

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

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

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## Streamlined Annual PHA Plan Fiscal Year: 2007

## **Fairfield Metropolitan Housing Authority**

#### Streamlined Annual PHA Plan Agency Identification

#### **PHA Name:** Fairfield MHA

#### PHA Number: OH070

#### PHA Fiscal Year Beginning: 01/2007

#### **PHA Programs Administered**:

**Public Housing and Section 8** Number of public housing units: 96 Number of S8 units: 899 Section 8 Only Number of S8 units: **Public Housing Only** Number of public housing units:

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

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

#### **PHA Plan Contact Information:**

Name: Susan Secoy TDD: Phone: 740-653-6618 Email (if available): <u>ssecoy@fairfieldmha.org</u>

#### **Public Access to Information**

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

PHA's main administrative office

PHA's development management offices

## **Display Locations For PHA Plans and Supporting Documents**

| The PH      | HA Plan revised policies or program changes (including attachments) are available for                                                                                          |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| public      | review and inspection. 🛛 Yes 🗌 No.                                                                                                                                             |
| If yes,     | select all that apply:                                                                                                                                                         |
| $\boxtimes$ | Main administrative office of the PHA                                                                                                                                          |
|             | PHA development management offices                                                                                                                                             |
|             | Main administrative office of the local, county or State government                                                                                                            |
|             | Public libraryPHA websiteOther (list below)                                                                                                                                    |
| PHA P       | Plan Supporting Documents are available for inspection at: (select all that apply)<br>Main business office of the PHA PHA development management offices<br>Other (list below) |

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## **Streamlined Annual PHA Plan**

Fiscal Year 2007

[24 CFR Part 903.12(c)]

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[24 CFR 903.7(r)]

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## FAIRFIELD METROPOLITAN HOUSING AUTHORITY PROGRESS NARATIVE IN MEETING 5-YEAR MISSION AND GOALS Executive Summary For 2007 Annual Plan

#### Housing Choice Voucher Program – Section 8

Since 2000 FMHA has increased the number of vouchers in our county from 675 in January 2000 to our current baseline of 899. During those years there were times when FMHA assisted between 900-1000 families with voucher assistance per month; however, with the newer federal regulations in place and with fewer funds being made available by Congress, FMHA has held voucher assistance at the allotted 899 units of assistance per month.

#### Public Housing

FMHA continues to administer the public housing program which houses 96 income eligible families in three bedroom units. These units are maintained to meet strict UPCS and HQS standards as well as City codes. Four (4) of the 96 units are completely handicap accessible units with an additional three (3) units accommodating hearing impaired individuals. FMHA receives a grant from the Department of Housing and Urban Development to fund capital improvements needed to keep these units up to a desirable standard.

#### Family Self Sufficiency Program

FMHA encourages participants of the voucher program, predominantly elderly and disabled individuals and families, to engage in the Family Self Sufficiency Program which is designed to help low-income families attain their goals by adding to their financial resources by matching monthly funds by the amount of increase in rent due to employment. FMHA plans to expand this program to include public housing households who are predominantly families in the coming year.

#### Homeownership Program

FMHA plans to expand the supply of safe, decent and sanitary housing available to our low income families interested in homeownership. In 2005 we helped four (4) voucher holders become homeowners through the Section 8 Homeownership Program. In 2006 one (1) more voucher holder became a homeowner. One of the problems identified thus far with this program has been the availability of affordable housing that a low income family can quality for. With HUD approval, FMHA may attempt to eliminate that obstacle by:

- building modest houses to sell on the program at reasonable and affordable rates
- purchasing and remodeling older homes
- remodeling homes acquired from the city or county for low-income family assistance
- Selling 10 of the single dwelling PH units to qualified low income buyers on the 5(h) Program.
- providing matching down-payment funds
- set-up an emergency fund to assist these homeowners and prevent default
- Administer an IDA program

#### <u>Community</u>

FMHA participates in the planning for low-income housing, especially those identified as gaps in the Continuum of Care for Prevention of Homelessness in Fairfield County by participation in the Fairfield County Housing Coalition.

In 2004, we partnered with the Lancaster Community Housing Corporation and Ohio Capital Corporation on two Tax Credit applications – one was a 40 unit elderly project, and another was a 52 unit one and two bedroom historic preservation project. These tax credit applications were not funded in 2005. We did not apply in 2006 but may elect to reapply in 2007.

We provide maintenance management for seven (7) MRDD units and continue to do so as needed.

Future considerations may include application for an 811 project or a 202 to address the needs of the elderly and special needs populations. In a State of the Nation's Housing report, it is reported that "seniors with meager retirement incomes face heavy housing cost burdens on top of escalating healthcare costs". With baby boomers now entering retirement age, the need for senior low income housing will grow.

Discussions with supportive service partners have identified a growing number of people reentering the community from prison. Future plans may include some type of assistance focused on securing housing from the private market through a grant provided under the Second Chance Act.

A mixed bag of transitional housing situations, including those leaving jails and prison, those who circulate through the courts, and those with multiple disorders have also been identified as a need to be addressed. There is a movement toward more permanent supportive housing for homeless individuals. We do not know where FMHA will fit into all of this yet, but believe that we may be taking an active role.

FMHA completed a self-assessment and prepared an updated 504 Transition Plan. FMHA places a high value on equal opportunity in housing and have plans to inspect and update the equipment for handicap needs in our assessable units housing stock.

#### Other comments:

In addition to the above, I would like to add that FMHA has been through a most challenging year. Having endured an audit by the Office of the Inspector General has brought to light both our strengths and our weakness. FMHA was gong through growing pains during the period of the audit and has continued to grow to be the best housing assistance agency possible in spite of the hardships. Many legislative changes have been brought about. Many policies that were in need of revision have been revised. The change in the physical location of the Housing Authority has improved service to clients a hundredfold, as well as improved staff proficiency. Change has been a constant. Change keeps us alive, moving, identifying and assisting with needs. FMHA has been anything but dormant.

While FMHA held opposing views on the interpretation of the cited federal regulations, the outcome that is most important is that all funds were accounted for and those cited to be used for homeownership programs are available for that use. None of the money in the discussion was eligible for recapture by HUD. The funds that were meant to be used in Fairfield County for the administration of low-income housing programs did do just that and the funds to be tapped into the homeownership program are readily available to do so. We have work yet to complete on updating 2 of the 3 homeownership programs being administered by FMHA and we will work with HUD to ensure that these plans, policies and procedures are

well fitted to the programs and in compliance with federal and state laws as well as see that the remaining funds are in the applicable account for use. We appreciate the support and patience of the community and HUD as we worked through satisfying the requests of the Department of Housing and Urban Development.

The FMHA will continue analyzing its operation efficiencies, housing stock, acquisition and development strategies and financial performance. There are a number of projects, such as the disposition of 1506 Amherst and a small piece of land located in our HOPE 1 project that are currently working through the disposition process. We may dispose of the FMHA Community Building or consider converting the building into a 4-plex rental for low-income individuals as a means to fill a gap in the housing continuum. The FMHA has implemented and will continue to implement a number of policy and procedural changes in 2007 to maximize the financial performance and stability of the Housing Authority and the related programs and services. This management directive has included internal and external assessments regarding operations, resident services, development, acquisition, and disposition. The ability of the Housing Authority to generate and sustain sufficient cash flow from operations will be critical and paramount to our continued success and high performer rating.

FMHA is committed to complete timely submissions of all required documentation to HUD and to working fully with the HUD regional office to ensure a strong and successful future for the Section 8 HCV program and the Public Housing neighborhoods and other future programs. The Housing Authority has completely reviewed all documentation related to the submission of this document and has revised numerous sections within the template and supporting sections. The Admissions and Occupancy Plan (ACOP), the Section 8 Administrative Plan, Section 8 Homeownership Plan, the Family Self-Sufficiency Action Plan, and the Maintenance Plan have all received updates and have been reviewed and approved by the FMHA Board of Commissioners. These management plans and the related submissions for HUD will serve as the guiding force in the operational and financial improvements for our agency. With the implementation of the 2007 Annual Plan, FMHA will increase our agency's accountability and operational capacity to prepare for the affordable housing issues of the coming decade. Commissioner and Director training will include finance, human resource, ethics and contracting. Staff training will continue as new regulations become apparent for implementation direction as needed.

#### Continuing Goals of Fairfield Metropolitan Housing Authority

# 1) CREATE AN ORGANIZATIONAL CULTURE THAT PROMOTES AND FACILITATES COMMUNICATION:

Objective #1: Improve the flow of information at all levels from HUD, the Board to management to line staff. - This is an objective everyday of every year.

Objective #2 Define and refine the methods of collecting data and provide good customer service internally Objective #3: Agency-wide communication tools: Update Web site, train staff on regulatory changes, and boost moral by providing a comfortable, safe, and informed workplace Reward and or recognize employees for good jobs, etc.

#### Goal #2

INCREASE AGENCY'S VISIBILITY IN THE COMMUNITY

Objective #1 - Explore options for increased positive visibility.

Objective #2 – Regular participation at Community leadership meetings including faith based

Objective #3 – Offer presentations of programs to local government and other service agencies

Objective #4 – Collect data for Annual Report document

Goal #3

INCREASE ORGANIZATIONAL EFFECTIVENESS

Objective #1 - Provide monthly program presentations to the Board of Commissioners Objective #2 – Provide fiscal reports which communicate pertinent, easy to convey information.

Goal #4

ENSURE EQUAL OPPORTUNITY IN HOUSING

Objective #1 – Review 504 Transition Plan and work with local agencies assisting disabled and handicapped individuals in a self assessment

Objective #2 – Apply for housing for low-income assistance as it becomes available.

Goal #5

EMBRACE HIGH STANDARDS

Objective #1 – Slow down. It is better to leave a matter incomplete than do it wrong quickly

Objective #2 – Take time to understand fully the implications of high standards

Objective #3 – Training

#### A. PHA PLAN COMPONENTS

- 1. Site-Based Waiting List Policies
  - 903.7(b)(2) Policies on Eligibility, Selection, and Admissions
- 2. Capital Improvement Needs
- 903.7(g) Statement of Capital Improvements Needed
- $\boxtimes$  3. Section 8(y) Homeownership
  - 903.7(k)(1)(i) Statement of Homeownership Programs
  - 4. Project-Based Voucher Programs
- 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
- 6. Supporting Documents Available for Review
   7. Capital Fund Program and Capital Fund Program
- 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- 8. Capital Fund Program 5-Year Action Plan

#### **B.** SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

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

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

Form HUD-50070, <u>Certification for a Drug-Free Workplace;</u>

Form HUD-50071, <u>Certification of Payments to Influence Federal Transactions</u>; and Form SF-LLL &SF-LLLa, Disclosure of Lobbying Activities.

#### **1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)** [24 CFR Part 903.12(c), 903.7(b)(2)]

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

Fairfield Metropolitan Housing Authority is exempt for this component.

#### A. Site-Based Waiting Lists-Previous Year

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

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

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

#### **B.** Site-Based Waiting Lists – Coming Year

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

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

- 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 sitebased 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)

### 2. Capital Improvement Needs

[24 CFR Part 903.12 (c), 903.7 (g)] Exemptions: Section 8 only PHAs are not required to complete this component.

#### A. **Capital Fund Program**

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

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

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

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

| HOPE VI Revitalization Grant Status                             |  |  |  |  |
|-----------------------------------------------------------------|--|--|--|--|
| a. Development Name:                                            |  |  |  |  |
| b. Development Number:                                          |  |  |  |  |
| c. Status of Grant:                                             |  |  |  |  |
| Revitalization Plan under development                           |  |  |  |  |
| Revitalization Plan submitted, pending approval                 |  |  |  |  |
| Revitalization Plan approved                                    |  |  |  |  |
| Activities pursuant to an approved Revitalization Plan underway |  |  |  |  |
|                                                                 |  |  |  |  |

Does the PHA expect to apply for a HOPE VI Revitalization grant in the 3. | Yes  $\bowtie$  No: Plan year?

If yes, list development name(s) below:

| 4. | Yes 🖂 | No: | Will the PHA be engaging in any mixed-finance development activities<br>for public housing in the Plan year? If yes, list developments or activities<br>below:                                       |
|----|-------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. | Yes 🗌 | No: | Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below: |
|    |       |     | FMHA is considering the acquisition of the building we are currently                                                                                                                                 |

FMHA is considering the acquisition of the building we are currently housed in located at 315 North Columbus Street. No capital funds will be used for this acquisition – pending HUD approval.

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

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

| a.          | Size o | f Program |
|-------------|--------|-----------|
| $\boxtimes$ | Yes [  | No:       |

Will the PHA limit the number of families participating in the Section 8 homeownership option?

#### **45 Total Participants**

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

#### **20 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:
- 1. Current FMHA Family Self-Sufficiency Participants or elderly, disabled or handicapped families ineligible for the FSS Program and currently participating on the Housing Choice Voucher Program or Public Housing Program.
- 2. Current active voucher holders.
- 3. Current Public Housing residents of FMHA.
- 4. HCV and Public Housing Applicants will be invited and considered for participation at their briefing and/or at the time of initial voucher issuance.
- 5. Other interested parties meeting low-income criteria.

The family may be eligible to enter the Homeownership Program according to the following criteria:

- 1. The family has been accepted to the Housing Choice Voucher Program.
- 2. The family qualifies as a first time homeowner.
- 3. The family meets the income guidelines listed below.
- 4. The family has no outstanding debt with the FMHA or any other housing authority.
- 5. A family who has previously participated in this program has not defaulted on the mortgage.

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

Intensive Case Management will occure with each family presently holding certification of completion of homeownership classes (11 families presently). Additional Homeownership classes will be offered several times yearly with the next classes scheduled for the fall of 2006.

Once a Voucher-Holder has purchased a home, Case Management is essential to retain Homeownership status. Thus, case management will be implemented along with a support group of Voucher homeowners.

Marketing of the Homeownership Program will also be a high priority to increase the number of participants and to increase awareness of the program offered.

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

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

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

#### In the past, we have enlisted the help of OSU Extension, a banking institution, the Lancaster Community Housing Corporation, and a realtor with Homeownership Classes.

Demonstrating that it has other relevant experience (list experience below):

#### Second mortgage assistance

Ten homes developed under the HOPE 1 successfully sold to LMI families

Two homes built and sold under the (5)h program to LMI families

## 4. Use of the Project-Based Voucher Program

#### **Intent to Use Project-Based Assistance**

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

1. Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:



low utilization rate for vouchers due to lack of suitable rental units access to neighborhoods outside of high poverty areas other (describe below:)

2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

#### 5. PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

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

- 1. Consolidated Plan jurisdiction: City of Lancaster
- 2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
- The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s. The City of Lancaster obtains this information from FMHA.
- 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. The Fairfield County Housing Coalition meetings are instrumental in the development of the Consolidated Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- $\bigcirc$  Other: (list below)
  - See Attachment: Continuum of Care Plan

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

#### Homeownership down payment assistance Homeownership rehab assistance

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

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

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

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

| PHA Name: Fairfie |                                                       | Grant Type and Number     |                |           | Federal FY |
|-------------------|-------------------------------------------------------|---------------------------|----------------|-----------|------------|
|                   |                                                       | Capital Fund Program Gra  | ant No: 501-07 |           | of Grant:  |
|                   |                                                       | Replacement Housing Fac   | ctor Grant No: |           |            |
|                   | al Statement Reserve for Disasters/ Emergencies Rev   |                           |                |           |            |
|                   |                                                       | erformance and Evaluation |                | 1         |            |
| Line No.          | Summary by Development Account                        |                           | mated Cost     | Total Ac  |            |
|                   |                                                       | Original                  | Revised        | Obligated | Expended   |
| 1                 | Total non-CFP Funds                                   | 0                         |                |           |            |
| 2                 | 1406 Operations                                       | 20,000                    |                |           |            |
| 3                 | 1408 Management Improvements                          | 5,000                     |                |           |            |
| 4                 | 1410 Administration                                   | 10,000                    |                |           |            |
| 5                 | 1411 Audit                                            | 2,000                     |                |           |            |
| 6                 | 1415 Liquidated Damages                               | 0                         |                |           |            |
| 7                 | 1430 Fees and Costs                                   | 17,000                    |                |           |            |
| 8                 | 1440 Site Acquisition                                 | 0                         |                |           |            |
| 9                 | 1450 Site Improvement                                 | 18,240                    |                |           |            |
| 10                | 1460 Dwelling Structures                              | 196,610                   |                |           |            |
| 11                | 1465.1 Dwelling Equipment—Nonexpendable               | 17,500                    |                |           |            |
| 12                | 1470 Nondwelling Structures                           | 0                         |                |           |            |
| 13                | 1475 Nondwelling Equipment                            | 2,000                     |                |           |            |
| 14                | 1485 Demolition                                       |                           |                |           |            |
| 15                | 1490 Replacement Reserve                              | 0                         |                |           |            |
| 16                | 1492 Moving to Work Demonstration                     | 0                         |                |           |            |
| 17                | 1495.1 Relocation Costs                               | 5,200                     |                |           |            |
| 18                | 1499 Development Activities                           | 0                         |                |           |            |
| 19                | 1501 Collaterization or Debt Service                  | 0                         |                |           |            |
| 20                | 1502 Contingency                                      | 5,000                     |                |           |            |
| 21                | Amount of Annual Grant: (sum of lines $2 - 20$ )      | 298,550                   |                |           |            |
| 22                | Amount of line 21 Related to LBP Activities           | 0                         |                |           |            |
| 23                | Amount of line 21 Related to Section 504 compliance   | 0                         |                |           |            |
| 24                | Amount of line 21 Related to Security – Soft Costs    | 0                         |                |           |            |
| 25                | Amount of Line 21 Related to Security – Hard<br>Costs | 2,000                     |                |           |            |
| 26                | Amount of line 21 Related to Energy Conservation      | 59,360                    |                |           |            |

| Annual Statement/Performance and Evaluation Report<br>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                   |          |            |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------|----------|------------|--|--|--|
| PHA Name: Fairfield MHA                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                   |          |            |  |  |  |
|                                                                                                                                                             | Capital Fund Program Grant No: 501-07 of Gran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                   |          |            |  |  |  |
|                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Replacement Housing Fa | ctor Grant No:    |          |            |  |  |  |
|                                                                                                                                                             | nent 🗌 Reserve for Disasters/ Emergencies 🗌 Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | vised Annual Statemen  | t (revision no: ) |          |            |  |  |  |
| <b>Performance and Eval</b>                                                                                                                                 | uation Report for Period Ending: Final P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | erformance and Evalu   | ation Report      |          |            |  |  |  |
| Line No.                                                                                                                                                    | Summary by Development Account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Total Estin            | mated Cost        | Total Ac | ctual Cost |  |  |  |
|                                                                                                                                                             | Original Revised Obligated Expended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                   |          |            |  |  |  |
|                                                                                                                                                             | Measures de la destrucción destrucción de la destrucción de la destrucción de la destrucción destrucción de la destrucción de la destrucción des |                        |                   |          |            |  |  |  |

#### **Annual Statement/Performance and Evaluation Report** Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) **Part II: Supporting Pages** PHA Name: Fairfield MHA **Grant Type and Number** Federal FY of Grant: 2007 Capital Fund Program Grant No: 501-07 Replacement Housing Factor Grant No: General Description of **Total Estimated Cost Total Actual Cost** Development Dev. Acct Quantity Status of Number Major Work Categories No Work

| Name/HA-<br>Wide<br>Activities | Wajor work Categories                                                         | 110. |          |         |           |          | WOIK |
|--------------------------------|-------------------------------------------------------------------------------|------|----------|---------|-----------|----------|------|
|                                |                                                                               |      | Original | Revised | Funds     | Funds    |      |
|                                |                                                                               |      |          |         | Obligated | Expended |      |
| PHA WIDE                       | Operating                                                                     | 1406 | \$20,000 |         |           |          |      |
| PHA WIDE                       | Mgt. Improvements                                                             | 1408 | \$5,000  |         |           |          |      |
| PHA WIDE                       | Administration-Salaries                                                       | 1410 | \$10,000 |         |           |          |      |
| PHA Wide                       | Audit                                                                         | 1411 | \$2,000  |         |           |          |      |
| PHA Wide                       | Fees & Costs                                                                  | 1430 | \$17,000 |         |           |          |      |
| PHA Wide                       | Landscaping, Security<br>Lighting, Handrails, Gate<br>Repair, Sidewalk repair | 1450 | \$18,240 |         |           |          |      |

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

| PHA Name: Fair | field MHA                               | Grant Type and |                 |              |            | Federal FY of Grant: 2007 |          |           |
|----------------|-----------------------------------------|----------------|-----------------|--------------|------------|---------------------------|----------|-----------|
|                |                                         |                | ogram Grant No  |              |            |                           |          |           |
|                | I                                       |                | ousing Factor G |              |            |                           |          | 1         |
| Development    | General Description of                  | Dev. Acct      | Quantity        | Total Estir  | nated Cost | Total Actual Cost         |          | Status of |
| Number         | Major Work Categories                   | No.            |                 |              |            |                           |          | Work      |
| Name/HA-       |                                         |                |                 |              |            |                           |          |           |
| Wide           |                                         |                |                 |              |            |                           |          |           |
| Activities     |                                         |                |                 |              |            |                           |          |           |
|                |                                         |                |                 | Original     | Revised    | Funds                     | Funds    |           |
|                |                                         |                |                 | C            |            | Obligated                 | Expended |           |
| Spring         | Windows, Interior Doors,                | 1460           |                 | \$81,350     |            |                           |          |           |
|                | Tank less Hot water heaters,            |                |                 |              |            |                           |          |           |
| A 1 .          | Remodel Kitchens<br>Windows             | 1460           |                 | ¢20,440      |            |                           |          |           |
| Amherst        |                                         | 1460           |                 | \$20,440     |            |                           |          |           |
| W. Chestnut    | Windows, Tank less Hot<br>water heaters | 1460           |                 | \$7,640      |            |                           |          |           |
| Shallow Ridge  | Windows                                 | 1460           |                 | \$11,680     |            |                           |          |           |
| East Walnut    | Interior Doors                          | 1460           |                 | \$24,500     |            |                           |          |           |
| PHA Wide       | Remodel bath, replace                   | 1460           |                 | \$51,000     |            |                           |          |           |
|                | flooring, upgrade                       |                |                 |              |            |                           |          |           |
|                | plumbing                                |                |                 |              |            |                           |          |           |
| PHA Wide       | Dwelling Equip.                         | 1465           |                 | \$17,500     |            |                           |          |           |
|                |                                         | .1             |                 |              |            |                           |          |           |
| PHA Wide       | Non-Dwelling Equip.                     | 1475           |                 | \$2,000      |            |                           |          |           |
| PHA Wide       | Relocation Costs                        | 1495           |                 | \$5,200      |            |                           |          |           |
|                |                                         | .1             |                 |              |            |                           |          |           |
| PHA Wide       | Contingency                             | 1502           |                 | \$5,000      |            |                           |          |           |
|                |                                         |                | Total:          | \$298,550.00 |            |                           |          |           |
|                |                                         |                |                 |              |            |                           |          |           |

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

| PHA Name: Fair                                          | rfield MHA                                      | Grant Type and   |                                      | 501.07               |         | Federal FY of Gra  | nt: 2007          |                   |
|---------------------------------------------------------|-------------------------------------------------|------------------|--------------------------------------|----------------------|---------|--------------------|-------------------|-------------------|
|                                                         |                                                 |                  | ogram Grant No:<br>ousing Factor Gra |                      |         |                    |                   |                   |
| Development<br>Number<br>Name/HA-<br>Wide<br>Activities | General Description of<br>Major Work Categories | Dev. Acct<br>No. | Quantity                             | Total Estimated Cost |         | Total Actual Cost  |                   | Status of<br>Work |
|                                                         |                                                 |                  |                                      | Original             | Revised | Funds<br>Obligated | Funds<br>Expended |                   |
|                                                         |                                                 |                  |                                      |                      |         |                    |                   |                   |
|                                                         |                                                 |                  |                                      |                      |         |                    |                   |                   |
|                                                         |                                                 |                  |                                      |                      |         |                    |                   |                   |
|                                                         |                                                 |                  |                                      |                      |         |                    |                   |                   |
|                                                         |                                                 |                  |                                      |                      |         |                    |                   |                   |
|                                                         |                                                 |                  |                                      |                      |         |                    |                   |                   |

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

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

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

| Fait III. Impleme | entation S                                                                          | cilcuule    |        |          |                 |        |                                  |
|-------------------|-------------------------------------------------------------------------------------|-------------|--------|----------|-----------------|--------|----------------------------------|
| PHA Name:         | Grant Type and Number<br>Capital Fund Program No:<br>Replacement Housing Factor No: |             |        |          |                 |        | Federal FY of Grant:             |
| Development       | All                                                                                 | Fund Obliga | ted    | All      | Funds Expend    | ed     | Reasons for Revised Target Dates |
| Number            | (Quarter Ending Date)                                                               |             |        |          | arter Ending Da |        |                                  |
| Name/HA-Wide      |                                                                                     | U           | ,      |          | C               | ,      |                                  |
| Activities        |                                                                                     |             |        |          |                 |        |                                  |
|                   | Original                                                                            | Revised     | Actual | Original | Revised         | Actual |                                  |
| Project 000001    | 09/2009                                                                             |             |        | 09/2011  |                 |        |                                  |
|                   |                                                                                     |             |        |          |                 |        |                                  |
|                   |                                                                                     |             |        |          |                 |        |                                  |
|                   |                                                                                     |             |        |          |                 |        |                                  |
|                   |                                                                                     |             |        |          |                 |        |                                  |
|                   |                                                                                     |             |        |          |                 |        |                                  |
|                   |                                                                                     |             |        |          |                 |        |                                  |
|                   |                                                                                     |             |        |          |                 |        |                                  |
|                   |                                                                                     |             |        |          |                 |        |                                  |
|                   |                                                                                     |             |        |          |                 |        |                                  |
|                   |                                                                                     |             |        |          |                 |        |                                  |
|                   |                                                                                     |             |        |          |                 |        |                                  |
|                   |                                                                                     |             |        |          |                 |        |                                  |
|                   |                                                                                     |             |        |          |                 |        |                                  |

| <b>Capital Fund P</b>                  | rogram Fiv          | ve-Year Action Plan          |                              |                              |                              |
|----------------------------------------|---------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Part I: Summa                          | ry                  |                              |                              |                              |                              |
| PHA Name                               |                     |                              |                              | Original 5-Year Plan         | n                            |
| Development<br>Number/Name/<br>HA-Wide | Year 1              | Work Statement<br>for Year 2 | Work Statement<br>for Year 3 | Work Statement<br>for Year 4 | Work Statement<br>for Year 5 |
|                                        |                     | FFY Grant:<br>PHA FY:        | FFY Grant:<br>PHA FY:        | FFY Grant:<br>PHA FY:        | FFY Grant:<br>PHA FY:        |
|                                        | Annual<br>Statement |                              |                              |                              |                              |
| Spring                                 | \$87,000            | \$700                        | \$750                        | \$800                        | \$850                        |
| Amherst                                | \$21,350            | \$91,980                     | \$1,050                      | \$1,120                      | \$1,190                      |
| E. Walnut                              | \$25,670            | \$27,720                     | \$16,850                     | \$43,040                     | \$1,530                      |
| W. Chestnut                            | \$8,290             | \$22,720                     | \$75,750                     | \$14,800                     | \$850                        |
| Shallow Ridge                          | \$12,720            | \$13,920                     | \$13,200                     | \$23,680                     | \$102,560                    |
| Hanover                                | \$1,300             | \$41,400                     | \$79,000                     | \$141,600                    | \$12,700                     |
| Lane                                   | \$2,520             | \$15,820                     | \$20,600                     | \$4,640                      | \$79,080                     |
| PHA Wide                               | \$139,700           | \$203,410                    | \$265,900                    | \$195,500                    | \$194,800                    |
| CFP Funds Listed<br>for 5-year         |                     |                              |                              |                              |                              |
| planning                               | \$298,550           | \$417,670                    | \$473,100                    | \$425,180                    | \$393,560                    |
| Replacement<br>Housing Factor          | 0                   |                              |                              |                              |                              |
| Funds                                  |                     | 0                            | 0                            | 0                            | 0                            |

| -           | und Program Five- |                        |                       |                           |                 |           |  |
|-------------|-------------------|------------------------|-----------------------|---------------------------|-----------------|-----------|--|
| Part II: Su | upporting Pages—V | Work Activities        |                       |                           |                 |           |  |
| Activities  | Ac                | tivities for Year: 200 | 8                     | Activities for Year: 2009 |                 |           |  |
| for         |                   | FFY Grant:             |                       |                           | FFY Grant:      |           |  |
| Year 1      |                   | PHA FY:                |                       |                           | PHA FY:         |           |  |
|             | Development       | Major Work             | <b>Estimated</b> Cost | Development               | Major Work      | Estimated |  |
|             | Name/Number       | Categories             |                       | Name/Number               | Categories      | Cost      |  |
| See         | Spring            | Landscaping            | \$700                 | Spring                    | Landscaping     | \$750     |  |
| Annual      | Subtotal:         |                        | \$700                 | Subtotal:                 |                 | \$750     |  |
| Statement   | East Walnut       | Landscaping            | \$1,260               | East Walnut               | Landscaping     | \$1,350   |  |
|             |                   | Replace Windows        | \$26,460              |                           | Interior Doors  | \$8,000   |  |
|             |                   | Replace Roof           | \$8,800               |                           | HWT tank less   | \$7,500   |  |
|             | Subtotal:         |                        | \$36,520              | Subtotal:                 |                 | \$16,850  |  |
|             | West Chestnut     | Landscaping            | \$700                 | West Chestnut             | Landscaping     | \$750     |  |
|             |                   | Replace Windows        | \$8,820               |                           | Interior Doors  | \$10,000  |  |
|             |                   | Replace Roofs          | \$13,200              |                           | Remodel Kitchen | \$65,000  |  |
|             | Subtotal:         |                        | \$22,720              | Subtotal:                 |                 | \$75,750  |  |
|             | Amherst           | Landscaping            | \$980                 | Amherst                   | Landscaping     | \$1,050   |  |
|             |                   | HWT-tank less          | \$7,000               | Subtotal:                 |                 | \$1,050   |  |
|             |                   | Remodel Kitchens       | \$84,000              | Shallow Ridge             | Landscaping     | \$1,200   |  |
|             | Subtotal:         |                        | \$91,980              |                           | Windows         | \$12,000  |  |
|             | Shallow Ridge     | Landscaping            | \$1,120               | Subtotal:                 |                 | \$13,200  |  |
|             |                   | HWT-tank less          | \$4,000               | Hanover                   | Landscaping     | \$1,500   |  |
|             | Subtotal:         |                        | \$5,120               |                           | Windows         | \$30,000  |  |
|             | Hanover           | Landscaping            | \$1,400               |                           | Roofs           | \$47,500  |  |
|             |                   | Security Lights        | \$5,000               | Subtotal:                 |                 | \$79,000  |  |
|             |                   | Interior Doors         | \$35,000              | Lane                      | Landscaping     | \$600     |  |
|             | Subtotal:         |                        | \$41,400              |                           | Roofs           | \$20,000  |  |
|             | Lane              | Landscaping            | \$560                 | Subtotal:                 |                 | \$20,600  |  |
|             |                   | Handrails              | \$3,500               |                           |                 |           |  |
|             |                   | Replace Windows        | \$11,760              |                           |                 |           |  |
|             | Subtotal:         |                        | \$15,820              |                           |                 |           |  |

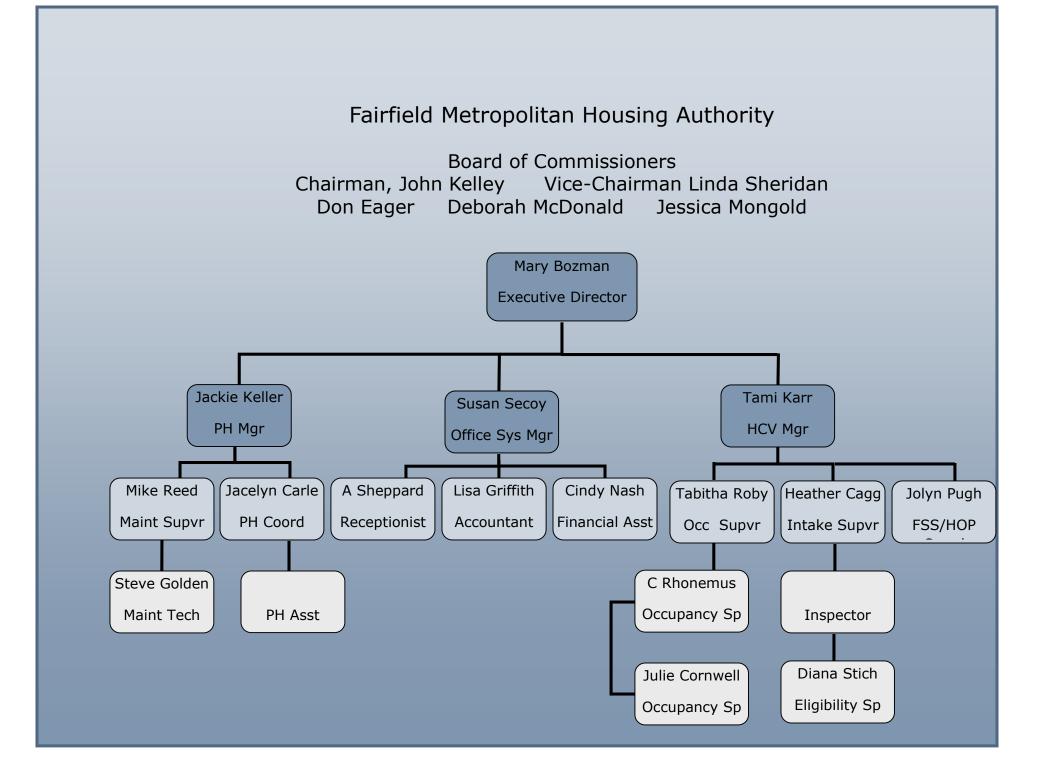
## 8. Capital Fund Program Five-Year Action Plan

| PHA Wide           |                                                 |           | PHA Wide  |                                                |           |
|--------------------|-------------------------------------------------|-----------|-----------|------------------------------------------------|-----------|
|                    | Sidewalk repair                                 | \$2,500   |           | Sidewalk repair                                | \$2,500   |
|                    | Gate/Fence Repair                               | \$3,500   |           | Gate/Fence Repair                              | \$3,500   |
|                    | Remodel Bathrooms                               | \$25,000  |           | Remodel<br>Bathrooms                           | \$12,500  |
|                    | Replace Flooring                                | \$25,000  |           | Replace Floor                                  | \$25,500  |
|                    | Upgrade Plumbing                                | \$7,150   |           | Upgrade plumbing                               | \$4,900   |
|                    | Purchase New<br>Maintenance Truck               | \$35,000  |           | Maintenance Shop                               | \$120,000 |
|                    | Tools                                           | \$2,000   |           | Tools                                          | \$2,000   |
|                    | Purchase<br>Refrigerators                       | \$10,000  |           | Refrigerators                                  | \$11,250  |
|                    | Purchase Stoves                                 | \$10,000  |           | Stoves                                         | \$11,250  |
|                    | Relocation costs                                | \$5,500   |           | Relocation costs                               | \$5,000   |
|                    | Operating costs                                 | \$20,000  |           | Operating                                      | \$20,000  |
|                    | Computers/printers/<br>copier                   | \$13,760  |           | Computers/printers                             | \$5,000   |
|                    | Salaries                                        | \$10,000  |           | Salaries                                       | \$10,000  |
|                    | Audit                                           | \$2,000   |           | Audit                                          | \$2,000   |
|                    | Inspections/Archite<br>cture and<br>Engineering | \$27,000  |           | Inspection/Archit<br>ecture and<br>Engineering | \$25,000  |
|                    | Contingency costs                               | \$5,000   |           | Contingency costs                              | \$5,500   |
| Subtotal:          |                                                 | \$203,410 | Subtotal: |                                                | \$265,900 |
|                    |                                                 |           |           |                                                |           |
| Total CFP Estimate | d Cost                                          | \$417,670 |           |                                                | \$473,100 |

| <b>Capital Fund Pro</b>    | gram Five-Year Act       | ion Plan       |                            |                          |                |  |  |
|----------------------------|--------------------------|----------------|----------------------------|--------------------------|----------------|--|--|
| Part II: Supportin         | ng Pages—Work Ac         | tivities       |                            |                          |                |  |  |
|                            | Activities for Year: 201 | 0              | Activities for Year: 2011  |                          |                |  |  |
|                            | FFY Grant:               |                |                            | FFY Grant:               |                |  |  |
|                            | PHA FY:                  |                |                            | PHA FY:                  |                |  |  |
| Development<br>Name/Number | Major Work<br>Categories | Estimated Cost | Development<br>Name/Number | Major Work<br>Categories | Estimated Cost |  |  |
| Spring                     | Landscaping              | \$800          | Spring                     | Landscaping              | \$850          |  |  |
| Subtotal:                  |                          | \$800          | Subtotal:                  |                          | \$850          |  |  |
| East Walnut                | Landscaping              | \$1440         | East Walnut                | Landscaping              | \$1,530        |  |  |
|                            | Interior Doors           | \$39,600       |                            |                          |                |  |  |
|                            | HWT-tank less            | \$2,000        | Subtotal:                  |                          | \$1,530        |  |  |
| Subtotal:                  |                          | \$43,040       | West Chestnut              | Landscaping              | \$850          |  |  |
| West Chestnut              | Landscaping              | \$800          | Subtotal:                  |                          | \$850          |  |  |
|                            | Interior Doors           | \$11,000       | Amherst                    | Landscaping              | \$1,190        |  |  |
|                            | HWT-tank less            | \$3,000        | Subtotal:                  |                          | \$1,190        |  |  |
| Subtotal:                  |                          | \$14,800       | Shallow Ridge              | Landscaping              | \$1,360        |  |  |
| Amherst                    | Landscaping              | \$1,120        |                            | Interior Doors           | \$36,800       |  |  |
| Subtotal:                  |                          | \$1,120        |                            | Remodel<br>Kitchens      | \$60,000       |  |  |
| Shallow Ridge              | Landscaping              | \$1,280        |                            | HWT-tank less            | \$4,400        |  |  |
| 0                          | Roofs                    | \$22,400       | Subtotal:                  |                          | \$102,560      |  |  |
| Subtotal:                  |                          | \$23,680       | Hanover                    | Landscaping              | \$1,700        |  |  |
| Hanover                    | Landscaping              | \$1,600        |                            | HWT-tankless             | \$11,000       |  |  |
|                            | Remodel Kitchen          | \$140,000      | Subtotal:                  |                          | \$12,700       |  |  |
| Subtotal:                  |                          | \$141,600      | Lane                       | Landscaping              | \$680          |  |  |
| Lane                       | Landscaping              | \$640          |                            | Interior Doors           | \$18,400       |  |  |
|                            | HWT-tank less            | \$4,000        |                            | Remodel<br>Kitchen       | \$60,000       |  |  |
|                            |                          | \$4,640        | Subtotal:                  |                          | \$79,080       |  |  |

## 8. Capital Fund Program Five-Year Action Plan

| PHA Wide         |                    |           | PHA Wide  |                      |           |
|------------------|--------------------|-----------|-----------|----------------------|-----------|
|                  | Sidewalk Repair    | \$3,000   |           | Sidewalk Repair      | \$3,500   |
|                  | Gate/Fence Repair  | \$4,000   |           | Gate/Fence           | \$4,500   |
|                  |                    |           |           | Repair               |           |
|                  | Remodel Bath       | \$60,000  |           | Remodel Baths        | \$70,000  |
|                  | Replace Floor      | \$25,000  |           | Replace Floors       | \$25,000  |
|                  | Upgrade Plumbing   | \$6,750   |           | Upgrade<br>Plumbing  | \$11,200  |
|                  | Tools              | \$2,500   |           | Shower Heads         | \$5,000   |
|                  | Refrigerators      | \$9,975   |           | New<br>Mower/Trimmer | \$10,000  |
|                  | Stoves             | \$9,975   |           | Tools                | \$2,500   |
|                  | Relocation costs   | \$6,500   |           | Relocation<br>Costs  | \$7,000   |
|                  | Operating          | \$20,000  |           | Operating            | \$20,000  |
|                  | Computers/Printers | \$5,000   |           | Computers/Printers   | \$6,000   |
|                  | Salaries           | \$10,000  |           | Salaries             | \$10,000  |
|                  | Audit              | \$2,100   |           | Audit Costs          | \$2,100   |
|                  | Inspection/A & E   | \$25,000  |           | Inspection/A&E       | \$12,000  |
|                  | Contingency        | \$5,700   |           | Contingency          | \$6,000   |
| <u>Subtotal:</u> |                    | \$195,500 | Subtotal: |                      | \$194,800 |
|                  |                    |           |           |                      |           |
|                  |                    |           |           |                      |           |
|                  |                    |           |           |                      |           |
| Total CFP F      | Estimated Cost     | \$425,180 |           |                      | \$393,560 |





#### FAIRFIELD METROPOLITAN HOUSING AUTHORITY



Mary Bozman Executive Director

"Serving our Community with Safe and Affordable Housing"

#### **RESIDENT ADVISORY**

#### **BOARD MEMBERS**

<u>2006</u>

#### **RAB PRESIDENT: In need of a representative for all streets**

**Spring Street** Jennifer & Thad Bowersock

West Chestnut In need of a representative

## East Walnut Street

**Michelle Lewis** 

L<u>ane Street</u> In need of a representative

Shallow Ridge Place Elizabeth Fox

#### Amherst Place Kellie Doty

315 N. COLUMBUS STREET SUITE 200 • LANCASTER, OH • 43130 PHONE/TDD: 740-653-6618 • FAX: 740-653-7600 • EMAIL: fmha@fairfieldmha.org

Hanover Court Storie Colopy

# **FMHA** Policy

2-31

ADDENDUM 4-2

## Name of Policy: Preferences for Eligible Applicants

**CFR Number:** 982.207

Board Approved: 8/24/2005 Resolution 567-05

## Addendum to Administrative Plan & Admissions and Continued Occupancy

Applicants for the FMHA'S assisted housing programs will be entered on the waiting list according to their pre-application card number and their preference(s), if any. The waiting list is maintained through a computer program that weights preferences according to pre-assigned values. This way, recorded changes in an applicant's preference status will automatically change their place on the computerized waiting list.

**RANKING ORDER FOR PREFERENCES:** The ranking order for preferences (in order of importance) is: Resident; Federal Requirement; Veteran; Homeless; Homeownership; Working Family(PH)/Disabled Family(HCV). Each of the ranking preferences has a different value. Families with more than one preference could be housed before a family with only one preference – depending on the value of the ranking of the preference(s).

#### **DEFINITIONS OF PREFERENCES:**

- 1. **RESIDENT:** Residents of Fairfield County or families where one adult member is working or who have been notified that they are hired to work in Fairfield County.
- **2. FEDERAL REQUIRMENT:** Head or Spouse is a citizen of Republic of Marshall Islands, the Federated States of Micronesia or the Republic of Palau.

**3. VETERAN:** Veteran status will be given to the families (head of household or spouse and/or minor children) of Veterans and Servicemen.

- "Veteran" means a person who is an honorably discharged member of the armed forces of the United States who served on active duty for reasons other than training.
- "Serviceman" means a man or woman serving in the active military or naval service of the United States.
- 4. **HOMELESS:** The applicant must have been accepted into the Fairfield County Transitional Housing Program or be a resident of an Emergency Shelter.
- 5. **HOMEOWNERSHIP**: Completion of the Fairfield Metropolitan Housing Authority's Homeownership courses and counseling and the readiness for issuance of a Homeownership Voucher.
- 6. **WORKING FAMILY: (Public Housing Program only)** A family will receive the working local preference if the head or spouse is employed, working an average of 20 hours a week for a period of 6 weeks Consecutively (active pay status), or if the head AND spouse are age 62 or older *or* are disabled under social security guidelines.
- **7. DISABLED: (Housing Choice Voucher Program only)** A family will receive the disabled preference if it includes a person who is disabled or handicapped as defined under social security guidelines, or whose head, spouse or sole member is 62 years of age or older.

# **FMHA Policy**

# 2-31 Page 2

Name of Policy: Preferences - Continued

## **CFR Number:** 982-207

## Effective Date: 11/1/2005

## RANKING LOCAL PREFERENCES HOUSING CHOICE VOUCHER PUBLIC HOUSING

1/1/97; REVISED 3/1/99, REVISED 8/7/00, REVISED 6/2002, REVISED 8/2003, REVISED 8/2005

| А                          | В                     | С                | D           | Е             | F        |
|----------------------------|-----------------------|------------------|-------------|---------------|----------|
| RESIDENT                   | FEDERAL               | VETERAN          | HOMELESS    | HOME<br>OWNER | WORK/DIS |
| X<br>X<br>X<br>X<br>X<br>X | X<br>X<br>X<br>X<br>X | x<br>x<br>x<br>x | X<br>X<br>X | x<br>x        | Х        |
| X<br>X<br>X<br>X           | X<br>X<br>X<br>X      | x                | Х           | х             | х        |
| x<br>x<br>x<br>x           |                       | X                | Х           | Х             | х        |
|                            | X<br>X<br>X<br>X<br>X | X<br>X<br>X<br>X | X<br>X<br>X | X<br>X        | х        |
|                            | X<br>X<br>X<br>X      | X                | Х           | х             | x        |
|                            |                       | Х                | Х           | х             | x        |

Resident Membership on the PHA Governing Board

The PHA governing board includes on member who is directly assisted by the PHA. The name of this board member is Deborah McDonald. The method of selection is term appointment. Ms. McDonald's appointment will end October 5, 2009. The method of selection is the result of nominations from the Resident Advisory Board and is open for any Section 8 Housing Choice Voucher participant. Names and resumes are submitted to the Appointment Official.

PHA Statement of Consistency with the Consolidated Plan

The Community Development Plan includes the following objectives in relevancy to the City of Lancaster's Community Development Block Grant Entitlement Program.

There is a need to provide adequate assisted housing coupled with necessary supportive services for special needs populations, particularly severely mentally disabled, handicapped, and developmentally disabled persons.

There is a need to provide emergency and transitional housing and supportive services for homeless individuals and families, including emergency respite services for individuals with special needs, including the severely mentally ill, developmentally and physically disabled persons, and victims of domestic violence.

There is need of more affordable housing to meet the needs of very low income persons.

There is a need for programs to assist lower income homeowners to maintain and rehabilitate substandard and deteriorated owner-occupied, single-family dwellings throughout the city.

There is a need to assist low-and moderate-income households to participate in homeownership.

There is a need for a variety of supportive housing services in conjunction with transitional and emergency housing to meet the housing needs of homeless families and individuals.

There is a need for supportive housing services for the elderly, particularly those services which will enable elderly persons to remain in their homes.

There is a needs for homeless prevention programs for families and individuals "at risk" of homelessness.

The need exists to reduce the hazards associated with lead-based paint in residential structures and to prevent and treat childhood lead poisoning.

There is a need to continue to affirmatively further equal housing opportunity through compliance with fair housing laws, fair housing education and community outreach activities, and continuing to identify and assess barriers to fair housing and housing choice.

There is a need to further neighborhood preservation and eliminate conditions of blight and neighborhood deterioration.

There is a need for the construction, reconstruction, repair, and replacement of deteriorated or inadequate public infrastructure and public facilities within lowand moderate-income areas.

Assist in the provision of health and public services to benefit low-and very lowincome individuals.

There is a need for economic development which will result in the expansion of employment opportunities for lower income persons.

Provide for neighborhood recreational facilities within specific LMI areas with a demonstrated lack of suitable facilities, as well as community facilities and services, health services, transit, services, parks, police, and fire protection.

Provide for the efficient administration and provision of adequate housing and community development planning, program design, and implementation of Lancaster's Community Development Block Grant Program.

The following geographical areas were among the most critical areas identified as having major infrastructure needs:

Nolder Barr Infrastructure Area (area off of West Fair Avenue); Spring Street Reconstruction and Drainage Improvements (800 block of Spring Street off of South Broad Street); Allen-Lake Infrastructure Area (area off of North High Street); Maple-Cherry Street Infrastructure Area (area south of Main Street); Continuation of the Hubert Reese Storm Sewer Separation project (area off of South Broad Street).

Note: the Allen-Lake infrastructure area is not located within a low and moderate income census tract for determining CDBG funding eligibility criteria.

Affordable Housing Priorities

The following priority housing needs have been identified:

1. There is a priority housing need for adequate assisted housing, coupled with necessary supportive services for special needs populations, particularly severely mentally disabled, handicapped, and developmentally disabled persons.

2. A priority housing need exists to provide emergency and transitional housing and supportive services for homeless individuals and families, including emergency respite housing for the homeless mentally ill and victims of domestic violence.

3. There is a priority housing need for efficiency rental housing to meet the needs

of very low income single adults.

4. There is a priority need for additional affordable housing the meet the needs of low and very low income female headed households with children through public housing and rental assistance.

5. There is a priority need for continued assistance for low, very low, and moderate income homeowners for repair and rehabilitation of single family owner occupied housing units.

6. There is a priority need for a variety of supportive housing services in conjunction with transitional and emergency housing to provide a "continuum of care" to meet the housing needs of homeless families and individuals, including persons with severe mental illness and victims of domestic violence.

7. There is a need for additional supportive housing services for the elderly, particularly those services which will enable elderly persons to remain in their homes.

8. There is a priority need for additional housing with appropriate supervision and supportive serves for mentally ill persons.

9. There is a priority need for additional homeless prevention programs for families and individuals "at risk" of homelessness.

10. There is a priority need to provide weatherization and home heating assistance to low and moderate income homeowners and renters.

11. The need exists to assist low and moderate income households to participate in homeownership.

12. There is a need to implement programs to reduce the hazards associated with lead based paint in residential structures and to prevent childhood lead poisoning.

FMHA's Plan is consistent with all the above objectives and actively contributed in defining those objectives. All of these priorities and objectives are also noted in the Fairfield County Housing Coalition's Continuum of Care document through which the Housing Authority supportively participates to expand and develop.

Consolidated Plan jurisdiction: City of Lancaster, Ohio

## FAIRFIELD METROPOLITAN HOUSING AUTHORITY

#### HOMEOWNERSHIP PROGRAM ADMINISTRATIVE PLAN

#### BACKGROUND

The Fairfield Metropolitan Housing Authority (FMHA) hereby establishes a Housing Choice Voucher (HCV) tenant based homeownership program for Fairfield County, pursuant to the U.S. Department of Housing and Urban Development's final rule, dated October 12, 2000 and revised September 24, 2004 and by Sec 8 (y) "Home Ownership Option" of the U.S. Housing Act of 1937 as amended by the Quality Housing and Work Responsibility Act of 1998.

#### NUMBER OF VOUCHERS AVAILABLE FOR HOMEOWNERSHIP

The FMHA may issue up to 5 homeownership vouchers in the initial year of participation. The FMHA may issue 10 additional homeownership vouchers in each subsequent year up to year five. The maximum number of homeowner vouchers to be in use shall be 45; to be reviewed annually in regards to the FMHA's administrative capacity.

In any given year, if the homeownership vouchers are not used, they shall be returned to the rental voucher pool. The FMHA will not increase the subsequent year homeownership vouchers number to meet the target homeowner participant goal.

When participants exit the homeownership program, their vouchers will be returned to the rental pool of vouchers. The FMHA will reissue replacement homeownership vouchers in a manner to assure program stability and so as not to exceed the maximum of 45 vouchers.

The FMHA will review this program annually and adjust program goals with the preparation of the Annual Plan. The FMHA reserves the right to discontinue the program to new applicants subject to public notification with the Annual Plan. Existing applicants can continue until such time as they exit the program.

# **ELIGIBILITY**

For the purpose of initial eligibility and selection for Homeownership Vouchers, the Homeownership Program is open to current HCV Program participants and others according to the guidelines listed by priority. (highest priority = 1 and lowest priority = 5)

- 1. Current FMHA Family Self-Sufficiency Participants or elderly, disabled or handicapped families ineligible for the FSS Program and currently participating on the Housing Choice Voucher Program or Public Housing Program.
- 2. Current active voucher holders.
- 3. Current Public Housing residents of FMHA.
- 4. HCV and Public Housing Applicants will be invited and considered for participation at their briefing and/or at the time of initial voucher issuance.
- 5. Other interested parties meeting low income criteria.

The family may be eligible to enter the Homeownership Program according to the following criteria:

- 1. The family has been accepted to the Housing Choice Voucher Program.
- 2. The family qualifies as a first-time homeowner.
- 3. The family meets the income guidelines listed below.
- 4. The family has no outstanding debt with the FMHA or any other housing authority.
- 5. A family who has previously participated in this program has not defaulted on the mortgage.

# **SPECIAL CONSIDERATION FOR FAMILIES WITH DISABILITIES**

The FMHA shall approve accommodations for a live-in aide as a reasonable accommodation so that the program is readily accessible to and useable by persons with disabilities in accordance with part 8. (See 982.316 concerning occupancy by a live-in aide).

# **INCOME GUIDELINES**

- One or more adults in the family must be employed full-time (average 30 hours per week), and continuously employed for at least one year (see Work Interruptions for exceptions to this requirement).
   Elderly, handicapped and disabled families are exempt from this employment requirement.
- Minimum income requirement for an adult family is equal to the Federal minimum wage times 2000 (welfare assistance is not included in this calculation).

Minimum income requirement for an elderly, handicapped and disabled family is equal to the current SSI monthly payment times 12.

• One or more adults must have been actively participating for at least 6 months in the FSS Program or participating in another savings plan (such as an IDA, if a public housing resident or the elderly, disabled or handicapped families).

(Note: For the purpose of "personal resources" FSS escrow shall be considered as personal income.)

#### **REVISED MINIMUM INCOME STANDARDS**

The PHA has the flexibility to establish a higher minimum income standard than the uniform national standard described in the homeownership option regulations. However, a family that meets the applicable HUD minimum income requirement but not the higher standard established by the PHA, shall be considered to satisfy the minimum income requirement if the family is able to demonstrate that it has been pre-qualified or pre-approved for financing.

#### **WORK INTERRUPTIONS**

Exceptions to the continuous work rule are as follows:

- 1. Pregnancy leave for up to two months.
- 2. Interruptions that were not within the participant's control, such as: plant closings, strikes and lay-offs.
- 3. Breaks in work to attend training or higher education to improve employability.
- 4. Successive jobs during the 12 month period will be counted if the participant left one job for another that would result in employment advancement.

#### **PROGRAM REQUIREMENTS**

Prior to the issuance of a Homeownership Voucher, the participant must satisfy the following requirements:

- 1. Completion of the Homeownership Course Curriculum.
- 2. The participating family must complete all of the homeownership courses approved by the FMHA. This program is operated by the FMHA and the Lancaster Community Housing Corporation (LCHC), a subsidiary 501 c(3) non-profit organization established to provide housing opportunities. The courses are based upon the Fannie Mae Homeownership program and included, but not limited to, the following:
  - Developing a family budget
  - Credit analysis

- Working with a realtor
- Finding a home
- Financing a home applying for the mortgage
- Mortgage closing process
- Information on RESP
- City of Lancaster assistance
- Community Action assistance
- Rural Development Program
- Maintaining a home
- 3. Individual Counseling The participating family is required to meet with the Homeownership Coordinator and/or the Family Self-Sufficiency Coordinator. The Coordinator will review each family's financial status, obtain a credit report for the family and develop a family budget. After assessment is complete, a family plan is developed to facilitate the home buying process, which includes obtaining a mortgage commitment from an appropriate financial institution.
- 4. Financial Commitment Each participating family will be required to establish funds equal to the greater of \$1,000.00 or 3% of the purchase price of the home. Documentation must be provided of the existence of these funds and will be reserved for use towards closing costs, homeowner insurance, inspections, title insurance and other related purchasing costs. Participants are encourage to apply for additional funding offered by the City of Lancaster, Community Action or other programs that may be available from the city, county or participating financial institution.
- 5. Each participating family will be required to enter into a monthly individual savings plan established by the HOP Coordinator and the family. Within that savings plan they will also develop a "buffer" amount. This amount will be above and beyond the estimated amount required for closing/downpayment costs as listed in #4 above. Thus, the family will have extra monies saved for emergency situations that may prevent closing upon a desired home. If these monies are not needed for an emergency situation than the Coordinator and family will continue to save in this account for maintenance emergencies while owning the unit. Documentation will be required, as determined by the HOP Coordinator, to show that the family is adhering to their savings plan.

- 6. Financing Requirements the participant may choose any financial institution meeting the following requirements:
  - Financing must be provided, insured or guaranteed by the State or Federal government
  - Compliance with the secondary mortgage market underwriting standards
  - Compliance with generally accepted private sector underwriting requirements
  - Seller financing is not an eligible financing option.
  - Balloon payments are not permitted

# FIRST-TIME HOMEOWNER

Defined as follows:

- A family of which no member has any present ownership, or interest, in a residence during the three years before commencement of homeownership assistance.
- A single parent or displaced homemaker who while married owned a home with his or her spouse or resided in a home owned by his or her spouse. Displaced homemaker is defined by 12 USC 12713.
- Other definitions as they apply to this program are addressed in 24 CFR 982.4 and are included by this reference.

# **ELIGIBLE HOUSING**

The participant is responsible for selecting the prospective house from any of the following structures:

- 1. A single-family dwelling consisting of a house and the land on which it resides.
- 2. A modular home, including land deeded as real estate.
- 3. A house that is already under construction or already existing at the time the family became eligible for the homeownership program.
- 4. The Executive Director or HOP Coordinator shall review other proposed dwellings, not listed herein, to determine if they comply with the spirit of this program such as condos or townhouses. He/she may deny such proposal in writing citing the basis for his/her decision. Participant may request an administrative hearing for denial of property. Housing Choice Voucher hearing policy applies.
- 5. The FMHA will not allow the purchase of coops or SRO dwellings, congregate housing or mobile homes.

- 6. The home has been inspected by the FMHA Housing Quality Inspector and by an independent certified home inspector. The home must meet HQS requirements.
- 7. The seller may not be debarred, suspended, or subject to a limited denial of participation in HUD programs.

# **PHA OWNED UNITS**

Homeownership assistance may be provided for the purchase of a unit that is owned by the PHA that administers the assistance if all of the following conditions are satisfied:

- The PHA must inform the family, both orally and in writing that the family has the right to purchase any eligible unit and PHA-owned unit is freely selected by the family without PHA pressure or steering, directing or requiring families to purchase PHA-owned properties.
- The unit qualifies as eligible housing
- The PHA must obtain the services of an independent entity to perform the following PHA functions:
  - 1. The independent entity must review the contract of sale
  - 2. Inspection of the unit for compliance with the HQS
  - 3. Review of the independent inspection report
  - 4. The independent entity must also determine the reasonableness of the sale price and any PHA provided financing.

# TIMING OF NEW CONSTRUCTION

In order to expand a family's homeownership choices, a unit need only be under construction at the time the family enters into the contract of sale and not at the time the PHA determines that the family is eligible for homeownership assistance to purchase the unit. HUD will consider a unit to be "under construction" if the footers have been poured.

# SEARCH AND PURCHASE REQUIREMENTS: [24 CFR 982.629]

Fairfield MHA has established the following criteria for locating and purchasing a home:

- Deadline date for locating a home to purchase will be 6 months from the date the family received their homeownership voucher.
- The family must obtain financing for the home within 60 calendar days of locating a home to purchase.
- The family must purchase the home within 180 calendar days of locating a home to purchase.
- The FMHA will require monthly reports on the family's progress in finding and purchasing a home.

• If the family is unable to locate a home within the maximum time limit, the FMHA will grant an extension of 60 days for reasonable accommodation (see homeownership extension policy).

#### INSPECTIONS

The unit must meet Housing Quality Standards and must also be inspected by an Independent Certified Home Inspector, selected and paid for by the family.

Members of the American Society for Home Inspection (ASHI) or similar certifying organizations can be submitted for approval prior to purchasing the inspection service. The independent inspection must cover all of the major building systems and components. The inspector must be qualified to identify physical defects and report on property conditions including major building systems and components. These systems and components include, but are not limited to:

- 1. Foundation and structure.
- 2. Housing interior and exterior.
- 3. Roofing.
- 4. Plumbing, electric and heating systems.

The independent inspector must not be a PHA employee or contractor. The FMHA will not require the family to use an inspector selected by the Housing Authority, however, the FMHA has the right to deny purchase of that home if the independent home inspection discloses unfavorable information even if the home meets Housing Quality Standards.

A copy of the inspection is to be provided to the FMHA. Based on information in this report, the family and the FMHA will determine whether any pre-purchase repairs are necessary.

The FMHA may disapprove the home for homeownership assistance because of information in the report.

# **OFFER TO PURCHASE – CONTRACT OF SALE**

Prior to commencement of homeowner participation, the prospective buyer must provide a copy of the proposed offer to purchase. At a minimum, the offer to purchase must contain the following information or make the following provisions:

- 1. Location of the proposed home and property description.
- 2. Identity of the seller of the property.
- 3. Price, terms and conditions of sale.
- 4. Arrangement by the prospective purchaser for a pre-purchase inspection of the home by a certified home inspection company of their choice and at their own expense.
- 5. Provision that the purchaser is not obligated to purchase the home unless the inspection is satisfactory to the purchaser and the FMHA.
- 6. Provision that the prospective purchaser is not responsible for any required pre-purchase repairs.
- 7. Certification from the seller that the seller has not been debarred, suspended or subject to a limited denial of participation under part 24 CFR 982.628 (b).

#### **A**FFORDABILITY

The Homeownership Coordinator shall develop an affordability plan with the program participant prior to selecting and purchasing a home. The financial plan developed shall allow no more than 35% of the prospective buyer's income to be used for housing costs. The financial plan shall also ensure that the maximum debt to income ratio does not exceed 40% for all sources of debt. The financial plan shall also include corrective steps to rectify any excessive debt ratios or bad credit within a twelve month timeframe.

#### FINANCING

The household is solely responsible for obtaining financing. However, upon completion of the affordability plan, the coordinator will help to guide the client in selection of an appropriate financial institution that matches their affordability plan. They will assist with the mortgage application process as needed. All loans must meet FHA mortgage insurance credit underwriting requirements. FMHA will review lender qualifications, loan terms, or other debt to determine that the debt is affordable.

The FMHA prohibits the following forms of financing:

- 1. Balloon payment mortgages.
- 2. Variable interest rate loans.
- 3. Owner financing

The participant may withdraw FSS Escrow for his/her down payment requirement and remain on the FSS Program. FSS Escrow may also be drawn for maintenance costs with the approval of the FSS Coordinator.

#### **ISSUING A HOMEOWNERSHIP VOUCHER**

Issuance of a homeownership voucher shall take place after the following conditions are met:

- Issuance of a Housing Choice Voucher.
- Acceptance and participation in the FMHA FSS Program or IDA Savings Plan.
- Certificate of Completion from the Homebuyer Training and Counseling Classes.
- Pre-Approval of financing from an acceptable financial institution.
- Documentation that the financial commitment has been established.

Upon completion of the above eligibility criteria established in this plan, the homeownership applicant will begin the process of locating a potential home for purchase. During that period, the homeowner participant will be required to submit monthly progress reports. The progress report shall include the number of homes that the client has researched, any negotiating that has occurred and a copy of the offer to purchase **before signing**, to be reviewed by the Homeownership Coordinator. Depending upon the individual family circumstances, this period of time can range from 1 to 12 months in duration. The following timeframe will apply to families according to their homebuying status.

- Mortgage Ready Status: Timeframe is now until 3 months out
- Near Ready Status: Timeframe is 3 to 6 months out
- Short Term Status: Timeframe is 6 to 9 months out
- Long Term Status: Timeframe is 9 to 12 months out

These timeframes include a 60 day extension that the FMHA Executive Director may grant at their discretion. Extensions are limited to two per family and are applicable to those families in the long term status category who are facing more challenging situations.

# FORMS OF ASSISTANCE

One of two forms of homeownership assistance may be offered to the eligible family:

- 1. Monthly homeownership assistance payments; or
- 2. A single down payment assistance grant (should these funds become available). Only those participants who have been receiving HAP for 12 months or longer are eligible for this option.

Once a participant has made a choice of either monthly assistance payments or single down payment it can not be changed under any circumstance.

# TERMS OF PAYMENT ASSISTANCE

The maximum term of assistance for families who is not qualified as elderly or disabled:

- 1. Fifteen years, if the initial mortgage term is 20 years or longer.
- 2. Ten years, in all other cases.

Families, in which change in household status occurs (head of household is no longer disabled or handicapped or head of household has changed to a non elderly, disabled or handicapped person), will be given six months additional assistance if the maximum term has elapsed, provided the family is otherwise eligible for assistance.

#### TERMS OF ASSISTANCE FOR ELDERLY AND DISABLED

There is no time limit on homeownership assistance for elderly or disabled families. The elderly exception only applies if the participating family is elderly at the start of homeownership assistance. The disabled exception applies if at any time during receipt of homeownership assistance, the family qualifies as disabled.

In the case of a family who ceases to qualify as elderly or disabled during the course of homeownership assistance, for example, an elderly person dies or a disability is corrected, the maximum term of assistance becomes as noted above. However, such a family must be afforded at least 6 months of homeownership assistance after the maximum term becomes applicable.

If the family receives homeownership assistance for different homes, or from different Housing Authorities, the total is subject to the maximum term limitations.

#### **PAYMENT OF ASSISTANCE**

The HAP payment shall be made directly to the homeownership participant. It will be the homeowner's responsibility to make mortgage / loan payments to the lender institution. If financing requirements mandate alternative payments to the lending institution, the Executive Director may review and approve HAP payments directly to the lender.

#### HOMEOWNERSHIP ASSISTANCE PAYMENTS AND HOMEOWNERSHIP EXPENSES

The monthly housing payment assistance to the homeowner participant is the lower of:

- A. The payment standard minus the total tenant payment or
- B. The family's monthly homeownership expense minus the total tenant payment.

In determining the amount of the homeownership assistance payment, the Housing Authority will use the same payment standard schedule, payment standard amounts and subsidy standards as those described in the Housing Choice Voucher program. The payment standard is reassessed at each annual re-certification.

# **DETERMINATION OF HOMEOWNERSHIP EXPENSES**

Some homeownership expenses are allowances or standards determined by the Housing Authority in accordance with HUD regulations. These allowances are used to determine expenses for all homeownership families and are not based on the condition of the home.

The following expenses are allowed in determining payment assistance:

- A. Principal and interest in first mortgage of private residence.
- B. Property taxes and assessments on private residence.
- C. Home insurance.
- D. Current utility allowance for the home.
- E. The PHA allowance for routine maintenance costs (see attached).
- F. The PHA allowance for major repairs and renovations (see attached).
- G. Principal and interest on debt for improvements.
- H. Mortgage insurance premiums incurred to finance the purchase of the home.

If the home is a cooperative or condominium, expenses also include operating expenses or maintenance fees assessed by the homeowner association.

# CONTINUED ASSISTANCE REQUIREMENTS FAMILY OBLIGATIONS

Homeownership assistance may only be paid while the family is residing in the home. The family or lender is not required to refund homeownership assistance for the month when the family moves out.

The family must comply with the following conditions:

- The family must comply with the terms of the mortgage securing debt incurred to purchase the home or any refinancing of such debt.
- Prohibition against conveyance or transfer of home, except for purpose of financing, refinancing or pending settlement of the estate of a deceased family member. Use and occupancy of the home is subject to Sec. 982.551(h) and (i).
- Supply any required information to the FMHA inaccordance with Sec. 982.551 (b).
- The family must notify the Housing Authority of the following:
  - 1. Plans to move out of the home
  - 2. Default of the mortgage used to purchase the home
  - 3. Any information concerning mortgage financing or refinancing, sale or transfer of any interest in the home or homeownership expenses.
- No family member may have any ownership interest in any other residential property.
- Attend and participate in all post homeownership classes and counseling sessions as required by the FMHA and in accordance with the Homeownership Case Management Plan. The Homeownership Case Management Plan is further discussed in detail in the Standard Operating Procedures for the Homeownership Program.
- The family must sign a written contract between the FMHA and the participating family stating the family's homeownership obligations and the consequences thereof. This document must be signed before commencement of homeownership assistance.
- Failure to abide by the Homeownership Contract can and will result in termination from the Homeownership Program and homeownership assistance will also terminate.
- Protocol to monitor contractual compliance between the participating family and the FMHA is defined in the Standard Operating Procedures for the Homeownership Program.
- Fully comply with the rules and regulations of the FMHA's Housing Choice Voucher Program including reporting all changes in income and family composition, recertifying annually, abstaining from drug or violent criminal activity or other criminal activity which would disturb the peaceful enjoyment of surrounding families, and any other requirement in order to determine the amount of subsidy and continued eligibility.

#### PORTABILITY

A family may qualify to move outside of the FMHA jurisdiction. To be eligible for portability of homeownership the following conditions must be met:

- 1. The receiving housing authority has an active homeownership program and is accepting new homeownership families.
- 2. The homeowner has complied with all of the homeowner responsibilities, including the recapture provision.
- 3. The receiving PHA nas notified the initial PHA of a home purchase within 120 days of porting.
- 4. The receiving PHA may absorb the family into its voucher program or bill the initial PHA. The receiving PHA arranges for housing counseling and the receiving PHA's Homeownership policies apply.
- 5. Continued assistance is subject to 24 CRF 982.637

# MOVING WITH CONTINUED ASSISTANCE

A family may choose to move and to receive assistance under the Homeownership Assistance Option. To be eligible to receive continued assistance the following conditions must be met:

- 1. The FMHA cannot commence continued payment for a new home so long as any family member retains title to the former home.
- 2. A family cannot move to a new home until 12 months have elapsed on the initial home. After the initial period, the family is limited to one move per 12 month period.
- 3. The Housing Authority will determine if the applicant has met all of the homeownership criteria as established in this plan prior to moving to a new residence.
- 4. Pre-planning counseling and first-time homebuyer requirements do not apply to movers.
- 5. The PHA may deny continuing assistance if funding is not available or if family has violated the conditions established for denial of continued assistance.

#### **RECAPTURE OF ASSISTANCE**

The PHA shall not impose or enforce any requirement for the recapture of voucher homeownership assistance on the sale or refinancing of a home purchased with assistance under the homeownership option. Families who purchased a home under the homeownership option will also benefit from this final ruling as stated above.

The PHA, however, will require repayment on any monies illegally obtained through fraudulent means or non compliance resulting in the overpayment of Homeownership funds. Repayment or termination of homeownership benefits due to violations of this nature will mimic the Housing Choice Voucher Administrative Plan.

It is the voucher recipient's responsibility to notify the FMHA of any sale or refinancing of a home being purchased with a homeownership voucher.

#### **DENIAL OF PARTICIPATION AND TERMINATION OF BENEFITS**

Termination of homeownership assistance is governed by the policies for the Housing Choice Voucher program as indicated in the Administrative Plan and Federal Regulations.

FMHA may terminate homeownership assistance if it is found that the family has violated any of the following conditions:

- 1. Per CFR 982.552 the family has participated in criminal activities.
- 2. The family has failed to comply with the family obligations as established in CFR 982.551 or CFR 982.633.
- 3. The family has defaulted on their mortgage and failed to comply with the conditions established under CFR 982-638(d).
- 4. Transfer or conveyance of ownership of the home.
- 5. Failure to provide requested information to the PHA or HUD.
- 6. Failure to Notify the Housing Authority before moving out of the home.





#### "Building A Strong Community Through Stable Housing"

#### 2006 Public Housing Resident Survey Results

A 5-question survey was sent to all tenants in Public Housing. They were asked to let the staff know what their needs and wants are for their units and neighborhood. The following is a compiled list sorted by neighborhoods and then one by overall needs and wants of our residents. 95 Surveys were sent 8 surveys were returned with information from the clients.

#### HANOVER COURT

Kitchen: dishwasher, garbage disposals Living Room: carpet installation, better tiles for flooring, repaint all rooms, free miniblinds, new thermostats and security alarms Bathrooms: no suggestions Bedrooms: no suggestions Exterior: new screen doors Neighborhood:

#### EAST WALNUT STREET

Kitchen: no suggestions Living Room: ceiling fans Bathroom: no suggestions Bedrooms: no suggestions Exterior: new screens for windows Neighborhood: no suggestions

#### SHALLOW RIDGE PLACE

Kitchen: no suggestions Living Room: no suggestions Bathroom: no suggestions Bedrooms: no suggestions Exterior: no suggestions Neighborhood: Removal of dead trees in the area

#### WEST CHESTNUT STREET: \*\*\*NO SURVEYS WERE RETURNED FOR THIS AREA

Kitchen: Living Room: Bathroom:

> 315 N. COLUMBUS STREET SUITE 200 • LANCASTER, OH • 43130 PHONE/TDD: 740-653-6618 • FAX: 740-653-7600 • EMAIL: fmha@fairfieldmha.org

Bedrooms: Exterior: Neighborhood:

#### AMHERST PLACE

Kitchen: new windows Living room: new windows Bathroom: no suggestions Bedrooms: new windows Exterior: power wash homes, new exterior doors Neighborhood: continue addressing issue with children playing in others yards.

#### **SPRING STREET**

Kitchen: new windows Living Room: new windows, new a/c units Bathroom: update (remodel) master bathrooms Bedroom: new windows Exterior: put in newer fences Neighborhood: would like swimming pools to be allowed\* can not do this for liability reasons.

#### LANE STREET\*\*NO SURVEYS RETURNED FOR THIS AREA

Kitchen: Living Room: Bathroom: Bedroom: Exterior: Neighborhood:

# WE HAVE TAKEN THE ABOVE INFORMATION AND COMPILED A LIST OF COMMON NEEDS OR WANTS OF ALL THE PUBLIC HOUSING TENANTS:

- 1. New Windows- FMHA has planned to begin replacement of windows using Capital Fund grants.
- 2. Better floor tiles- FMHA has been and will continue replacing floor tiles in the coming year.
- 3. Other items noted by tenants will be taken into consideration when planning Capital Fund expenditures.

THERE WERE VARIOUS TENANT REQUESTS AS NOTED IN THE ABOVE NEIGHBORHOOD LISTING. WE LISTED THE ITEMS THAT SEEMED TO BE AN ISSUE FOR ALL NEIGHBORHOODS AT THIS TIME.

#### JACKIE KELLER-PUBLIC HOUSING MANAGER

# Standard Operating Policy # 2-01

Re: Violence Against Women Act

#### Policy Reference: Public Law 109-162 passed 1/5/2006 SEOLS notices per the Law PIH Notice 2006-23

Approved by: Bd. Of Commissioners

Effective Date: 1/5/2006 retroactively Resolution: 619-06; revised 10/06

The Violence Against Women Act was passed into law to protect the rights of those victims of domestic violence, dating violence, sexual assault and stalking. The rights of those victims to obtain housing, retain housing and to relocate for protection purposes is essential in providing a safe environment.

The Fairfield Metropolitan Housing Authority will make every effort to assist those victims and their families by adherence to the law, notification of victim rights, assistance to relocate and guidance concerning what services are available within the county to make their transition to independent living possible and successful.

Listed are the steps taken by the FMHA to meet the goals for which the law was enacted:

1.) Notification of rights:

The FMHA developed and retains a brochure to explain applicant and tenant rights under the law for those wishing to use or are using housing assistance. Brochures will be maintained in the FMHA lobby, sent to FMHA applicants when pulled from the waiting list, and placed in briefing, leasing and add-on packets. Brochures will also be placed in landlord information packets and landlords will receive a copy of the brochure upon signing a lease with a Housing Choice Voucher Program tenant.

Upon disclosure from a victim of domestic violence, dating violence, sexual assault or stalking a brochure will be supplied and reviewed with the individual and, if applicable, the individual's family.

2.) Notification of available services:

The FMHA developed and retains a listing of services available within the county to assist those victims of violence or stalking. This listing of services will be maintained in the FMHA lobby, placed in briefing, leasing and add-on packets.

Upon learning of a victim of domestic violence, dating violence, sexual assault or stalking, a brochure will be supplied and reviewed with the individual and, if applicable, the individual's family.

3.) Customer service:

The FMHA will meet, individually, with a victim prior to taking action against the abuser. At that time, the individual is notified of rights and available services, they will be advised of the requirements to take action against (terminate or evict) the abuser. The individual does have the right to make their own decision to have the authority take action on their behalf or, if they so desire, to remain with their abuser by withdrawing from the Housing Choice Voucher Program or by giving notice to vacate from their Public Housing Unit.

When meeting with the family concerning the domestic violence issue staff will:

- a. Separate them (if both the victim and the abuser appears) and will take the panic button with them when meeting with the abuser and an additional staff member;
- b. Prior history will be researched before the appointment time;
- c. The staff will determine if the victim is in fear of violence, etc. and call the Lighthouse for the victim.
- d. The staff will document what has been discussed, what has been done and the final outcome.
- e. The staff will report to the proper authorities if they feel a child/elderly person is being abused (Child Services or Adult Protective Services)

To terminate an abuser on the Housing Choice Voucher Program the Housing Authority will:

- Require the victim to fill-out the appropriate certifications concerning victim status.
- Provide, or the Housing Authority may obtain, documentation of victim status.
- Complete the reduction process as required of all applicants/tenants.
- Send the appropriate termination papers (via certified and regular mail) to the abuser.
  - (If no forwarding address has been provided, or is unknown, the termination notices will be mailed to the last known address)
- Mark the applicants/tenants file "disbarred" with the name of the abuser to ensure that the abuser, in the future, is not readmitted to the existing voucher.
- Place the abuser's name on the appropriate tracking system using the date of termination including an asterisk, name of the abuser, name of victim in parenthesis, and initials of the case manager.

To terminate an abuser on the Public Housing Program the Housing Authority will:

- Require the victim to fill-out the appropriate certification concerning victim status.
- Provide, or the Housing Authority may obtain, documentation of victim status.
- Complete the reduction process as required of all applicants/tenants.
- If a Public Housing Tenant abuser does not vacate of their own accord then the Housing Authority will begin the eviction process.
- Mark the applicants/tenants file "disbarred" with the name of the abuser to ensure that the abuser, in the future, in not readmitted to the lease.
- Place the abuser's name on the appropriate tracking system using the date of termination, including an asterisk, name of the abuser, name of victim in parenthesis, and initials of the case manager.

A HUD required Certification form must be filled out within 14 business days of tenant's **receipt** of the certification form. Certification forms will be sent certified and first class mail. 1<sup>st</sup> class mail receipt date will be 10 calendar days after mailing. Verification of the applicant or tenant's victim status must be provided. The following is acceptable documentation of victim status:

- A written, signed statement from a victim SERVICE PROVIDER, MEDICAL PROFESSIONAL OR ATTORNEY that states: "under penalty of perjury, the provider believes the incidents in question were acts of domestic violence, dating violence, sexual abuse or stalking against the tenant" (or a member of the tenant's household) and the statement must name the abuser. The tenant must also sign the document.
- A police record that indicates the tenant (or a member of the tenant's household) is a victim of domestic violence, dating violence, sexual assault or stalking and that names the abuser.
- A court record (for example, a protective order) that indicates the tenant (or a member of the tenant's household) is a victim of domestic violence, dating violence, sexual assault or stalking and that names the abuser.

Any individual who violated the rules and regulations governing either the Housing Choice Voucher Program, or the Public Housing Program, by fleeing without notice will be re-housed (with the next available Public Housing unit in accordance with the Transfer Policy or relocated with a new Voucher (portability only applies to the HCV Program), using the HUD required Certification and verification of victim status. Their type of re-admission housing is based upon the program that they were participating on at the time.

The Housing Authority may still evict or terminate assistance for serious or repeated violations of a lease that are unrelated to the domestic violence, dating violence, sexual abuse or stalking incidents and will not hold a tenant to a more demanding set of rules than apply to tenant's who are not victims of the criminal activity mentioned within this policy.

Victim status is kept completely confidential, including any addresses of a victim of domestic violence, dating violence, sexual abuse or stalking (per the law). However, the victim has the right to release such information by placing that request in writing. The FMHA also must disclose any information the court system may demand and the Public Housing Department may use any information needed in eviction cases (per the law).

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

# PHA Plan Addendum

Annual Plan for Fiscal Year 2007

# **Fairfield Metropolitan Housing Authority**

# **Agency Identification**

PHA Name: Fairfield Metropolitan Housing Authority

PHA Number: OH070

#### PHA Fiscal Year Beginning: 01/2006/2007

#### 8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

#### 2. Activity Description

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

| Demolition/Disposition Activity Description                                      |  |  |
|----------------------------------------------------------------------------------|--|--|
| 1a. Development name: Heiber Subdivision OH070                                   |  |  |
| 1b. Development (project) number: P070-001                                       |  |  |
| 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: (08/03/2006) |  |  |
| 5. Number of units affected: 0                                                   |  |  |
| 6. Coverage of action (select one)                                               |  |  |
| Part of the development                                                          |  |  |
| Total development                                                                |  |  |
| 7. Timeline for activity:                                                        |  |  |
| a. Actual or projected start date of activity: 4/2006                            |  |  |
| b. Projected end date of activity: 4/2007                                        |  |  |

# **8.** Demolition and Disposition [24 CFR Part 903.7 9 (h)]

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

#### 2. Activity Description

 $\Box$  Yes  $\boxtimes$  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: Rozin Subdivision OH070                                    |  |  |
| 1b. Development (project) number: P070-002                                       |  |  |
| 2. Activity type: Demolition                                                     |  |  |
| Disposition $\boxtimes$                                                          |  |  |
| 3. Application status (select one)                                               |  |  |
| Approved                                                                         |  |  |
| Submitted, pending approval 🖂                                                    |  |  |
| Planned application                                                              |  |  |
| 4. Date application approved, submitted, or planned for submission: (08/30/2006) |  |  |
| 5. Number of units affected: 0                                                   |  |  |
| 6. Coverage of action (select one)                                               |  |  |
| $\square$ Part of the development                                                |  |  |
| Total development                                                                |  |  |
| 7. Timeline for activity:                                                        |  |  |
| a. Actual or projected start date of activity: 4/2006                            |  |  |
| b. Projected end date of activity: 4/2007                                        |  |  |

# **Agency Identification**

PHA Name: Fairfield Metropolitan Housing Authority

PHA Number: OH070

## PHA Fiscal Year Beginning: 01/2006/2007

#### **8.Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

#### 2. Activity Description

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

| Demolition/Disposition Activity Description                                       |  |  |
|-----------------------------------------------------------------------------------|--|--|
| 1a. Development name: Briar Cliff Subdivision OH070                               |  |  |
| 1b. Development (project) number: P070-001                                        |  |  |
| 2. Activity type: Demolition                                                      |  |  |
| Disposition $\boxtimes$                                                           |  |  |
| 3. Application status (select one)                                                |  |  |
| Approved                                                                          |  |  |
| Submitted, pending approval                                                       |  |  |
| Planned application 🔀                                                             |  |  |
| 4. Date application approved, submitted, or planned for submission: (012/30/2006) |  |  |
| 5. Number of units affected: 0                                                    |  |  |
| 6. Coverage of action (select one)                                                |  |  |
| Part of the development                                                           |  |  |
| Total development                                                                 |  |  |
| 7. Timeline for activity:                                                         |  |  |
| a. Actual or projected start date of activity: 6/2007                             |  |  |
| b. Projected end date of activity: 2010                                           |  |  |

# **FAIRFIELD METROPOLITAN HOUSING AUTHORITY**

FAMILY SELF-SUFFICIENCY ACTION PLAN FOR PUBLIC HOUSING

SEPTEMBER 2006

#### **GENERAL OVERVIEW**

This action plan sets forth the provision for supportive services from both public and private resources used in the Family Self-Sufficiency (FSS) program for the Public Housing Program (PH) of the Fairfield Metropolitan Housing Authority.

This plan applies to residents of Public Housing. Since we are not regulated by the "mandatory slot" criteria and function under a voluntary system concerning the FSS program, and due to Public Housing funding issues, we have opted to administer a FSS program to Public Housing families allowing participation of up to only 5 residents.

This action plan was developed to coordinate with the PHA's previous Housing Choice Voucher FSS action plan. The services that are to be used and the method for selecting participants into the PH FSS program are outlined within this plan. The action plan is subject to HUD approval.

To fund the escrow account, the PHA forbears on raising a family's rent based on its rising income and elects to make deposits into the escrow account based on the amount of rent forbearance.

The PHA selects potential participants from the FSS waiting lists. The PHA may do a limited amount of screening to help ensure participating families are motivated to succeed in the FSS program but the screening cannot be based on such factors as education levels or job capabilities.

Families agreeing to participate must enter into a contract of participation and an individual case plan & interim goal plan which clearly specifies their responsibilities and defines their program goals. Families that met their interim goals will have access to their escrow account to pay for such approved uses as college tuition, homeownership expenses and other criteria established by the PHA. The contract term is set at a maximum of five years, although the PHA may extend the contract for "good cause" for an additional two years.

#### **PURPOSE AND GOALS**

The purpose of the PH Family Self-Sufficiency Program (PHFSS) is to offer families under the Public Housing program, an opportunity to achieve economic and social independence by developing a partnership between the PHA and other community agencies (private and public).

Our objective is to promote local strategies that coordinate Public Housing residents with existing public and private resources in order to assist low to moderate income families in becoming free of all government assistance.

The Housing Authority will maintain inter-agency partnerships to achieve high quality comprehensive service in-house and outreach programs to ensure comprehensive service delivery.

Since the inception of the HCV FSS program, we have served 106 participants in the Housing Choice Voucher FSS Program and there was a wish to expand and also offer the program to residents of the Public Housing.

#### **NEEDS ASSESSMENT**

Periodic assessments will be performed by the Public Housing Department, Assisting Director & the Executive Director to determine future program expansion and program needs.

Services to be accessed or implemented include (but not limited to) the following:

- Child counseling
- GED
- Drug counseling
- Educational remediation programs
- Individual child care referrals
- Credit counseling
- Budget classes
- Comprehensive homeownership program for all eligible FSS participants

# INCENTIVES TO ENCOURAGE PARTICIPATION AND OUTREACH EFFORTS

- 1. Participants have the ability to earn a tax-free escrow account just by obtaining employment.
- 2. Participants may benefit by obtaining no more than 50% of their escrow, yearly, to assist them in accomplishing a specific interim goal such as education or car repair.
- 3. Participants will be linked to an array of supportive services for head of household and all adult family members, if desired.
- 4. The FSS Program provides one-on-one case management.

The Fairfield MHA will recruit eligible families by mailing brochures and general information about the FSS program, attending Public Housing meetings, displaying information at Fairfield MHA, providing information to Public Housing Case managers who interact with clients daily, and promoting FSS at various area social services and human service agencies.

#### **PROGRAM COORDINATING COMMITTEE - PCC**

The Program Coordinating Committee is maintained to provide the primary function of securing commitments of public and private resources for the operation of the FSS program within the PHA's jurisdiction, including assistance in developing the Action Plan and in implementation of the program. The PCC was created in 1993, at that time the meetings were held in conjunction with existing meetings in the community. In 2006, the PCC meetings began to meet as a separate committee to only serve the FSS programs.

The PCC members must include a representative from the PHA Public Housing and Housing Choice Voucher Departments as well as a resident from each program. The PCC will serve both the Public Housing and Housing Choice Voucher FSS Programs. The committee will meet quarterly at a minimum and additionally on an as needed.

To find residents to participate in the PCC, the following procedures will be followed:

- 1. A mass mailing to current FSS participants asking for interested head of households who may wish to participate in the PCC to submit a resume and cover letter describing why they would like to be chosen for the committee.
- 2. Before the next PCC meeting all current members will be given copies of the resumes to review for voting at that next meeting.

#### **PARTICIPANT SELECTION**

The selected participants will be Public Housing residents and will be selected on a first come basis (date & time maintained waiting list). FMHA will not discriminate against otherwise qualified persons because of their disabilities. FMHA will make reasonable accommodations to the person's disability to allow participation in the FSS Program. FMHA may decide that an accommodation is not reasonable if it causes undue financial and/or administrative burdens. All selections are made in a non-discriminatory manner without regard to color, religion, race, sex, national origin, familial status or handicap/disability.

If a participating family has left the program for any reason, they must wait a 2-year period to re-apply for the Public Housing FSS program. According to the portability guidelines, a family may transfer their Public Housing FSS to another Housing Authority if there is an existing Public Housing FSS program in place. The family is eligible for portability after participating 12 months on the Family Self Sufficiency Program. The FMHA will deny participation after two unsuccessful attempts at completing the FSS program.

#### **CONTRACT OF PARTICIPATION**

The Contract of Participation is the first step in establishing a commitment between the PHA and the FSS participant and will lay the ground work for the participants' responsibilities and obligations. The contract of participation must include the gross annual income, gross annual earned income, and Family Rent (TTP). This will determine the amounts for escrow. If an interim adjustment has not been completed within 120 days prior to signing the contract of participation then one must be completed before determining these figures. This interim adjustment is completed by the appropriate Public Housing Staff member after request from the PH FSS Coordinating staff member.

The Contract of Participation must include the individual training and service plan which list specific services to be provided to, and the specific activities to be completed by, the head of the FSS family and each adult member of the family who elects to participate in the program. Each of the goals or activities set in the individual training and service plan must have a date to be completed. The individual training and service plan must include as an interim goal the following:

- 1. The head of household of the FSS family must seek and maintain suitable employment.
- 2. Every member of the family must be free of welfare assistance 12 months prior to end of contract.
- 3. Family must comply with the terms and conditions of their PH lease.

The Contract of Participation may be modified if mutually agreed upon by the FSS coordinating staff member and the FSS Family. This process must be done in writing and signed by the FSS coordinating staff member and the Head of Household.

The contract of participation and the individual training and service plan requires the head of the family to seek and maintain employment during the term of the contract and any extension thereof. Although other adult members may seek and maintain employment it is only the head of the FSS family that is required to seek and maintain suitable employment. The determination of "suitable employment" shall be made by the FSS coordinating staff member based on the skills, education and job training of the individual that has been designated the head of household and based on what job opportunities are within the jurisdiction served by the PHA. The definition of "seek and maintain employment is as follows:

- 1. If the head of household is currently employed during participation in FSS they must show proof of employment by pay check stubs or written statement from employer to FSS coordinating staff member on a quarterly basis or the staff member can obtain that information from their public housing file.
- 2. If the head of household is not employed they must show written proof of their employment search at least quarterly. To include but not limited to: accessing worknet room, newspaper or other advertisements, an updated resume, certificates for all job related trainings, and a list of all jobs applied for and all interviews. They must also follow through on employment opportunities when they arise.

The term of the contract of participation shall be for five (5) years from the effective date of the contract (contract begins on the 1<sup>st</sup> day of the following month of which it is signed). Contracts may be extended up to two years for good cause. The participating FSS family must submit a written request, and supporting documentation, for an extension no less than 3 months prior to the end date of the current contract. This request must include a detailed description of their "good cause" reason for the extension. The participating family must reapply for an extension every six months after that to ensure progress is being met. The participating family will sign a new contract of participation for the extended time period. Good cause shall be defined as a situation beyond the participating family's control. These situations are defined as follows:

- 1. Head of participating family is enrolled in an educational institution and length of schooling would warrant an extension.
- 2. Head of household is called to active duty.
- 3. Head of participating family is changed, due to situations beyond the families control as approved by the FSS coordinating staff member, and the action plan for the new head cannot be completed in the remaining terms of the contract.
- 4. Involuntary loss of employment beyond the control of the family, serious illness of family member, floods, national disasters, strikes, lay offs and closing of plants or businesses.

The participant may maintain the escrow account during the extension period but the total contractual period cannot exceed seven years. (initial contract of 5 years plus 2 year extension).

# COMPLETION OR TERMINATION OF CONTRACT OF PARTICIPATION

The contract of participation is considered to be completed, and a family's participation in the FSS program is considered to be concluded when one of the following occurs:

- 1. The FSS family has fulfilled all their obligations under the contract of participation on or before the expiration date of the contract, including any extensions thereof.
- 2. When 30 percent of the monthly adjusted income (TTP) of the FSS family equals or exceeds the published existing housing fair market rent for the size of the unit for which the FSS family qualifies based on the PHA's occupancy standards. The family's participation in the FSS program will be concluded at this time even though the contract term, has not expired, and the family's activities have not been completed. The FSS coordinating staff member must also verify, by third party means, that no household member is receiving federal, state or local welfare cash assistance.

This contract may be terminated prior to the contract expiration date for the following reasons:

- 1. FMHA determines the head of household has failed to fulfill the terms of the contract and any extension thereof.
- 2. Family wishes to withdraw from the FSS Program.
- 3. By operation of law.
- 4. Supportive services are not available.
- 5. The family fails to meet its obligations under the Public Housing Program.
- 6. The family is no longer residing in a Public Housing rental unit.

Participating families who are terminated from the Family Self-Sufficiency program have the right to request an informal hearing in accordance with the Public Housing Admissions and Continued Occupancy Policy.

The Public Housing family, who no longer wishes to participate in the PH FSS program or was terminated from such program, will not lose their Public Housing rental unit.

Families wishing to reapply for the FSS Program must wait a 2 year period prior to placement on the Public Housing Family Self-Sufficiency Program waiting list.

#### INDIVIDUAL CASE MANAGEMENT PLAN

The head of household shall be required, under the contract, to seek and maintain suitable employment following. The FMHA has the ultimate responsibility for determining if the head of household's employment is deemed "suitable" for FSS purposes (defined in "Contract of Participation" section of this plan).

An individual case management program will be developed between the Public Housing FSS Coordinating staff member and the FSS participant. This plan will consist of the following components and their function:

- Interim & Final Goals
  - 1. Objectives definition of goals
  - 2. Key players individuals needed to complete action steps
  - 3. Action Steps breakdown of goal accomplishments
  - 4. Assignments tasks assigned to key players
  - 5. Target Dates milestones set to achieve goals
  - 6. Documentation for the case file
- Progress Reports
  - 1. Goal review
  - 2. Corrective Action Steps
  - 3. Reassignment as needed
  - 4. Adjustment of target dates as needed
  - 5. Documentation for the case file
- Monthly Contact
  - 1. Initial contact phone call for monthly update
  - 2. 2<sup>nd</sup> Contact attempt:
    - 2<sup>nd</sup> phone call within same week
  - 3. 3<sup>rd</sup> Contact attempt
    - 3<sup>rd</sup> call the following week
    - letter sent requesting client to call with deadline
    - if no response then termination letter will be sent

- Quarterly Interviews: These face-to-face interviews are required quarterly and are scheduled based on the date the contract of participation was signed by the family and FSS coordinating staff member. Failure to complete the quarterly reviews will result in termination from the FSS program unless the failure was a result of negligence on the part of the FSS coordinating staff member.
- Quarterly Interviews will include the following components:
  - 1. Review of interim and final goals
  - 2. Escrow account review
  - 3. Discussion on impediments to goal achievement
  - 4. Recognition for goals completed
  - 5. Open forum as it relates to the FSS program

#### **ESCROW ACCOUNTS**

The FMHA must establish an escrow savings account for each family participating in the Family Self-Sufficiency Program during the term of the Contract of Participation. The FMHA will credit the FSS account with the amount of the escrow calculated in accordance with HUD regulations. A general overview of how the escrow account operates is as follows:

- 1. When the family's earned income amount increases (as compared to the original amount in the contract of participation) an amount will be credited to the escrow account according to HUD regulated calculations.
- 2. Escrow amounts must be verified at each reexamination and interim determination occurring after the effective date of the FSS contract of participation (for all active participants).
- 3. The escrow accounts will be held by the FMHA until contract completion or termination. The accounting staff will invest the escrowed funds in HUD approved investments.
- 4. An interim withdrawal of escrow may be requested by the head of household, yearly, for the following reasons (proper documentation must be accompanied with this request):
  - Emergency car repair or purchase transportation needed for employment or education.
  - Funds needed for educational purposes to improve employability.

- Special circumstances as approved by the FSS coordinating staff member on a case-by-case basis.
- 5. A maximum of 50% of the escrow account may be withdrawn at one time with approval.
- 6. The escrow account may be paid out to the head of the household when the following has occurred:
  - The family has met all of its obligations under the contract of participation.
  - When 30 percent of the monthly adjusted income (TTP) of the FSS family equals or exceeds the published existing housing fair market rent for the size of the unit for which the FSS family qualifies based on the PHA's occupancy standards. The family's participation in the FSS program will be concluded at this time even though the contract term, has not expired, and the family's activities have not been completed. The FSS coordinating staff member must also verify, by third party means, that no household member is receiving federal, state or local welfare cash assistance.

The escrow account will be paid out 30 days after the FSS family has graduated. The interest for the escrow account will stop the actual date the family graduated.

- 7. The participating family will forfeit their escrow accounts when terminated from the FSS program in accordance with the "Completion or Termination of Contract of Participation" section of this plan.
- 8. Forfeited escrow funds will be transferred back to their respective program account.
- 9. Information concerning the escrow account balance can only be shared with the head of household. A yearly escrow statement will be mailed to the participating families at the end of the year reflecting detailed escrow information and a copy placed in the participant's file.
- 10. If the head of the FSS family ceases to reside with other family members in the Public Housing unit, the remaining members of the family, after consultation with the PHA, shall have the right to designate another family member to receive the funds in accordance with the regulations. This change will also need to be reflected in the contract of participation and the case manager will need to reassess the family's needs and action plans.

Should the FSS family owe any money towards rent, or other amounts, the family escrow will be reduced by that amount before prorating the interest income.

#### **ROLES & RESPONSIBILITIES**

#### FMHA RESPONSIBILITIES

#### **FSS COORDINATING STAFF MEMBER**

The Public Housing coordinating staff member oversees all aspects of the Public Housing FSS Program. They will secure commitments from public and private groups, in conjunction with the Housing Choice Voucher FSS Program, to assist in the provision of the following services:

- Refer counseling for health, money management, drug and alcohol, etc.
- Refer applicants to service providers.
- Coordinate with the Public Housing Manager to monitor the family's progress and discuss case management.
- Coordinates all activities of the Public Housing FSS Program.
- Conduct face-to-face interviews on a quarterly basis with active participants.
- Monitor case progress with participant on a monthly basis whether in person or phone conversation.
- Update and distribute escrow account statement to the participating family on an annual basis.
- Complete FSS annual report to be submitted to HUD by December 31st, of each year.
- Develop and coordinate training programs to address specific needs of participating families.
- Coordinate Homeownership functions for those families electing to become homeowners.
- Maintain file documentation as required.

#### **PUBLIC HOUSING MANAGER**

The Public Housing Manager will provide the following assistance to the FSS Coordinating Staff Member:

- Ensure that FSS functions are in compliance with Federal guidelines and regulations pertaining to FSS.
- Assist the FSS Coordinating staff member in training Public Housing staff concerning relevant aspects of the FSS program.

#### PUBLIC HOUSING STAFF

The staff of the public housing department will assist the FSS Coordinating Staff Member concerning the following:

- Calculation of the escrow accounts
- General discussion of an FSS participant's case file concerning FSS related issues
- Program Compliance
- Notify the FSS coordinating staff member in regards to income changes, recertification changes, change in family composition, possible termination issues, monies owed to the HA, etc.
- Interim adjustments as requested by the FSS coordinating staff member.
- Recruitment: literature placed in all program mailings when requested.

# ACCOUNTING STAFF

The accounting staff is responsible for the following:

- Setting up of the depository account to accommodate escrowed funds.
- Calculate and distribute any earned interest amounts to the respective escrow accounts.
- Coordinates with FSS Coordinating Staff Member in the disbursement of escrow withdrawal.

- Maintains accurate and updated escrow information to ensure data integrity of the annual statements provided by the FSS Coordinating Staff Member to the participating families.
- Reviews escrow accounts with the FSS Coordinating Staff Member on an as needed basis concerning account discrepancies.
- Coordinates with the Public Housing Manager in the transferring of information effecting escrow accounts.

# **EXECUTIVE DIRECTOR**

The Director, at the request of the Board of Commissioners will hold the decisive factor in program operations, especially in areas that are at the discretion of the FMHA. The Director will monitor the program's progress to ensure that compliance with HUD and FMHA regulations are being met. The Director is not only the driving force behind the FSS program but also authorizes the future growth and expansion of the program. U.S. Department of Housing and Urban Development Office of Public and Indian Housing

# PHA Plan Addendum

Annual Plan for Fiscal Year 2007

# **Fairfield Metropolitan Housing Authority**

# **Agency Identification**

PHA Name: Fairfield Metropolitan Housing Authority

PHA Number: OH070

#### PHA Fiscal Year Beginning: 01/2006/2007

#### 8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

#### 2. Activity Description

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

| Demolition/Disposition Activity Description                                      |  |  |
|----------------------------------------------------------------------------------|--|--|
| 1a. Development name: Heiber Subdivision OH070                                   |  |  |
| 1b. Development (project) number: P070-001                                       |  |  |
| 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: (08/03/2006) |  |  |
| 5. Number of units affected: 0                                                   |  |  |
| 6. Coverage of action (select one)                                               |  |  |
| Part of the development                                                          |  |  |
| Total development                                                                |  |  |
| 7. Timeline for activity:                                                        |  |  |
| a. Actual or projected start date of activity: 4/2006                            |  |  |
| b. Projected end date of activity: 4/2007                                        |  |  |

# **8.** Demolition and Disposition [24 CFR Part 903.7 9 (h)]

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

#### 2. Activity Description

 $\Box$  Yes  $\boxtimes$  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: Rozin Subdivision OH070                                    |  |  |
| 1b. Development (project) number: P070-002                                       |  |  |
| 2. Activity type: Demolition                                                     |  |  |
| Disposition $\boxtimes$                                                          |  |  |
| 3. Application status (select one)                                               |  |  |
| Approved                                                                         |  |  |
| Submitted, pending approval 🖂                                                    |  |  |
| Planned application                                                              |  |  |
| 4. Date application approved, submitted, or planned for submission: (08/30/2006) |  |  |
| 5. Number of units affected: 0                                                   |  |  |
| 6. Coverage of action (select one)                                               |  |  |
| $\square$ Part of the development                                                |  |  |
| Total development                                                                |  |  |
| 7. Timeline for activity:                                                        |  |  |
| a. Actual or projected start date of activity: 4/2006                            |  |  |
| b. Projected end date of activity: 4/2007                                        |  |  |

# **Agency Identification**

**PHA Name:** Fairfield Metropolitan Housing Authority

PHA Number: OH070

## PHA Fiscal Year Beginning: 01/2006/2007

# 9. Demolition and Disposition [24 CFR Part 903.7 9 (h)]

1.  $\bigtriangledown$  Yes  $\square$  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

 $\Box$  Yes  $\boxtimes$  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: Briar Cliff Subdivision OH070                              |  |  |
| 1b. Development (project) number: P070-001                                       |  |  |
| 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: (08/03/2006) |  |  |
| 5. Number of units affected: 0                                                   |  |  |
| 6. Coverage of action (select one)                                               |  |  |
| Part of the development                                                          |  |  |
| Total development                                                                |  |  |
| 7. Timeline for activity:                                                        |  |  |
| a. Actual or projected start date of activity: 6/2007                            |  |  |
| b. Projected end date of activity: 2010                                          |  |  |