service hour requirements of your lease are not brought into compliance by _____. I/we understand what volunteer work qualifies as community service and what types of programs qualify for self-sufficiency participation.

Head of Household

Date

Other Adult Resident:

Date

MHA USE ONLY

APPROVED BY: _____
Executive Director

Date

Exhibit "5"

(Date)

Dear _____:

Please be advised that MHA has not received documentation evidencing completion of 96 hours of community service for the following members of your family:

All non-exempt adult members of the family must complete the community service hours as a part of the annual recertification process. If you feel one or more of the above listed family members may be eligible for an exemption, please see your management office.

You may also be eligible to enter into an agreement to complete deficient service hours.

In the event service hours have not been completed for all adult members, you can be issued a 30-day notice to vacate. Your cooperation in this matter is needed to assist in preserving your housing opportunity.

Sincerely,

Executive Director

Exhibit 6

Caretaker Verification for Community Service Exemption

- () I certify that I receive Supplemental Security Income (SSI) or Social Security Disability (SSD) benefits for a disability recognized by the Social Security Administration (SSA). I am attaching verification of receipt of benefits from the SSA. I understand that MHA will keep this information strictly confidential.
- () And, because of such disability, I cannot perform 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.
- () I certify that _____ is my primary caretaker.

(Signature of Person Certifying
About her/his Caretaker)

Date

Address

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

