

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 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:** Logan County Metropolitan Housing Authority

**PHA Number:** OH072

**PHA Fiscal Year Beginning:** 01/2008

**PHA Programs Administered:**

X **Public Housing and Section 8**    ☐ **Section 8 Only**    ☐ **Public Housing Only**  
Number of public housing units: 100    Number of S8 units:    Number of public housing units:

Number of S8 units: 296

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

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

**Public Access to Information**

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

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

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

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

- X      Main administrative office of the PHA  
☐      PHA development management offices  
☐      PHA local offices  
☐      Main administrative office of the local government  
☐      Main administrative office of the County government

- ☐ Main administrative office of the State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

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

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

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2005 - 2009**  
[24 CFR Part 903.5]

**A. Mission**

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

- ☐ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
1. ☒ The PHA's mission is: The mission of LOGAN COUNTY METROPOLITAN HOUSING AUTHORITY is to promote adequate, affordable housing, economic opportunity, and a suitable living environment for the families we serve, without discrimination.
2. The LOGAN COUNTY METROPOLITAN HOUSING AUTHORITY is committed to providing quality, affordable housing in a safe environment. Through partnerships with our residents and other groups we will provide opportunities for those we serve to become self-sufficient.
3. The mission of the LOGAN COUNTY METROPOLITAN HOUSING AUTHORITY is to be the area's affordable housing of choice. We provide and maintain safe, quality housing in a cost-effective manner. By partnering with others, we offer rental assistance and other related services to our community.
4. The LOGAN COUNTY METROPOLITAN HOUSING AUTHORITY is committed to providing quality, affordable housing and services in an efficient and creative manner.
5. The mission of the LOGAN COUNTY METROPOLITAN HOUSING AUTHORITY is to serve the citizens of Logan county by:
- Providing affordable housing opportunities in a safe environment.
  - Revitalizing and maintaining neighborhoods and a strong urban core.
  - Forming effective partnerships to maximize social and economic opportunities.

The mission shall be accomplished by a fiscally responsible, creative organization committed to excellence in public service.

1. Our mission is to provide quality housing to eligible people in a professional, fiscally prudent manner and be a positive force in our community by working with others to assist these families with appropriate supportive services.
2. The mission of the Housing Authority of the County of Logan is to assist low-income families with safe, decent, and affordable housing opportunities as they strive to achieve self-sufficiency and improve the quality of their lives. The Housing Authority is committed to operating in an efficient, ethical, and professional manner. The Housing Authority will create and maintain partnerships with its clients and appropriate community agencies in order to accomplish this mission.
3. The mission of the Housing Authority of Logan County is to be the leader in making excellent affordable housing available for low and moderate-income persons through effective management

and the wise stewardship of public funds. We will also partner with our residents and others to enhance the quality of life in our communities.

4. The LOGAN COUNTY METROPOLITAN HOUSING AUTHORITY is committed to excellence in offering quality affordable housing options and opportunities for the residents of Logan County..
5. The LOGAN COUNTY METROPOLITAN HOUSING AUTHORITY is committed to building better neighborhoods by providing comprehensive housing opportunities for qualified individuals and families through creative and professional service in partnership with the greater community.

## **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:
- X Apply for additional rental vouchers:
  - X Reduce public housing vacancies:
  - X 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) 71
  - ☐ Improve voucher management: (SEMAP score) 96
  - X Increase customer satisfaction:
  - X Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)
  - X Renovate or modernize public housing units:
  - ☐ Demolish or dispose of obsolete public housing:
  - ☐ Provide replacement public housing:
  - ☐ Provide replacement vouchers:
  - ☐ Other: (list below)

X PHA Goal: Increase assisted housing choices

Objectives:

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

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

X PHA Goal: Provide an improved living environment

Objectives:

- X 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:
- X 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**

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

Objectives:

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

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

- X PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives:
- X Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
  - X Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
  - X 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)**

- A. To continue to ensure low to moderate income families are provided greater opportunities to realize the dream of homeownership.
- B. To inform Public Housing and Housing Choice Voucher participants, as well as landlords about the Violence Against Women Act. Staff will work in partnership with local agencies such as the Logan County Domestic Violence Coalition and New Direction. Every effort will be made to assist the victims and their families by adhering to the law and notification Victim rights through various media sources.

**Annual PHA Plan**  
**PHA Fiscal Year 2008**  
[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.

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

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

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## Attachments

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

### Required Attachments:

- Admissions Policy for De-concentration
- A FY 2008 Capital Fund Program Annual Statement
- B Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- C List of Resident Advisory Board Members
- D List of Resident Board Member
- E Community Service Description of Implementation
- F Information on Pet Policy
- Section 8 Homeownership Capacity Statement, if applicable
- G Description of Homeownership Programs, if applicable

### Optional Attachments:

- ☐ PHA Management Organizational Chart
- ☐ FY 2005 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.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
XX	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
XX	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
XX	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those	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>
	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.	
XX	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
XX	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
XX	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
XX	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
XX	Public Housing De-concentration and Income Mixing Documentation: 1. PHA board certifications of compliance with de-concentration 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
XX	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
XX	Schedule of flat rents offered at each public housing development X check here if included in the public	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	housing A & O Policy	
XX	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
XX	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
XX	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
XX	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
XX	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
XX	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
XX	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
XX	Policies governing any Section 8 Homeownership program X 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
XX	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
XX	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.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Over all	Affor d- abilit y	Supp ly	Quali ty	Acce ss- ibilit y	Size	Loca -tion
Income <= 30% of AMI	952	4	3	1	4	2	2
Income >30% but <=50% of AMI	643	4	2	1	3	3	2
Income >50% but <80% of AMI	1069	3	4	2	3	1	2
Elderly	724	3	3	3	4	3	3
Families with Disabilities	7940	4	4	4	5	4	4
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA

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:
- X 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			
<input type="checkbox"/> Public Housing			
<input checked="" 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/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	356		75
Extremely low income <=30% AMI	280	79%	
Very low income (>30% but <=50% AMI)	69	19%	
Low income (>50% but <80% AMI)	5	1%	
Families with children	226	63%	
Elderly families	22	6%	
Families with Disabilities	81	23%	
Race/White	330	93 %	
Race/Black	26	7%	
Race/ethnicity	Na	Na	
Race/ethnicity	Na	Na	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	Na	Na	Na

Housing Needs of Families on the Waiting List			
2 BR	Na	Na	Na
3 BR	16	22%	25
4 BR	25	7%	9
5 BR	Na	Na	Na
5+ BR	Na	Na	Na
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
- ☐      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 or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- X      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

- X Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- X Other : Participate in the Community Housing Improvement Strategy (CHIS).

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

Select all that apply

- X Apply for additional section 8 units should they become available
- ☐ 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: Partner with a local non-profit community housing development organization to access available state & private funds for housing development.

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

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

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- X Adopt rent policies to support and encourage work
- X Other: Form project-based waiting list for permanent supportive housing for homeless individuals.

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

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

Select all that apply

- ☐ Employ admissions preferences aimed at families who are working
- X 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



- X Apply for special-purpose vouchers targeted to the elderly, should they become available
- X Other: Form project-based waiting list for elderly, homeless individuals.

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

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

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- ☐ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- X Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- X Affirmatively market to local non-profit agencies that assist families with disabilities
- X Other: 1. Partner with a local non-profit Community Housing Development Organization (CHDO) in the development of special needs housing.  
2. Partner on grant applications aimed at providing housing for families with disabilities.  
3. Form project-based waiting list for individuals with disabilities.

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

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

Select if applicable

- ☐ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- X Other: Partner on grant applications aimed at providing housing for minority families.

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

Select all that apply

- X 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
- ☐ 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
- ☐ Community priorities regarding housing assistance
- ☐ Results of consultation with local or state government
- ☐ Results of consultation with residents and the Resident Advisory Board
- ☐ Results of consultation with advocacy groups
- ☐ Other: (list below)

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

[24 CFR Part 903.7 9 (b)]

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

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2008grants)</b>		
a) Public Housing Operating Fund	\$379,667	
b) Public Housing Capital Fund	\$190,107	
c) HOPE VI Revitalization	NA	
d) HOPE VI Demolition	NA	
e) Annual Contributions for Section 8 Tenant-Based Assistance	\$1,392,354	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	NA	

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
g) Resident Opportunity and Self-Sufficiency Grants	NA	
h) Community Development Block Grant	NA	
i) HOME	NA	
Other Federal Grants (list below)	NA	
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>	NA	
<b>3. Public Housing Dwelling Rental Income</b>	\$ 50,747	
<b>4. Other income (list below)</b>		
FSS Coordinator Grant	\$ 72,840	
<b>4. Non-federal sources (list below)</b>	NA	
<b>Total resources</b>	\$2,085,715	

### **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 a certain time of being offered a unit: 30 DAYS
- ☐ Other: (describe)
- b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?
- X Criminal or Drug-related activity
- X Rental history
- X Housekeeping
- X Other (describe) Credit history
- c. X Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d. X Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e. ☐ 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:

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

- b. Transfer policies:

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

- X Emergencies  
X Over-housed  
X Under-housed  
X Medical justification  
X 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)

- ☐ 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.

2 Date and Time

Former Federal preferences:

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

Victims of domestic violence  
Substandard housing  
Homelessness  
High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- 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:

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

#### **(5) Occupancy**

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

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

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

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

**(6) Deconcentration and Income Mixing**

- a. ☐ Yes ☒ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?
- b. ☐ Yes ☒ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?
- c. If the answer to b was yes, what changes were adopted? (select all that apply)
- ☐ Adoption of site based waiting lists  
If selected, list targeted developments below:
- ☐ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
- ☐ Employing new admission preferences at targeted developments  
If selected, list targeted developments below:
- ☐ Other (list policies and developments targeted below)
- d. ☐ Yes ☒ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?
- e. If the answer to d was yes, how would you describe these changes? (select all that apply)
- ☐ Additional affirmative marketing
- ☐ Actions to improve the marketability of certain developments
- ☐ Adoption or adjustment of ceiling rents for certain developments
- ☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- ☐ Other (list below)
- f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)
- ☐ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:



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

- ☐ Not applicable: results of analysis did not indicate a need for such efforts  
☐ List (any applicable) developments below:

## **B. Section 8**

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

**Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### **(1) Eligibility**

a. What is the extent of screening conducted by the PHA? (select all that apply)

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

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

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

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- ☐ Criminal or drug-related activity  
☐ Other (describe below)

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

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- ☐ None  
☒ Federal public housing  
☐ Federal moderate rehabilitation  
☐ Federal project-based certificate program  
☐ Other federal or local program (list below)

- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- ☒ PHA main administrative office  
☐ Other (list below)

## **(3) Search Time**

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

If yes, state circumstances below: If a family is hard to house due to family size or if the family has a disability that requires special housing needs.

## **(4) Admissions Preferences**

- a. Income targeting

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

- b. Preferences

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

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

Former Federal preferences

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  
☐ Victims of domestic violence

- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- X 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.

## 2 Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- 1 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)

☒ Date and time of application

☐ Drawing (lottery) or other random choice technique

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

☒ This preference has previously been reviewed and approved by HUD

☐ The PHA requests approval for this preference through this PHA Plan

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

☐ The PHA applies preferences within income tiers

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

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

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

☒ The Section 8 Administrative Plan

☒ Briefing sessions and written materials

☐ Other (list below)

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

☒ Through published notices

☐ Other (list below)

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

[24 CFR Part 903.7 9 (d)]

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

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

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

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

a. Use of discretionary policies: (select one)

- ☐ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

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

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

The Logan County Metropolitan Housing Authority has set the minimum rent at \$50.00 however if the family requests a hardship exemption, the Logan County Metropolitan Housing Authority will immediately suspend the minimum rent for the family until the Housing Authority can determine whether the hardship exists and whether the hardship is of a temporary or long-term nature.

- A. A hardship exists in the following circumstances:
1. When the family has lost eligibility for or is waiting on eligibility determination for a Federal, State, or local assistance program;
  2. When the family would be evicted as a result of the imposition of the minimum rent requirement;
  3. When the income of the family has decreased because of changed circumstances, including loss of employment;
  4. When the family has an increase in expenses because of changed circumstances, for medical costs, childcare, transportation, education, or similar items;
  5. When a death has occurred in the family.
- B. No hardship. If the Housing Authority determines there is no qualifying hardship, the minimum rent will be reinstated, including requiring back payment of minimum rent for the time of suspension.
- C. Temporary hardship. If the Housing Authority reasonably determines that there is a qualifying hardship but that it is of a temporary nature, the minimum rent will not be imposed for a period of 90 days from the date of the family's request. At the end of the 90-day period, the minimum rent will be imposed retroactively to the time of suspension. The Housing Authority will offer a repayment agreement in accordance with the Section 19 of this policy for any rent not paid during the period of suspension. During the suspension period the Housing Authority will not evict the family for nonpayment of the amount of tenant rent owed for the suspension period.
- D. Long-term hardship. If the Housing Authority determines there is a long-term hardship, the family will be exempt from the minimum rent requirement until the hardship no longer exists.
- E. Appeals. The family may use the grievance procedure to appeal the Housing Authority's determination regarding the hardship. No escrow deposit will be required in order to access the grievance procedure.

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

1. ☐ Yes X 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)
- X Yes for all developments
- ☐ Yes but only for some developments
- ☐ No
2. For which kinds of developments are ceiling rents in place? (select all that apply)
- X For all developments
- ☐ For all general occupancy developments (not elderly or disabled or elderly only)
- ☐ For specified general occupancy developments
- ☐ For certain parts of developments; e.g., the high-rise portion
- ☐ For certain size units; e.g., larger bedroom sizes
- ☐ Other (list below)

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

- ☐ Market comparability study
- ☒ 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
- ☐ Other (list below)

f. Rent re-determinations:

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

- ☐ Never
- ☐ At family option
- ☒ Any time the family experiences an income increase
- ☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- ☐ Other (list below)

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

## **(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- ☒ The section 8 rent reasonableness study of comparable housing
- ☒ Survey of rents listed in local newspaper
- ☒ Survey of similar unassisted units in the neighborhood
- ☐ Other (list/describe below)



## B. Section 8 Tenant-Based Assistance

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

### (1) Payment Standards

Describe the voucher payment standards and policies.

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

- ☐ At or above 90% but below 100% of FMR
- ☒ 100% of FMR
- ☐ Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)

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

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

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

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

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

- ☒ Annually
- ☐ Other (list below)

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

- ☒ Success rates of assisted families
- ☒ Rent burdens of assisted families

☐ Other (list below)

**(2) Minimum Rent**

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

- ☐ \$0  
☐ \$1-\$25  
X \$26-\$50

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

The Logan County Metropolitan Housing Authority has set the minimum rent as \$ 50. However, if the family requests a hardship exemption, the Logan County Metropolitan Housing Authority will suspend the minimum rent for the family beginning the month following the family's hardship request. The suspension will continue until the Housing Authority can determine whether hardship exists and whether the hardship is of a temporary or long-term nature. During suspension, the family will not be required to pay a minimum rent and the Housing Assistance Payment will be increased accordingly.

1. A hardship exists in the following circumstances:
  - a. When the family has lost eligibility for or is awaiting an eligibility determination for a Federal, State or local assistance program;
  - b. When the family would be evicted as a result of the imposition of the minimum rent requirement;
  - c. When the income of the family has decreased because of changed circumstances, including loss of employment;
  - d. When the family has an increase in expenses because of changed circumstances, for medical costs, childcare, transportation, education, or similar items;
  - e. When a death has occurred in the family.
2. No hardship. If the Housing Authority determines there is no qualifying hardship, the minimum rent will be reinstated, including requiring back payment of minimum rent to the Housing Authority for the time of suspension.
3. Temporary hardship. If the Housing Authority determines that there is a qualifying hardship but that it is of a temporary nature, the minimum rent will not be imposed for a period of 90 days from the date of the family's request. At the end of the 90-day period, the minimum rent will be imposed retroactively to the time of suspension. The Housing Authority will offer a reasonable repayment agreement for any minimum rent back payment paid by the Housing Authority on the family's behalf during the period of suspension.

4. Long-term hardship. If the Housing Authority determines there is a long-term hardship, the family will be exempt from the minimum rent requirement until the hardship no longer exists.
5. Appeals. The family may use the informal hearing procedure to appeal the Housing Authority's determination regarding the hardship. No escrow deposit will be required in order to access the informal hearing procedures.

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- ☐ An organization chart showing the PHA's management structure and organization is attached.
- ☐ A brief description of the management structure and organization of the PHA follows:

### **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.)

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

### **C. Management and Maintenance Policies**

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

(1) Public Housing Maintenance and Management: (list below)

(2) Section 8 Management: (list below)

### **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

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

1. ☐ 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:

x The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment 1

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

b. If yes to question a, select one:

☒ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment 2

-or-

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

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

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

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

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

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

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

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

- ☐ Yes X No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?  
If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

### 2. Activity Description

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

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

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

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



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

[24 CFR Part 903.7 9 (j)]

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

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

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)
2. Activity Description  
☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

<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)

- ☐ Units addressed in a pending or approved demolition application (date submitted or approved: \_\_\_\_\_)
- ☐ Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: \_\_\_\_\_)
- ☐ Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: \_\_\_\_\_)
- ☐ Requirements no longer applicable: vacancy rates are less than 10 percent
- ☐ Requirements no longer applicable: site now has less than 300 units
- ☐ Other: (describe below)

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

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

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

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

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

2. Activity Description

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

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

## B. Section 8 Tenant Based Assistance

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

### 2. Program Description:

#### a. Size of Program

- ☐ Yes X 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

X 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: **Eligibility**

The Homeownership program is open to current Section 8 participants who meet the following criteria:

1. The applicant meets the criteria established for a first-time homebuyer.
2. The family meets the following income and employment guidelines:
  - a. One or more adults in the family must be employed full-time (average at least 32 hours per week). Elderly, handicapped, and disabled families are exempt from this employment requirement.
  - b. Annual income of the adult family members must be at least the current Federal minimum wage multiplied by 2000.
  - c. Except in cases of elderly, handicapped, and disabled families, welfare assistance shall not count in determining annual income under this section.
  - d. The employed adult must have been continuously employed for one year.
  - e. Families that have previously participated in this program and defaulted on the mortgage are not eligible.
3. Applicants must enroll in the Family Self-Sufficiency Program. Funds that have accumulated in the FSS escrow account may be used for the purchase of the home.

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

[24 CFR Part 903.7 9 (l)]

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

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

1. Cooperative agreements:

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

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

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

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

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

**(1) General**

a. Self-Sufficiency Policies

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

- ☐ Public housing rent determination policies
- ☐ Public housing admissions policies
- ☐ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families
- ☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing homeownership option participation
- ☐ Preference/eligibility for section 8 homeownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

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

Services and Programs				
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)

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

a. Participation Description

Family Self Sufficiency (FSS) Participation		
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)
- ☐ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
  - ☐ 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
  - ☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
  - ☐ Other: (list below)

<b>D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937</b>
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### **13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

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

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

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)
- ☐ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
  - ☐ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
  - ☐ Residents fearful for their safety and/or the safety of their children
  - ☐ Observed lower-level crime, vandalism and/or graffiti
  - ☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
  - ☐ Other (describe below)

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

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

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

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

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

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

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

**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)

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

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

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

#### **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

#### **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. ☐ Yes X No: Were there any findings as the result of that audit?
4. ☐ Yes ☐ No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

#### **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

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

### **18. Other Information**

[24 CFR Part 903.7 9 (r)]

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

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
- ☐ Attached at Attachment (File name)
- ☐ Provided below:
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary.
- ☐ The PHA changed portions of the PHA Plan in response to comments  
List changes below:
- ☐ Other: (list below)

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

1. ☐ Yes 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: The State of Ohio**

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.

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

ATTACHMENT C; RESIDENT ADVISORY BOARD:

Paula Morrison  
Rosemary Toner  
Andrea Gragert  
Virginia White

Attachment D. Resident Board Member:  
Colleen Harford

**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 OH16-PO72-501-07 FFY of Grant Approval: 01/2007

X Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	\$ 19,011
3	1408 Management Improvements	\$ 1,000
4	1410 Administration	\$ 19,011
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	\$ 9,000
11	1465.1 Dwelling Equipment-Nonexpendable	\$121,000
12	1470 Nondwelling Structures	\$ 5,000
13	1475 Nondwelling Equipment	\$ 16,085
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	

17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	\$190,107
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	\$ 99,000

**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
OH072	Landscaping, correct drainage	1450	\$ 9,000
OH072	Replace Windows, Phase II	1460	\$90,000
OH072	Replace/Repair Floors, as required	1460	\$14,000
OH072	Replace Water Heaters, as required	1460	\$ 3,000
OH072	Replace/Repair Concrete, as required	1460	\$ 7,000
OH072	Replace Tub and Surrounds, as required	1460	\$ 7,000
OH072	Replace Stoves & Refrigerators, as req.	1465	\$ 5,000
PHA	Replace Furnace/AC in Admin. Bldg.	1470	\$ 6,000
PHA	Replace Roof Admin. Building Roof	1470	\$ 10,085
	Operating	1406	\$ 19,011
	Capital Fund Training	1408	\$ 1,000
	Administration	1410	\$ 19,011
	Grant Totals		\$190,107

**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)
OH072	9/12/09	9/12/11
PHA	9/12/09	9/12/11





Capital Fund Program Five-Year Action Plan					
Part I: Summary		Appendix 2			
PHA Name Logan County Metropolitan Housing Authority		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2  FFY Grant: 2008 PHA FY: 2009	Work Statement for Year 3  FFY Grant: 2009 PHA FY: 2010	Work Statement for Year 4  FFY Grant: 2010 PHA FY: 2011	Work Statement for Year 5  FFY Grant: 2011 PHA FY: 2012
OH072-01 &02 Scattered Sites	Annual Statement	\$230,000	\$285,000	\$195,000	\$135,000
Physical Improvements Sub Total		\$230,000	\$285,000	\$195,000	\$135,000
Management Improvements		\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
HA-Wide Non Dwelling		\$ 70,000	\$ 45,000	\$ 170,00	\$ 35,000
Structures & Equipment					
Administration		\$ 20,000	\$ 20,000	\$ 20,000	\$ 20,000
CFP Funds Listed for 5-year planning		\$345,00	\$390,000	\$425,000	\$215,000
Replacement Housing Factor Funds		0	0	0	0

**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pages—Work Activities**

**Appendix 2**

Activities for Year 1	Activities for Year : _2____ FFY Grant: 2008 PHA FY: 2009			Activities for Year: __3_ FFY Grant: 2009 PHA FY: 2010		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<b>See</b>	OH072-01, OH072-02 Scattered Sites		\$230,000	OH072-01, OH072-02 Scattered Sites		\$285,000
<b>Annual</b>		Replace water heaters as required	\$ 5,000		Replace water heaters as req.	\$ 5,000
<b>Statement</b>		Repair/Replace Concrete as req.	\$ 15,000		Repair/Replace Concrete as req.	\$ 15,000
		Replace Stoves & Refrigerators as needed	\$ 5,000		Replace Stoves & Refrigerators as req.	\$ 5,000
		Repair Floors	\$ 5,000		Repair Floors as req.	\$ 5,000
		Replace Interior Doors OH072-02	\$170,000		Replace kitchen cabinets, countertops, sinks & bathroom vanity & sink OH072-02	\$190,000
		Landscaping & Exterior Improvements Quincy, OH072-02	\$ 30,000		Replace Vinyl siding, gutters and downspout as req.	\$ 65,000
	PHA Wide		\$ 70,000	PHA Wide		\$ 45,000
		Computer Software upgrades	\$ 35,000		Purchase an inspection Vehicle	\$ 30,000

		Replace Authority Maintenance vehicle	\$ 35,000		Remove large dead Elm tree @ office complex	\$ 5,000
	Other		\$ 40,000		Seal & Stripe office complex parking lot	\$ 10,000
		Administration	\$ 20,000	Other		\$ 55,000
		Operating Subsidy	\$ 20,000		CFP Administration	\$ 20,000
	Staff Training		\$ 5,000		Operating Subsidy	\$ 20,000
					Professional service consultant/architect	\$ 15,000
				Staff Training		\$ 5,000
Total CFP Estimated Cost			\$345,000			\$390,000

<b>Capital Fund Program Five-Year Action Plan</b> <b>Part II: Supporting Pages—Work Activities</b>					
Activities for Year : _4____ FFY Grant: 2010 PHA FY: 2011			Activities for Year: _5____ FFY Grant: 2011 PHA FY: 2012		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
OH072-01, OH072-02 Scattered Sites		\$195,000	OH072-01, OH072-02 Scattered Sites		\$135,000
	Replace Water Heaters as required	\$ 5,000		Replace Water Heaters as req.	\$ 5,000
	Repair/Replace Concrete as req.	\$ 15,000		Repair/Replace Concrete as req.	\$ 5,000
	Replace Stoves & Refrigerators as req.	\$ 5,000		Replace Stoves & Refrigerators as req.	\$ 25,000
	Repair floors as req.	\$ 5,000		Repair floors as Req.	\$ 25,000
	Replace roof shingles, ridge vents OH072-02	\$140,000		Exterior Painting On unit & admin bldgs.	\$ 20,000
	Replace shower head & toilets with energy efficient ones	\$ 25,000		Replace Foundation Vents	\$ 15,000
PHA Wide		\$170,000		Replace Bathroom Exhaust Fans	\$ 35,000
	Remodel & repairs to Admin. & Maintenance Bldgs.	\$ 45,000		Replace Unit Mailboxes	\$ 5,000
	Computer Hardware upgrade	\$125,000	PHA Wide		\$ 35,000

Other		\$ 55,000		Replace Lawn Equip. & Snow Removal Equip. & Tools	\$ 20,000	
	CFP Administration	\$ 20,000	Other		\$ 40,000	
	Operating Subsidy	\$ 20,000		CFP Administration	\$ 20,000	
	Professional Services Consultant/Architect	\$ 15,000		Operating Subsidy	\$ 20,000	
Staff Training		\$ 5,000	Staff Training		\$ 5,000	
Total CFP Estimated Cost		\$425,000			\$215,000	



**Optional Public Housing Asset Management Table**

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

Public Housing Asset Management								
Development Identification		Activity Description						
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>



## ATTACHMENT E

### COMMUNITY SERVICE POLICY/SELF SUFFICIENCY

#### A. INTRODUCTION

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

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

#### B. DEFINITIONS

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

- Service at a local school, church, hospital, recreation center, senior center, Library, Senior Nutritional Service Site, service organization, or child care center
- Service with youth or senior organizations, Boys and Girls Club, events and functions
- Caring for the children of other residents so they may volunteer
- Service on the Resident Advisory Board
- Other volunteer service with non-profits, for example, Habitat for Humanity, hospitals, nursing homes.

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

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

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

Exempt Adult – an adult member of the family who

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

## C. REQUIREMENTS OF THE PROGRAM

1. The eight – (8) hours per month may be either volunteer service or self-sufficiency

program activity or a combination of the two.

2. At least eight (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant consideration. The Executive Director, or their designee will make the determination of whether to allow or disallow a deviation from the schedule. (See Exhibit #3, LCMHA Form #2).
3. Activities must be performed within the community and not outside the jurisdictional area of LCMHA. AREA for LCMHA consists of Logan, Union, Champaign, Hardin and Auglaize Counties.
4. Family obligations
  - At lease execution or re-examination after October 1, 2003, all adult members (18 or older) of a public housing resident family must
    1. Provide documentation that they are exempt from Community Service requirement if they qualify for an exemption, and;
    2. Sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the Community Service requirement will result in non-renewal of their lease.
  - At each annual re-examination, non-exempt family members must present a completed documentation form (to be provided by LCMHA) of activities performed over the previous twelve (12) months. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.
  - If a family member is found to be noncompliant at re-examinations, he/she and the Head of Household will sign an agreement with LCMHA to make up the deficient hours over the next twelve (12) month period.
5. Change in exempt status:
  - If, during the twelve (12) month period, a non-exempt person becomes exempt, it is his/her responsibility to report this to the management office and provide documentation of such.
  - If, during the twelve (12) month period, an exempt person becomes non-exempt, it is his/her responsibility to report this to the management office. LCMHA will provide the person with the Recording/Certification documentation form and a list

of agencies in the community that provide volunteer and/or training opportunities.

#### D. LCMHA OBLIGATIONS

1. To the greatest extent possible and practicable, LCMHA will:

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

2. LCMHA offices will provide the family with: Community Service Exemption Certification Form; Community Service Compliance Certification form; Record and Certifications of Community Service and Self-Sufficiency Activities Form; and Caretaker Verification for Community Service Exemption Form, attached, and a copy of this policy at initial application and at lease execution.

3. LCMHA will make the final determination as to whether or not a family member is exempt from the Community Service requirement. Residents may use the Grievance Procedure if they disagree with LCMHA's determination.

4. Non-compliance of family member. The responsibility for enforcement will be with LCMHA.

- At least thirty (30) days prior to annual re-examination and/or lease expiration, LCMHA shall begin reviewing the exempt or non-exempt status and compliance of family members.
- If LCMHA finds a family member to be non-compliant, the LCMHA will enter into an agreement with the non-compliant member and the head of household to make up the deficient hours over the next twelve month period.
- If, at the next annual reexamination, the family member still is not compliant,

the lease will NOT be renewed and the entire family would be issued a 30-day notice to vacate by the LCMHA, unless the non-compliant member agrees to move out of the unit and a new lease is signed with the family amending its composition accordingly.

- The family may use the Grievance Procedure to appeal the lease termination, after attending a private conference with the LCMHA representative.

E. FORMS

The following forms has shall be used to process and account for community service requirements.

COMMUNITY SERVICE EXEMPTION CERTIFICATION \*\*

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

- ( ) I am 62 or older
- ( ) I receive Supplemental Security Income (SSI) or Social Security Disability (SSD) benefits for a disability recognized by the Social Security Administration (SSA). And, because of such disability , I cannot perform voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency or increase resident self-responsibility in the community.
- ( ) I am the primary caretaker of a person who satisfies the above criteria and I am submitting LCMHA Caretaker form for verification.
- ( ) I am working at least 20 hours per week. (Employment Verification form will serve as proof)
- ( ) I am participating in a Welfare to Work Program  
( Must provide verification letter from agency)
- ( ) I am receiving TANF and am participating in a required economic self-sufficiency program or work activity

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

\_\_\_\_\_ **Resident**

\_\_\_\_\_ **Address**

\_\_\_\_\_ **Date**

**\*\* This certification applies only to the Community Service Exemption per 24 CFR 960.601 and no other LMCHA program requirements.**

### COMMUNITY SERVICE COMPLIANCE CERTIFICATION

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

I/We understand that this a requirement of the Quality Housing and Work Responsibility Act of 1198 and that if we do not comply with this requirement, our lease will not be renewed.

Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Resident: \_\_\_\_\_ Date: \_\_\_\_\_

**RECORD AND CERTIFICATION OF COMMUNITY SERVICE AND SELF-SUFFICIENCY ACTIVITIES**

**Resident Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

<b>Date of Activity:</b> Mo/Day/Yr	<b>Type of Service Activity</b>	<b>Type of Trainin g Program</b>	<b>Type of Educational Program</b>	<b># of Hours</b>	<b>Name of Company or Organization</b>	<b>Signature of Supervising Official</b>
			<b>Total Hours</b>			
			<b>Must equal 96 per year</b>			



**AGREEMENT**

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

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

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Resident

\_\_\_\_\_  
Date

+++++  
LCMHA USE ONLY

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Date)

Dear \_\_\_\_\_:

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

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

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

Sincerely,

Housing Authority  
Representative

CARETAKER VERIFICATION FOR COMMUNITY SERVICE EXEMPTION

- ( ) I certify that I receive Supplemental Security Income (SSI) or Social Security Disability (SSD) benefits for a disability recognized by the Social Security Administration (SSA). I am attaching verification of receipt of benefits from the SSA. I understand that LCMHA will keep this information strictly confidential.
- ( ) And, because of such disability, I cannot perform voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency or increase resident self-responsibility in the community.
- ( ) I certify that \_\_\_\_\_ is my primary caretaker.

\_\_\_\_\_  
Signature of Person Certifying  
About his/her Caretaker)

\_\_\_\_\_  
Date

Address:\_\_\_\_\_

## ATTACHMENT F

### *PET OWNERSHIP POLICY*

#### A. PET RULES

The following rules shall apply for the keeping of pets by Residents living in the units operated by the Housing Authority. These rules do not apply to service or companion animals verified to be needed by a person with a documented disability.

1. Common household pets as authorized by this policy means domesticated animals, such as cats, dogs, fish, birds, rodents (Excludes rabbits) and small turtles, that are traditionally kept in the home for pleasure rather than for commercial purposes.
2. Each resident family will be allowed to house only one (1) animal at any Time. This excludes fish. Visiting guests with pets **WILL NOT BE ALLOWED.**
3. Residents will register their pet with the Authority **BEFORE** it is brought Onto the Authority premises, and will update the registration annually. The registration will include: ( Appendix 1)

\* Information sufficient to identify the pet and to demonstrate that it is a common household pet, along with a current picture of the pet;

- Cats & Dogs – A certificate signed by a licensed veterinarian or a State or Local Authority empowered to inoculate animals, stating that the pet has received all inoculations required by applicable State and Local Law;
- The name, address, and telephone number of one or more responsible Parties who will care for the pet if the pet owner dies, is incapacitated, Or is unable to care for the pet.
- The registration will be updated annually at the annual re-examination of Residents' income.
- A statement indicating that the pet owner has read the pet rules and Agrees to comply with them: (Appendix 1)
- The Authority may refuse to register a pet if:
  - 1) The pet is not a common household pet;

- 2) The keeping of the pet would violate any applicable house pet Rule;
  - 3) The pet owner fails to provide complete pet registration Information;
  - 4) The pet owner fails annually to update the pet registration;
  - 5) The Authority reasonably determines, based on pet owners' Habits and practices and the pet's temperament, that the Pet owner will be unable to keep the pet in compliance with The pet rules and other legal obligations;
  - 6) Financial ability to care for the pet will not be a reason for The Authority to refuse to register a pet.
- The Authority will notify the pet owner if the Authority refuses to register a pet. The notice will:
    1. State the reasons for refusing to register the pet;
    2. Be served on the pet owner in accordance with procedure Outlined in paragraph B-1 of this policy; and
    3. Be combined with a notice of a pet rule violation if Appropriate.

4) Cats and dogs shall be limited to small breeds where total weight shall not exceed thirty five (35) pounds and total height at the shoulder shall not exceed seventeen (17) inches. The size limitations do not apply to service animals.

5. No Chows, pit bulls, German police dogs, Dobermans, rottweilers, or any other known fighter breed will be allowed on the premises.

6. All cat and dog pets shall be neutered or spayed, and verified by veterinarian, cost to be paid by the owner. Pet owners will be required to present a certificate of health from their veterinarian verifying all required annual vaccines, initially and at re-examination.

7. A refundable (non-interest bearing) pet fee of \$250 shall be made to the Housing Authority. ( For cats and dogs only) Such fee will be a one-time fee (per pet) and shall be used to help cover cost of damages to the unit caused by the pet. Aquariums 5 gallons or greater will require proof of renters insurance before they can be set up. Payment of the \$250 deposit must be made in full along with application for the pet.

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8. Pets shall be quartered in the Residents unit.

9. Dogs shall be kept on a leash and controlled by a responsible individual when taken outside.

10. No dog houses will be allowed on the premises.

11. Each resident family will be allowed to house only one (1) animal at any time. **VISITING GUESTS WITH PETS WILL NOT BE ALLOWED.** Pets (dogs and cats), shall be allowed to run only on the owner's lawn and owners shall clean up after pet after each time the animal eliminates.

12. The City Ordinance concerning pets will be complied with.

13. Pets shall be removed from the premises when their conduct or condition is duly determined to constitute a nuisance or a threat to the health and safety of the pet owner or other occupants of the Authority in accordance with paragraph B-3 below.

14. Birds must be kept in regular bird cages and not allowed to fly throughout the unit.

15. Dishes or containers for food and water will be located within the owners unit.  
Food and/or table scraps, will not be deposited on the owners porches or yards.

16. Residents will not feed or water stray animals or wild animals.

17. Pets will not be allowed on specified common areas (social rooms, office, maintenance space, play areas, etc.)

18. Each resident family will be responsible for the noise or odor caused by their pet. Obnoxious odors can cause health problems and will be not be tolerated.

19. Dogs are not to be secured to any part of the unit or bushes, trees.

20. NO reptiles, snakes, lizards or spiders are allowed.

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## **B. PET VIOLATION PROCEDURE**

1. **NOTICE OF PET RULE VIOLATION (Appendix 2):** When the Authority determines on the basis of objective facts supported by written statements, that a pet owner has violated one or more of these rules governing the owning or keeping of pets, the Authority will:

- Serve a notice of the pet rule violation on the owner by sending a letter by first class mail, properly stamped and addressed to the Resident at the leased dwelling unit, with a proper return address, or
- Serve a copy of the notice on any adult answering the door at the Residents' leased dwelling unit, or if no adult responds, by placing the notice under or through the door, if possible, or else by attaching the notice to the door;

2. The notice of pet rule violation must contain a brief statement of the factual basis for the determination and the pet rule or rules alleged to be violated;

3. The notice must state that the pet owner has ten (10) days from the effective date of service of notice to correct the violation (including, in appropriate circumstances, removal of the pet) or to make a written request for a meeting to discuss the violation, (the effective date of service is that day that the notice is delivered or mailed, or in the case of service by posting, on the day that the notice was initially posted);

4. The notice must state that the pet owner is entitled to be accompanied by another person of his or her choice at the meeting;

5. The notice must state that the pet owners failure to correct the violation, to request a meeting, or to appear at a requested meeting may result in initiation of procedures to terminate the pet owners' lease.

6. **PET RULE VIOLATION MEETING:** If the pet owner makes a timely request for a meeting to discuss an alleged pet rule violation, the Authority shall establish a mutually agreeable time and place for the meeting to be held within fifteen (15 days from the effective date of service of the notice of pet rule violation (unless the Authority agrees to a later date.)

- The Authority and the pet owner shall discuss any alleged pet rule violation and attempt to correct it and reach an agreeable understanding.

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- The Authority may, as a result of the meeting, give the pet owner additional time to correct the violation.
- Whatever decision or agreements, if any, are made will be reduced to writing, signed by both parties, with one copy for the pet owner and one copy placed in the Authority's Resident file.

7. **NOTICE OF PET REMOVAL:** If the pet owner and the Authority are unable to resolve the pet rule violation at the pet rule violation meeting, or if the Authority determines that the pet owner has failed to correct the pet rule violation within any additional time provided for this purpose under paragraph B-13 above (or at the meeting, if appropriate), requiring the pet owner to remove the pet. This notice must:

- Contain a brief statement of the factual basis for the determination and the pet rule or rules that have been violated;
- State that the pet owner must remove the pet within ten (10) days of the effective date of service of notice or pet removal (or the meeting, if the notice is served at the meeting);
- State the failure to remove the pet may result in initiation of procedures to terminate the pet owners' residency.

8. **INITIATION OF PROCEDURE TO TERMINATE PET OWNERS' RESIDENCY:**

The Authority will not initiate procedure to terminate a pet owners' residency based on a pet rule violation unless:

- The pet owner has failed to remove the pet or correct the pet rule violation within the applicable time period specified in paragraph B-3 above;
- The pet rule violation is sufficient to begin procedures to terminate the pet owners' residency under the terms of the lease and application regulations;
- Provisions of Resident's Lease, Section XIV: Termination of Lease will apply in all cases.

**C. PROTECTION OF THE PET**

1. If the health or safety of a pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet, the Authority may:



- Contact the responsible party or parties listed in the registration form and ask that they assume responsibility for the pet;
- If the responsible party or parties are unwilling or unable to care for the pet, the Authority may contact the appropriate State or Local Authority (or designated agent of such Authority) and request the removal of the pet;
- If the Authority is unable to contact the responsible parties despite reasonable efforts, as outlined in B-1 above will be followed; and
- If none of the above actions reap results, the Authority may enter the pet owners' unit, remove the pet, and place the pet in a facility that will provide care and shelter until the pet owner or a representative of the pet owner is able to assume responsibility for the pet, but no longer than thirty (30) days. The cost of the animal care facility provided under this section shall be borne by the pet owner.

#### **D. NUISANCE OR THREAT TO HEALTH OR SAFETY**

Nothing in this policy prohibits the Authority or the Appropriate City Authority from requiring the removal of any pet from the Authority property. If the pet's conduct or condition is duly determined to constitute, under the provisions of State or Local Law, a nuisance or a threat to the health or safety or other occupants of the Authority property or of other persons in the community where the project is located.

#### **E. APPLICATION OF RULES**

1. Pet owners will be responsible and liable for any and all bodily harm to other residents or individuals. Destruction of personal property belonging to others caused by owner's pet will be the moral and financial obligation of the pet owner.
2. All pet rules apply to resident and/or resident's guests.

## **Appendix I**

### **Pet Agreement**

1. Management considers the keeping of pets a serious responsibility and a risk to each resident in the unit. If you do not properly control and care for a pet, you will be held liable if it causes any damages or disturbs other residents.
2. **Conditional Authorization for Pet.** You may keep the pet that is described below in the unit until Dwelling Lease is terminated. Management may terminate this authorization sooner if your right of occupancy is lawfully terminated or if you or your pet, your guests or any member of your household violate any of the rules contained in the Authority's Pet Policy or this Agreement.
3. **Pet Fee.** The Pet Fee will be \$250 for your current pet. The Pet Fee is a one-time, refundable (non-interest bearing) charge.
  - If, at any time in the future, this pet is replaced by another animal, another one-time fee will be charged for that animal.
  - This fee will be used to pay reasonable expenses directly attributable to the presence of the pet in the unit, including but not limited to, the cost of repairs and replacement to, and fumigation of the unit.
4. **Liability Not Limited.** The fee under this Pet Agreement does not limit resident's liability for property damages, cleaning, deodorization, de-fleaing, replacements, or personal injuries.
5. **Description of Pet:** You may keep only one pet as described below. The pet may not exceed seventeen (17) inches in height at the shoulder and thirty-five (35) pounds in adult weight. You may not substitute other pets for this one without amending this agreement.

**ATTACH PHOTO OF PET HERE**

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**Appendix I (cont)**

## **Pet Agreement**

**PET INFORMATION:** Please be sure to complete. Make sure you bring in shot records, spayed or neutered verification ( if too young at this time you will need to submit Once this has been done). If a dog then do not forget license information.

Pet's Name:\_\_\_\_\_

Type of Pet:\_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Weight: \_\_\_\_\_

Age: \_\_\_\_\_

Housebroken? \_\_\_\_ yes \_\_\_\_ no

Name, address and phone number of person able to care for pet in case of resident's permanent or temporary inability to care for the pet.

Name:\_\_\_\_\_

Address:\_\_\_\_\_

\_\_\_\_\_

Phone:\_\_\_\_\_

(Please note failure to complete application and submit required information could result in denial of allowing pet)

**I have read, fully understand and will abide by the rules and regulations contained in the Housing Authority Pet Policy and in this Pet Agreement.**

**Resident:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Resident:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Appendix 1 (cont)**

\_\_\_\_ approved

**Pet deposit \$250** \_\_\_\_\_paid

\_\_\_\_ **unapproved:** **Date letter sent:**\_\_\_\_\_

**Approved By:** \_\_\_\_\_

**Logan County Metropolitan Housing Authority**

**Appendix 2**

**Pet Policy Rules Violation Notice**

Date:\_\_\_\_\_

Time: (if delivered)\_\_\_\_\_ AM / PM

To: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Pet Name or Type: \_\_\_\_\_

This notice hereby informs you of the following pet rule violation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Factual Basis for Determination of Violation(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As pet owner you have ten (10) calendar days from the date shown on this notice (date notice delivered or mailed) in which to correct the violation or make a written request for a meeting to discuss the violation(s).

As pet owner you are entitled to be accompanied by another person of your choice at the meeting.

Failure to correct the violation(s), to request a meeting, or to appear at the requested meeting may result in initiation of procedures to terminate your tenancy.

Housing Authority Representative: \_\_\_\_\_

## APPENDIX G

### LOGAN COUNTY METROPOLITAN HOUSING AUTHORITY

#### Section 8 Homeownership Program

#### Addendum 1 to Section 8 Administrative Plan

#### Background

The Logan County Metropolitan Housing Authority (LCMHA) hereby establishes a Section 8 tenant-based homeownership program for Logan County, pursuant to the U.S. Department of Housing and Urban Development's final rule, dated October 12, 2000, and by the Quality Housing and Work Responsibility Act of 1998.

#### Number of Vouchers Available for Homeownership

LCMHA will issue 4 homeownership vouchers in the initial year of participation. LCMHA will issue 4 additional homeownership certificates in each subsequent year up to year five. The maximum number of homeowner vouchers will not be limited.

Unused homeownership vouchers from any given year shall be returned to the rental Voucher pool. LCMHA may increase the number of subsequent year homeownership vouchers to meet the target homeowner participant goal.

When participants exit the homeownership program, their vouchers will be returned to the rental pool of vouchers.

LCMHA will conduct an annual evaluation of this program in conjunction with the Annual Plan. Any identified improvements will be made at this time.

#### Eligibility

The Homeownership program is open to current Section 8 participants who meet the following criteria:

1. The applicant meets the criteria established for a first-time homebuyer.

2. The family meets the following income and employment guidelines:
  - a. One or more adults in the family must be employed full-time (average at least 32 hours per week). Elderly, handicapped, and disabled families are exempt from this employment requirement.
  - b. Annual income of the adult family members must be at least the current Federal minimum wage multiplied by 2000.
  - c. Except in cases of elderly, handicapped, and disabled families, welfare assistance shall not count in determining annual income under this section.
  - d. The employed adult must have been continuously employed for one year.
  - e. Families that have previously participated in this program and defaulted on the mortgage are not eligible.
3. Applicants will be encouraged to enroll in the Family Self-Sufficiency Program. Funds that have accumulated in the FSS escrow account may be used for the purchase of the home.

### **Work Interruptions**

LCMHA shall consider the following interruptions of the 12-month work requirements as exceptions to the continuous work rule:

1. Pregnancy leave for up to two months
2. Interruptions that were not within the individual's control (plant closings, strikes, and layoffs)
3. Breaks in work to attend training or higher education to improve employability
4. LCMHA will consider consecutive jobs during the 12-month period if the applicant was employed at more than one job during this time.

### **Program Requirements**

The prospective participant must complete the following activities prior to being issued a homeownership Housing choice voucher:

- A. Counseling

The family must complete at least ten hours of pre-purchase Homeownership Counseling Classes, and additional post-purchase counseling. The applicant will be required to work with LCMHA staff to determine and improve the degree of "mortgage readiness".

**B. Participant Financial Commitment**

A reasonable downpayment, based upon available resources (FSS Escrow, local Downpayment Assistance, IDA's, etc.) will be required

**C. Financing Requirements**

LCMHA requires the financing for the purchase of a home under the Section 8 Homeownership Program:

- a. Be provided, insured, or guaranteed by the state or Federal government;
- b. Comply with the secondary mortgage market-underwriting standards;
- c. Comply with generally accepted private sector underwriting requirements
- d. Not include seller financing as an eligible financing option
- e. Not include balloon payments as an eligible financing option
- f. The participant cannot refinance the property taking the equity  
Without notification to Housing Authority.

The participant may choose any financial institution that meets these requirements. They may also choose to use Rural Development or products offered from the state of Ohio.

**First-time Homeowner**

For the purposes of this program, first-time ownership is defined as follows:

A family of which no member has any present ownership, or interest, in a residence, and who has not owned a home in the three years prior to commencement of homeownership assistance.

**Eligible Housing**

The participant is responsible for selecting his or her housing unit, for the purposes of this program. The participant may select from any of the following structures;

1. A single-family dwelling consisting of a house and the land on which it sits.
2. A modular home, including land, which is deeded as real estate.



3. LCMHA will not allow the purchase of coops, congregate housing, or mobile homes
4. Consideration of other proposed dwellings not listed herein will be at the discretion of the Executive Director. He/she may deny such proposal in writing citing the bases for the decision.
5. The unit is either under construction or already existing at the time the family becomes eligible for the homeownership program.
6. The unit has been inspected by the LCMHA Housing Quality inspector and by an independent certified home inspector
7. The unit meets HQS requirements
8. The seller is not debarred, suspended or subject to a limited denial of participation in HUD programs.

### **Inspections**

LCMHA can not begin homeownership assistance for a family until the Authority has inspected the unit for HQS requirements. The prospective buyer must also hire an independent certified inspector to inspect the home. Members of the American Society for Home Inspection (ASHI) or similar certifying organizations can be submitted for approval prior to purchasing the inspection service. A copy of the inspection is to be provided to the Authority. The independent inspection must cover all of the major building systems and components.

LCMHA has the right to deny participation if the independent home inspection discloses unfavorable information even if the unit meets HQS.

### **Contract of Sale**

Prior to commencement of homeownership participation, the prospective buyer must provide LCMHA with a copy of the proposed purchase contract. At a minimum the contract must contain the following information:

1. The location of the proposed home and a property description.
2. Identify the seller of the property.
3. Specify the price, terms and conditions of the seller to the purchaser.
4. Provide that the purchaser will arrange for a pre-purchase inspection of the unit by a certified home inspection company of their choice and at their expense.
5. Provide that the purchaser is not obligated to purchase the unit unless the inspection is satisfactory to the purchaser and the Authority.
6. Provide that the purchaser is not responsible for any required repairs.

## **Financing**

The family is solely responsible for obtaining financing. All loans must meet lender's requirements for PMI (Private Mortgage Insurance). LCMHA will review lender qualifications, loan terms, or other debt to determine that the debt is affordable. LCMHA prohibits owner financing.

## **Issuing a Homeownership Voucher**

Upon completion of the eligibility criteria established in this plan, the homeownership applicant will have 180 day to find a home and complete the closing. (If more time is necessary, an extension may be granted at the director's discretion). During this time period, the homeowner participant will be required to report their progress monthly. The progress report shall include the number and description of homes that the client has researched, any negotiating that has occurred, and a copy of any contractual documents that have been signed.

## **Terms of Assistance**

1. HAP payments may be made directly to family, or to lender on behalf of family.
2. The maximum term of assistance to a program participant shall be determined as follows:
  - a. Fifteen years, if the initial mortgage term exceed 20 years
  - b. Ten years, if the initial mortgage term is less than 20 year
3. Elderly and disabled families are exempt from the term limitation
4. If during the course of the homeownership assistance, the family ceases to qualify as an elderly or disabled family, the maximum term becomes applicable from the time the assistance commenced.
5. When change in household status occurs, families will be given six months' additional assistance if the maximum term has elapsed, provided the family is otherwise eligible for assistance.
6. If the family has received prior assistance for different homes or from different PHA's, the total of all homeownership assistance cannot exceed the maximum term described herein.

## **Determination of Housing Assistance**

LCMHA shall make a monthly housing assistance payment to the homeowner participant, or to the lender, based upon the following:

1. The payment shall be the lower of:
  - a. The payment standard minus the total tenant payment, or:
  - b. The family's monthly homeownership expense minus the total tenant payment
2. The payment standard shall be the lower of:
  - a. The payment standard for the family unit size or
  - b. The payment standard for the size of the home
3. The payment standard for the family is the greater of
  - a. The payment standard shall be in accordance with 2(A) or 2(B) at the commencement of homeownership assistance, or:
  - b. The payment standard shall be determined in accordance with 2(A) OR 2(B) at the most recent regular reexamination of family income and family composition since the commencement of the homeownership option.

The Authority shall use the same payment standard schedule, payment amount, and subsidy standards pursuant to 24 CFR 982.402 and 982.503 for the homeownership vouchers.

## **Determination of Homeownership Expenses**

LCMHA shall allow the following expenses in determining payment assistance:

1. Principal and interest on first mortgage of private residence
2. Property taxes and assessments on private residence
3. Home insurance

4. Current utility allowance for the home

### **Portability**

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

1. The receiving housing authority has an active homeownership program
2. The homeowner has complied with all of the homeowner responsibilities, including the recapture provision
3. The receiving housing authority has notified the initial housing authority of a home purchase within 120 days of porting
4. Continued assistance is subject to 24 CFR 982.637

### **Move with Continued Assistance**

An individual may choose to move and receive assistance under the Homeowner Assistance Option. To be eligible to receive continued assistance the following conditions must be met:

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

### **Recapture of assistance**

LCMHA shall recapture a percentage of the homeownership assistance provided to the family based upon the family's sale or refinancing of the home. LCMHA shall require the participant to sign a mortgage to be registered with the Logan

County Recorder. This mortgage can be subordinated to a refinanced mortgage.

The recapture of assistance shall be based upon the criteria established in 24 CFR 982.640 and are included in this plan by reference.

### **Denial of Participation or Termination of Benefits**

LCMHA may terminate homeowner assistance if the family is found to have violated any of the following conditions:

1. Per 982.552 the family has participated in criminal activities.
2. The family has failed to comply with the family obligations as established in 982.551 or 982.633
3. The family has defaulted on their mortgage and failed to comply with the conditions established under 982.638 (d)