

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:** Housing Authority of the County of Butler

**PHA Number:** PA010

**PHA Fiscal Year Beginning:** (mm/yyyy) 01/2008

**PHA Programs Administered:**

☒ **Public Housing and Section 8**    ☐ **Section 8 Only**    ☐ **Public Housing Only**  
Number of public housing units: 466    Number of S8 units:    Number of public housing units:  
Number of S8 units: 1,391

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

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

**Public Access to Information**

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

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

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

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

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

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

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

**5-YEAR PLAN**  
**PHA FISCAL YEARS 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.
- ☐ The PHA's mission is: (state mission here)

**B. Goals**

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

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

- ☒ PHA Goal: Expand the supply of assisted housing  
Objectives:
- ☒ Apply for additional rental vouchers:
  - ☒ Reduce public housing vacancies:
  - ☒ Leverage private or other public funds to create additional housing opportunities:
  - ☒ Acquire or build units or developments
  - ☒ Other (list below) assist local non-profits in their efforts to expand/provide special needs population with affordable housing.
- ☒ PHA Goal: Improve the quality of assisted housing  
Objectives:
- ☒ Improve public housing management: (PHAS score) 89
  - ☐ Improve voucher management: (SEMAP score) 100% currently
  - ☐ Increase customer satisfaction:
  - ☐ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)

- ☒ Renovate or modernize public housing units:Cliffside Apts. renovation efficiencies to one-bedroom units.
- ☒ Demolish or dispose of obsolete public housing:
- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☒ Other: (list below)assist private/non-profit sector to preserve/improve non-authority owned affordable housing

- ☒ PHA Goal: Increase assisted housing choices  
Objectives:
  - ☐ Provide voucher mobility counseling:
  - ☒ Conduct outreach efforts to potential voucher landlords
  - ☐ Increase voucher payment standards
  - ☐ Implement voucher homeownership program:
  - ☐ Implement public housing or other homeownership programs:
  - ☐ Implement public housing site-based waiting lists:
  - ☐ Convert public housing to vouchers:
  - ☒ Other: (list below) assist to increase affordable housing choice vouchers through acquisition/new construction

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

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

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

- ☒ PHA Goal: Promote self-sufficiency and asset development of assisted households  
Objectives:
  - ☒ Increase the number and percentage of employed persons in assisted families:

- ☐ Provide or attract supportive services to improve assistance recipients' employability:
- ☒ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☒ Other: (list below) Increase public housing families participation in the Housing Authority FSS Program. Increase homeownership of assisted families

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

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

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

**Annual PHA Plan**  
**PHA Fiscal Year 2007**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

☒ **Standard Plan**

☐ **Troubled Agency Plan**

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

[24 CFR Part 903.7 9 (r)]

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.

**Table of Contents**

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**Attachments**

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

**Required Attachments:**

- ☒ Admissions Policy for Deconcentration (pa010a02)
- ☒ FY 2007 Capital Fund Program Annual Statement - ( pa010a01)
- ☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- ☒ List of Resident Advisory Board Members (pa010a03)
- ☒ List of Resident Board Member (pa010a04)
- ☒ Community Service Description of Implementation (pa010a05)
- ☒ Information on Pet Policy (pa010a06) (pa010a10)
- ☒ Section 8 Homeownership Capacity Statement, if applicable (pa010a07)
- ☒ Description of Homeownership Programs, if applicable (pa010a08)

**Optional Attachments:**

- ☐ PHA Management Organizational Chart
- ☐ FY 2007 Capital Fund Program 5 Year Action Plan
- ☐ Public Housing Drug Elimination Program (PHDEP) Plan
- ☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- ☒ Other (List below, providing each attachment name) Site Based Waiting List demographics (pa010a09)
- ☒ Voluntary Conversions (pa010a11)

**Supporting Documents Available for Review**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
x	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
x	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
x	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require	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>
	the PHA's involvement.	
	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
x	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
x	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
x	Section 8 Administrative Plan updated January 2007	Annual Plan: Eligibility, Selection, and Admissions Policies
x	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
x	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
x	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
x	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
x	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
x	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
x	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
x	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
x	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
x	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
x	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
x	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
x	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
x	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 (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
x	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	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>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford- ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access- ibility</b>	<b>Size</b>	<b>Loca- tion</b>
Income <= 30% of AMI	276	5	3	2	2	2	2
Income >30% but <=50% of AMI	28	5	2	2	2	2	2
Income >50% but <80% of AMI	10	2	2	2	2	2	2
Elderly	147	5	3	2	2	2	2
Families with Disabilities	11	5	3	2	2	2	2
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							

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

- ☒ Consolidated Plan of the Jurisdiction/s  
Indicate year: 2004-2008
- ☐ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- ☐ American Housing Survey data  
Indicate year:
- ☒ Other housing market study  
Indicate year: annually
- ☐ 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 type="checkbox"/>	Combined Section 8 and Public Housing		
<input checked="" type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction: Terrace 10-1			
	# of families	% of total families	Annual Turnover
Waiting list total	63		
Extremely low income <=30% AMI	62	98	
Very low income (>30% but <=50% AMI)	0	0	
Low income (>50% but <80% AMI)	1	2	
Families with children	0	0	
Elderly families	63	100	
Families with Disabilities	12	19	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	63		
2 BR	0		
3 BR	0		

Housing Needs of Families on the Waiting List			
4 BR	0		
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction: Presidents Square 10-2			
	# of families	% of total families	Annual Turnover
Waiting list total	55		
Extremely low income <=30% AMI	52	95	
Very low income (>30% but <=50% AMI)	2	4	
Low income (>50% but <80% AMI)	1	2	
Families with children	0	0	
Elderly families	55	100	
Families with Disabilities	7	13	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing			

Housing Needs of Families on the Waiting List			
Only)			
1BR	55		
2 BR	0		
3 BR	0		
4 BR	0		
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction: Cliffside 10-3			
	# of families	% of total families	Annual Turnover
Waiting list total	64		
Extremely low income <=30% AMI	62	97	
Very low income (>30% but <=50% AMI)	1	2	
Low income (>50% but <80% AMI)	1	2	
Families with children	0	0	
Elderly families	64	100	
Families with Disabilities	11	17	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			

<b>Housing Needs of Families on the Waiting List</b>			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	64		
2 BR	0		
3 BR	0		
4 BR	0		
5 BR	0		
5+ BR			
<p>Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes:</p> <p style="padding-left: 40px;">How long has it been closed (# of months)?</p> <p style="padding-left: 40px;">Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="padding-left: 40px;">Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<b>Housing Needs of Families on the Waiting List</b>			
<p>Waiting list type: (select one)</p> <p><input type="checkbox"/> Section 8 tenant-based assistance</p> <p><input type="checkbox"/> Public Housing</p> <p><input type="checkbox"/> Combined Section 8 and Public Housing</p> <p><input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)</p> <p style="padding-left: 40px;">If used, identify which development/subjurisdiction: Maple Court</p>			
	# of families	% of total families	Annual Turnover
Waiting list total	71		
Extremely low income <=30% AMI	65	92	
Very low income (>30% but <=50% AMI)	4	6	
Low income (>50% but <80% AMI)	2	3	
Families with children	0	0	
Elderly families	71	100	
Families with Disabilities	6	8	

Housing Needs of Families on the Waiting List			
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	71		
2 BR	0		
3 BR	0		
4 BR	0		
5 BR	0		
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction: Graystone Manor 10-9			
	# of families	% of total families	Annual Turnover
Waiting list total	29		
Extremely low income <=30% AMI	27	93	
Very low income (>30% but <=50% AMI)	1	3	
Low income (>50% but <80% AMI)	1	3	
Families with	0	0	



Housing Needs of Families on the Waiting List			
children			
Elderly families	29	100	
Families with Disabilities	5	17	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	29		
2 BR	0		
3 BR	0		
4 BR	0		
5 BR	0		
5+ BR			
<p>Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes:</p> <p>How long has it been closed (# of months)?</p> <p>Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			
Housing Needs of Families on the Waiting List			
<p>Waiting list type: (select one)</p> <p><input type="checkbox"/> Section 8 tenant-based assistance</p> <p><input type="checkbox"/> Public Housing</p> <p><input type="checkbox"/> Combined Section 8 and Public Housing</p> <p><input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)</p> <p>If used, identify which development/subjurisdiction: Family units</p>			
	# of families	% of total families	Annual Turnover
Waiting list total	114		
Extremely low income <=30% AMI	114	100	
Very low income (>30% but <=50% AMI)	0	0	

Housing Needs of Families on the Waiting List			
Low income (>50% but <80% AMI)	0	0	
Families with children	114	100	
Elderly families	6	59	
Families with Disabilities	3	3	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	0		
2 BR	70		
3 BR	28		
4 BR	16		
5 BR	0		
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Waiting list type: (select one)			
<input checked="" type="checkbox"/>	Section 8 tenant-based assistance		
<input type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover

Waiting list total	485		600
Extremely low income <=30% AMI	305	63	
Very low income (>30% but <=50% AMI)	180	37	
Low income (>50% but <80% AMI)	0	0	
Families with children	266	55	
Elderly families	140	29	
Families with Disabilities	106	22	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes: How long has it been closed (# of months)? 15 months or 7/28/06 Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

### C. Strategy for Addressing Needs

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

#### (1) Strategies

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

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

Select all that apply

- ☐ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☐ Reduce time to renovate public housing units
- ☐ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☒ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☒ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☒ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☐ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☒ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

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

Select all that apply

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

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

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

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships

- ☐ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

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

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

Select all that apply

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

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

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

Select all that apply

- ☐ Seek designation of public housing for the elderly
- ☒ Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☒ Other: (list below) Identify and use project based vouchers to assure affordable elderly housing availability.

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

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

Select all that apply

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

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

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

Select if applicable

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

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

Select all that apply

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

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

#### **(2) Reasons for Selecting Strategies**

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

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

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

[24 CFR Part 903.7 9 (b)]

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

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2005 grants)</b>		
a) Public Housing Operating Fund	810,000	
b) Public Housing Capital Fund	512,000	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	6,742,000	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>3. Public Housing Dwelling Rental Income</b>	1,247,000	general operating fund
<b>4. Other income (list below)</b>		
misc.	40,000	general operating fund
interest	27,000	general operating fund
<b>4. Non-federal sources (list below)</b>		
<b>Total resources</b>	9,378,000	

### **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)
  - ☐ When families are within a certain time of being offered a unit: (state time)
  - ☒ Other: (describe) upon receipt of application, based on efficiency vacancies.
- b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?
- ☒ Criminal or Drug-related activity
  - ☒ Rental history
  - ☐ Housekeeping
  - ☐ Other (describe)
- c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d. ☐ Yes ☒ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

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

- a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)
- ☐ Community-wide list
  - ☐ Sub-jurisdictional lists
  - ☒ Site-based waiting lists
  - ☐ Other (describe)
- b. Where may interested persons apply for admission to public housing?
- ☒ PHA main administrative office
  - ☐ PHA development site management office



☒ Other (list below) mail, fax, phone, email

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? 6

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? unlimited

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) phone, mail, fax, email

### **(3) Assignment**

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

- ☐ One
- ☒ Two
- ☐ Three or More

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

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

### **(4) Admissions Preferences**

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

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

Other preferences: (select below)

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

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second

priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

#### 1 Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

#### 4. Relationship of preferences to income targeting requirements:

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

### **(5) Occupancy**

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

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

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

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

#### **(6) Deconcentration and Income Mixing**

- a. ☐ Yes ☒ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?
- b. ☐ Yes ☒ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?
- c. If the answer to b was yes, what changes were adopted? (select all that apply)
- ☐ Adoption of site-based waiting lists  
If selected, list targeted developments below:
  - ☐ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
  - ☐ Employing new admission preferences at targeted developments  
If selected, list targeted developments below:
  - ☐ Other (list policies and developments targeted below)
- d. ☐ Yes ☒ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?
- e. If the answer to d was yes, how would you describe these changes? (select all that apply)
- ☐ Additional affirmative marketing
  - ☐ Actions to improve the marketability of certain developments
  - ☐ Adoption or adjustment of ceiling rents for certain developments

- ☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- ☐ Other (list below)

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

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

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

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

## B. Section 8

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

### (1) Eligibility

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

- ☒ Criminal or drug-related activity only to the extent required by law or regulation
- ☐ Criminal and drug-related activity, more extensively than required by law or regulation
- ☐ More general screening than criminal and drug-related activity (list factors below)
- ☐ Other (list below)

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

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

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

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

- ☐ Criminal or drug-related activity  
☒ Other (describe below) previous Section 8 participation, if applicable, any judgments or evictions. Section 8 Landlords are encouraged to conduct their own applicant screenings.

## **(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:

Two 30-day extensions , total life of voucher equals 120 days.

## **(4) Admissions Preferences**

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

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

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families

- ☒ 5 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) outreach to landlords and local health and human service agencies and mailings.



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

[24 CFR Part 903.7 9 (d)]

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

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

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

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

- ☐ \$0  
☐ \$1-\$25  
☒ \$26-\$50

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

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

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

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

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

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

- ☐ For the earned income of a previously unemployed household member  
☐ For increases in earned income  
☐ Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

- ☐ Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:

- ☐ For household heads  
☐ For other family members  
☐ For transportation expenses  
☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families  
☐ Other (describe below)

- e. Ceiling rents

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

- ☒ Yes for all developments  
☐ Yes but only for some developments  
☐ No

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

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

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)all changes in household composition must be reported

- 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  
☒ \$26-\$50

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

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

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

Describe the PHA's management structure and organization.

(select one)

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

### **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	452	70
Section 8 Vouchers	1291	180
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)	100	10
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)  
Admissions and Occupancy Policy, Maintenance Plan
- (2) Section 8 Management: (list below)  
Section 8 Administrative Plan

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

### **A. Public Housing**

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

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)
- ☒ PHA main administrative office
  - ☐ PHA development management offices
  - ☐ Other (list below)

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

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

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)
- ☒ PHA main administrative office
- ☐ Other (list below)

**7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

**A. Capital Fund Activities**

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

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

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

Select one:

- ☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) pa010a01

-or-

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

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

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

- a. ☐ Yes ☒ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)
- b. If yes to question a, select one:
- ☐ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state namepa010a01
- or-
- ☐ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

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

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

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

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
  - ☐ Revitalization Plan under development
  - ☐ Revitalization Plan submitted, pending approval
  - ☐ Revitalization Plan approved
  - ☐ Activities pursuant to an approved Revitalization Plan underway

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



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

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

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

### 2. Activity Description

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

<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 ☐ 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: Terrace, Presidents Square, Cliffside, Maple Court, Graystone Manor
1b. Development (project) number: PA28P010001, PA28P010002, PA28P010003, PA28P010004, PA28P010004, PA28P010009
2. Designation type: Occupancy by only the elderly <input checked="" 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 checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(04/12/06)</u>
5. If approved, will this designation constitute a (select one)

<input type="checkbox"/> New Designation Plan <input checked="" type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 419 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" 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)

- ☐ Conversion Plan in development
- ☐ Conversion Plan submitted to HUD on: (DD/MM/YYYY)
- ☐ Conversion Plan approved by HUD on: (DD/MM/YYYY)
- ☐ Activities pursuant to HUD-approved Conversion Plan underway

5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)

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

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

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

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

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to

component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

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

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

**B. Section 8 Tenant Based Assistance**

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

## 2. Program Description:

### a. Size of Program

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

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

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

### b. PHA-established eligibility criteria

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

If yes, list criteria below:

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

[24 CFR Part 903.7 9 (l)]

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

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

#### 1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? 06/30/03

#### 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)
PH Service Coordinator	150	specific criteria	dev/pha main	
Neighborhood Network	150	all eligible	dev/pha main	ph

FSS program	110	waiting list	dev/pha main	both
HCV homeownership	60	specific criteria	dev/pha main	section 8
Family Savings Account	60	specific criteria	dev/pha main	both
Homeownership/Housing Counseling	150	all eligible	dev/pha main	both

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

### **a. Participation Description**

<b>Family Self Sufficiency (FSS) Participation</b>		
<b>Program</b>	<b>Required Number of Participants (start of FY 2005 Estimate)</b>	<b>Actual Number of Participants (As of: DD/MM/YY)</b>
Public Housing	0	9
Section 8	0	57 as of 9/30/07

- 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**

- 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)



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

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

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

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

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

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

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

- ☐ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- ☐ Crime Prevention Through Environmental Design
- ☐ Activities targeted to at-risk youth, adults, or seniors
- ☐ Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (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. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☐ Yes ☒ No: Were there any findings as the result of that audit?
4. ☐ Yes ☐ No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_\_
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

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

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

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

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

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

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

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

#### **3. Description of Resident Election Process**

- a. Nomination of candidates for place on the ballot: (select all that apply)
- ☐ Candidates were nominated by resident and assisted family organizations
- ☐ Candidates could be nominated by any adult recipient of PHA assistance
- ☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
- ☐ Other: (describe)

b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- ☐ Representatives of all PHA resident and assisted family organizations
- ☐ Other (list)

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

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

1. Consolidated Plan jurisdiction: Commonwealth of Pennsylvania
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (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.

**Substantial Deviation:**

**Housing Authority of the County of Butler – PA 010  
PHA Plan 2008**

**Substantial Deviation and Significant Amendment or Modification**

**Changes other than those specified will be undertaken by the PHA staff and reported in the Annual Plan.**

- 1. Changes to rent or organization of the waiting list.**
- 2. Additions of non-emergency work items (items not included in the current Annual Statement or 5 Year Action Plan) or changes in use of replacement reserve funds under the Capital Fund.**
- 3. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.**



# 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      FFY of Grant Approval: (MM/YYYY)

☐ Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	
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	



**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

**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)

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

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

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

**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>

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> Housing Authority of the County of Butler		<b>Grant Type and Number</b> Capital Fund Program: PA28P01050108 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2008
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> <b>Original Annual Statement</b>  <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> </div> <div> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:</b> </div> <div> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b> </div> </div>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	0			
3	1408 Management Improvements	\$21,000.00			
4	1410 Administration	\$45,000.00			
5	1411 Audit	0			
6	1415 liquidated Damages	0			
7	1430 Fees and Costs	\$23,000.00			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	0			
11	1465.1 Dwelling Equipment—Nonexpendable	0			
12	1470 Nondwelling Structures	\$255,378.45			
13	1475 Nondwelling Equipment	0			
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	0			
18	1498 Mod Used for Development	0			
19	1502 Contingency	0			
	1501 Debt Service Fee	\$168,503.55			
20	Amount of Annual Grant: (sum of lines 2-19)	\$512,882.00			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> Housing Authority of the County of Butler		<b>Grant Type and Number</b> Capital Fund Program: PA28P01050108 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2008
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Compliance	0			
23	Amount of line 20 Related to Security	0			
24	Amount of line 20 Related to Energy Conservation Measures	0			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the County of Butler		<b>Grant Type and Number</b> Capital Fund Program #: PA28P01050108 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PA 10-1	No Work							
Terrace								
PA 10-2	New Roof	1470		\$103,263.26				
President Square								
PA 10-3	Exterior Renovations	1470		\$152,115.19				
Cliffside								
PA 10-4	No Work							
Maple Court								
PA 10-5	No Work							
Shore Street								
PA 10-6	No Work							
Diamond/Wick								
PA 10-8	No Work							
Scattered Sites								
PA 10-9	No Work							

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the County of Butler		<b>Grant Type and Number</b> Capital Fund Program #: PA28P01050108 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	Operations	1410		\$45,000.00				
	Management Improvements	1408						
	Maintenance Training		N/A	\$1,000.00				
	Management Training		N/A	\$1,000.00				
	Drug Prevention/Security		N/A	\$15,000.00				
	Social Services							
	Resident Initiatives			\$4,000.00				
	Total			\$21,000.00				
PHA-Wide	Design Fees	1430		\$23,000.00				
	Total			\$23,000.00				
PHA-Wide	Debit Service Fee	1501		\$168,503.55				
	Total			\$168,503.55				



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Housing Authority of the County of Butler			<b>Grant Type and Number</b> Capital Fund Program #: PA 28P01050108 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2008
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PA 10-1 Terrace	8/2010			8/2011			
PA 10-2 Presidents Square	8/2010			8/2011			
PA 10-3 Cliffside	8/2010			8/2011			
PA 10-4 Maple Court	8/2010			8/2011			
PA 10-5 Shore Street	8/2010			8/2011			
PA 10-6 Diamond/Wick	8/2010			8/2011			
PA 10-8 Scattered Sites	8/2010			8/2011			
PA 10-9 Graystone Manor	8/2010			8/2011			





Annual Plan Attachment  
Butler County Housing Authority

Component 3, (6) Deconcentration and Income Mixing

- a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the Deconcentration rule? If no, this section is complete. If yes, continue to next question.
- b. ☐ Yes ☐ No: Do any of these covered developments have average income above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments

Development Name	Number of Units	Explanation	Deconcentration Policy

Butler County Housing Authority's Admission and Occupancy Policy

Section F. 3. b. Eligibility of the applicant with respect to income limits for admission as established by HUD as well as income targeting and broad range of income goals.

Section F 3 G.1. (d) Incentives may be offered to balance income of applicants to meet Deconcentration targeting requirements.

Annual Plan Attachment  
Butler County Housing Authority

List of Resident Board Member

Ms. Elizabeth Eschenfeldt  
5A6 Terrace Apartments  
111 S Cliff Street  
Butler PA 16001

Annual Plan Attachment  
Butler County Housing Authority

List of Resident Advisory Board Members

City of Butler

Margaret Stock, Mayor  
140 W. North Street  
Butler, PA 16001

Borough Representatives

Don Pepe  
Borough Manager  
Borough of Zelienople  
111 W. New Castle Street  
Zelienople, PA 16063

Christopher Ripper  
Council President  
Borough of Evans City  
220 Wahl Avenue  
Evans City, PA 16033

Borough of Slippery Rock  
P.O. Box 83  
Slippery Rock, PA 16057

Lou Peretta  
Office of Vocational Rehab.  
100 Margaret Street  
New Castle, PA 16101

Housing Authority

Mrs. Margaret Clawson  
120 West Cunningham St.  
Butler, PA 16001

Elderly Communities

Clair Stewart, President  
Terrace Resident Council  
Apt. 3B8 - 111 S. Cliff Street  
Butler, PA 16001

James Hall, President  
Maple Court Resident Council  
Apt. 408 204 S. High Street  
Zelienople, PA 16063

Diana Ludwick, President  
Presidents Sq. Resident Council  
Apt. 210 200 Jefferson Street  
Evans City, PA 16033

Sue Ellis, President  
Cliffside Resident Council  
Apt. 710 325 S. McKean St.  
Butler, PA 16001

Vivian Fend, President  
Graystone Manor Res. Council  
Apt. 501 204 E. Water Street  
Slippery Rock, PA 16057

Family Communities

Melissa Fornelli  
113 Wick Street  
Butler, PA 16001

County Commissioners

Scott Lowe, Chairman  
Butler Co. Board of Comm.  
P. O. Box 1208  
Butler, PA 16001

**Annual Plan Attachment**  
**Community Service and Self-Sufficiency**  
Butler County Housing Authority

The Butler County Housing Authority has entered into a Cooperative Agreement with the Pennsylvania Department of Public Welfare Butler County Assistance Office in June 2003.

As of December 31, 2006, we have 10 public housing families participating in family self sufficiency program administered by the Butler County Housing Authority.

Our Admissions and Occupancy Policy states "Community work requirement will be enforced as required by HUD Regulations and will be verified on a regular basis. Failure to comply with the Community Service Requirements of contributing 8 hours of Community Service in each month, participate in FSS for 8 hours each month or to secure a signed agreement to make up the hours within the next 12 month period will result in termination of lease agreement for all non exempt adult members of public housing."

Section V. Interim Adjustments of Rent A (1.) "Rent will remain in effect for the period between regular rent determinations, unless during such period: (a) a person with income joins the family (b) Tenant can show a change in his/her circumstances (such as decline or loss of income) which would justify a reduction in rent. (c) If it is discovered that the tenant has misrepresented the facts at the annual re-examination (upon which the rent is based) so that the rent the tenant is paying is less than the rent that he/she should have been charged....."

The Butler County Housing Authority's Dwelling Lease Agreement, Section 1. states "... the Lease will automatically be renewed for successive terms of one (1) calendar year or 12 months upon payment each month by the Tenant .....except for non-compliance with the Community Service requirement."

Dwelling Lease, Section 3.B. states "Your lease will be reviewed at least 90 days prior to expiration or annual certification to determine your qualifications for continued occupancy as set forth in HR 4194 Section 512 which states – every adult (18 years of age or older) who is a member of a household which receives public assistance must: a. Participate in an FSS or Economic Self-Sufficiency Program or b. Commit 8 hours of Community Service, and c. Be considered a qualified recipient of assistance by the office providing such assistance. Individuals who do not meet these requirements constitute cause for non-renewal of the lease for the unit in which they reside."

**HOUSING AUTHORITY OF THE COUNTY OF BUTLER**  
**ELDERLY HOUSING PET POLICY**

AMENDMENT TO LEASE FOR ELDERLY COMMUNITIES OWNED AND MANAGED BY THE HOUSING AUTHORITY OF THE COUNTY OF BUTLER.

**SECTION 1: ENABLING REGULATIONS**

" SECTION 227 OF THE HOUSING AND URBAN-RENEWAL RECOVERY ACT OF 1983 PROVIDES THAT NO OWNER OR MANAGER OF FEDERALLY ASSISTED RENTAL HOUSING FOR THE ELDERLY MAY PROHIBIT OR PREVENT A TENANT FROM OWNING OR HAVING A COMMON HOUSEHOLD PET LIVING IN THE TENANTS DWELLING UNIT. TO THIS END THE HOUSING AUTHORITY OF THE COUNTY OF BUTLER HAS ADOPTED "REASONABLE" PET RULES...."

These "Reasonable Pet Rules" incorporate the various state and local laws governing pets that include inoculating, licensing, and restraint, and provide sufficient flexibility to protect the right and privileges of other residents who choose not to own pets.

In the event of an emergency or building evacuation it is the responsibility of the pet owner to remove the animal.

**SECTION 2: TYPE DWELLING UNITS PERMITTED PETS**

Elderly dwelling units specifically designed and built for elderly. Persons living within these dwelling units are permitted pets according to the " Pet Policy. " They are as follows:

Terrace Apartments - Butler, PA	Maple Court - Zelienople PA
Cliffside Apartments - Butler, PA	Presidents Square - Evans City PA
Graystone Manor - Slippery Rock, PA	Chicora Commons – Chicora PA
Rolling Road Regency Apartments - Cranberry Twp., PA	

If and when any future enabling regulations are implemented by the U. S. Department of Housing and Urban Development, this Pet Policy will automatically be amended for compliance.

**SECTION 3: TYPE OF PETS AND NUMBER PER UNIT**

A common household pet is defined as being a cat, dog, goldfish, or tropical fish, canary, parakeet, or lovebird.

One type of pet to a unit will be permitted, ie: one cat or dog, one fish bowl or tank, one cage with no more than two birds.

**SECTION 4: REGULATION REQUIREMENTS PRIOR TO ADMISSION (SEE EXHIBIT I)**

All pets must be registered with Management before permission is granted.

*Revised February 2007*



Registration must show type of pet, recent picture, name, age, and if applicable, license number, and current inoculation information. Name and address of pet's veterinarian, plus a signed responsibility card showing the names of three (3) persons other than residents to call to come get the pet in the event of the tenant's illness or death.

Owners agree to hold the Housing Authority of the County of Butler harmless in the event the owner's pet should cause harm to another resident, employee of the HACB or member of the public.

Residents will be refused pet registration, if management determines the tenant was unable to fulfill their past or future obligations as a pet owner. If they are unable to adhere to the terms of the lease, or house pet rules, or the animal does not meet the definition of common household pet, or the temperament of the animal is considered dangerous.

A pet deposit at the time of submission of " Pet Permit Application in the amount of \$ 100.00 will accompany the application. This amount will apply toward the security deposit if pet application is approved. Also, a monthly fee of \$ 5.00 will be assessed each pet owner to cover the costs associated with the implementation of the pet policy. The pet deposit is to be used to cover costs of damages or fumigation as the result of the pet ownership. The pet deposit will be refunded, minus any applicable charges, within thirty (30) days after the resident vacates the unit or the pet is permanently removed from the unit.

In the event the pet owner is incapacitated or is no longer available to care for the pet, the person designated on the registration form must remove the pet. In absence of the designated person's availability management will place the pet with the Butler County Humane Society.

#### **SECTION 5: PET RESPONSIBILITY CARD - (SEE EXHIBIT II)**

Prior to pet admission, the owner must fill in and sign a written responsibility form showing name, address, and phone number of three (3) local persons other than residents who will come and get the pet in the event of tenant's illness, vacation or death. The responsibility form must be renewed each year by January 31st. Persons so named will be responsible in the order of their names on the responsibility card.

#### **SECTION 6: SECURITY DEPOSIT (NOT REQUIRED FOR FISH BOWLS OR TANKS)**

The security deposit of \$ 100.00 as stated in " Section 4 " above will be held in deposit as part of the lease. Upon vacancy this will be refunded, minus repairs or damage or necessary fumigation incurred by the pet. Such **deposit will** be used for services related to flea removal as well as other damages.

Resident's liability for damages caused by his/her pet is not limited to the amount of the pet deposit. The resident will be required to reimburse the project for the real cost of any and all damages caused by his/her pet where they exceed the amount of the pet deposit.

All units occupied by a dog or cat will be fumigated upon being vacated, the cost of which will be borne by the security deposit. Infestation of a unit by fleas carried by his/her pet shall be the responsibility of the pet owner.

## **SECTION 7: DOG OWNER REQUIREMENTS**

Monthly maintenance charge of \$ 5.00 is to be paid with the rent by the first (1st) of each month.

Any dog must be no less than six (6) months old and completely housebroken.

Proof that the dog is already neutered or spayed must be furnished.

Each dog must be properly licensed and verification of license and renewal must be furnished each year by tenant by January 31<sup>st</sup> to the Housing Authority Office.

Dog must wear a collar at all times showing license and owner's name and address plus a flea collar.

Each year in January, tenant must show proof that the dog has had proper Parvo shots for distemper and rabies. This proof must be signed by a veterinarian.

**A dog cannot be over 14** inches tall at the top of the shoulder, **or weigh over 25 pounds when it is considered full grown.**

A dog must be on a leash at all times when outside of the owner's apartment unless it is in an approved locked pet carrier. Small dogs should be held and carried through the building even if on a leash.

**Dogs may not be exercised or curbed on Housing Authority of the County of Butler property.** They must be walked or curbed outside Housing Authority of the County of Butler grounds.

In case that a pet cannot wait and does deposit waste on Housing Authority of the County of Butler's property, the pet owner must have a utensil such as a " Pooper Scooper " to use to remove any waste from their pet as soon as it is deposited on Housing Authority of the County of Butler's property. The waste must then be placed in a plastic bag, sealed tightly, and disposed of as trash.

Dogs must only be taken out the elderly facility's front door.

**IMPORTANT:** Only one pet is allowed in an elevator at a time. If one pet is in the car when it stops at a floor, the pet owner must wait for a car without a pet. No dog may stay alone in an apartment overnight. It is the responsibility of the tenant if they have to leave suddenly and be away ,overnight to take the pet elsewhere until they return. If a pet is found alone, see Section 11, Pet Removal. The flea collar must be changed every three (3) months, and this will be checked upon at unit inspection.

## **SECTION 8: CAT OWNER REQUIREMENTS**

Monthly maintenance charge of \$ 5.00 is to be paid with the rent by the first (1st) of each month.

Cats must be no less than six (6) months old.

All cats must be litter trained before admission.

**Proof that the cat has been de-clawed and spayed, or neutered**, must be shown before admission approval.

Cat must wear a collar at all times showing owner's name and address plus a cat flea collar.

Proof must be shown before admission and each year by January 31st that the cat has had the proper FVR-CP and rabies and distemper shots were given and documentation of this must be signed by a veterinarian.

A cat must be on a leash at all times when outside of the owner's apartment unless it is in an approved locked pet carrier.

Tenant must use a Housing Authority of the County of Butler approved type cat litter box which is kept cleaned daily. Litter must be put in a sealed plastic bag and disposed of daily.

**No cat cannot be over fourteen (14) inches tall at the shoulders and weigh over 20 pounds.**

Cats must be exercised off of Housing Authority of the County of Butler's property.

No cat may stay alone in an apartment overnight. It is the responsibility of the tenant if they have to leave suddenly and be away overnight to take the pet elsewhere until they return. If a pet is found alone, see Section 11, Pet Removal.

In case that a pet cannot wait and does deposit waste on Housing Authority of the County of Butler's property. The pet's owner must have a utensil such as a " Pooper Scooper " to use to remove any waste from his pet as soon as it is deposited on Housing Authority of the County of Butler's property. The waste must then be placed in a plastic bag, double, sealed tightly, and put inside a proper waste receptacle.

The flea collar must be changed every three (3) months, and this will be checked upon unit inspection. (save receipts)

All animal waste or litter from cat litter boxes shall be picked up immediately by the pet owner and disposed of in sealed plastic trash bags and placed in trash bins. Cat litter shall be changed at least twice a week.

Cat litter shall not be disposed of by flushing down toilets. Charges for unclogging toilets or clean-up of common area required because of attributable pet nuisance shall be billed to, and paid by, the resident pet owner.

## **SECTION 9: BIRD OWNER REQUIREMENTS**

No monthly maintenance fee unless a problem exists.

No more than two (2) birds to a unit will be permitted, canaries, parakeets, or lovebirds only.  
No parrots!

The cage must be no larger than three (3) feet high and two (2) feet wide.

Cages must be cleaned daily and debris disposed of in a plastic bag to be put in trash chute immediately.

Birds must be healthy and free of disease at all times.

Birds are not permitted to be left alone in an apartment over two (2) days unless arrangements for daily care has been made by the owner.

## **SECTION 10: FISH OWNER REQUIREMENTS**

Monthly maintenance charge of \$ 2.00 for electric heat and pump for fish tank to be paid with the rent by the fifth (5th) of each month in a facility where the tenant does not pay for electricity. No charge for a fish bowl not over three (3) quarts.

One fish tank only permitted to a unit no bigger than five (5) gallon size, or one (1) large goldfish bowl no more than one (1) gallon size.

Fish bowl must be cleaned once weekly, minimum. Fish tank must be cleaned once a month. Waste water from tank or bowl must be **disposed** of in the apartment toilet.

Fish may not be alone in the unit over one (1) week unless arrangements for daily care have been made by the owner.

Pet owner must be aware when cleaning or filling fish tanks that any water damage done to this apartment or apartments under him will be billed to the pet owner and any charges must be paid within 30-days of the incident.

## **SECTION 11: GENERAL POLICY FOR AUTHORIZED PETS**

Pets must only go directly from their floor to the elevator and down first floor to hall to the outside and back the same way.

Only one pet is allowed in elevator at a time. If one pet is in the car when it stops at a floor, the pet owner must wait for a car without a pet.

Pets are not permitted on floors other than first or their own apartment.

Pets are never permitted in another apartment or the public rooms, ie: office, community room, laundry room, lounge, or solarium.

Pets are not permitted in hallways except for proceeding directly to the elevator or apartment when entering or exiting.

Any pet suffering illness must be taken within two (2) days to a veterinarian for diagnosis and treatment. The Housing Authority of the County of Butler must, upon demand, be shown a statement from the veterinarian indicating the diagnosis.

Any pet suspected of suffering symptoms of rabies or any other disease considered to be a health threat must be immediately removed from the premises until signed evidence from a veterinarian can be produced to indicate that the animal is not so afflicted.

Resident pet owners agree to control the noise of his/her pet such that it does not constitute a nuisance to other tenants. Failure to control pet noise may result in the removal of the pet from the premises.

**THE HOUSING AUTHORITY OF THE COUNTY OF BUTLER SHALL TAKE ALL NECESSARY ACTIONS UNDER THE LAW TO REMOVE ANY PET THAT CAUSES BODILY INJURY TO ANY TENANT, GUEST, VISITOR, OR STAFF MEMBER.**

No pet shall be left unattended in any unit for longer than 12 hours.

All resident pet owners shall provide adequate care, nutrition, exercise and medical attention for his/her pet. Pets which appear to be poorly cared for or which are left unattended for longer than 12 hours will be reported to the Humane Society and will be removed from the premises at the pet owner's expense.

In the event of a tenant's sudden illness, resident pet owner agrees that management shall have discretion with respect to the provision of care to the pet consistent with policy guidelines and at the expense of the resident pet owner unless written instruction with respect to such area are provided in advance by the resident to the project office and all care shall be at the resident's expense.

In the event of the death of a resident, the resident pet owner agrees that management shall have discretion to dispose of the pet consistent with policy guidelines unless written instruction with respect to such disposal are provided in advance by the resident to the project office.

Unwillingness on the part of named caretakers of a pet, to assume custody of the pet shall relieve management of any requirement to adhere to any written instruction with respect to the care or disposal of a pet and shall be considered as authorization to management to exercise discretion in such regard consistent with policy guidelines.

Resident pet owners acknowledge that other residents may have chemical sensitivities or allergies related to pets or are easily frightened by such animals. The resident, therefore, agrees to exercise common sense and common courtesy with respect to such other resident's right to peaceful and quiet enjoyment of the premises.

Management may move to require the removal of a pet from the premises on a temporary or permanent basis for the following causes:

- a. Creation of a nuisance after proper notification consistent with these Pet Rules. Notice shall be within a forty-eight (48) hour period.
- b. Excessive pet noise or odor with proper notification.
- c. Unruly or dangerous behavior.
- d. Excessive damage to the resident's apartment unit.
- e. Repeated problems with vermin or flea infestation.
- f. Failure of the tenant to provide for adequate care of his/ her pet.
- g. Leaving a pet unattended for more than 12 hours.
- h. Failure of the tenant to provide adequate and appropriate vaccination of the pet.
- i. Tenant death and/or serious illness.
- j. Failure to observe any other rule contained in this section and not here listed upon proper notification.

Tenants shall not alter the interior of their unit, patio, or balcony to create enclosure for an animal or bird.

Tenants living on first floor shall not allow pets tied, or outside of the dwelling unit directly on the grounds of the Authority.

Tenants shall not feed stray or unregistered animals. This shall constitute having a pet without permission of the Authority.

**Visiting pets and unauthorized pets are not permitted in any buildings or areas.**

**Annual Plan Attachment**  
**Section 8 Homeownership Capacity Statement**

Butler County Housing Authority

The Housing Authority of the County of Butler administers a Section 8 Homeownership Program.

The Housing Authority does have and has shown the capacity to promote such a program and has been demonstrated through the administration of the Butler County Homeownership Program which was developed by the Housing Authority of the County of Butler.

The Housing Authority can demonstrate its capacity to administer the program: Require the financing for purchase of a home under its section 8 homeownership Program will: be provided, insured, or guaranteed by the state or Federal government; comply with secondary mortgage underwriting requirements; or comply with generally accepted private sector underwriting standards.

**Annual Plan Attachment**  
**Description of Homeownership Program**

Butler County Housing Authority

The Housing Authority does have and has shown the capacity to promote such a program and has been demonstrated through the administration of the Butler County Homeownership Program which was developed by the Housing Authority of the County of Butler.

The Homeownership Program administered by the Butler County Housing Authority, makes the homeownership dream a reality for traditionally underserved low- moderate income families. Launched in 1997, comprehensive program services include: mortgage pre-qualification, credit/budget counseling, special first-time homebuyer mortgage program referrals, homebuyer education classes, free credit reports, and homebuyer fairs. The Program targets low-moderate income families including those having difficulty achieving homeownership due to credit problems, divorce, bankruptcy, disabilities, and insufficient income. Over 300 families are actively receiving homeownership services which are free, with case management provided for a minimum of 2 years. To date, over 200 families have become successful homeowners. The Butler County Homeownership Program is a HUD-certified housing counseling agency, conducts pre-closing counseling for PHFA, and is a packager for the USDA Rural Development Section 502 and Section 504 loan programs. Due to its success, the program received a HUD Best Practice Award in 1999, a NAHRO Merit Award in July 2000 for best innovation in program, and the prestigious Bellamy Award for Program Excellence in 2000 by the Pennsylvania Association of Housing and Redevelopment Authorities.



## **Assessment of Demographic Changes in Public Housing Developments with Site Based Waiting Lists**

### Butler County Housing Authority

The Butler County Housing Authority implemented site based waiting lists for the following properties on December 1, 2005:

Terrace Apartments	PA-010-001
Presidents Square Apartments	PA-010-002
Cliffside Apartments	PA-010-003
Maple Court Apartments	PA-010-004
Graystone Manor Apartments	PA-28-P010-009
Family Units	PA-010-005; PA-010-006; PA-010-008

Prior to site based waiting lists the following is a chart of the demographics of applicants housed.

# of Move Ins	Race	Hispanic/Non Hispanic	Disability Related
96	96 White	96 Non Hispanic	24 Disabled

After site based waiting lists were implemented here is the following chart of the demographics of applicants housed.

# of Move Ins	Race	Hispanic/Non Hispanic	Disability Related
136	127 White 9 Black	136 Non Hispanic	31 Disabled

**Annual Plan Attachment**  
**Voluntary Conversion Required Initial Assessments**

Butler County Housing Authority

- a. How many of the PHA's developments are subject to the Required Initial Assessments?

Three

- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?

Five

- c. How many Assessments were conducted for the PHA's covered developments?

Three

- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments?

None

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:

Not Applicable