

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

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# PHA Plans

Annual Plan for Fiscal Year 2009

**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:** Brooksville Housing Authority

**PHA Number:** FLO74

**PHA Fiscal Year Beginning:** January 1, 2009

**PHA Programs Administered:**

Public Housing and Section 8   
  Section 8 Only   
  Public Housing Only  
 Number of public housing units:                      Number of S8 units:                      Number of public housing units:126  
 Number of S8 units:

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

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:	FL074	PUBLIC HOUSING		PHA:126
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)

## PHA Fiscal Year 2009

[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:

- FY 2009 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)  
*Operating Budget for 2009 currently being developed by the Fee Accountant- Anticipate available for Board approval in February*
- List of Resident Advisory Board Members - Attachment *fl074a09*
- List of Resident Board Member - Attachment *fl074b09*
- Community Service Description of Implementation - Attachment *fl074c09*
- Information on Pet Policy - Attachment *fl074d09*
- Section 8 Homeownership Capacity Statement, if applicable
- Description of Homeownership Programs, if applicable

#### Optional Attachments:

- PHA Management Organizational Chart

- FY 2008 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) – *Attachment fl074f09*
- Other (List below, providing each attachment name)  
Substantial Deviation or Modification – *Attachment fl074e09*

**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
	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 the PHA’s involvement.	5 Year and Annual Plans
	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
	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;

<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	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	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
	Section 8 rent determination (payment standard) policies <input 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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input 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
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF	Annual Plan: Community



**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	agency	Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
X	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
X	Substantial Modification or Deviation Policy	Annual Plan

# 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	259	N/A	N/A	N/A	N/A	N/A	N/A
Income >30% but <=50% of AMI	315	N/A	N/A	N/A	N/A	N/A	N/A
Income >50% but <80% of AMI	504	N/A	N/A	N/A	N/A	N/A	N/A
Elderly	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Families with Disabilities	618	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity		N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity		N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity		N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity		N/A	N/A	N/A	N/A	N/A	N/A

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:
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

Florida Housing Data Clearinghouse “PHA Plan Housing Needs Data” (from 2000 U.S. Census) – Hernando County

**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.

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" 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	70		20
Extremely low income <=30% AMI	70	100%	

<b>Housing Needs of Families on the Waiting List</b>			
Very low income (>30% but <=50% AMI)	0	0%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	55	79%	
Elderly families	2	3%	
Families with Disabilities	3	4%	
Race/ethnicity White/Non Hispanic	20	29%	
Race/ethnicity White/Hispanic	17	24%	
Race/ethnicity Black/Non Hispanic	33	47%	
Race/ethnicity Black/Hispanic	0	0%	
Characteristics by Bedroom Size (Public Housing Only)			
0BR	4		
1 BR	11		
2 BR	31		

Housing Needs of Families on the Waiting List			
3 BR	17		
4 BR	7		
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			

### 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)

**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 2008 grants)</b>		
a) Public Housing Operating Fund	\$468,976	
b) Public Housing Capital Fund	\$195,205	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance		
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>3. Public Housing Dwelling Rental Income</b>	\$264,200	
<b>4. Other income</b> (list below)		
<b>4. Non-federal sources</b> (list below)		
<b>Total resources</b>	\$928,381	

### **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:  
Within 30 working days
- Other: (describe)

Verification occurs at the time of the initial application. Up-dated prior to move-in.

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)

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

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

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

3.  Yes  No: May families be on more than one list simultaneously?  
If yes, how many lists?

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

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

**(3) Assignment**

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

- 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.

Date and Time

Former Federal preferences:

Involuntary Displacement (Disaster, Government Action, Action of Housing

Owner, Inaccessibility, Property Disposition)  
Victims of domestic violence  
Substandard housing  
Homelessness  
High rent burden

Other preferences (select all that apply)

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

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

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 Deconcentration Policy is not required of a small PHA.

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:

#### **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:

A hardship exists in the following circumstances:

1. When the family has lost eligibility for, or is waiting an eligibility determination for, a Federal, State, or local assistance program, including a family that includes a member who is a non-citizen lawfully admitted for permanent residence under the Immigration and Nationality Act who would be entitled to public benefits but for title IV of the Personal Responsibility and Work Opportunity Act of 1996;
2. When the family would be evicted because it is unable to pay the minimum rent;
3. When the income of the family has decreased because of changed circumstances, including loss of employment; and
4. When a death has occurred in the family.

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)

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

- Market comparability study
- Fair market rents (FMR)
- 95<sup>th</sup> percentile rents
- 75 percent of operating costs

- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The "rental value" of the unit
- Other (list below)

f. Rent re-determinations:

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

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

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

**(2) Flat Rents**

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

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

**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:

**Executive Director**  
**Administrative Staff/Public Housing Staff**  
**Maintenance Staff**

### 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	119	24
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program		

(PHDEP)		
Other Federal Programs(list individually)		

### C. Management and Maintenance Policies

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

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

- Admissions and Continued Occupancy Plan
- Capitalization Policy
- Disposition Policy
- One-Strike Policy
- Petty Cash Policy
- Procurement Policy
- Grievance Policy
- Travel Policy
- Lease
- Maintenance Plan
- Community Service Policy
- Pet Policy
- Harassment Policy
- Maintenance Plan

Personnel Policy

**6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

**A. Public Housing**

1.  Yes  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)

**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 CFP 2009

-or-

The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement 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:
5. Number of units affected: 0
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.

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

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

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

<b>Conversion of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	
<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway	

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

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

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

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

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

[24 CFR Part 903.7 9 (k)]

### **A. Public Housing**

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

1.  Yes  No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S.

Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

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

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

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

[24 CFR Part 903.7 9 (1)]

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

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

#### 1. Cooperative agreements:

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

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

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

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

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

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

##### a. Self-Sufficiency Policies



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

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

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Boys & Girls Club – Serves ages	100	Resident of	Brooksville Housing	Resident of Public

3 -17 providing after school programs – 6 days a week over \$70,000 of grant money to community		Public Housing	Community Center	Housing
Operation Back Pack – Program by local companies that provides school supplies to families	150 students	Resident of Public Housing	Main Office	Resident of Public Housing
Access Program – State of Florida – Services provided include a computer system linked to Florida state government giving residents access to state funded and non-funded programs such as welfare, food stamps, child abuse, Medicaid, foster care program and host of other state programs provided by the state.	Open to all residents 200+	Resident of Public Housing	Brooksville Housing Community Center	Resident of Public Housing
Child Care Development Services – provide day care training programs for children 5 and under	20	Resident of Public Housing	Brooksville Housing Community Center	Resident of Public Housing
Brooksville Resident Association – various community activities	300	Resident of Public Housing	Main Office	Resident of Public Housing
Hebert Miller Enterprises – Christmas Outreach	65 Children	Resident of Public Housing	Main Office	Resident of Public Housing

**(2) Family Self Sufficiency program/s - N/A**

a. Participation Description

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

Section 8		
-----------	--	--

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

**C. Welfare Benefit Reductions**

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

- 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 use 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)

**Hillside Estates and Summit Villas**

**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)

**Hillside Estates and Summit Villas**

### 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)

**Hillside Estates and Summit Villas**

### 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)]

SEE Attachment fl074

#### **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? 6
5.  Yes  No: Have responses to any unresolved findings been submitted to HUD? They are to be included in the MOA

#### **17. PHA Asset Management Not applicable**

[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) fl074f09
- 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) **Appointed by the Mayor**

c. Eligible voters: (select all that apply)

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



Other (list)

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

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

1. Consolidated Plan jurisdiction: (provide name here)

State of Florida

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)

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

*The Consolidated Plan of the State of Florida request that PHA's provide housing to eligible prospective residents that is safe, sanitary, and decent. To provide economic opportunities for residents and work with other housing agencies within the jurisdiction.*

**D. Other Information Required by HUD**

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

## Attachments

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

Resident Advisory Board composition

Board of Commissioners List

Community Service Policy

Pet Policy

Violence Against Women Act (VAWA)

Definition of “Substantial Deviation” and “Significant Amendment or Modification.

Comments and Response to Resident Advisory Board

**Brooksville Housing Authority  
Resident Advisory Council**

**For Agency Plan 2009**

**The BHA notified all residents that they individually would serve  
as the Resident Advisory Board for the 2009 Plan**

**Brooksville Housing Authority  
800 Continental Drive  
Brooksville, FL 34601**

**Board Members**

<b>Name</b>	<b>Address</b>	<b>City/State</b>	<b>Home #</b>	<b>Work #</b>	<b>Email address</b>
Randy Woodruff, Chairman	801 S. Broad Street	Brooksville, FL 34601	799-8514	796-3224	randy@wnccpa.com
James V. Brooks, Jr., Vice-Chairman	6400 Quarterhorse Lane	Brooksville, FL 34604	796-5017	585-2928	<a href="mailto:brooks@nextconnect.net">brooks@nextconnect.net</a>
Brian L. Adair	15542 Eastwood Trail	Brooksville, FL 34604	799-3892	796-0300	<a href="mailto:brianadair@bellsouth.net">brianadair@bellsouth.net</a>
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# **BROOKSVILLE HOUSING AUTHORITY COMMUNITY SERVICE POLICY**

## ***I. GENERAL***

In order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service, or (2) participate in an economic self-sufficiency program, or (3) perform eight hours per month of combined activities as previously described unless they are exempt from this requirement.

Community Service is defined as “the performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community.” Community Service is not employment and may not include political activities.

Community Service volunteer work includes, but is not limited to:

- Work at a local institution including but not limited to: school, child care center, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, indigent feeding program, cooperative food bank, etc.;
- Work with a non-profit organization that serves Authority residents or their children such as: Boy Scouts, Girl Scouts, Boys or Girls clubs, 4-H program, PAL, Garden Center, Community cleanup programs, beautification programs, other youth or senior organizations;
- Work at the Authority to help improve physical conditions;
- Work at the Authority to help with children’s programs;
- Work at the Authority to help with senior programs;
- Helping neighborhood groups with special projects;
- Working through resident organizations to help other residents with problems, serving as an officer in a Resident organization, serving on the Resident Advisory Board; and
- Caring for the children of other residents so they may volunteer.

## ***II. EXEMPTIONS***

The following resident adult family members are exempt from this requirement:

1. Family members who are 62 or older.
2. Family members who are blind or disabled as defined under 216(I)(1) or 1614 of the Social Security Act (42 U.S.C. 416(I)(1) and who certifies that because of this disability she or he is unable to comply with the community service requirements.
3. Family members who are the primary care giver for someone who is blind or disabled as set forth in Paragraph B above.
4. Family members engaged in work activity at least thirty (30) hours per week.

5. Work activities include:
  - a) Unsubsidized employment;
  - b) Subsidized private-sector employment;
  - c) Subsidized public-sector employment;
  - d) Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available;
  - e) On-the-job-training;
  - f) Job-search and job-readiness assistance;
  - g) Community service programs;
  - h) Vocational educational training (not to exceed 12 months with respect to any individual);
  - i) Job-skills training directly related to employment;
  - j) Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency;
  - k) Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate; and
  - l) The provision of childcare services to an individual who is participating in a community service program
  
- E. Family members who are exempt from work activity under Part A, Title IV of the Social Security Act (42 U.S.C. 601 *et seq.*) or under any other State welfare program, including the welfare-to-work program.
  
- F. Family members receiving assistance, benefits or services under a State program funded under part A title IV of the Social Security Act (42 U.S.C. 601 *et seq.*); or under any other State welfare program, including welfare-to-work and who are in compliance with that program.

### ***III. NOTIFICATION OF THE REQUIREMENT***

The Authority shall identify all adult family members who are over the age of 62 and/or have provided documentation verifying a disability. These persons will be identified as exempt from the community service requirement.

The Authority shall notify all remaining adult family members of the community service requirement, and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for family members to claim and prove exempt status. The Authority will verify such claims.

The notification will advise families that their community service obligation will begin at lease execution or upon the effective date of their first annual reexamination on or after October 31, 2003.

For families paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will

result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

**IV. VOLUNTEER OPPORTUNITIES**

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

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

The Brooksville Housing Authority will coordinate with the City of Brooksville and other local governmental agencies, social service agencies, local schools and church organizations in identifying a list of volunteer community service positions.

**V. THE PROCESS**

At lease execution and each annual reexamination thereafter, the Brooksville Housing Authority will do the following:

- A. Provide a list of volunteer opportunities to the family members.
- B. Provide information about obtaining suitable volunteer positions.
- C. Provide a volunteer time sheet to the family member. Instructions for the time sheet require the individual to complete the form and have a supervisor date and sign for each period of work. The forms are to be returned to the Housing Authority office on the first of each month, during the time that rent payments are due.
- E. Thirty (30) days before the family's next lease anniversary date, the file will be examined to assure whether each applicable adult family member is in compliance with the community service requirement.

**VI. NOTIFICATION OF NON-COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENT**

The Authority will notify any family member found to be in non-compliance of the following:

- A. The family member(s) has been determined to be in non-compliance;
- B. That the determination is subject to the grievance procedure; and
- C. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed and the entire family will be terminated.

**VII. OPPORTUNITY FOR CURE**

At least thirty (30) days prior to the annual reexamination and/or lease expiration, the Authority will begin reviewing the exempt or non-exempt status and compliance of family members. If the Authority finds a family member to be noncompliant, the Authority will offer the family member(s) and the head of household, the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or perform community service for any hours needed to comply with the unmet requirement of the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall, at the same time, stay current with that year's community service requirement. The first hours a resident earns go toward the current commitment until the current year's commitment is made.

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

If any non-compliant family member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service, the Brooksville Housing Authority will not renew the lease. The family may use the Authority's grievance procedure to protest the lease termination.

**VIII. PROHIBITION AGAINST REPLACEMENT OF AGENCY EMPLOYEES**

In implementing the service requirement, the Brooksville Housing Authority may not substitute community service or self-sufficiency activities performed by residents for work ordinarily performed by its employees, or replace a job at any location where residents perform activities to satisfy the service requirement.



**Brooksville Housing Authority  
800 Continental Drive  
Brooksville, Florida 34601**

**DATE:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**RESIDENT NAME:** \_\_\_\_\_

**CLIENT NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

I hereby acknowledge that I am required to contribute 8-hours of community service per month, or participate in an economic self-sufficiency program for 8 hours per month as a condition for receiving housing assistance from the Brooksville Housing Authority. The community service requirement **can not** be satisfied by working for a for-profit organization/business or by engaging in a political activity.

My signature herein authorizes the organization named in this certification, to disclose to the Brooksville Housing Authority, the number of hours, place of work, and type of work that I have contributed in "Community Service".

\_\_\_\_\_  
Signature of Resident

**COMMUNITY SERVICE CERTIFICATION**

**Organization Name:** \_\_\_\_\_

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

**Organization Address:** \_\_\_\_\_

\_\_\_\_\_ contributed time and service to the above referenced organization as follows:  
(print name of community service worker)

DATE(S) Personal Services were provided	NUMBER OF HOURS WORKED	TYPE OF WORK EPRFORMED

I hereby certify that the above name individual contributed their time and talent to perform work during the dates shown above as Community Service to this organization. If there are any questions, I can be contacted at:

\_\_\_\_\_.

(Telephone Number)

\_\_\_\_\_  
Name & Title (Supervisor/Manager)

\_\_\_\_\_  
Signature

**Brooksville Housing Authority  
800 Continental Drive  
Brooksville, Florida 34601**

**Community Service Requirement  
(Non-Compliance) Agreement**

I certify that I am **not in compliance** with the HUD mandated Community Service Requirement of performing eight (8) hours per month of community service (volunteer work) or participating in eight (8) hours of training, counseling, classes or other activities that help me towards self-sufficiency and economic independence. I shall work on this deficiency over the next twelve (12) months per the following:

<b>Month(s)/Year</b>	<b>Service Hours</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

---

**Resident Signature** **Date**

---

**Head of Household Name/Signature** **Date**

---

**BHA Personnel Signature** **Date**

**Brooksville Housing Authority**  
**800 Continental Drive**  
**Brooksville, Florida 34601**  
**Community Service Exemption**

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

- I am 62 or older
- I have a disability which prevents me from working  
(Certificate of Disability Form will serve as documentation and/or Physician's written statement)
- I am working  
(Employment Verification form will serve as documentation)
- I am participating in a Welfare to Work Program
- I am receiving TANF and I'm participating in a required economic self-sufficiency program or work activity  
(Must provide verification from the funding agency that you are complying with job training or work requirements)
- I am a full time student  
(Must provide verification letter from school attended)
- I serve as an officer of a Resident Council  
(Must provide verification of Resident Council Board Election)

---

Resident

---

Date

# **BROOKSVILLE HOUSING AUTHORITY PET POLICY**

## ***I. EXCLUSIONS***

***This policy does not apply to animals that are used to assist persons with disabilities.***

Assistance animals are allowed in all public housing facilities, with no restrictions other than those imposed on all tenants to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing their neighbors.

Assistance animals are animals that work, provide assistance, or perform tasks for the benefit of a person with a disability, or animals that provide emotional support that alleviates one or more identified symptoms or effects of a person's disability. Assistance animals, also referred to as "service animals", "assistive animals", "support animals", or "therapy animals", perform many disability-related functions, including but not limited to:

- Guiding individuals who are blind or have low vision;
- Alerting individuals who are deaf or hearing impaired;
- Providing minimal protection or rescue assistance;
- Pulling a wheelchair;
- Fetching items;
- Alerting persons to impending seizures; or
- Providing emotional support to persons with disabilities who have a disability-related need for such support.

Assistance animals are a means to provide a reasonable accommodation for an individual with a disability, but a person with a disability is not automatically entitled to have an assistance animal. Reasonable accommodation requires that there is a relationship between the person's disability and his or her need for the animal. The Authority will verify that the person requesting an assistance animal is a person with a disability and that the animal is needed to assist with the disability. The Authority will not require information about the nature or severity of the disability.

## ***II. APPROVAL***

Residents must obtain prior approval of the Authority before moving a pet into their unit. Residents must request approval by fully completing the Authorization for Pet Ownership Form. Upon submission of the completed request, the Authority will review the request. Residents must provide the Authority a picture of any cat or dog, with the Authorization form, so that it can be identified if it is running loose. The Authority may request to see a pet before final approval. A licensed veterinarian may be required to verify, in writing, the expected adult size of a dog.

## ***III. TYPES AND NUMBER OF PETS***

The Authority will allow only common household pets. Common household pets are domestic animals such as a dog, cat, bird, rodent (including a rabbit), and fish in

aquariums or a turtle. The type of pet is also limited by the City of Brooksville Code of Ordinance relating to animals kept as pets within the City.

Common household pets do not include reptiles (except turtles).

Per apartment unit, tenants shall be permitted to keep only one (1) dog (which when fully matured, shall not exceed 25 pounds in weight or 18 inches in height), two (2) cats, two (2) birds in cages (cages not to exceed 10 cubic feet), one (1) rodent, or fish in an aquarium (tank size not to exceed 30 gallons).

Dogs and cats must be spayed or neutered, and cats must be declawed (front feet) with a Veterinarian report supplied verifying the operation. No pets shall be kept or raised for commercial purposes.

Any animals deemed to be potentially harmful to the health or safety of others, including attack or fight trained dogs, will not be allowed.

#### ***IV. INOCULATIONS***

All pets must be registered with the Authority prior to being brought on the premises. Pets must have all City and County Licenses and vaccinations and inoculations. These must be renewed annually and a copy provided for the resident's file.

#### ***V. PET DEPOSIT***

A pet deposit of \$200 is required at the time of registering a dog, cat, fish in an aquarium larger than 30 gallons, caged birds and any pet requiring an indoor cage or filtration system. This amount shall be periodically revised by the Authority, if necessary, but shall not exceed \$300. The Pet Deposit must be paid prior to a pet being brought into the unit. If a pet is brought into the unit prior to the Pet Deposit being paid in full, the tenant may be subject to eviction. A non-refundable pet fee of \$50.00 shall be payable annually. Cost of damage done by a pet to an apartment in excess of the pet deposit shall be borne by the resident. Any balance of deposit shall be refunded to the resident within fifteen (15) days of move-out.

#### ***VI. FINANCIAL OBLIGATION/EMERGENCY CARE OF ANIMALS***

Any resident who owns, or keeps, a pet in their dwelling unit will be required to pay for any damages caused by the pet. Also, any pet-related insect infestation in the pet owner's unit is the financial responsibility of the pet owner. The Brooksville Housing Authority reserves the right to exterminate the unit and charge the resident.

Residents must maintain their pet responsibly, and in accordance with applicable State and local public health, animal control, animal anti-cruelty laws and regulations, and with the policies established by the Brooksville Housing Authority.

Pet Owners must supply the Authority office an Authorization for Pet Ownership, with the names of at least two people who will be willing to assume immediate responsibility for the pet in the case of an emergency. In cases of emergency where the Authority, despite its best efforts, is unable to reach one of the designated persons, pet owners agree to allow the Authority to have the pet removed by City Animal Control or other public or

quasi-public authority to a veterinarian of the Authority's choice. All fees and costs shall be borne by the Pet Owner.

In such cases of emergency, the pet owner, their agent, estate, or family member, must, within five (5) days, make arrangements with the holder of said pet, as to its disposition and shall be responsible for all obligations, financial or other, for actions taken on behalf of the Pet Owner for the well being of the pet.

Any resident who owns, or keeps, a pet in their dwelling unit shall be responsible for any damage caused by the Pet. This includes any public area or other Authority owned space and grounds.

All apartments having pets that attract fleas must be sprayed, on a routine basis, at the expense of the Pet Owner. The Pet Owner must provide proof that the unit has been sprayed.

## ***VII. DESIGNATION OF PET AREAS***

Residents shall keep their pet inside their apartment at all times, except as necessary to take the pet out. When outside their apartment, residents shall keep their pet on a short lease (dog or cat) or in an appropriate container. Dogs or cats will not be permitted to roam unrestrained on the property and may not be tied or chained outside or in common areas. The pet shall be accompanied by, and under control of, the resident at all times. Barking will not be tolerated, as it is considered to be a nuisance to other residents.

Residents must clean up after their pets in their apartment. Residents must properly dispose of waste. Proper disposal of cat litter (secured and bagged) must be done on a frequent basis. Odors arising from cat litter will not be tolerated. Birds must be properly caged and the cage shielded to prevent litter accumulation and/or damage to the floors. Aquariums must not leak and must be cleaned regularly to prevent foul water and/or odors.

Pet owners shall be responsible for immediate clean up after exercising their dog anywhere on the property.

### ***14.8 PET VIOLATION NOTICE/ NUISANCE OR THREAT TO HEALTH OR SAFETY***

The pet, and its living quarters, must be maintained in a manner to prevent odors and any other unsanitary conditions in the owner's unit and surrounding areas.

Repeated substantiated complaints by neighbors or Authority personnel regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisance will result in the owner having to remove the pet or move him/herself from the unit.

Pets, who make noise continuously and/or incessantly for a period of ten (10) minutes, or intermittently for a half hour or more, to the disturbance of any person, at any time of day or night, shall be considered a nuisance.

Management will send a 7-day pet violation notice to the pet owner for the following conditions:

- A. If a pet becomes annoying, bothersome, or in any way a nuisance to other Residents, or to the operations of the development
- B. If a pet becomes a safety, welfare, or health hazard to the pet owner, other residents, management, a contractor, or Law Enforcement Officer.

**IX. VISITING PETS**

Visiting pets and pet sitting are strictly prohibited.

**X. REMOVAL OF PETS**

The Brooksville Housing Authority, or an appropriate community authority, shall require the removal of any pet from a project if the pet's conduct or condition is determined to be a nuisance or threat to the health or safety of other occupants of the property, or of other persons in the community where the property is located.

In the event of illness or death of the pet owner, or in the case of an emergency which would prevent the pet owner from properly caring for the pet, the Authority has the right to call the emergency caretaker(s) designated by the resident, or the Animal Control Officer, to take the pet and care for it until family or friends would claim the pet and assume responsibility for it. Any expenses incurred will be the responsibility of the Pet Owner.

**XI. MISCELLANEOUS RULES**

Pets may not be left unattended in a dwelling unit for over 8 hours. If the pet is left unattended, and no arrangements have been made for its care, the Authority will have the right to enter the premises and arrange for the uncared for pet to be boarded at a local animal care facility at the total expense of the resident.

Pet bedding shall not be washed in any common laundry facilities.

All dogs must wear a tag bearing the resident's name and phone number and the date of the latest rabies inoculation.

Pets cannot be kept, bred or used for any commercial purpose.

Residents owning a cat shall maintain waterproof litter boxes for cat waste. Refuse from litter boxes shall not accumulate or become unsightly or unsanitary. Litter shall be disposed of in an appropriate manner.

A pet owner shall physically control or confine his/her pet during the times when Authority employees, agents of the Authority or others must enter the pet owner's apartment to conduct business, provide services, enforce lease terms etc.

A pet owner who violated any other conditions of this policy may be required to remove his/her pet from the development within seven (7) business days of written notice from the Authority. The pet owner may also be subject to termination of his/her dwelling lease.

The Authority's grievance procedure shall be applicable to all individual grievances or



disputes arising out of violations, or alleged violations, of this policy.

***XII. DEFINITIONS***

**Pet** – A pet is defined as a domesticated animal, such as a dog, cat, bird, fish, which is traditionally kept in the home for pleasure, rather than for commercial purposes. Dangerous animals and reptiles (except turtles) are excluded from definition and are not permitted.

**Pet Owner** – A person who has obtained legal possession and prior approval to own a pet (per above definition).

For the purpose of these pet rules “pet” is defined as domesticated small animals traditionally kept in the home for pleasure rather than for utility or commercial purposes. Pet is understood to be limited to birds (specifically parakeets, canaries, or finches), small caged rodents (hamsters, gerbils, guinea pigs), fish, litter box-trained cats, and dogs. These rules, in compliance with federal regulations, distinguish cats and dogs from other pets as “fur bearing” animals. Except where otherwise indicated, these rules apply principally to dogs and cats.

***XIII. SPECIALLY-TRAINED ANIMALS***

The Housing Authority cannot charge a pet security deposit to persons with disabilities requiring an assistive animal, per 24 CFR 100.65 (b)(1). Animals trained to assist the visually and/or hearing impaired and other handicapped persons will not be required to meet the limitations as to pet size or limitations or overall numbers of pets, but will be required to meet all other aspects of these rules.

***XIV. SECURITY DEPOSIT***

At the time of pet move-in an additional security deposit is due in the amount of \$200, no less than \$50, or an amount not to exceed one month’s rent, must be paid at that time. The remainder is to be paid in increments of no less than \$10 per month for each concurring month until the sum of \$200 is paid. The security deposit, or any part thereof, may not be used for any damages incurred in the unit unless directly related to said pet. A separate accounting record will be maintained for Pet Security Deposits in accordance with HUD’s financial management rules.

***XV. LIABILITY***

Heads of household shall be responsible for their pets. Pet owners are liable for any damages by their pet to Brooksville Housing Authority property inside or outside of their apartment.

***XVI. ALTERNATE CARETAKER***

The resident must sign a copy of the Housing Authority statement assigning responsibility to no less than two (2) persons to care for the pet in the event the pet owner dies, is incapacitated, or is otherwise unable to care for the pet. Written or oral verification of the willingness of these persons to assume alternate caretaker

responsibility is required. It is the responsibility of the pet owner to inform the management of any change in the names, addresses, or telephone numbers of persons designated as alternate caretakers. Any expenses relating to alternate caretakers are the responsibility of the pet owner.

In cases of emergency, when the management is unable to reach the alternate caretaker(s), the pet owner agrees to allow management to place the pet in an appropriate boarding facility with all fees and costs borne by the pet owner. Within five (5) days of such an emergency, the resident, or agency, family or estate must make arrangements with the holder of said pet as to its disposition and shall be responsible for all obligations, financial and otherwise, in such disposition.

***XVII. SIZE***

The size of the pet is limited to a maximum of 30 lbs. and dogs stand no more than 18 inches at the shoulder at the time of maturity. Pets acquired as puppies shall be understood to mature at the heights and weight requirements. American Kennel Clubs' standards shall determine the height and weight after maturity of the breed. A non-documented animal will be assumed to mature to that which has been determined by veterinarian evidence to the management in a signed letter.

***XVIII. LICENSURE AND TAGS***

Every dog and cat must wear the appropriate local animal license, valid rabies tag, and a tag bearing the owner's name, address, and phone number. All license and tags must be current. A copy of the license must be provided to management for the resident's file. Immunization records and pet license tags are to be recertified at the time of the pet owner's recertification of resident eligibility.

***XIX. REGISTRATION***

Every dog and cat must be registered with the management upon admission and thereafter annually on the anniversary of the date of admission. Registration of dogs and cats requires proof of current dog or cat licensure, including up-to-date proof of inoculations. Cats must have current inoculations, as appropriate to the species including, but not limited to, feline distemper shots. Dogs shall have certificates of appropriate inoculations for heartworm, parvo and rabies. Such tests, vaccines, or shots shall be maintained on an annual basis, unless otherwise specified by a veterinarian.

A verification letter that a cat or dog has been spayed or neutered is required prior to admission. All cats should be declawed prior to occupancy. Female dogs and cats over six (6) months must be spayed and males over eight (8) months must be neutered, unless a letter is received from a licensed veterinarian giving medical reason why such action is detrimental to the pet's health. Evidence of a flea control program and certification of an alternate caretaker are also required as discussed elsewhere in this policy.

***XX. FLEA CONTROL***

Upon admission of a pet the pet owner shall file with management proof that a flea control program acceptable to management will be maintained for a fur-bearing pet. Flea control must be maintained and demonstrated at all times.

**XXI. SANITATION**

Dogs and cats are required to be “house-broken”. Cats must be litter box-trained and dogs must be able to exercise outside the apartment. Management may designate a space or spaces to be used exclusively for the immediate clean up of feces after the exercise of the dog. Cat owners shall bag “kitty litter”, tie securely, and drop in covered trash receptacles. All dog litter shall be similarly disposed of.

**XXII. NOISE**

No pet may make noise that disrupts other residents. Barking and/or whining dogs, crying or “caterwauling” cats will not be considered acceptable pets.

**XXIII. LOCAL ORDINANCES**

A pet owner is in violation of the City ordinance on animal control when his/her animal causes objectionable noises, destroys or damages the property of others. All dogs and cats shall be physically confined to their owner’s premises unless on a leash and in the control of their owners.

**XXIV. PET BEHAVIOR**

No pet that bites, attacks, or demonstrates other aggressive behavior toward humans may be kept in any Housing Authority properties.

**XXV. SICK OR INJURED ANIMALS**

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

**XXVI. RULE ENFORCEMENT**

In the event of a pet rule violation the pet owner will have ten (10) days from date of service of the notice to correct the violation, to remove the pet, or to make a written request for a meeting to discuss said violations, but not to exceed 15 days from effective date of service of the notice. The pet owner is entitled to be accompanied by another person of his/her choice. Failure to correct the violation, to request a meeting, or to appear at a requested meeting may result in termination of tenancy.

The pet owner may be required to remove the pet from the premises and provide management with a signed affidavit stating the dog or cat is no longer on the premises and will not return in the future. Misrepresentation of this affidavit will be grounds for eviction of the resident. Management exercises the right to act immediately in insisting an offending pet be removed forthwith in situations deemed to be of any emergency nature. In such instances management will act as specified in the section on “Alternate Caretaker” in removing a sick, diseased, injured and/or aggressive animal.

***XXVII. NO VISITING ANIMALS ALLOWED***

These rules pertain only to residents and resident pet owners. No visiting pets are allowed on any Housing Authority properties.

***XXVIII. COURTESY***

The Brooksville Housing Authority recognizes that pets can be therapeutic for those who enjoy, own, and care for them. However, pets can be threatening to others who, for whatever reason, are fearful or allergic to animals. Any approved pet owner is expected to exercise common courtesy to residents and staff in dealing with a pet.

***XXIX. MANAGEMENT'S DETERMINATION FORM***

The resident applying to allow a pet on the premises will be required to complete the Management's Determination Form. This form will be used to determine whether the pet should be admitted onto the property. Management reserves the right to prohibit the admission of any pet in cases where it determines the pet or pet owner will not be able to meet the requirements of these pet rules.

Violence Against Women Act (VAWA). A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

Therefore, the following shall not be considered violations of the BHA Lease constituting defaults and bases for terminating the tenancy or occupancy rights of a victim of domestic violence:

1. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking perpetrated against the victim.
2. Criminal activity directly relating to domestic violence, dating violence or stalking, engaged in by a member of the Tenant's Household or any Guest or Other Person under the Tenant's Control, if the Tenant or immediate member of the Tenant's Household is a victim of that domestic violence, dating violence, or stalking; provided, however, landlord may divide this Lease for the purpose of evicting, removing or terminating the occupancy rights of a Household member, whether or not such Household member is a signatory to this Lease, who engages in criminal acts of physical violence against Family members or others, without evicting, removing or otherwise penalizing the victim of such violence, who is also a Tenant or lawful occupant of the Unit.

The foregoing exceptions shall not apply unless the victim delivers to the landlord a certification on one of the following forms:

A HUD-approved form supplied by the BHA attesting that she/he is a victim of domestic violence, dating violence, or stalking and that the incident(s) in question are bona fide violations of such actual or threatened abuse; or

Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, stalking, or the effects of the abuse, in which the professional states under penalty of perjury that the professional's belief that the incident(s) in question are bona fide incidents of abuse and the victim has signed or attests to the documentation; or

c. A federal, state, or local police report or court record describing the crime or incident(s) in question.

The victim must deliver the certification to the landlord within fourteen (14) business days after landlord requests the certification. If the victim does not deliver the certification to landlord within the aforesaid period, landlord may terminate the tenancy of the Tenant or any lawful occupant of the Unit including the victim.

The foregoing exceptions, however, shall not limit the authority of the landlord to (i) honor court orders addressing rights of access or control of property, including civil protection orders issued to address the distribution or possession of property among Household members, (ii) evict a Tenant for any violation of this Lease not based on or connected with the act or acts of violence in question against the Tenant or member of Tenant's Household, provided that such victim is not held to a more demanding standard than other Tenants, and (iii) evict any Tenant if landlord can demonstrate an actual and imminent threat to other Tenants or those employed at or providing service to the property if that Tenant is not evicted.

## **Brooksville Housing Authority Definition of “Substantial Deviation” and “Significant Amendment or Modification”**

The Brooksville Housing Authority, to meet the requirement of Final Rule 903.7(r) and PIH 99-51, pertaining to “Substantial Deviation” and “Significant Amendment or Modification,” offers the following:

- A. A substantial deviation from its Five-Year Plan; and a significant amendment or modification to its Five-Year Plan and Annual Plan.
- B. Changes to rent or admissions policies or organization of the waiting list.
- C. Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund.
- D. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

Any substantial deviation from the Mission Statement and/or Goals and Objectives presented in the Five-Year Plan that cause changes in the services provided to residents or significant changes to the Agency’s financial situation less than \$50,000.00 will be documented in subsequent Agency Plans.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements offered by HUD.

Comments from the Resident Advisory Board  
&  
Response to Comments  
Brooksville Housing Authority  
Agency Plan  
2009

The Brooksville Housing Authority, in the absence of a Resident Advisory Board, was directed by HUD to designate all of the residents as members of the Resident Advisory Board, the RAB.

The residents were advised that the PHA Plan for 2009 was available for review 45 days before the Public Hearing for the 2009 Plan. The Hearing was held on December 9<sup>th</sup>, 2008. Three residents provided comments regarding the proposed Plan. All three residents live in the Summit Villas development and their comments were specific to this location.

**Summary of comments relevant to the 2009 Agency Plan:**

1. Air conditioning units need to be replaced
2. Laundry facility needs an up-grade
3. Need additional security
4. Tub hand rails/bars
5. Ramps for wheel chairs and mobility chairs
6. Concerned over charging for routine repairs
7. Additional parking needed
8. Dumpsters for garbage storage
9. Option to use satellite dish instead of cable
10. Handrails throughout development
11. Pest control issues
12. Newspaper box for development

**Response to comments/Recommendations to the Board regarding comments:**

Defer the following items to the needs assessment scheduled for early 2009 – Air condition replacements, tub handrails, ramps for wheel chairs, additional parking, use of dumpsters, satellite TV options and handrails.

Options for continuation of laundry room currently under review.

Additional security is currently not possible at this time.

It is the Policy of the BHA to only charge for tenant caused damages.



Pest control – The BHA is currently seeking a contractor to treat apartments.

Newspaper box – the BHA will make the appropriate requests.

<b>Part I: Summary</b>	
<b>PHA Name: BROOKSVILLE HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL29P07450107 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:4 )  
 Performance and Evaluation Report for Period Ending:       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	66,317.00	86,317.00		
3	1408 Management Improvements	37,420.00	0		
4	1410 Administration (may not exceed 10% of line 21)	18,710.00	0		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000.00	20,000.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	8,000.00	8,000.00		
10	1460 Dwelling Structures	92,785.00	72,785.00		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>						
<b>PHA Name:</b> BROOKSVILLE HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: FL29P07450107 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:</b> <b>FFY of Grant Approval: 2007</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 4 )		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	187,102.00	187,102.00			
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: BROOKSVILLE HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program Grant No: FL29P07450107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2007</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
FL074 PHAWide	OPERATIONS	1406		66,317.00	86,317.00			
FL074 PHAWide	MANAGEMENT IMPROVEMENT	1408		37,420.00	0			
FL074 PHAWide	ADMINISTRATION	1410		18,710.00	0			
FL074 PHAWide	FEE & COST	1430		20,000.00	20,000.00			
FL074 PHAWide	SITE IMPROVEMENTS Tree Trimming and Removal	1450		8,000.00	8,000.00			
FL074 PHAWide	DWELLING STRUCTURES: A. Building Stablization B. Master Door Lock System	1460	6	92,785.00	72,785.00			

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part II: Supporting Pages</b>								
PHA Name:			<b>Grant Type and Number</b> Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: BROOKSVILLE HOUSING AUTHORITY				Federal FFY of Grant: 2007	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
FL074PHAWide	12/31/2009				

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: BROOKSVILLE HOUSING AUTHORITY				<b>Federal FFY of Grant: 2007</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
FLO74 PHAWide	12/31/2009				

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<b>Part I: Summary</b>	
<b>PHA Name: BROOKSVILLE HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL2907450108 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:1 )  
 Performance and Evaluation Report for Period Ending:       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	20,102.00	49,041.00		
3	1408 Management Improvements	9,000.00	0		
4	1410 Administration (may not exceed 10% of line 21)	7,000.00	0		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000.00	0		
8	1440 Site Acquisition				
9	1450 Site Improvement	8,000.00	0		
10	1460 Dwelling Structures	123,000.00	138,061.00		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>						
<b>PHA Name:</b> BROOKSVILLE HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: FL29P07450108 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2008</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	187,102.00	187,102.00			
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: BROOKSVILLE HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program Grant No: FL29P07450108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
FL074PHAWide	OPERATIONS	1460		20,102.00	49,041.00			
FL074PHAWide	MANAGEMENT IMPROVEMENT	1408		9,000.00	0			
FL074PHAWide	ADMINISTRATION	1410		7,000.00	0			
FL074PHAWide	FEES AND COST	1430		20,000.00	0			
FL074PHAWide	SITE IMPROVEMENT	1450		8,000.00	0			
FL074PHAWide	DWELLING STRUCTURES	1460	6	123,000.00	138,061.00			
	a. Bank/Lugs Tightening				7,000.00			
	b. Roof Repair (Shingles)				130,561.00			

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part II: Supporting Pages</b>								
PHA Name:			<b>Grant Type and Number</b> Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: BROOKSVILLE HOUSING AUTHORITY				<b>Federal FFY of Grant: 2008</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
FL074PHAWide	12/31/2010				

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: BROOKSVILLE HOUSING AUTHORITY				<b>Federal FFY of Grant: 2008</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
FL074PHAWide	12/31/2010				

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<b>Part I: Summary</b>	
<b>PHA Name: BROOKSVILLE HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL29P07450109 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**  
 **Original Annual Statement**       **Reserve for Disasters/Emergencies**       **Revised Annual Statement (revision no: \_\_\_\_\_)**  
 **Performance and Evaluation Report for Period Ending:**       **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	35,000.00			
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	152,102.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>					
<b>PHA Name:</b> BROOKSVILLE HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: FL29P07450109 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	152,102.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	152,102.00			
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: BROOKSVILLE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: FL29P07450109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
FL074PHAWide	MANAGEMENT IMPROVEMENT	1408		35,000.00				
FL074 Summit Villas	DWELLING STRUCTURES	1460		152,102.00				
	a. 504 SUMMIT VILLAS							

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.









<b>Part I: Summary</b>	
<b>PHA Name: BROOKSVILLE HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL029-S050105 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:1 )  
 Performance and Evaluation Report for Period Ending:       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	24,700.00	0		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		24,000.00		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	182,390.00	130,000.00		
11	1465.1 Dwelling Equipment—Nonexpendable	40,000.00	0		
12	1470 Non-dwelling Structures		93,090.00		
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>					
<b>PHA Name:</b> BROOKSVILLE HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: FL029-S050105 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	247,090.00	247,090.00		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities		223,090.00		
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: BROOKSVILLE HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program Grant No: FL029-S050105 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
FL074PHAWIDE	ADMINISTRATION	1410		24,700.00	0			
FL074PHAWIDE	FEES AND COST	1430			24,000.00			
HILLSIDE ESTATES	DWELLING STRUCTURE	1460		182,390.00	130,000.00			
FL074-PHAwide	APPLIANCES	1465.1		40,000.00	0			
	1. Range Hoods							
	2. Stoves							
	3. Refrigerators							
OFFICE/COMMUNITY ROOM	504 RENOVATIONS	1470			93,090.00			
	1. 504 OFFICE				48,090.00			
	2. ENTRANCE				35,000.00			
	3. PARKING				10,000.00			

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.









## Submit Plan Checklist – PHA Plans

How do you know if your plan is complete? Use the following checklist to ensure the PHA Plan is complete and ready for submission:

		<b>PLAN TYPE</b> <i>Place an "X" under the Plan type to be submitted.</i>			
<i>Place an "X" or ✓ in this column for items completed</i>		<b>Standard 5-Year/Annual</b> 50075	<b>High Performers</b> 50075	<b>Streamlined Annual</b> 50075-SA	<b>Streamlined 5Year/Annual</b> 50075-SF
	<b>CHECKLIST ITEMS</b>	<i>Items marked with an "X" below are applicable to the Plan type indicated in the column heading.</i>			
	<b>A. Correct template</b> is used and filled out completely				
	<b>B. PHA Identification Page</b> is completed	X	X	X	X
	<b>C. 5-Year Plan</b> completed (when due)	X	X		X
	<b>D. Table of Contents</b> is completed, with page numbers added	X	X	X	X
	<b>E. Executive Summary</b> of PHA Plan is completed at PHA's option	Optional	Optional		Optional
	<b>F. PHA Plan components</b> are completed.				
	1. Housing Needs	X	X		X
	2. Financial Resources	X	X		X
	3. Eligibility, Selection, and Admissions	X	X		X
	3a. Site-Based Waiting Lists (if applicable)	X Attachment	X Attachment	X Template	X Template
	3b. Deconcentration and Income Mixing (if applicable)--web site version	X Attachment	X Attachment		X Template
	4. Rent Determination	X	X		X
	5. Operations and Management Policies	X			
	6. Grievance Procedures	X			
	7. Capital Improvements*	X	X	X	X
	7a Capital Fund Tables	X	X	X	X
	8. Demo/Disposition*	X	X		X
	9. Designation of Housing*	X			
	10. Housing Conversions	X			
	11. Homeownership	X	X Section 8(y)	X Section 8(y)	X
	11a. Section 8(y) Homeownership Capacity Statement (if applicable)	X Attachment	X Attachment	X Template	X Template
	12. Community Service and Self-Sufficiency	X			
	12a Community Service Requirements	X Attachment			
	13. Crime and Safety*	X			
	14. Pets*	X			
	14a Pet policy	X Attachment			
	15. Civil Rights Certification (included with PHA Plan certifications)	X	X	X	X
	16. Audit	X	X		
	17. Asset Management	X			
	18. Additional Info	X	X		X

		<b>PLAN TYPE</b> <i>Place an "X" under the Plan type to be submitted.</i>			
<i>Place an "X" or √ in this column for items completed</i>		<b>Standard 5-Year/Annual 50075</b>	<b>High Performers 50075</b>	<b>Streamlined Annual 50075-SA</b>	<b>Streamlined 5Year/Annual 50075-SF</b>
	18a. Progress Meeting 5-Year Plan Goals	X Attachment	X		X Template
	18b. Criteria for Substantial Deviations and Significant Amendments	X Attachment	X		X Template
	18c. Other information	X	X		X
	18c.1. RAB consultation (comments, how comments addressed, recommendations)	X Template	X Template		X Template
	18c.1.1. RAB membership	X	X		X Template
	18c.1.2 Plan changes reviewed by RAB, approved by Board, and made public			X	
	18c.2. PHA Board resident membership	X Template	X Template		X Template
	18c.3. PHA statement of consistency with Consolidated Plan	X	X	X If policies changed	X
	19. Project-Based Voucher Program (if applicable)	X Attachment	X Attachment	X Template	X Template
	20. List of supporting documents on file with PHA and PHA Plan	X Template	X Template	X Template	X Template
	21. Most recent board-approved operating budget--Troubled/at-risk PHAs ONLY	X			
* NO* PHAs that administer only tenant or project based rental assistance programs are not required to complete sections that pertain only to public housing.					
	<b>G. Required <u>Certifications</u> signed and submitted to Local HUD Field Office</b>				
	<i>Standard PHA Plan Certifications Form HUD-50076</i>	X	X		X
	<i>Streamlined PHA Plan Certifications Form HUD-50077</i>			X	
	<i>State/local Government Certification Of Consistency with Consolidated Plan</i>	X	X		X
	If applying for Capital Funds: Form HUD-50070, <i>Drug-Free Workplace</i> Form HUD-50071, <i>Payments to Influence Federal Transactions</i> Forms SF-LLL and SF-LLLa, <i>Lobbying Activities</i>	X	X	X	X
	<b>H. <u>Plan, Plan Changes</u> (streamlined Annual), <u>attachments</u> (where applicable), and <u>supporting documents</u> made available for review by the public for a 45-day period.</b>				
	<b>I. <u>Public meeting</u> conducted by PHA Board/governing body</b>				
	<b>J. <u>RAB</u> comments received and addressed</b>				
	<b>K. Instructions on how to submit the template electronically obtained from PHA Plans web site and reviewed.</b>				