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

PHA Plans

5 Year Plan for Fiscal Years 2000 - 2004 Annual Plan for Fiscal Year 2000

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

PHA Plan Agency Identification

PHA Name: Housing and Redevelopment Authority of Hibbing, MN.

PHA Number: MN 004

PHA Fiscal Year Beginning: 10-200

Public Access to Information

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

- X____ 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)

- X____ 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)

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

5-Year Plan PHA Fiscal Years 2000 - 2004

[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)

X____ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

____ The PHA?s mission is: (state mission here)

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:
- X____ 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:

- X____ Improve public housing management: (PHAS score)
- Improve voucher management: (SEMAP score)
- X____ Increase customer satisfaction:
 - Concentrate on efforts to improve specific management functions: (list;
 - e.g., public housing finance; voucher unit inspections)
 - X____ Renovate or modernize public housing units:
 - _____ Demolish or dispose of obsolete public housing:
 - _____ Provide replacement public housing:
 - _____ Provide replacement vouchers:
 - ____ Other: (list below)
- _ PHA Goal: Increase assisted housing choices

Objectives:

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

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

- X____ PHA Goal: Provide an improved living environment
 - Objectives:

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

Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:

____ Implement public housing security improvements:

X____ 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

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

Objectives:

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

X____ Provide or attract supportive services to improve assistance recipients? employability:

X____ 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

X____ PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives:

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

X_____ 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 2000

[24 CFR Part 903.7]

Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

X____ Standard Plan

Streamlined Plan:

____ High Performing PHA

- **____** Small Agency (<250 Public Housing Units)
- ____ Administering Section 8 Only

____ Troubled Agency Plan

Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

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

The Hibbing HRA strives to provide housing and supportive services for its low income and senior families at all of its apartment complex locations. Housing is as much about people as it is about the physical aspects of shelter.

By focusing on a well developed Five Year Plan of modernization, and a continuing evolution of supportive services through the Family Investment Center and expansion of services for the frail elderly via the Assisted Living Program, the HRA will meet these goals.

Solving a unit vacancy and unit turnaround problem that has plagued the HRA for the past few years will be a significant success for the HRA. We will work closely with the college to help supplement housing needs for students attending their institutions.

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

X____ FY 2000 Capital Fund Program Annual Statement

_____ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

X____ PHA Management Organizational Chart

X____ FY 2000 Capital Fund Program 5 Year Action Plan

____ Public Housing Drug Elimination Program (PHDEP) Plan

X____ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)

_ Other (List below, providing each attachment name)

Page

Documents Indicate which Display? colum	Documents Available for ReviewSupporting Document Available for ReviewSupporting Documents Available a documents are available for public review by placing a mark in an in the appropriate rows. All listed documents must be on dis- ties conducted by the PHA.	le for Review h the ? Applicable & On
	Supporting Documents Available for ReviewList of Suble for ReviewList of Supporting Documents Available for Revi Supporting Documents Available for Revi	ole for ReviewList of
Applicable & On Display	Supporting DocumentSupporting DocumentSupporting DocumentSupporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
Х	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
Х	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
Х	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
Х	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
Х	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
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
Х	 Public Housing Deconcentration and Income Mixing Documentation: 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 Quality Housing and Work Responsibility Act Initial Guidance; Notice and any further HUD guidance) and 18. Documentation of the required deconcentration and income mixing analysis 	Annual Plan: Eligibility, Selection, and Admissions Policies
Х	Public housing rent determination policies, including the methodology for setting public housing flat rents check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
Х	Schedule of flat rents offered at each public housing development	Annual Plan: Rent Determination

	check here if included in the public housing A & O Policy	
	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative	Annual Plan: Rent Determination
	Plan	
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
	Public housing grievance procedures	Annual Plan: Grievance
X	check here if included in the public housing A & O Policy	Procedures
	Section 8 informal review and hearing procedures	Annual Plan: Grievance
	check here if included in Section 8 Administrative Plan	Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996	Annual Plan: Conversion of Public Housing
	HUD Appropriations Act Approved or submitted public housing homeownership	Annual Plan:
	programs/plans	Homeownership
	Policies governing any Section 8 Homeownership program	Annual Plan:
	check here if included in the Section 8 Administrative Plan	Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports The most recent Public Housing Drug Elimination Program	Annual Plan: Community Service & Self-Sufficiency Annual Plan: Safety and
	(PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional)	(specify as needed)
	(list individually; use as many lines as necessary)	_ ,

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

The waiting list of the HRA indicates that there is a continuing need for one bedroom units. Although there is no site based waiting lists for our complexes, applicants can and do request units at specific complexes for personal reasons and convenience. The HRA tries to accommodate applicants when requests are made by the applicants.

There are twenty applicants for one bedroom apartments on our waiting list.

A variety of supportive services are offered to residents of our complexes through programs developed at the Family Investment Center at Project MN 004-001 and its satellite office at MN 004-004, and through the HRA's Senior Service Coordinator who has an office at Project MN 004-006 and 003. The Senior Service Coordinator also provides information and help to residents at MN 004-002, and acts as the HRA's liason for the Assisted Living Program at MN 004-006.

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

		b	y Family '	Гуре			
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibilit	y 2. Size2. Size. Size. Size.	Loca-tion
Income <= 30% of AMI	2720	5	1	1	N/A	1	1
Income >30% but <=50% of AMI	1658	4	1	1	N/A	1	1
Income >50% but <80% of AMI	1356	3	1	1	N/A	1	1
Elderly	2505	4	1	1	N/A	1	1
Families with Disabilities	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	8	4	1	1	N/A	1	1
Race/Ethnicity	19	4	1	1	N/A	1	1
Race/Ethnicity	124	4	1	1	N/A	1	1
Race/Ethnicity	8	4	1	1	N/A	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.)

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

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

Housing Needs of Families on the Waiting List

Waiting list type: (select one)

Section 8 tenant-based assistance x____ Public Housing Combined Section 8 and Public Housing 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 115 Extremely low income 100 20 <=30% ÅMI Very low income (>30% but <=50% AMI) Low income (>50% but <80% AMI) Families with children **Elderly** families Families with **Disabilities** Race/ethnicity Race/ethnicity Race/ethnicity Race/ethnicity Characteristics by Bedroom Size (Public Housing Only) 1 ~ ~ ------

01/26/2001 4:05 PM

IBR	20	100	30	
2 BR				
3 BR				
4 BR				
5 BR				
5+ BR				
Is the waiting	g list closed (select one)?	No		
If yes:				
-	B. Ho	w long has it been closed	\mathbf{I} (# of months)? B .	How
		closed (# of months)?		t been
		ths)? B. How long I		
	Does the F	PHA expect to reopen the	list in the PHA Plan year	ar?
	No Yes	- •		
	Does the P	PHA permit specific categ	ories of families onto the	e waiting

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.

list, even if generally closed? No Yes

(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

x____ Employ effective maintenance and management policies to minimize the number of public housing units off-line

x_____ Reduce turnover time for vacated public housing units

x_____ 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

- x____ 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)

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

Need: Specific Family Types: The ElderlyB. Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly: Select all that apply

x_____ 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 DisabilitiesNeed: Specific Family Types: Families with DisabilitiesNeed: Specific Family Types: Families with DisabilitiesNeed: 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 needsNeed: Specific Family Types: Races or ethnicities with disproportionate housing needsNeed: Specific Family Types: Races or ethnicities with disproportionate housing needsNeed: Specific Family Types: Races or ethnicities with disproportionate housing needsNeed: 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:

- x____ Funding constraints
- x_____ Staffing constraints
- x_____ Limited availability of sites for assisted housing
 - x_____ 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
 - x_____ Influence of the housing market on PHA programs
- _____ Community priorities regarding housing assistance
- _____ Results of consultation with local or state government
- x_____ Results of consultation with residents and the Resident Advisory Board
- x_____ Results of consultation with advocacy groups
- ____ Other: (list below)

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

Tunned Sources		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2000 grants)		
a) Public Housing Operating Fund	324,314 501 704	
 b) Public Housing Capital Fund c) HOPE VI Revitalization d) HOPE VI Demolition e) Annual Contributions for Section 8 Tenant-Based Assistance f) Public Housing Drug Elimination Program (including any Technical Assistance funds) g) Resident Opportunity and Self-Sufficiency Grants h) Community Development Block Grant 		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income	487,980	

4. Other income (list below)
Excess Utilities \$9,756
Caretaker Rent \$2,400
4. Non-federal sources (list below)

Total resources

\$1,326,244

12,156

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)
 - x_____ When families are within a certain number of being offered a unit: (state number) 2
- _____ When families are within a certain time of being offered a unit: (state time)
- ____ Other: (describe)

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

- x____ Criminal or Drug-related activity
- x____ Rental history
- x____ Housekeeping
- ____ Other (describe)
 - c. x____Yes ____ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
 - d. x____ Yes ____No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
 - e. x____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)

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

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

- x_____ 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)

- x____ One
- ____ Two

____ Three or More

b. x____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:

x___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)

x____ Emergencies

x____ Overhoused

x____ Underhoused

x_____ Medical justification

x_____ Administrative reasons determined by the PHA (e.g., to permit modernization work)

_ Resident choice: (state circumstances below)

- ____ Other: (list below)
 - a. Preferences

1. x____ 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**)

1. 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

x_____ Other preference(s) (list below) A preference shall be granted to qualified applicants that are at risk of nursing home placement and are eligible for the Assisted Living Program at Project MN 004-006, Seventh Avenue Apartments and are willing to participate in the Assisted Living Program at that complex. (The HRA, St. Louis County Social Services, and a licensed health care provider participate in the Assisted Living Program at Project MN 004-006.)

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.

x____ 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) A preference shall be granted to qualified applicants that are at risk of nursing home placement and are eligible for the Assisted Living Program at Project MN 004-006, Seventh Avenue Apartments and are willing to participate in the Assisted Living Program at that complex. (The HRA, St. Louis County Social Services, and a licensed health care provider participate in the Assisted Living Program at Project MN 004-006.)

- 4. Relationship of preferences to income targeting requirements:
- N/A___ 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)

- x____ The PHA-resident lease
- x_____ The PHA?s Admissions and (Continued) Occupancy policy
- x_____ 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
- x_____ Any time family composition changes
- _____ At family request for revision
- ____ Other (list)

(6) Deconcentration and Income Mixing

a.x <u>Yes</u> 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. ____Yesx ____ 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 x ____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)	
x 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)

x_____ 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 (list below)

b. <u>Yes</u> No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. <u>Yes</u> No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. <u>Yes</u> No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply) _____ Criminal or drug-related activity

Other (describe below)

(2) Waiting List Organization

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:

(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 ??? 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
- This preference has previously been reviewed and approved by HUD

jurisdiction? (select one)

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)
 - a. 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)

x_____ 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

x \$26-\$50

2. <u>Yes x</u> No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

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

a. 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 X____
- Yes but only for some developments
- No
 - 2. For which kinds of developments are ceiling rents in place? (select all that apply)
- x____ 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
- x_____ 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)
- x____ 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 x____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

 $x_{_}$ Other (list/describe below) The Board is using ceiling rents for flat rents. The ceiling rent is based upon the FMR.

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies.

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

- _____ At or above 90% but below100% of FMR
- _____ 100% of FMR
- Above 100% but at or below 110% of FMR
- _____ Above 110% of FMR (if HUD approved; describe circumstances below)
 - 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 FMRs are adequate to ensure success among assisted families in the PHA?s segment of the FMR

- ____ 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 (list below)

(2) Minimum Rent

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

_____ \$0

_____ \$1-\$25

_____ \$26-\$50

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

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.

An organization chart showing the PHA?s management structure and organization is attached. x_____ A brief description of the management structure and organization of the PHA follows: The Mayor appoints the HRA Board. The Executive Director reports to the Board. The Family Investment Center Coordinator, the Senior Service Coordinator, the Office Manager and Office Clerk, the Maintenance Staff, and the Caretakers all report to the Executive Director.

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

net operate any of the programs	listed below Units or Families Served at Year Beginning	Expected Turnover
Public Housing	261	80
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8		
Certificates/Vouchers (list		
individually)		
Public Housing Drug		
Elimination Program		
(PHDEP)		

Other Federal Programs(list individually)

C. Management and Maintenance Policies

List the PHA?s public housing management and maintenance policy documents, manuals and handbooks that contain the Agency?s rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

- (1) Public Housing Maintenance and Management: (list below)
- 1. Public Housing Maintenance and Management
 - AFSCME Union Agreement
 - 2. Blood Borne Diseases Policy
 - 3. Capitalization Policy
 - 4. Check Signing Authorization Policy
 - 5. Criminal, Drug Treatment, and Registered Sex Offender Classification and Records Management
 - 6. Disposition Policy
 - 7. Drug Free Workplace Policy
 - 8. Equal Housing Opportunity Policy
 - 9. Ethics Policy
 - 10. Facilities Use Policy
 - 11. Funds Transfer Policy
 - 12. Hazardous Materials Policy
 - 13. Investment Policy
 - 14. Maintenance Policy
 - 15. Natural Disaster Response Guidelines

16. Pest Control and Extermination Policy (The HRA contracts with Ecolab, a pest elimination firm. This firm is called whenever insect infestations are noted by staff or reported by residents.)

- 17. Procurement Policy
- 18. Continued Occupancy and Community Service Policy

These policies are available for review at the HRA Main Office during regular business hours.

(2) Section 8 Management: (list below)

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

1. <u>Yes x</u> 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)

- x_____ PHA main administrative office
- _____ PHA development management offices

____ Other (list below)

B. Section 8 Tenant-Based Assistance

1. <u>Yes</u> 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-

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

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

Annual Statement

Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number FFY of Grant Approval: (MM/YYYY)

Original Annual Statement

Line No.		Summary by Development Account	Total Estimated Cost
1	Total N	Ion-CGP Funds	
2	1406	Operations	80,000
3	1408	Management Improvements	80,000
4	1410	Administration	50,100
5	1411	Audit	
6	1415	Liquidated Damages	
7	1430	Fees and Costs	22,300
8	1440	Site Acquisition	
9	1450	Site Improvement	65,000
10	1460	Dwelling Structures	170,000
11	1465.1	Dwelling Equipment-Nonexpendable	114,394
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	1498	Mod Used for Development	
10	1500	Contingonay	

17	1302 Commigney	
20	Amount of Annual Grant (Sum of lines 2-19)	501,794
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	50,000
24	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement

Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
HA Wide	Operations	1406	
HA Wide	Salary and Benefit Package for Family Investment Center Coordinator	1408	55,000
HA Wide	Replace HRA Utility Van	1408	25,000
HA Wide	Admin Fees	1410	50,100
HA Wide	A&E Fees	1430	22,300
MN 004-001	Correct Site Drainage at Apt 3200	1450	15,000
Haven Court Apts			
MN004-004	Site Lighting for Security	1450	28,000
Jefferson Apts			
MN 004-004 Jefferson Apts	Design new Drive and Parking Area for Security and Safety	1450	22,000
MN 004-003 First Avenue Apartments	Re-roof Building	1460	70,000
MN 004-003 First Avenue Apartments	Install new apartment entry doors	1460	70,000
MN 004-004 Jefferson Apts	Paint building exteriors	1460	30,000
MN 004-003 First Avenue Apartments	Install new hot water expansion tank	1465.1	44,394
MN004-006 Seventh Avenue Apartments	Replace Refrigerators and Stoves	1465.1	70,000

Annual Statement

Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
HA Wide	30Mar01	30Mar01
MN 004-001 Haven Court Apartments	30Jun01	30Sep01
MN004-003 First Avenue Apartments	30Jun01	31Dec01
MN004-004 Jefferson Apartments	30Jun01	31Dec01
MN004-006 Seventh Avenue Apartments	30Mar01	31Mar01

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

b. If yes to question a, select one:

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

-or-

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

B. HOPE VI and Public Housing Development and Replacement Activities

(Non-Capital Fund)

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

Yes x_____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 x____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 x 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 x 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 x____ 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

___ Disposition

3. Application status (select one)

Approved

- _____ Submitted, pending approval
 - ____ Planned application
- 4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
- 5. Number of units affected:
 - Coverage of action (select one)
 - ____ Part of the development

_____ 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 x 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

<u>1a. Development name:</u>

<u>1b. Development (project) number:</u>

2. Designation type:

Occupancy by only the elderly

Occupancy by families with disabilities

Occupancy by only elderly families and families with disabilities

3. Application status (select one)

Approved; included in the PHA?s Designation Plan

Submitted, pending approval

Planned application

4. Date this designation approved, submitted, or planned for submission:

(DD/MM/YY)

5. If approved, will this designation constitute a (select one)

____ New Designation Plan

_____ Revision of a previously-approved Designation Plan?

- 1. Number of units affected:
- 7. Coverage of action (select one)
- _____ Part of the development
- ____ 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 x____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?

_____ Assessment underway

_____ Assessment results submitted to HUD

_____ Assessment results approved by HUD (if marked, proceed to next question)

____ Other (explain below)

3. <u>Yes</u> 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)

_____ Conversion Plan in development

____ Conversion Plan submitted to HUD on: (DD/MM/YYYY)

____ Conversion Plan approved by HUD on: (DD/MM/YYYY)

_____ 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)

Units addressed in a pending or approved demolition application (date submitted or approved:

 Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:
 Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:)
 Requirements no longer applicable: vacancy rates are less than 10 percent
 Requirements no longer applicable: site now has less than 300
 Units
 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 x____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:
 - . HOPE I
 - 5(h)
 - Turnkey III
 - Section 32 of the USHA of 1937 (effective 10/1/99)
- 3. Application status: (select one)
 - _____ Approved; included in the PHA?s Homeownership Plan/Program
 - _____ Submitted, pending approval
 - ____ 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)
 - Part of the development
- _____ Total development

B. Section 8 Tenant Based Assistance

1. ____Yes x____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:

x 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? 06/01/99

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

x____ Client referrals

x_____ Information sharing regarding mutual clients (for rent determinations and otherwise)

x____ 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
 - x_____ Joint administration of other demonstration program
- x_____ Other (describe)Sanction Recovery Programs. Job Skill Site

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

Services and Programs							
Program Name & Description (including location if appropriate)	Estimated Size	Allocation Mothod	Access	Eligibility			

selection/specific both) criteria/other)	(menuming rocation, in appropriate)	<u>Sile</u>	1	PHA main office / other provider name)	section 8 participants or both)
---	-------------------------------------	-------------	---	---	---------------------------------------

(2) Family Self Sufficiency program/s

a. Participation Description

1 1	Family Self Sufficiency (FSS) Participa	ition
Program	Required Number of Participants	Actual Number of Participants
	(start of FY 2000 Estimate)	(As of: DD/MM/YY)

Public Housing

Section 8

b. ____Yes ____No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?

If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

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

x_____ Adopting appropriate changes to the PHA?s public housing rent determination policies and train staff to carry out those policies

- x_____ Informing residents of new policy on admission and reexamination
- x_____ Actively notifying residents of new policy at times in addition to admission and reexamination.

x_____ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services

- x_____ 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. Husing Act of

D. See Attachments, Excerpt from: ACOP 14.0

CONTINUED OCCUPANCY

AND COMMUNITY SERVICE

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
 - x_____ 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
- x_____ 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
- x____ Resident reports
- x____ PHA employee reports
- x____ 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)
 - $x___$ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
 - x____ Crime Prevention Through Environmental Design
 - x_____ Activities targeted to at-risk youth, adults, or seniors
 - _____ Volunteer Resident Patrol/Block Watchers Program
 - ____ Other (describe below)
 - 2. Which developments are most affected? (list below) MN 004-004, Jefferson Apartments

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)

x____ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan

x_____ Police provide crime data to housing authority staff for analysis and action

x_____ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)

x_____ Police regularly testify in and otherwise support eviction cases

x_____ Police regularly meet with the PHA management and residents

_____ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services

Other activities (list below)

2. Which developments are most affected? (list below) MN 004-004, Jefferson Apartments

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

Yes x No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan? No: Has the PHA included the PHDEP Plan for FY 2000 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)]

<u>15. Civil Rights Certifications</u>

[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. x____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. x Yes No: Was the most recent fiscal audit submitted to HUD?
- 3. ____Yes x____No: Were there any findings as the result of that audit?
- 4. Yes x 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 x____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)
- x____ Not applicable
- _____ Private management
- _____ Development-based accounting
- _____ Comprehensive stock assessment
- ____ Other: (list below)

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

<u>18. Other Information</u>

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. <u>Yes x</u> 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 __x__ 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. <u>x</u> 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)

- x____ 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
- x_____ 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)

x_____ 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: (provide name here)

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)

x ____ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

x____ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

_____ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

_____ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

____ Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below) The statistics shown in the Consolidated Plan support the need for additional housing of Low-Mod families throughout the jurisdiction, which is St. Louis County. The HRA's waiting list numbers are reflected in the need shown for elderly family units in the Plan.

D. Other Information Required by HUD

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

Attachments

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

Table Library

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables							
Development	Development Name	Number	% Vacancies				
Number	(or indicate PHA wide)	Vacant Units	in Development				
MN 004	PHA Wide Management Improvements	41HRA Wide	13% PHA Wide				
Description of Need	ed Physical Improvements or Manag	Estimated Cost	Planned Start Date				
				(HA Fiscal Year)			
FIC Coordinator Sal	ary and Benefit Package @\$55,000/y	r	220,000	2001-2004			
New Computer System			23,000	2002			
Replace two riding lawn mowers/snow blowers @ \$15,000 ea			30,000	2002-2003			
Replace plow truck			30,000	2002			

Total estimated cost over next 5 years

\$303,000



Development	Number	% Vacancies			
Number	(or indicate PHA wide)	Vacant Units	in Dev	elopment	
MN 004-001	Haven Court Apartments	17	13%		
Description of Needer	d Physical Improvements or Manage	ement Improven	nents	Estimated Cost	Planned Start Date
					(HA Fiscal Year)
Landscaping for surfa	2003				
Sidewalk and curb/gutter replacement 75,000				75,000	2001
Refloor 1 st floor of fa	mily apartments			150,000	2003

250,000

Development	Development Name	Number	% Vac	ancies	
Number	(or indicate PHA wide)	Vacant	in Deve	elopment	
		Units		-	
MN 004-002	Park Terrace Manor	0	0%		
	Physical Needs				
Description of Needed Physical Improvements or Management Impr			ents	Estimated Cost	Planned Start Date
					(HA Fiscal Year)
Community Room Re	novation			30,00	0 2002
Landscaping Inner Co	ourt Yard/Building perimeter		10,00	0 2002	
Remodel Caretaker Ur	nit		30,00	0 2002	
Replace building heat	ting system (central heat system)			100,00	0 2001
Replace building heat	ting system (central heat system)			100,00	0 2001

Total estimated cost over next 5 years

\$170,000

Development Number	Development Name (or indicate PHA wide)	Number Vacant Units		cancies relopment	
MN 004-003	First Avenue Apartments	7	12%		
	Physical Improvements				
Description of Neede	d Physical Improvements or Manage	ement Improvem	ents	Estimated Cost	Planned Start Date
					(HA Fiscal Year)
New Kitchen Cabinet	s			210,00	0
New Bathrooms				210,00	0
New Flooring				240,00	0
New Windows				120,00	0 2002
Renovate Laundry R	oom			20,00	0 2002
Site Lighting and Lar	ndscaping			20,00	0
Apartment Painting				30,00	0
Security System				10,00	0 2001
Renovate Stair tower	Entries at Rear of Building			20,00	0 2001
New Security Entrand	ce at Front of Building			150,00	0 2001
Community Room Re	enovation			50,00	0 2002
Replace Community I	Room Furniture			20,00	0 2002
Balcony Repairs				10,00	0 2002
New Kitchen Applian	nces			70,00	0

400,000

-

Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vaca in Develo		
MN 004-0004	Jefferson Apartments	17	28%		
	Physical Improvements				
Description of Neede	ed Physical Improvements or Mai	ents	Estimated Cost	Planned Start Date	
					(HA Fiscal Year)
Fix Sidewalks/Curbs/	/Gutters			35,00	0
New Windows				169,00	0 2003-2004
Relandscape Site				30,00	0
Remodel Community	Room			36,00	0
Replace Appliances				60,00	0 2003-2004

Total estimated cost over next 5 years

229,000

Development Number	Development Name (or indicate PHA wide)	Number Vacant	% Vacancies in Development	
MON 004 000C		Units	00/	
MN 004-0006	Seventh Avenue Apartments	0	0%	
	Physical Improvements			
Description of Needed	d Physical Improvements or Manager	nent Improvem		
			(HA Fiscal Year)	
New Living Room Lig			1,400	,
New Bathroom Light	Fixtures		1,400	
A/C Sleeves			30,000 2001-2002	,
Additional Phone Jack			20,000	,
New Covered Entry a	6		40,000 2003	, ·
Carpet Hallway/Comr	non areas		60,000	
New Site Lighting			35,000 2001	,
Refinish Cabinets			15,000	,
Replace Toilet Fixture	es		70,000 2004	70,000
New Ceiling Tile thro	ughout Building Common Areas		40,000	40,000
Paint Common Areas			28,000	28,000
New Hallway Lighting	g /Common Areas		75,000	75,000
Repave Parking Lots/	Lanes		40,000 2001	40,000
Additional Plug Ins for	or Resident Vehicles		15,000 2002	15,000
Replace Community/I	Lobby Furniture		50,000	50,000
Replace Windows			200,000 2004	200,000
Replace Elevator Med	chnical		40,000 2003	40,000
Total estimated cost	over next 5 years		470,000	470,000

Optional Public Housing Asset Management Table

See Technical Guidance for instructions on the use of this table, including information to be provided.

Public Housing Asset Management

Development Identification			A	Activity Desc	ription		
Name,	Number	1	DevelopmDetmolition /	Designated	Conversion	Home-	Other
Number,	and	Program	Activities disposition	housing		ownership	(describe)
and	Type of	Parts II and III	Component 8	Component 9	Component 10	Component	t Component 17
Location	units	Component	7 <i>b</i>			11a	
		7a					

Attachment from ACOP in reference to: 14.0 CONTINUED OCCUPANCY AND COMMUNITY SERVICE

14.1 GENERAL

In order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities) within the community in which the public housing development is located, or (2) participate in an economic self-sufficiency program unless they are exempt from this requirement

14.2 EXEMPTIONS

The following adult family members of tenant families are exempt from this requirement.

- A. Family members who are 62 or older
- B. Family members who are blind or disabled
- C. Family members who are the primary care giver for someone who is blind or disabled
- D. Family members engaged in work activity

E. Family members who are exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program

F. Family members receiving assistance under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program

14.3 NOTIFICATION OF THE REQUIREMENT

The Hibbing Housing Authority shall identify all adult family members who are apparently not exempt from the community service requirement.

The Hibbing Housing Authority shall notify all such family members of the community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. The Hibbing Housing Authority shall verify such claims.

The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination on or after 10/1/99. For family's paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

14.4 VOLUNTEER OPPORTUNITIES

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The Hibbing Housing Authority will coordinate with social service agencies, local schools, and the Human Resources Office in identifying a list of volunteer community service positions.

Together with the resident advisory councils, the Hibbing Housing Authority may create volunteer positions such as hall monitoring, litter patrols, and supervising and record keeping for volunteers.

14.5 THE PROCESS

At the first annual reexamination on or after October 1, 1999, and each annual reexamination thereafter, the Hibbing Housing Authority will do the following:

Α.

members.

Provide a list of volunteer opportunities to the family

B. Provide information about obtaining suitable volunteer positions.

C. Provide a volunteer time sheet to the family member. Instructions for the time sheet require the individual to complete the form and have a supervisor date and sign for each period of work.

D. Assign family members to a volunteer coordinator who will assist the family members in identifying appropriate volunteer positions and in meeting their responsibilities. The volunteer coordinator will track the family member's progress monthly and will meet with the family member as needed to best encourage compliance.

E. Thirty (30) days before the family's next lease anniversary date, the volunteer coordinator will advise the Hibbing Housing Authority whether each applicable adult family member is in compliance with the community service requirement.

14.6 NOTIFICATION OF NON-COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENT

Α.

The Hibbing Housing Authority will notify any family found to be in noncompliance of the following:

The family member(s) has been determined to be in

noncompliance;

B. That the determination is subject to the grievance procedure; and

C. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated.

14.7 OPPORTUNITY FOR CURE

The Hibbing Housing Authority will offer the family member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns goes toward the current commitment until the current year's commitment is made.

The volunteer coordinator will assist the family member in identifying volunteer opportunities and will track compliance on a monthly basis.

If any applicable family member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service by more than three (3) hours after three (3) months, the Hibbing Housing Authority shall take action to terminate the lease.