

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

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# PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009

Annual Plan for Fiscal Year 2007 - 2008

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

## PHA Plan Agency Identification

**PHA Name:** Hopewell Redevelopment and Housing Authority  
**PHA Number:** VA - 005

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

**PHA Programs Administered:**

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

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

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

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

**5-YEAR PLAN**  
**PHA FISCAL YEARS 20 - 20**  
[24 CFR Part 903.5]

**A. Mission**

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- x      The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- x      PHA Goal: Expand the supply of assisted housing  
Objectives:  
      Apply for additional rental vouchers:  
x      Reduce public housing vacancies:  
      Leverage private or other public funds to create additional housing opportunities:  
x      Acquire or build units or developments  
      Other (list below)
- x      PHA Goal: Improve the quality of assisted housing  
Objectives:  
x      Improve public housing management: (PHAS score)  
      Improve voucher management: (SEMAP score)  
      Increase customer satisfaction:  
      Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)  
x      Renovate or modernize public housing units:  
x      Demolish or dispose of obsolete public housing:

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

PHA Goal: Increase assisted housing choices

Objectives:

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

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

PHA Goal: Provide an improved living environment

Objectives:

- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- Implement public housing security improvements:
- Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- Other: (list below)

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

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

Objectives:

- Increase the number and percentage of employed persons in assisted families:
- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- x PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:
  - x Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
  - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
  - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
  - Other: (list below)

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

**Annual PHA Plan**  
**PHA Fiscal Year 20**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Troubled Agency Plan**

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

[24 CFR Part 903.7 9 (r)]

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

**This annual plan: 1. anticipates continued work on the obsolete Langston Park development; 2. continued bathroom renovation at Davisville through CFP; 3. adoption and implementation of VAWA requirements in both public housing and Section 8 Programs; 4. continued cooperation with the City of Hopewell in joint projects to upgrade the City's housing inventory; and, implement revised public housing utility allowances.**

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

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

**Table of Contents**

	<u>Page #</u>
<b>Annual Plan</b>	
i. Executive Summary	
ii. Table of Contents	
1. Housing Needs	
2. Financial Resources	
3. Policies on Eligibility, Selection and Admissions	
4. Rent Determination Policies	
5. Operations and Management Policies	
6. Grievance Procedures	
7. Capital Improvement Needs	
8. Demolition and Disposition	
9. Designation of Housing	
10. Conversions of Public Housing	

- 11. Homeownership
- 12. Community Service Programs
- 13. Crime and Safety
- 14. Pets (Inactive for January 1 PHAs)
- 15. Civil Rights Certifications (included with PHA Plan Certifications)
- 16. Audit
- 17. Asset Management
- 18. Other Information

**Attachments**

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

**Required Attachments:**

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

**Optional Attachments:**

- PHA Management Organizational Chart
- FY 2007 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

**Supporting Documents Available for Review**

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

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



<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

# 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	1067	3	2	2	2	2	1
Income >30% but <=50% of AMI	734	2	1	2	2	2	1
Income >50% but <80% of AMI	862	1	1	2	2	2	1
Elderly	615	3	2	2	2	1	2
Families with Disabilities	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Race/Ethnicity	858	2	1	2	2	2	1
Race/Ethnicity	35	2	1	2	2	2	1
Race/Ethnicity							
Race/Ethnicity							

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

- Consolidated Plan of the Jurisdiction/s  
Indicate year: 2005
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
x Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	576		133
Extremely low income <=30% AMI	576	100	
Very low income (>30% but <=50% AMI)			
Low income (>50% but <80% AMI)			
Families with children	377	65	
Elderly families	199	35	
Families with Disabilities	6	1	
Race/ethnicity	498	86	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			

<b>Housing Needs of Families on the Waiting List</b>			
1BR	180	31	40
2 BR	210	36	40
3 BR	167	29	25
4 BR	19	3	1
5 BR			
5+ BR			
Is the waiting list closed (select one)? x No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

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

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

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

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

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

Select all that apply

- x      Employ effective maintenance and management policies to minimize the number of public housing units off-line
- x      Reduce turnover time for vacated public housing units
- x      Reduce time to renovate public housing units
- x      Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- x      Maintain section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration

- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

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

Select all that apply

- Apply for additional section 8 units should they become available
- x Leverage affordable housing resources in the community through the creation of mixed - finance housing
- x Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- x Other: (list below)  
cooperate with the City of Hopewell as appropriate

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- x Other: (list below) continue marketing efforts with organizations/churches with senior constituencies

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

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

Select all that apply

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

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

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

Select if applicable

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

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

Select all that apply

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

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

**(2) Reasons for Selecting Strategies**

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

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

## **2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

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

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2006 grants)</b>		
a) Public Housing Operating Fund	957,146	
b) Public Housing Capital Fund	730,496	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	1,140,000	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant	50,000	
i) HOME		
Other Federal Grants (list below)		



<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>3. Public Housing Dwelling Rental Income</b>	933,418	
<b>4. Other income (list below)</b>		
<b>4. Non-federal sources (list below)</b>		
<b>John Randolph grant</b>	15,000	
Cameron grant	15,000	
<b>Total resources</b>	3,841,060	

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

[24 CFR Part 903.7 9 (c)]

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

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

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

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

When families are within a certain number of being offered a unit: (state number)

x When families are within 10 days of being offered a unit:

Other: (describe)

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

x  Criminal or Drug-related activity

x  Rental history

Housekeeping

Other (describe)

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

d.  Yes x No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

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

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

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

x  Community-wide list

Sub-jurisdictional lists

Site-based waiting lists

Other (describe)

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

x  PHA main administrative office

PHA development site management office

Other (list below)

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

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

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

If yes, how many lists?

3.  Yes  No: May families be on more than one list simultaneously

If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- PHA main administrative office
- All PHA development management offices
- Management offices at developments with site-based waiting lists
- At the development to which they would like to apply
- Other (list below)

**(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- x One
- Two
- Three or More

b. x Yes  No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

**(4) Admissions Preferences**

a. Income targeting:

x Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- Emergencies
- Overhoused
- Underhoused
- x Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- Other: (list below)

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

1 Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers
- x Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Occupancy**

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

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

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

- At an annual reexamination and lease renewal
- x Any time family composition changes
- At family request for revision
- Other (list)

**(6) Deconcentration and Income Mixing**

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

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

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

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

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

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

Other (list policies and developments targeted below)

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

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

Additional affirmative marketing

Actions to improve the marketability of certain developments

Adoption or adjustment of ceiling rents for certain developments

Adoption of rent incentives to encourage deconcentration of poverty and income-mixing

Other (list below)

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

x Not applicable: results of analysis did not indicate a need for such efforts

List (any applicable) developments below:

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

x Not applicable: results of analysis did not indicate a need for such efforts

List (any applicable) developments below:

## B. Section 8

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

### (1) Eligibility

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

### (2) Waiting List Organization

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

Other (list below)

**(3) Search Time**

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

If yes, state circumstances below:

**(4) Admissions Preferences**

a. Income targeting

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

b. Preferences

1. x Yes  No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

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

Former Federal preferences

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

Other preferences (select all that apply)

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



- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

1 Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- x Date and time of application
- Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- x This preference has previously been reviewed and approved by HUD

The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

The PHA applies preferences within income tiers

x Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

#### **(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

x The Section 8 Administrative Plan

x Briefing sessions and written materials

Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

x Through published notices

Other (list below)

### **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

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

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

#### **(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

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

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

---or---

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

b. Minimum Rent

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

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

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

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

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

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

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

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

x For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

For transportation expenses

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

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- Yes for all developments
- Yes but only for some developments
- x No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- For all developments
- For all general occupancy developments (not elderly or disabled or elderly only)
- For specified general occupancy developments
- For certain parts of developments; e.g., the high-rise portion
- For certain size units; e.g., larger bedroom sizes
- x Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- Market comparability study
- Fair market rents (FMR)
- 95<sup>th</sup> percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The "rental value" of the unit
- x Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never

- At family option
- x Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- Other (list below)

g.  Yes x No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

**(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)
- The section 8 rent reasonableness study of comparable housing
  - x Survey of rents listed in local newspaper
  - Survey of similar unassisted units in the neighborhood
  - Other (list/describe below)

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

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

**(1) Payment Standards**

Describe the voucher payment standards and policies.

- a. What is the PHA's payment standard? (select the category that best describes your standard)
- x At or above 90% but below 100% of FMR
  - 100% of FMR
  - Above 100% but at or below 110% of FMR
  - Above 110% of FMR (if HUD approved; describe circumstances below)

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

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

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

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

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

- x Annually
- Other (list below)

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

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

## **(2) Minimum Rent**

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

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

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

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

**A. PHA Management Structure**

Describe the PHA’s management structure and organization.

(select one)

- An organization chart showing the PHA’s management structure and organization is attached.
- x A brief description of the management structure and organization of the PHA follows: 7-member Board of Commissioners is appointed by City Council. Executive Director reports to the Board and five Directors report to the Executive Director.

**B. HUD Programs Under PHA Management**

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	496	133
Section 8 Vouchers	247	50
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

**C. Management and Maintenance Policies**

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

- (1) Public Housing Maintenance and Management: (list below)  
 Maintenance Plan, Fair Housing Plan, Admissions and Occupancy Policy, Administrative Plan, Residential Lease, Personnel Policy, Procurement and Disposition Policy
- (2) Section 8 Management: (list below)  
 Administrative Plan, Personnel Policy

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

### **A. Public Housing**

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

If yes, list additions to federal requirements below:

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

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

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

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

If yes, list additions to federal requirements below:

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

- x  PHA main administrative office  
 Other (list below)



## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

### **A. Capital Fund Activities**

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

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

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

Select one:

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

-or-

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

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

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

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

b. If yes to question a, select one:

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

-or-

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

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

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

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

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development
- Revitalization Plan submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

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

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

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

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

<b>Demolition/Disposition Activity Description</b>
1a. Development name: Langston Park 1b. Development (project) number: VA5-5
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 6
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: spring 2007 b. Projected end date of activity: summer 2007

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

[24 CFR Part 903.7 9 (i)]

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

1.  Yes  No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities

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

**2. Activity Description**

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

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

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

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

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

Other: (describe below)

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

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

**11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

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

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>
1a. Development name:
1b. Development (project) number:

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

## B. Section 8 Tenant Based Assistance

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

### 2. Program Description:

#### a. Size of Program

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

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

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

#### b. PHA-established eligibility criteria

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

If yes, list criteria below:

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

[24 CFR Part 903.7 9 (I)]

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

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

1. Cooperative agreements:

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

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

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

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

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

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

a. Self-Sufficiency Policies

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

- x Public housing rent determination policies
- x Public housing admissions policies
- x Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families



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

b. Economic and Social self-sufficiency programs

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

<b>Services and Programs</b>				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
After school youth programs	120	Open/all	All	Ph
Adult ed ,eg, nurse’s aid	30	Open/all	All	Ph
Scouts	20	Open/all	Piper sq	Ph
Summer rec	100	Open/all	All	Both
Senior services	100	Open/all	Kippax	Ph
Health forums	100	Open/all	Comm. Cntrs	Ph
Big brothers/big sisters	15	Open/all	All	Both
Boys/girls club	50	Open/all	All	both

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

a. Participation Description

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

Section 8		

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

**C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- x Adopting appropriate changes to the PHA’s public housing rent determination policies and train staff to carry out those policies
  - x Informing residents of new policy on admission and reexamination
  - Actively notifying residents of new policy at times in addition to admission and reexamination.
  - Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
  - x Establishing a protocol for exchange of information with all appropriate TANF agencies
  - Other: (list below)

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

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

[24 CFR Part 903.7 9 (m)]

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

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

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

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

perception of high level of criminal activity

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

- Safety and security survey of residents
- x Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- x Analysis of cost trends over time for repair of vandalism and removal of graffiti
- x Resident reports
- x PHA employee reports
- x Police reports
- x Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

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

Langston park  
Piper Square

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

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

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

**cooperate with HPD for neighborhood watch-type meetings with residents**

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

all

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

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

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

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

all

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

PHAs eligible for FY 2005 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)  
PHDEP is defunct

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

**15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

**16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

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

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

1. x Yes  No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - Not applicable
  - Private management
  - x Development-based accounting
  - Comprehensive stock assessment
  - Other: (list below)
3.  Yes x No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

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

1. x Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

- Attached at Attachment (File name)  
x Provided below:  
capital fund proposals are acceptable  
continued Langston Park demolition/redevelopment is ok  
need greater cooperation with HPD  
need more emphasis on interior painting

3. In what manner did the PHA address those comments? (select all that apply)  
x Considered comments, but determined that no changes to the PHA Plan were necessary.  
 The PHA changed portions of the PHA Plan in response to comments  
List changes below:  
 Other: (list below)

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

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

#### 3. Description of Resident Election Process

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

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

##### b. Eligible candidates: (select one)

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

##### c. Eligible voters: (select all that apply)

- All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)

- Representatives of all PHA resident and assisted family organizations
- Other (list)

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

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

1. Consolidated Plan jurisdiction: (provide name here)  
City of Hopewell, Virginia
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - x The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - x The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
  
  - Other: (list below)
  
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

**D. Other Information Required by HUD**

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

## Attachments

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

Resident comments– the Resident Advisory Board was in complete agreement regarding the priorities for the 2006 fiscal year as presented by HRHA staff. Long-term goals as presented in the Five-Year Plan were also agreed to. Individual comments are presented in the body of the Plan.

### PET POLICY

#### I. POLICY STATEMENTS

A. This order serves as Hopewell Redevelopment and Housing Authority's (HRHA) guide for carrying out the requirements of the Quality Housing and Work Responsibility Act which provides for the ownership and keeping of common household pets in federally assisted public housing.

#### B. Exclusion

No part of this order will be applicable to animals that assist the handicapped. These animals are not considered to be pets, but rather, aids necessary to ensure the independence of handicapped individuals. HRHA requires that the need for an animal that assists a handicapped individual be attested to by a certified health care practitioner. HRHA also requires that a handicapped individual must properly care for the animal. Proper care includes, but is not limited to feeding and exercising the animal, and the immediate clean up of animal feces. The following provisions of the Pet Policy also apply to residents who maintain a specially trained animal as a handicapped aid:

- Licensure and Tags
- Registration Process - excluding requirement of having animal altered)
- Liability
- Alternate Caretaker
- Sanitation
- Pet Behavior
- Leashes
- Sick or injured pets
- Rule enforcement

#### II. DEFINITIONS



- A. Common household pet means any domesticated small animal traditionally kept in the home for pleasure rather than for utility or commercial purposes. "Pet" is understood to be limited to dogs under 20 lbs., (certain breeds such as Dalmatians, German Shepherds, Pit Bulls, Rotweillers, Greyhounds, Dobermans, and Afghans will not be allowed), litter-box trained domestic cats, birds (specifically parakeets, canaries or finches), small caged rodents (specifically hamsters or guinea pigs), and fish. No other type of animal may be maintained in HRHA housing or on HRHA property. These rules, in compliance with federal regulations, distinguish cats and dogs, from other pets, as "fur bearing" animals. Except where otherwise indicated, these rules apply principally to dogs and cats.

### III. PET RESTRICTIONS

No more than one fur bearing pet is permitted in an apartment. There may be no more than two birds or small caged animals per apartment. No limit is placed on the number of fish; however, the size of the fish tank may not exceed 20 gallons. Guests are not permitted to bring any type of pet onto the premises.

### IV. LOCATION OF PETS IN BUILDINGS

There is no restriction on the total number of pets in any building. There will be no restriction on the location of the fish, small birds and small caged animals in the building. Pets will not be permitted in public meeting or community rooms, dining areas, laundry rooms or other public gathering places. Dogs must be properly leashed at all times when outside rental units and on HRHA premises. All pets must reside in owner's residence; pets may not be left unattended outside the apartment.

### V. SIZES

Dogs shall weigh no more than 20 pounds at time of maturity and stand no more than 24 inches at the shoulders. Pets acquired as puppies shall be understood to mature at the height and weight not to exceed the height and weight restrictions. The American Kennel Club's standards shall determine the height and weight after maturity of the breed. A non-documented animal will be assumed to mature to that which has been determined by veterinarian evidence and sent to management in a signed letter.

### VI. LICENSURE AND TAGS

Every dog and cat must wear the appropriate local animal license, a valid rabies tag and a tag bearing owner's name, address and phone number. All licenses and tags must be current.

#### VII. ADMISSION OF PETS

Pets will be permitted after the resident has met all of the requirements. Subsequent to the adoption of the Pet Policy, no resident will be permitted to have pet, unless all of the requirements outlined in Sections I through XIX have been met.

#### VIII. REGISTRATION PROCESS

Prior to admittance of any pet into the facility, residents or applicants will be required to complete the "Pet Ownership Application" form (refer to Form "A"). Every dog and cat must be registered (refer to Form "B" - Pet Ownership Determination), with Management prior to admission, and thereafter, during the annual recertification of income and family composition. Registration of dogs and cats requires proof of current dog and cat licensure, including up-to-date proof on inoculations. Cats must have current inoculations, as appropriate to the species, including, but not limited to, feline distemper shots, worm shots and rabies shots. Dogs shall have certificates of appropriate inoculations for heart-worm, parvo, distemper and rabies. Such tests, vaccines or shots shall be maintained on an annual basis, unless otherwise specified by a veterinarian. A verification letter that a cat or dog had been spayed or neutered is required prior to admission. The Veterinarian verification form exhibited as Form "C" shall be completed and signed by a Veterinarian in order to fulfill the requirements referenced above. Evidence of a flea control program and verification of an alternate caretaker are also required as discussed below. The above-stated requirements for registration shall be compiled with at the residents expense.

#### IX. ALTERING

Female dogs and cats over six months of age must be spayed, and males over six months must be neutered, unless a letter is received from a licensed veterinarian giving a medical reason why such action is detrimental to the pet's health.

#### X. LIABILITY

Residents owning pets shall be liable for the entire amount of all damages to HRHA property caused by their pet and all cleaning, de-fleaing and deodorizing required because of such pet. Pet owner's shall be strictly and solely liable for the entire amount of any injury to the person or property of other residents, staff of visitors of HRHA caused by their pet, and shall

indemnify HRHA for all costs of litigation and attorney's fees resulting from such damage.

#### XI. SECURITY DEPOSIT

Prior to the admittance of any pet, the resident or applicant must pay a pet security deposit of \$100. This sum will be held until the pet is removed from the premises. Management will assess any damage(s) created by the pet against the pet security deposit.

#### XII. ALTERNATE CARETAKER

Prior to the admittance of any pet, the resident or the applicant must provide to HRHA a notarized agreement between the resident and another person who agrees to serve as an Alternate Caretaker (refer to Form "D" for the Alternate Caretaker Form). The Alternate Caretaker shall have the responsibility to act as a temporary or permanent caretaker for the pet, if the resident is unable to care for the pet. Family residents cannot be alternate caretakers unless they care for the pet in the elderly/handicapped building where the pet owner resides. If the health or safety of a pet is threatened by the death or incapacitation of the pet owner, or by other factors that may render the pet owner unable to care for their pet, HRHA may contact the responsible party listed in the above-referenced agreement and have them remove the pet from the premises. If HRHA has made reasonable efforts to contact the Alternate Caretaker, but that party is unable or unwilling to care for the pet, then HRHA may enter the dwelling unit, remove the pet and place the pet with a facility that will provide care and shelter at the resident's expense for no more than 14 days. At the expiration of the 14-day period, said pet may be disposed of at the residents expense, i.e., euthanasia or giving said pet to any person willing to accept it. In no event will HRHA be responsible for the pet during transport or acceptance of the pet by the shelter facility. Costs will be deducted from the pet security deposit.

#### XIII. SANITATION

Dogs and cats are required to be "house-broke". Cats must be litter-box trained, and dogs must be able to exercise outside the building. Pet owners shall be responsible for the immediate clean up of feces after the exercise of their dog. Resident dog owners must bag and securely tie the dog feces and deposit it in the trash totes. Cat owners shall bag "kitty litter", tie it securely and drop it in specified trash receptacles. An example of improperly disposed waste includes, but is not limited to, flushing the kitty litter in the toilet. Pet owners must, at all times, keep their apartment free from odors resulting from pet excrement and urine. If an odor problem is persistent, then the resident, at their expense, will have their apartment deodorized.

#### XIV. PET BEHAVIOR

Certain characteristics of pets may be very offensive to other residents. To ensure the health, safety and peaceful enjoyment of other residents, the following list includes, but is not limited to, examples of pet behavior that will be unacceptable in HRHA Housing and would result in lease termination:

1. Barking and/or whining dogs.
2. Crying and/or "catwauling" cats.
3. Biting, attacking or other displays of aggressive behavior.

#### XV. LEASHES

Dogs shall be on hand-held leashes at all times when outside the confines of the pet's own apartment.

#### XVI. SICK OR INJURED PETS

No sick or injured pets will be accepted for occupancy without consultation and written acknowledgment of a veterinarian as to the condition of the pet's ability to live in an apartment situation. Acceptance regardless of documentation and consultation is the prerogative of the management. Admitted pets which suffer illness or injury must be immediately taken for veterinary care at the resident's pet owner's expense.

#### XVII. RULE ENFORCEMENT

Any resident who receives a letter of violation of these Pet Rules and letter of intent describing the violation(s) from HRHA's Management may be required, after private conference, to remove the pet from the premises and provide Management with an affidavit stating that the dog or cat is no longer on the premises and will not return in the future. Misrepresentation of this affidavit will be grounds for eviction of the resident. Management exercises the right to act immediately in insisting that an offending pet be removed forthwith in situations deemed to be of an emergency nature. In such instances, Management will act as specified in Section XIV "Alternate Caretaker" in removing sick, diseased, injured and/or aggressive animals. The failure of the pet owner to cooperate with any of the above operations will result in the termination of the lease agreement between HRHA and the pet-owning resident.

## XVIII. UNIT IDENTIFICATION

Resident owner of properly registered fur bearing pet must display HRHA provided decal on their window as directed by Maintenance Department personnel.

Pet Policy remains in effect. Required statement as follows:

1. policy was effective April 1, 2001
2. Pets must be registered with the Authority with evidence of registration, vaccinations and neutering/spaying
3. definition of “pets” is provided in the Policy
4. limits one fur-bearing pet per household.
5. established a 20-pound weight limit for dogs
6. requires a \$100 refundable security deposit

Community Service Requirements – re-implemented 10/01/2004.

Required statement as follows

1. policy was made effective April 1, 2001, suspended in 2002 and re-implemented following appropriate notice to residents.
2. defines exceptions as provided by QHWRA
3. requires 8 hours of service and allows greatest choice possible in identifying opportunities including self-certification.
4. requires resident to maintain hours, select activity, secure transportation and obtain third-party written verifications
5. monthly submittal of verifications
6. non-compliance results in non-renewal of lease.

In general, residents refuse to cooperate. Records of participation are maintained. Files are being prepared as suggested during Sept. review. Proper re-coding being accomplished as well.

5-year goals and objectives:

1. Alliances and communication – continue to do well maintaining old relationships while cultivating new ones. Adult ed does well as do after school youth programs. New relationships important in securing new grant for senior programs.
2. Occupancy goals not realized due to persistant high turnover. Aggressive lease turnover due to one-strike actions is a significant factor.
3. UPCS implemented in Maintenance
4. Reduction in crime is being maintained but only because of afterglow of PHDEP which has been discontinued.
5. Outreach efforts and Fair Housing Forums were of limited success. Different delivery mechanisms and cooperation with the City may help.
6. High performer status not realized and it is not likely to be realized because of budget cuts adversely affecting financial indicator, resident-installed a/c units adversely affecting physical indicator, and high turnover rate affecting both.

Resident Commissioner – Mr. Ralph Conrad, 312 Kippax Place, Hopewell, VA 23860, continues to serve in his first term

RASS – A 70% rating was noted in “appearance” category. Pending availability of funds, property beautification efforts will commence with the start of the spring grounds maintenance program. A 73% rating was noted in “safety.” We will redouble our efforts to work with law enforcement to enhance the perception of safety in our properties.

Deconcentration – No change. The Housing Authority gathers and assesses the resident characteristics of its public housing stock, including information regarding household income. This analysis is used to determine if there has been a significant change in the income characteristics of a particular project. The most recent annual analysis showed that all family developments had average family income within the established income range (average incomes above or below 85% to 115% of the average incomes of all housing authority developments.) Furthermore, all family developments have average family income under 30% of the area median income. Therefore, no development is to be redesignated as a higher or lower income development and the Authority

has met its deconcentration goals. (Had the analysis indicated a need for a particular designation, the Authority would have used its flat rent policy to facilitate deconcentration.)

Voluntary Conversion – No change. Required assessments were completed for Davisville (96 units), Thomas Rolfe Court(76 units), Bland Court (24 units), Thomas Rolfe Court Extension (60 units), Langston Park (40 units) and Piper Square (103 units). In all cases, it was found that conversion would be inappropriate because it would have an adverse impact upon the community and would adversely impact the availability of affordable housing in the community.

Audit/corrective action plan – There were no findings in the audit for the fiscal year ended March 31, 2005 and no corrective plan is needed. There are no findings from previous audit years with findings which have not been cleared.

Significant Deviation \_ Per 24 CFR 903.7®, the Authority’s definition of substantial deviation and significant amendment or modification of the 5-year plan and the annual plan is as follows:

1. changes to rent or admissions policies or organization of the waiting list
2. additions of non-emergency work items (items not intended in the current 5-year action plan or the current annual statement, as appropriate) or change in the use of replacement reserve funds under the Capital Fund
3. any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

PHDEP – All monies have been expended and programs closed.

Resident Advisory Board – all Hopewell, VA 23860

Ms. Mary Studivant, 602 Davisville

Ms. Renee Broxie – 211 Davisville

Ms. Frances Clark – 508 Davisville

Ms. Terresa Lloyd – 234 South 8<sup>th</sup> Avenue

Ms. Michelle Branch, 230 S. 8<sup>th</sup> Ave

Ms. Alice M. Shands 1108 Winston

Churchill Blvd

Ms. Nora Burns, 1044 Langston Park Dr.

Ms. Herietta Jackson, 1106 Winston Churchill

Ms Carolyn Brown, 1102 Winston Churchill

Ms. Simona Gholson, 1020 Langston Park

Ms. Florence Griffith, 401 Kippax Place

Ms. Mary Alice Marks, 512 Kippax Place

Ms. Alberta Jones, 606 Kippax Place

Mr. David Jones, 606 Kippax Place

Ms. Sylvia Sack, 203 Kippax Place

Ms. Layla Clay, 1543B Piper Square

Ms. Brenda McQueen – 1540-A Piper Square

Ms. Gertrude Tucker – 1527-B Piper Square

Ms. Elnora Graves – 1527-A Piper Square



# PHA Plan Table Library

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

### Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number VA36P00501-7 FFY of Grant Approval: 2007

x Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	\$73,050.00
3	1408 Management Improvements	\$146,100.00
4	1410 Administration	\$146,099.00
5	1411 Audit	0.00
6	1415 Liquidated Damages	0.00
7	1430 Fees and Costs	\$56,116.00
8	1440 Site Acquisition	0.00
9	1450 Site Improvement	0.00
10	1460 Dwelling Structures	\$209,131.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$100,000.00
12	1470 Nondwelling Structures	0.00
13	1475 Nondwelling Equipment	0.00
14	1485 Demolition	0.00
15	1490 Replacement Reserve	0.00
16	1492 Moving to Work Demonstration	0.00
17	1495.1 Relocation Costs	0.00
18	1498 Mod Used for Development	0.00
19	1502 Contingency	0.00
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>\$730,496.00</b>
21	Amount of line 20 Related to LBP Activities	0.00
22	Amount of line 20 Related to Section 504 Compliance	0.00
23	Amount of line 20 Related to Security	0.00
24	Amount of line 20 Related to Energy Conservation Measures	0.00

**Annual Statement**  
**Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
HA-Wide Mgmt. Improvements	NOTE: Salary and Benefit (1) Resident Initiatives Coordinator (2) Part-Time RIC Employees	1408	\$73,050.00
HA-Wide Administration	Executive Director Executive Secretary Finance Director & Technician	1410	\$146,099.00
HA-Wide Fees & Costs	A&E Services Inspection Cost	1430	\$56,116.00
VA Thomas Rolfe Court	Dwelling Units: Replacement of Ranges, Refrigerators & Hot Water Heaters Painting Apartments Force Account Labor	1465.1	\$100,000.00
VA51 Davisville	Dwelling Unit: Bathtub Replacement and related work	1460	\$74,800.00
		1460	\$134,331.00
Total	Project Total		\$657,446.00

**Annual Statement**

**Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
PHA - Wide VA5 - 2 VA5 - 2	9/30/09 9/30/09 9/30/09	

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

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

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
VA5-1	Davisville	6	6	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Front/rear door replacement			60,000	2008
Installation of sewage cleanout			177,000	2009
Installation of canopies			100,153	2009
Replace clothes lines/poles			15,000	2010
Interior painting			115,200	2010

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

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

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
VA5-2	Thomas Rolfe Court	3	4	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Resurface parking lots			45,000	2008
Range, refrigerator dhw			67,000	2008
Repair front/rear stoops			71,953	2008
Building foundations			78,920	2009
Light fixtures			45,000	2010
Grounds improvements			50,000	2010
Interior painting			61,637	2010
Sidewalk repair			20,000	2011
<b>Total estimated cost over next 5 years</b>				

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

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

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
VA5-3	Bland Court	1	4	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Repair front/rear stoops			71,953	2008
Replace refrigerators, stoves, dhw			20,000	2011
<b>Total estimated cost over next 5 years</b>				

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

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

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
VA5-4	Thomas Rolfe Court extension	3	5	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Repair retaining walls			107,200	2009
Siding replacemnt			75,000	2010
<b>Total estimated cost over next 5 years</b>				

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

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

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
VA5-5	Langston Park	2	5	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Demolition - 2 bldg			30,000	2009
Replace ranges, refrigerators & dhw			30,000	2009
<b>Total estimated cost over next 5 years</b>				

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



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

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
VA5-6	Kippax Place	2	2
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Interior painting (common areas)		25,000	2008
Upgrade communications system		15,000	2008
Ranges, refrigerators & dhw		24,042	2010
Interior painting (units)		59,068	2011
<b>Total estimated cost over next 5 years</b>			

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

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

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
VA5-7	Piper Square	4	4	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Resurface parking lots			105,920	2008
Grounds improvements			24,000	2210
hvac			350,000	2011
<b>Total estimated cost over next 5 years</b>				

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

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

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
<b>PHA-wide</b>				
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Maintenance truck			25,000	2008
Maintenance vehicle			34,173	2009
<b>Total estimated cost over next 5 years</b>				

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

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

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Total estimated cost over next 5 years</b>				

**Optional Public Housing Asset Management Table**

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

## Public Housing Asset Management

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

**CAPITAL FUND PROGRAM TABLES START HERE**

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

PHA Name: Hopewell Redevelopment & Housing	Grant Type and Number Capital Fund Program Grant No: VA36P00501-04 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 9/30/2006  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	74,385		74,385	74,385
3	1408 Management Improvements	74,385		74,385	74,385
4	1410 Administration	74,385		74,385	74,385
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	108,691		108,691	69,136
8	1440 Site Acquisition				
9	1450 Site Improvement		850	850	850
10	1460 Dwelling Structures	401,813	400,013	400,013	316,225
11	1465.1 Dwelling Equipment—Nonexpendable	10,200		10,200	6,900
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	743,859	401,813	743,859	617,216
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Hopewell Redevelopment & Housing		<b>Grant Type and Number</b> Capital Fund Program Grant No: VA36P00501-04 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2004	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2006 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Hopewell Redevelopment and Housing		Grant Type and Number Capital Fund Program Grant No: VA36P00501-04 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA- wide	Resident initiative coord	1408		37,193		37,193	37,193	
Mngt Improvment	Part-time ric employees			37,192		37,192	37,192	
HA-wide	Executive Director	1410		74385		74,385	74,385	
admin	Executive secretary							
	Finance director & tech							
HA-wide	A&E services	1430		108,691		108,691	69,136	
Fees & costs	Inspection costs							
VA5-6	Replace two boilers	1460	1 bldg	100,000	98,200	98,200	85,000	
Kippax place	Upgrade security system	1460	1 bldg	27,013	27,013	27,013	27,013	
	Generator replacement	1460	I unit	45,000	45,000	45,000		
PHA-wide	Administration bkdg security	1470			950	950	950	
	Hot water heaters	1465.1	65 units	10,200		10,200	6,900	
	Site lighting	1475			850	850	850	
	Interior painting/force acct	1460	55 units	19,600	56,793	56,793	56,793	



**Annual Statement/Performance and Evaluation Report** **page 2 cont'd**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant:		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Piper Square	Replace and repair roof	1460	12 blds	170,000	95,615	95,616	70,027	
Piper Square	Upgrade DDC system	1460	Sites	5,000	5,000	5,000	5,000	
Thomas Rolfe Court	Foundation and stoop repair/force acct Labor	1460		35,200	72,392	72,392	72,392	
<b>Total</b>				669,474	401,813	669,474	542,831	

**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 Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant:	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
Pha-wide								
Resident init coord	03/30/05	03/30/04	03/30/04	03/30/07	12/31/05	12/31/05		
Part time employee	03/30/05	03/30/04	03/30/04	03/30/07	12/31/05	12/31/05		
Admin. Salary	03/30/05			09/30/07	12/31/05	12/31/05		
A&E Services	03/30/05	03/30/04	03/30/04	09/30/07				
Inspection Cost	03/30/05	03/30/04	03/30/04	09/30/07				
Replace refrigerators, ranges & water heater	03/30/05			09/30/05	06/30/06			
Paint Apartments (force Account	03/30/05	06/30/04	06/30/04	12/31/07	12/31/07	12/31/05		
VA5-6 Kippax Place								
Generator Replacement	06/30/05			09/30/07				
Upgrade Security System	03/30/05	06/30/04	06/30/04	09/30/06	12/31/05	12/31/05		
Replacement of 2 boilers	06/30/05	09/30/04	09/30/04	09/30/07	06/30/06			

**Annual Statement/Performance and Evaluation Report** **page 2 cont'd**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name:		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant:	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
VA5-7 Piper Square								
Replacement of Roof	06/30/05			06/30/07	06/30/06			
Upgrade Security System	03/30/05	06/30/04	06/30/04	12/31/07	12/31/07	12/31/05		
VA5-2 – Thomas Rolfe Court								
Foundation and Stoop Repair Force Account	06/30/05	09/30/04	09/30/04	12/31/07	12/31/07	12/31/07		



**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b>		<b>Grant Type and Number</b>			<b>Federal FY of Grant:</b>
		Capital Fund Program Grant No:			2005
		Replacement Housing Factor Grant No:			
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	73,050	0	73,050	73,050
3	1408 Management Improvements	73,050	0	73,050	73,050
4	1410 Administration	73,050	0	73,050	67,755
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	108,699	0	108,699	87,067
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	2,500	2,500	2,500
10	1460 Dwelling Structures	327,647	0	202,647	138,384
11	1465.1 Dwelling Equipment—Nonexpendable	25,000	0	25,000	12,285
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	50,000	47,500	8,825	8,825
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0

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

<b>PHA Name:</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2005
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collateralization or Debt Service	0	0	0	0
20	1502 Contingency	0	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	730,496	50,000	566,821	462,916
22	Amount of line 21 Related to LBP Activities	0	0	0	0
23	Amount of line 21 Related to Section 504 compliance	0	0	0	0
24	Amount of line 21 Related to Security – Soft Costs	0	0	0	0
25	Amount of Line 21 Related to Security – Hard Costs	0	0	0	0
26	Amount of line 21 Related to Energy Conservation Measures	75,000	0	0	0

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

PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Resident Initiatives Coordinator	1408		36,525		36,525	36,525	
Mgmt. Improve.	Part-time RIC Employee			36,525		36,525	36,525	
HA-Wide	Executive Director	1410		73,050		73,050	67,755	
Admin	Executive Secretary							
	Finance Director & Tech							
HA-Wide	A&E Services	1430		108,699		108,699	87,067	
Fees/Costs	Inspection Cost							
VA5-6 Kippax	Upgrade Direct Digital Control Software	1475	1 bldg.	15,000		15,000	15,000	
PHA-Wide	Replace Ranges, Refrigerators & Water Heaters	1465.1	160 units	25,000		25,000		
	Paint Apartments Force Account	1460	25 units	25,000		25,000		
VA5-7	Replace Community Bldg. Windows	1460	1 bldg	50,000		50,000	50,000	
Piper Square	Exterior breezeway paint/force acct labor	1460	12 bldgs	49,800		49,800		
	Upgrade Direct Digital Control Software	1475	12 bldgs.	35,000	32,500	32,500	32,500	

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

PHA Name:		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
VA5-2	Foundation and Stoop Repair							
Thomas Rolfe Court	Force Account Labor	1460		25,847		25,847	9,994	
VA5-1	Replace Bathtub and surround system	1460	96 units	125,000		125,000		
Davisville	Install new fluorescent light fixtures	1460	96 units	45,000		45,000	45,000	
	Door hardware replacement	1460	96 units	7,000		7,000	7,000	
VA5-7	Site Improvement	1450			2,500	2,500	2,500	
Piper Square								
			TOTAL	657,446	35,000	654,946	389,866	



**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 Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant: 2005	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
PHA Wide								
Resident Int. Coord	03/30/06			03/30/06				
Part-time RIC Employee	03/30/06			03/30/06				
Admin Salary	03/30/06			09/30/08				
A&E Services	03/30/06			09/30/08				
Inspection Cost	03/30/06			09/30/08				
Replacement of Refrigerator, Range & Water heater	03/30/06			09/30/08				
Paint Apt. Force Acct	03/30/06			12/31/08				
VA5-6 Kippax								
Upgrade Direct Digital Control Software	06/30/06			09/30/08				
VA5-7 Piper Square								
Exterior breezeway painting force acct labor	06/30/07			12/31/08				
Upgrade Direct Digital Control Software	03/30/06			12/31/08				
Site Improvements		09/30/06	09/30/06			09/30/06		

**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 Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant: 2005	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
VA5-2								
Thomas Rolfe Court								
Foundation and Stoop Repair Force Account	06/30/07			12/31/08				
VA5-1								
Davisville								
Replace Bath tub and Surround System	09/30/07			12/31/08				
Install new fluorescent light fixtures	06/30/06			09/30/08				
Door hardware replacement	03/30/06			09/30/08				

## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name:		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	140,185		140,185	
2	1406 Operations	140,185		140,185	80,329
3	1408 Management Improvements	140,185		140,185	38,337
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	45,124		45,124	18,708
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	50,247		50,247	18,188
11	1465.1 Dwelling Equipment—Nonexpendable	25,000		25,000	11,480
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	50,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	110,000			
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

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

<b>PHA Name:</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2006
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	700,926		540,926	167,042
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Resident Int. Coordinator	1408		70,093		70,093	40,165	
	Part-time RIC Employee			70,092		70,092	40,164	
	Executive Director	1410		140,185		140,185	38,337	
	Executive Secretary							
	Finance Director & Tech							
	A&E Services	1430						
	Inspection Cost			45,124		45,124	18,708	
PHA-Wide	Replacement of Ranges, Refrigerators & Water Heaters	1465.1	160 units	25,000		25,000	11,480	
	Paint Apartments force acct labor	1460	62 units	50,247		50,247	18,188	
	Maintenance Vehicle							
	Truck or Van	1475	1	50,000				
VA5-6 Kippax	Convert two efficiency apartments	1460	2 units	110,000				
	Total			560,741		400,741	167,042	

**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 Capital Fund Program No: Replacement Housing Factor No:				Federal FY of Grant:	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide							
Resident Int. Coord	03/30/08			03/30/09			
Part-time RIC employee	03/30/08			03/30/09			
Admin. Salary	03/30/08			09/30/09			
A&E Services	03/30/08			09/30/09			
Inspection Cost	03/30/08			09/30/09			
Replace Refrigerators, Ranges, Water Heaters	03/30/08			09/30/09			
Painting Apartments Force Account	03/30/08			09/30/09			
Maintenance Vehicle	03/30/08			09/30/09			
VA5-6 Kippax							
Convert two Apartments	03/30/08			09/30/09			

## CAPITAL FUND PROGRAM TABLES START HERE

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

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

<b>PHA Name:</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



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

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

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

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

