

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

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# Housing Authority of the City of Lakeland, Florida

## PHA Plans

5 Year Plan for Fiscal Years 2009 - 2013  
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**

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# **ADMISSIONS AND CONTINUED OCCUPANCY POLICY**

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This Admissions and Continued Occupancy Policy defines the Lakeland Housing Authority's policies for the operation of the Public Housing Program, incorporating Federal, State and local law. It applies to all public housing properties managed by the Lakeland Housing Authority. Other properties, owned by the Lakeland Housing Authority or its affiliates and managed by third parties are governed by Admission and Continued Occupancy Policies developed by the management companies and approved by the Lakeland Housing Authority. If there is any conflict between this policy and laws or regulations, the laws and regulations will prevail.

## **1.0 FAIR HOUSING**

It is the policy of the Lakeland Housing Authority to fully comply with all Federal, State and local nondiscrimination laws; the Americans with Disabilities Act; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity. The Lakeland Housing Authority shall affirmatively further fair housing in the administration of its public housing program.

No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Lakeland Housing Authority's programs.

To further its commitment to full compliance with applicable Civil Rights laws, the Lakeland Housing Authority will provide Federal/State/local information to applicants/tenants of the Public Housing Program regarding discrimination and any recourse available to them if they believe they may be victims of discrimination. Such information will be made available with the application, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made available at the Lakeland Housing Authority office. In addition, all written information and advertisements will contain the appropriate Equal Opportunity language and logo.

The Lakeland Housing Authority will assist any family that believes they have suffered illegal discrimination by providing the family with copies of the appropriate housing discrimination forms. The Lakeland Housing Authority will also assist them in completing the forms if requested, and will provide them with the address of the nearest HUD office of Fair Housing and Equal Opportunity.

## **2.0 REASONABLE ACCOMMODATION**

Sometimes people with disabilities may need a reasonable accommodation in order to take full advantage of the Lakeland Housing Authority housing programs and related services. When such accommodations are granted, they do not confer special treatment or advantage for the person with a disability; rather, they make the program accessible to them in a way that would otherwise not be possible due to their disability. This policy clarifies how people can request accommodations and the guidelines the Lakeland Housing Authority will follow in determining whether it is reasonable to provide a requested accommodation. Because disabilities are not always apparent, the Lakeland Housing Authority will ensure that all applicants/tenants are aware of the opportunity to request reasonable accommodations.

## **2.1 COMMUNICATION**

Anyone requesting an application will also receive a Request for Reasonable Accommodation form. In addition, every applicant will be asked whether they need some form of communication other than English paperwork. Examples might include telephone contact, contact with a person other than the advocate (family member, advocate, case worker, etc.), or a sign language interpreter.

Notifications of reexamination, inspection, an appointment, or eviction will include information about requesting a reasonable accommodation. Any notification requesting action by the tenant will include information about requesting a reasonable accommodation.

All decisions granting or denying requests for reasonable accommodations will be in writing.

## **2.2 QUESTIONS TO ASK IN GRANTING THE ACCOMMODATION**

- A. Is the requestor a person with disabilities? For this purpose the definition of person with disabilities is different than the definition used for admission. The Fair Housing definition used for this purpose is the definition found in 24 CFR part 8, Qualified Individual with Handicaps:

A person with a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. (The disability may not be apparent to others, i.e., a heart condition).

If the disability is apparent or already documented, the answer to this question is yes. It is possible that the disability for which the accommodation is being requested is a disability other than the apparent disability. If the disability is not

apparent or documented, the Lakeland Housing Authority will obtain verification that the person requesting the accommodation is a person with a disability.

- B. Is the requested accommodation related to the disability? If it is apparent that the request is related to the apparent or documented disability, the answer to this question is yes. If it is not apparent, the Lakeland Housing Authority will obtain documentation that the requested accommodation is needed due to the disability. The Lakeland Housing Authority will not inquire as to the nature of the disability.
- C. Is the requested accommodation reasonable? In order to be determined reasonable, the accommodation must meet two criteria:
  - 1. Would the accommodation constitute a fundamental alteration? The Lakeland Housing Authority's business is housing. If the request would alter the fundamental business that the Lakeland Housing Authority conducts, that would not be reasonable. For instance, the Lakeland Housing Authority would deny a request to have the Lakeland Housing Authority do grocery shopping for a person with disabilities.
  - 2. Would the requested accommodation create an undue hardship? Frequently the requested accommodation costs little or nothing. If the cost would be an undue burden and it would create administrative difficulties, the Lakeland Housing Authority may request a meeting with the individual to investigate and consider equally effective alternatives.
- D. Generally individuals know best what it is he or she needs; however, the Lakeland Housing Authority retains the right to be shown how the requested accommodation enables the individual to access or use the Lakeland Housing Authority's programs or services.

If more than one accommodation is equally effective in providing access to the Lakeland Housing Authority's programs and services, the Lakeland Housing Authority retains the right to select the most efficient or economic choice.

The cost necessary to carry out approved requests, including requests for physical modifications, will be borne by the Lakeland Housing Authority

Any request for an accommodation that would enable a tenant to materially violate essential lease terms will not be approved, i.e. allowing nonpayment of rent, destruction of property, disturbing the peaceful enjoyment of others, etc.



### **3.0 SERVICES FOR NON-ENGLISH SPEAKING APPLICANTS AND RESIDENTS**

The Lakeland Housing Authority shall do its best, within reason, to assist people with Limited English Proficiency (LEP). This shall be accomplished by assessing the need of LEP persons using the four factors described in the January 22, 2007 Final Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons; Notice published in the Federal Register. The Lakeland Housing Authority shall balance these factors in deciding what to do:

- A. The number or proportion of LEP persons served or encountered in the eligible service area;
- B. The Frequency with which LEP individuals come in contact with the program;
- C. The nature and importance of the program, activity, or service provided by the program; and
- D. The resources available to the Housing Authority and costs.

Depending upon what this analysis reveals, the Lakeland Housing Authority may or may not prepare a Language Access Plan (LAP). If a LAP is needed, the guidance outlined in the above reference Notice shall be utilized.

In addition, the Lakeland Housing Authority will endeavor to have bilingual staff or access to people who speak languages other than English. Finally, the Lakeland Housing Authority shall utilize multilingual "I speak" cards to the maximum degree possible.

### **4.0 FAMILY OUTREACH**

The Lakeland Housing Authority will publicize the availability and nature of the Public Housing Program for extremely low-income, very low and low-income families in a newspaper of general circulation, minority media, and by other suitable means.

To reach people who cannot or do not read the newspapers, the Lakeland Housing Authority will distribute fact sheets to the broadcasting media and initiate personal contacts with members of the news media and community service personnel. The Lakeland Housing Authority will also try to utilize public service announcements.

The Lakeland Housing Authority will communicate the status of housing availability to other service providers in the community and inform them of housing eligibility factors and guidelines so they can make proper referrals for the Public Housing Program.

LHA will conduct affirmative marketing as needed so the waiting list includes a mix of applicants with races, ethnic backgrounds, ages and disabilities proportionate to the mix of those groups in the eligible population of the area. The marketing plan will take into consideration the number and distribution of vacant units, units that can be expected to become vacant because of move-outs, and characteristics of families on the waiting list. PHA will review these factors regularly to determine the need for and scope of marketing efforts. All marketing efforts will include outreach to those least likely to apply <sup>i</sup>.

The objective of this effort is to develop a waiting list that is representative of our low-income community. A particular emphasis will be placed on attracting eligible individuals and families least likely to apply for public housing.

## **5.0 RIGHT TO PRIVACY**

All adult members of both applicant and tenant households are required to annually sign HUD Form 9886, Authorization for Release of Information and Privacy Act Notice. The Authorization for Release of Information and Privacy Act Notice states how family information will be released and includes the Federal Privacy Act Statement.

## **6.0 REQUIRED POSTINGS**

In each of its offices, the Lakeland Housing Authority will post, in a conspicuous place and at a height easily read by all persons including persons with mobility disabilities, the following information:

- A. Statement of Policies and Procedures governing Admission and Continued Occupancy
- B. Notice of the status of the waiting list (opened or closed)
- C. A listing of all the developments by name, address, number of units, units designed with special accommodations, address of all project offices, office hours, telephone numbers, TDD numbers, and Resident Facilities and operation hours
- D. Income Limits for Admission
- E. Excess Utility Charges
- F. Utility Allowance Schedule
- G. Current Schedule of Routine Maintenance Charges

- H. Dwelling Lease
- I. Grievance Procedure
- J. Fair Housing Poster
- K. Equal Opportunity in Employment Poster
- L. Any current Lakeland Housing Authority Notices

## **7.0 TAKING APPLICATIONS**

Families wishing to apply for the Public Housing Program will be required to complete an application for housing assistance. Applications will be accepted during regular business hours at:

430 South Hartsell Avenue  
Lakeland, FL. 33815

The Lakeland Housing Authority reserves the right to establish satellite locations for application taking, so long as all processing is done at the above listed address.

Applications are taken to compile a waiting list. Due to the demand for housing in the Lakeland Housing Authority jurisdiction, the Lakeland Housing Authority may take applications on an open enrollment basis, depending on the length of the waiting list.

Completed applications will be accepted for all applicants and the Lakeland Housing Authority will verify the information.

Applications will be mailed to interested families upon request.

The completed application will be dated and time stamped upon its return to the Lakeland Housing Authority.

Persons with disabilities who require a reasonable accommodation in completing an application may call the Lakeland Housing Authority to make special arrangements. A Telecommunication Device for the Deaf (TDD) is available for the deaf. The TDD telephone number is (863) 686-1924.

Applicants will be required to cooperate with LHA staff in verifying information provided on the application. For items requiring documentation supplied by the applicant, applicants will have 20 days to provide such documentation. In addition, applicants will be required to sign releases to permit LHA to obtain 3<sup>rd</sup> party written verification from income sources

and persons and agencies who can verify facts related to income, deductions, screening and preferences.

Should applicants fail to provide required verification documentation within twenty (20) days of the date of their application they will receive an additional ten (10) days. If they fail to provide the required verification within the ten (10) day extension, their case will be placed in an inactive status and will be required to reapply during the next open enrollment period.

Applicants who provide all required verification documentation will be placed on the waiting list based on the family's verified local preferences and the date and time all verifications and completed application were received by the LHA office. Application shall be considered complete when all required verifications are received and all application questions are completed. No blanks shall be left on the application. The application shall be signed by the applicant and designated LHA staff person.

Applications shall be updated as applicants report changes in income and family circumstances. All modifications to applications shall be properly documented and the transaction initialed by the staff member making the change

## **8.0 ELIGIBILITY FOR ADMISSION**

### **8.1 INTRODUCTION**

There are five eligibility requirements for admission to public housing: one qualifies as a family, has an income within the income limits, meets citizenship/eligible immigrant criteria, provides documentation of Social Security numbers, and signs consent authorization documents. In addition to the eligibility criteria, families must also meet the Lakeland Housing Authority screening criteria in order to be admitted to public housing.

### **8.2 ELIGIBILITY CRITERIA**

- A. Family Status. All families must have a Head of Household or Co-Heads of Household.
  - 1. **A family with or without children.** Such a family is defined as a group of people related by blood, marriage, adoption or affinity that live together in a stable family relationship.
    - a. Children temporarily absent from the home due to placement in foster care are considered family members.

- b. Verified unborn children and children in the process of being adopted are considered family members for the purpose of determining bedroom size but are not considered family members for determining income limit.
2. An **elderly family**, which is:
- a. A family whose head, spouse, or sole member is a person who is at least 62 years of age;
  - b. Two or more persons who are at least 62 years of age living together; or
  - c. One or more persons who are at least 62 years of age living with one or more live-in aides.
3. A **near-elderly family**, which is:
- a. A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62;
  - b. Two or more persons, who are at least 50 years of age but below the age of 62, living together; or
  - c. One or more persons, who are at least 50 years of age but below the age of 62, living with one or more live-in aides.
4. A **disabled family**, which is:
- a. A family whose head, spouse, or sole member is a person with disabilities;
  - b. Two or more persons with disabilities living together; or
  - c. One or more persons with disabilities living with one or more live-in aides.
  - d. For purposes of qualifying for low-income housing, does not include a person whose disability is based solely on any drug or alcohol dependence.
5. A **displaced family**, which is a family in which each member, or whose sole member, has been displaced by governmental action, or whose dwelling has been extensively damaged or destroyed as a result of a

disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.

6. A **remaining member of a tenant family**.
7. A **single person** who is not an elderly or displaced person, a person with disabilities, or the remaining member of a tenant family.

B. Income Eligibility

1. To be eligible for admission to developments or scattered-site units, the family's annual income must be within the low-income limit set by HUD. This means the family income cannot exceed 80 percent of the median income for the area. If the property has Low Income Housing Tax Credits on it, a lower income cap will apply.
2. Income limits apply only at admission and are not applicable for continued occupancy except at tax credit properties, if any.
3. A family may not be admitted to the public housing program from another assisted housing program (e.g., tenant-based Section 8) or from a public housing program operated by another housing authority without meeting the income requirements of the Lakeland Housing Authority
4. If the Lakeland Housing Authority acquires a property for federal public housing purposes, the families living there must have incomes within the low-income limit in order to be eligible to remain as public housing residents.
5. Income limit restrictions do not apply to families transferring within our Public Housing Program.
6. The Lakeland Housing Authority may allow police officers who would not otherwise be eligible for occupancy in public housing to reside in a public housing dwelling unit. Such occupancy must be needed to increase security for public housing residents. Their rent shall at least equal the cost of operating the public housing unit.

C. Citizenship/Eligibility Status

1. To be eligible for public housing assistance each member of the family must be a citizen, national, or a non-citizen who has eligible immigration status under one of the categories set forth in Section 214 of the Housing and Community Development Act of 1980 (see 42 U.S.C. 1436a(a)).

2. Family eligibility for assistance.
  - a. A family shall not be eligible for assistance unless at least one member of the family residing in the unit is determined to have eligible status.
  - b. Despite the ineligibility of one or more family members, a mixed family may be eligible for one of three types of assistance (See Section 13.6 for calculating rents under the non-citizen rule).
  - c. A family without any eligible members and receiving assistance on June 19, 1995 may be eligible for temporary deferral of termination of assistance.

D. Social Security Number Documentation

To be eligible, all family members 6 years of age and older must provide a Social Security number or certify that they do not have one. Adults must certify for minors.

E. Signing Consent Forms

1. In order to be eligible, each member of the family who is at least 18 years of age, and each family head and spouse regardless of age, shall sign one or more consent forms.
2. The consent form must contain, at a minimum, the following:
  - a. A provision authorizing HUD or the Lakeland Housing Authority to obtain from State Wage Information Collection Agencies (SWICAs) any information or materials necessary to complete or verify the application for participation or for eligibility for continued occupancy;
  - b. A provision authorizing HUD or the Lakeland Housing Authority to verify with previous or current employers or other sources of income information pertinent to the family's eligibility for or level of assistance;
  - c. A provision authorizing HUD to request income information from the IRS and the SSA for the sole purpose of verifying income information pertinent to the family's eligibility or level of benefits;

- d. A statement that the authorization to release the information requested by the consent form expires 15 months after the date the consent form is signed;
- e. A statement authorizing release of information between LHA and the Department of Children and Families;
- f. Authorization from the family to allow the Lakeland Housing Authority to complete criminal background reports and credit reports.

### **8.3 SUITABILITY**

- A. Applicant families will be evaluated to determine whether, based on their recent behavior, they can be expected to comply with LHA's lease. The Lakeland Housing Authority will look at past conduct as an indicator of future conduct. Emphasis will be placed on whether a family's admission could reasonably be expected to have a detrimental effect on the development environment or financial stability, other tenants, Lakeland Housing Authority employees, or other people residing in the immediate vicinity of the property. Otherwise eligible families will be denied admission if they fail to meet the suitability criteria.
- B. The Lakeland Housing Authority will consider objective and reasonable aspects of the family's background. In order to make this determination, the applicant must have either have established an independent residence for at least one year or lived with a blood relative for the past year. Factors that may be examined include the following:
  - 1. History of meeting financial obligations, especially rent and any utility payments;
  - 2. Ability to maintain (or with assistance would have the ability to maintain) their housing in a decent and safe condition based on living or housekeeping habits, and whether such habits could adversely affect the health, safety, or welfare of other tenants;
  - 3. History of criminal activity by any household member involving crimes of physical violence against persons or property and any other criminal activity including drug-related criminal activity that would adversely affect the health, safety, or well being of other tenants or staff or cause damage to the property.
    - (i) Any person who has been convicted of a violent crime will be ineligible for admission for ten (10) years from the date of conviction.



Violent Crimes shall be defined as including, but not necessarily being limited to, arson, battery, aggravated battery, sexual battery, rape, robbery, kidnapping, domestic violence, child abuse, aggravated child abuse, abuse of an elderly person or disabled adult, aggravated abuse of an elderly person or disabled adult, assault, sexual assault, aggravated assault, murder, manslaughter, aggravated manslaughter of an elderly person or disabled adult, aggravated manslaughter of a child, unlawful throwing, placing or discharging of a destructive device or bomb, armed burglary, aggravated stalking or any other violent act considered as criminal, whether misdemeanor or felony, pursuant to the applicable laws in effect at the time, or any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage.

In addition, any person convicted of drug related criminal activity (as defined in Federal regulations), unarmed burglary, vandalism or any other non-violent property crimes that could have a detrimental financial effect on the property of the Lakeland Housing Authority or its residents shall likewise be ineligible for admission for ten years from the date of conviction.

(ii) Any person who has been convicted of a non-violent crime within the last five (5) years will be ineligible for admission. Non-violent crimes shall be defined as including but not necessarily being limited to retail theft, theft by check, welfare fraud or any other nonviolent act considered as criminal, whether misdemeanor or felony, pursuant to the applicable laws in effect at that time. Any person who has charges pending adjudication will be ineligible for admission.

Rules used for the determination of Criminal History will be the Preponderance of Evidence as defined in the Florida Statutes.

4. History of disturbing neighbors or destruction of property;
5. Having committed fraud in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived therefrom; and
6. History of abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment by others.

- C. The Lakeland Housing Authority will ask applicants to provide information demonstrating their ability to comply with the essential elements of the lease. The Lakeland Housing Authority will verify the information provided. Such verification may include but may not be limited to the following:
1. A credit check of the head, spouse, co-head, and other adult family members;
  2. A rental history check of all adult family members;
  3. A criminal background check on all household members over the age of seven (7), including live-in aides at no cost to the applicant. This check will be made through State or local law enforcement or court records in those cases where the household member has lived in the local jurisdiction for the last ten years. Where the individual has lived outside the local area, the Lakeland Housing Authority may contact law enforcement agencies where the individual had lived or request a check through the FBI's National Crime Information Center (NCIC). This criminal background check will proceed after each adult household member has signed a consent form designed by the Lakeland Housing Authority. The information received as a result of the criminal background check shall be used solely for screening, lease enforcement and eviction purposes. The information derived from the criminal background check shall be shared only with employees of the Lakeland Housing Authority who have a job-related need to have access to the information. The information shall be maintained confidentially, not misused or improperly disseminated, and destroyed once the purpose(s) for which it was requested has been accomplished and the period for filing a challenge to the Lakeland Housing Authority's action has expired without a challenge or final disposition of any litigation has occurred;
  4. A home visit. The home visit provides the opportunity for the family to demonstrate their ability to maintain their home in a safe and sanitary manner. This inspection considers cleanliness and care of rooms, appliances, and appurtenances. The inspection may also consider any evidence of criminal activity; and
  5. A check of the State's lifetime sex offender registration program for each adult household member, including live-in aides. No household with an individual registered under a State sex offender registration will be admitted to public housing. The Lakeland Housing Authority will check with our State registry and if the applicant has resided in another State(s), with that State(s)'s list.

If an applicant is about to be denied housing based on either the criminal check or the sex offender registration program, the applicant will be informed of this fact and given an opportunity to dispute the accuracy of the information before the denial or eviction occurs.

#### **8.4 GROUND S FOR DENIAL**

The Lakeland Housing Authority is not required to assist families if applicants or members of the applicant's household:

- A. Do not meet any one or more of the eligibility criteria;
- B. Do not supply information or documentation required by the application process in a timely manner or who falsify the application;
- C. Have failed to respond to a written request for information or a request to declare their continued interest in the program;
- D. Have a history of not meeting financial obligations, especially rent;
- E. Do not have the ability to maintain (with assistance) their housing in a decent and safe condition where such habits could adversely affect the health, safety, or welfare of other tenants;
- F. Have a history of criminal activity by any household member involving crimes of physical violence against persons or property and any other criminal activity including drug-related criminal activity that would adversely affect the health, safety, or well being of other tenants or staff or cause damage to the property.

For the purpose of this Policy, if any member of the applicant family has been arrested at least three times within the prior three (3) year period for this purpose, they will be determined to have engaged in criminal activity, drug-related criminal activity or violent criminal activity.

Being a victim of domestic violence, dating violence, or stalking is not an appropriate basis for denial of program assistance or for denial of admission, if the applicant otherwise qualifies for assistance or admission. The Authority will require verification in all cases where an applicant claims protection against an action proposed to be taken by the Authority involving such individual. Types of acceptable verifications are outlined in Section 20.2B of the ACOP, and must be submitted within 14 business days after receipt of the Housing Authority's written request for verification.

- G. Have a history of disturbing neighbors or destruction of property;
- H. Currently owe rent or other amounts to any housing authority in connection with their public housing or Section 8 programs;
- I. Have committed fraud, bribery or any other corruption in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from;
- J. Were evicted from federally assisted housing within the past five years. The five-year limit is based on the date of such eviction, not the date the crime or other negative activity was committed.

However, in the case of an eviction due to criminal drug-related activities, the Lakeland Housing Authority may admit the household if the PHA determines:

1. The evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program approved by the Lakeland Housing Authority; or
  2. The circumstances leading to the eviction no longer exist (for example, the criminal household member is imprisoned or has died).
- K. Are currently engaging in the illegal use of a controlled substance. For purposes of this section, a member is “currently engaged in” the criminal activity if the person has engaged in this behavior recently enough to justify a reasonable belief that the behavior is current);
  - L. The Lakeland Housing Authority determines that it has reasonable cause to believe that a household member’s illegal use or pattern of illegal use of a drug may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents;
  - M. The Lakeland Housing Authority determines that it has reasonable cause to believe that a household member’s abuse or pattern of abuse of alcohol may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents;

With respect to criminal activity described in paragraphs J, K, L, and M of this Section, Lakeland Housing Authority may require an applicant to exclude a household member in order to be admitted to public housing where that household member has participated in or been culpable for actions described in paragraphs J, K, L, and M that warrants denial.

- N. Have engaged in or threatened abusive or violent behavior towards any Lakeland Housing Authority staff member, resident, contractor, or agent acting on behalf of the Lakeland Housing Authority;
- O. Fugitive felons, parole violators, and persons fleeing to avoid prosecution or custody or confinement after conviction for a crime, or attempt to commit a crime, that is a felony under the laws of the place from which the individual flees;
- P. In the event of the receipt of unfavorable information with respect to an applicant, consideration shall be given to the time, nature, and extent of the applicant's conduct or to factors which might indicate a reasonable probability of favorable future conduct or financial prospects. For example:
  - a. Evidence of rehabilitation.
  - b. Evidence of the applicant family's participation or willingness to participate in social services or other appropriate counseling service programs and the availability of such programs.
  - c. Evidence of the applicant family's willingness to attempt to increase family income and the availability of training or employment programs in the locality.
  - d. In the case of applicants whose ability to discharge lease obligations is in question, the resources actually available in support of the family, such as family members, visiting nurses, homemakers or Live-In caretakers.
- Q. **Denied for Life:** If any family member has been convicted of manufacturing or producing methamphetamine (speed) in a public housing development, in a Section 8 assisted property, or on the premises of other federally assisted housing;
- R. **Denied for Life:** Has a lifetime registration under a State sex offender registration program.

In determining whether to deny admission for illegal drug use by a household member who is no longer engaging in such abuse, or for abuse or a pattern of abuse of alcohol by a household member who is no longer engaging in such abuse, the Lakeland Housing Authority may consider whether such household member:

- 1. Is participating in a supervised drug or alcohol rehabilitation program;
- 2. Has successfully completed a supervised drug or alcohol rehabilitation program; or

3. Has otherwise been successfully rehabilitated.

For this purpose, Lakeland Housing Authority will require the applicant to submit evidence of the household member's current participation in, or successful completion of, a supervised drug or alcohol rehabilitation program or evidence of otherwise having been rehabilitated successfully.

- S. Before the Lakeland Housing Authority denies admission to the Lakeland Housing Authority's public housing program on the basis of a criminal record, the Lakeland Housing Authority must notify the household of the proposed action and must provide the person with the criminal record (i.e., a child) and the applicant (head of household) with a copy of the criminal record and an opportunity to dispute the accuracy and relevance of that record. The applicant will have ten (10) calendar days to dispute the accuracy and relevance of the record in writing. If the Lakeland Housing Authority does not receive the dispute within the allotted time, the applicant will be denied.

## **8.5 *INFORMAL HEARING***

- A. If the Lakeland Housing Authority determines that an applicant does not meet the criteria for receiving public housing assistance, the Lakeland Housing Authority will promptly provide the applicant with written notice of the determination. The notice must contain a brief statement of the reason(s) for the decision and state that the applicant may request in writing an informal review of the decision within 10 business days of the denial. The Lakeland Housing Authority will describe how to obtain the informal hearing.

The informal hearing may be conducted by any person designated by the Lakeland Housing Authority, other than a person who made or approved the decision under review or subordinate of this person. The applicant must be given the opportunity to present written or oral objections to the Lakeland Housing Authority's decision. The Lakeland Housing Authority must notify the applicant of the final decision within 14 calendar days after the informal review, including a brief statement of the reasons for the final decision.

- B. The applicant may request that the Lakeland Housing Authority provide for an Informal Hearing after the family has notification of an INS decision on their citizenship status on appeal, or in lieu of request of appeal to the INS. This request must be made by the applicant within 30 calendar days of receipt of the Notice of Denial or Termination of Assistance, or within 30 calendar days of receipt of the INS appeal decision.

For the applicants, the Informal Hearing Process above will be utilized with the exception that the applicant will have up to 30 calendar days of receipt of the Notice of Denial or Termination of Assistance, or of the INS appeal decision.

## **9.0 MANAGING THE WAITING LIST**

### **9.1 OPENING AND CLOSING THE WAITING LIST**

Opening of the waiting list will be announced with a public notice stating that applications for public housing will again be accepted. The public notice will state where, when, and how to apply. The notice will be published in a local newspaper of general circulation and also by any available minority media. The public notice will state any limitations to who may apply.

The notice will state that applicants already on waiting lists for other housing programs must apply separately for this program and such applicants will not lose their place on other waiting lists when they apply for public housing. The notice will include the Fair Housing logo and slogan and will be in compliance with Fair Housing requirements.

Closing of the waiting list will also be announced with a public notice. The public notice will state the date the waiting list will be closed and for what bedroom sizes. The public notice will be published in a local newspaper of general circulation and also by any available minority media.

### **9.2 ORGANIZATION OF THE WAITING LIST**

The waiting list will be maintained in accordance with the following guidelines:

- A. The application will be a permanent file;
- B. All applications will be maintained in order of bedroom size, preference, and then in order of date and time of application; and
- C. Any significant contact between the Lakeland Housing Authority and the applicant will be documented in the applicant file.

### **9.3 FAMILIES NEARING THE TOP OF THE WAITING LIST**

When a family reaches the top of the waiting list, and a unit becomes available, the family will be invited to an appointment to re-verify the information contained in their original application. If the family no longer qualifies to be near the top of the list (because, for example, their preference status has changed), the family's name will be returned to the appropriate spot on the waiting list. The Lakeland Housing Authority must

notify the family in writing of this determination and give the family the opportunity for an informal review.

#### **9.4 UPDATING THE WAITING LIST**

The Lakeland Housing Authority will update its waiting list at least annually to ensure that the pool of applicants reasonably represents the interested families for whom the Lakeland Housing Authority has current information, i.e., applicant's address, family composition, income category, and preferences.

#### **9.5 REMOVAL OF APPLICANTS FROM THE WAITING LIST**

The Lakeland Housing Authority will not remove an applicant's name from the waiting list unless:

- A. The applicant requests in writing that the name be removed;
- B. The applicant fails to respond to a written request for information or a request to declare their continued interest in the program;
- C. The applicant does not meet either the eligibility or suitability criteria for the program; or
- D. The applicant is housed.

Applicants will be offered the right to an informal review before being removed from the waiting list.

#### **9.6 MISSED APPOINTMENTS**

All applicants who fail to keep a scheduled appointment with the Lakeland Housing Authority will be sent a notice of termination of the process for eligibility.

The Lakeland Housing Authority will allow the family to reschedule for good cause. Generally, no more than one opportunity will be given to reschedule without good cause, and no more than two opportunities will be given for good cause. When good cause exists for missing an appointment, the Lakeland Housing Authority will work closely with the family to find a more suitable time.

#### **9.7 NOTIFICATION OF NEGATIVE ACTIONS**

Any applicant whose name is being removed from the waiting list will be notified by the Lakeland Housing Authority, in writing, that they have ten (10) business days from the date of the written correspondence to present mitigating circumstances or request in



writing an informal hearing. The letter will also indicate that their name will be removed from the waiting list if they fail to respond within the timeframe specified. The Lakeland Housing Authority system of removing applicant names from the waiting list will not violate the rights of persons with disabilities. If an applicant claims that their failure to respond to a request for information or updates was caused by a disability, the Lakeland Housing Authority will verify that there is in fact a disability and the disability caused the failure to respond, and will provide a reasonable accommodation. An example of a reasonable accommodation would be to reinstate the applicant on the waiting list based on the date and time of the original application.

## 10.0 TENANT SELECTION AND ASSIGNMENT PLAN

### 10.1 PREFERENCES

The Lakeland Housing Authority will select families based on the following preferences within each bedroom size category and based on our local housing needs and priorities:

Preferences will be weighted as follows:

Relocated at the request of the Lakeland Housing Authority	500	points
Person residing in within a Community Redevelopment Area as defined in Florida Statutes	300	points
Absence of Proscribed Crime	150	points
Working Family (see glossary)	50	points
Absence of a Misdemeanor	5	points
Enrolled in School (school age dependents)	1	point
Residency (see glossary)	1	point
Voter Registration	1	point
Victim of Domestic Violence	1	point

Applicants are placed on the waiting list by bedroom size based on the number of points received from the above preferences. Applicants claiming a preference are considered to be priority applicants. Applicants not claiming a preference are considered to be a non-priority applicant. Families not claiming preferences will be notified by the Lakeland Housing Authority. Their names will be retained on the waiting list as non-priority

applicants. Should their status change in regards to a preference, they should notify Lakeland Housing Authority immediately so that they may be added to the priority waiting list, if appropriate.

**Notwithstanding the above, families who are elderly, disabled, or displaced will be offered housing before other single persons.**

**Buildings Designed for the Elderly and Disabled (Mixed Population Developments):**

Preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families. If there are no near-elderly families on the waiting list, units will be offered to families who qualify for the appropriate bedroom size using these priorities. All such families will be selected from the waiting list using the preferences as outlined above.

**Buildings Designated as Elderly Only Housing:** Cecil Gober Villas has been approved by HUD as being designated for elderly only. In filling vacancies in this development, first priority will be given to elderly families. Using these priorities, families will be selected from the waiting list using the preferences as outlined above.

**Accessible Units:** Accessible units will be first offered to families who may benefit from the accessible features who reside in the development that has the vacancy. If there are no families residing in that development needing the accessible unit, it shall then be offered to families residing in other developments who may benefit from the accessible unit. If there are no families residing in the other developments needing the accessible unit, it shall then be offered to applicants on the waiting list who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above.

If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list. Such applicants, however, will be requested to sign a lease rider stating they will accept a transfer (at the Housing Authority's expense) if, at a future time, a family requiring an accessible feature applies or a family requires a transfer from a non-accessible unit. Any family required to transfer will be given a 30-day notice.

***10.1.1 HOUSING FEDERAL DISASTER VICTIMS***

In the case of a federally declared disaster, the Lakeland Housing Authority reserves the right for its Executive Director to suspend its preference system what whatever duration the Executive Director feels is appropriate and to admit victims of the disaster to the program instead of those who would be normally admitted. Any other provisions of this policy can also be suspended during the emergency at the discretion of the Executive Director so long as the provision suspended does not violate a law. If regulatory waivers

are necessary, they shall be promptly requested of the HUD Assistant Secretary for Public and Indian Housing.

**10.2 ASSIGNMENT OF BEDROOM SIZES**

The following guidelines will determine each family’s unit size without overcrowding or over-housing:

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
0	1	1
1	1	2
2	2	4
3	3	6
4	4	8

These standards are based on the assumption that each bedroom will accommodate no more than two (2) persons. Zero bedroom units will only be assigned to one-person families. Two adults will share a bedroom unless related by blood.

In determining bedroom size, the Lakeland Housing Authority will include the presence of children to be born to a pregnant woman, children who are in the process of being adopted, children whose custody is being obtained, children currently under a 50% or more joint custody decree, children who are temporarily away at school, or children who are temporarily in foster care.

In addition, the following considerations may be taken in determining bedroom size:

- A. Children of the same sex will share a bedroom unless the size of the bedroom is less than 120 square feet.
- B. Children of the opposite sex, both under the age of 6, will share a bedroom unless the size of the bedroom is less than 120 square feet.
- C. Suggest: Persons of different generations will not be required to share a bedroom
- D. Foster adults and/or foster children will not be required to share a bedroom with family members.

- E. Live-in aides will get a separate bedroom.

Exceptions to normal bedroom size standards include the following:

- A. Units smaller than assigned through the above guidelines. A family may request a smaller unit size than the guidelines allow. The Lakeland Housing Authority will allow the smaller size unit so long as generally no more than two (2) people per bedroom are assigned. In such situations, the family will sign a certification stating they understand they will be ineligible for a larger size unit for three years or until the family size changes, whichever may occur first.
- B. Units larger than assigned through the above guidelines. A family may request a larger unit size than the guidelines allow. The Lakeland Housing Authority will allow the larger size unit if the family provides a verified medical or disability-related need that the family be housed in a larger unit.
- C. If there are no families on the waiting list for a larger size, smaller families may be housed if they sign a release form stating they will transfer (at the family's own expense) to the appropriate size unit when an eligible family needing the larger unit applies. The family transferring will be given a 30 calendar-day notice before being required to move.
- D. Larger units may be offered in order to improve the marketing of a development suffering a high vacancy rate.
- E. In no event will a single person who is not an elderly person or a displaced person, or a person with disabilities be provided with a unit that is larger than one-bedroom.

### **10.3 SELECTION FROM THE WAITING LIST**

The Lakeland Housing Authority shall follow the statutory requirement that at least 40% of newly admitted families in any fiscal year be families whose annual income is at or below 30% of the area median income. To ensure this requirement is met we shall quarterly monitor the incomes of newly admitted families and the incomes of the families on the waiting list. If it appears that the requirement to house extremely low-income families will not be met, we will skip higher income families on the waiting list to reach extremely low-income families. The LHA will maintain records making it possible for auditors to determine that the persons skipped over did not meet the income targeting goals.

If admissions of extremely low-income families to the Lakeland Housing Authority's voucher program during a fiscal year exceed the 75% minimum targeting requirement for the Lakeland Housing Authority's voucher program, such excess shall be credited

(subject to the limitations in this paragraph) against the Lakeland Housing Authority's basic targeting requirement for the same fiscal year.

The fiscal year credit for voucher program admissions that exceeds the minimum voucher program targeting requirement shall not exceed the lower of:

- A. Ten% of public housing waiting list admissions during the Lakeland Housing Authority fiscal year;
- B. Ten% of waiting list admissions to the Lakeland Housing Authority's Section 8 tenant-based assistance program during the PHA fiscal year; or
- C. The number of qualifying low-income families who commence occupancy during the fiscal year of Lakeland Housing Authority public housing units located in census tracts with a poverty rate of 30 % or more. For this purpose, qualifying low-income family means a low-income family other than an extremely low-income family.

If there are not enough extremely low-income families on the waiting list we will conduct outreach on a non-discriminatory basis to attract extremely low-income families to reach the statutory requirement.

#### ***10.4 DECONCENTRATION POLICY***

It is the Lakeland Housing Authority's policy to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments. Toward this end, we will skip families on the waiting list to reach other families with a lower or higher income. We will accomplish this in a uniform and non-discriminating manner.

The Lakeland Housing Authority will affirmatively market our housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.

Prior to the beginning of each fiscal year, we will analyze the income levels of families residing in each of our developments and the income levels of the families on the waiting list. Based on this analysis, we will determine the level of marketing strategies and deconcentration incentives to implement.

#### ***10.5 DECONCENTRATION INCENTIVES***

The Lakeland Housing Authority may offer one or more incentives to encourage applicant families whose income classification would help to meet the deconcentration goals of a particular development.

Various incentives may be used at different times, or under different conditions, but will always be provided in a consistent and nondiscriminatory manner.

#### **10.6 OFFER OF A UNIT**

When the Lakeland Housing Authority discovers that a unit will become available, the Housing Authority will contact the first family on the waiting list who has the highest priority for this type of unit or development and whose income category would help to meet the deconcentration goal and/or the income targeting goal.

The Lakeland Housing Authority will contact the family first by telephone to make the unit offer. If the family cannot be reached by telephone, the family will be notified of a unit offer via first class mail. The family will be given five (5) business days from the date the family was contacted by telephone or from the date the letter was mailed to contact the Lakeland Housing Authority regarding the offer.

The family will be offered the opportunity to view the unit. The family will have two (2) business days to view and accept or reject the unit. This verbal offer and the family's decision must be documented in the tenant file. If the family rejects the offer of the unit, the Lakeland Housing Authority will send the family a letter documenting the offer and the rejection.

#### **10.7 REFUSAL OF UNIT**

If the family rejects the unit without good cause, the family will forfeit their application's date and time. The family will keep their preferences, but the date and time of application will be changed to the date and time the unit was rejected.

If the family rejects with good cause any unit offered, they will not lose their place on the waiting list. Good cause includes, among other things, reasons related to health, proximity to work, school, and childcare (for those working or going to school). The family will be offered the right to an informal review of the decision to alter their application status.

#### **10.8 ACCEPTANCE OF UNIT**

Prior to signing the lease, all families (head of household) and other adult family members will be required to attend the Lease and Occupancy Orientation when they are initially accepted for occupancy. The family will not be housed if they have not attended the orientation. Applicants who provide prior notice of an inability to attend the

orientation will be rescheduled. Failure of an applicant to attend the orientation, without good cause, may result in the cancellation of the occupancy process.

The applicant will be provided a copy of the lease, the grievance procedure, utility allowances, utility charges, the current schedule of routine maintenance charges, and a request for reasonable accommodation form. These documents will be explained in detail. The applicant will sign a certification that they have received these documents and that they have reviewed them with Housing Authority personnel. The certification will be filed in the tenant's file. The orientation shall include the resident's rights and responsibilities under the Violence Against Women Act.

The signing of the lease and the review of financial information are to be privately handled. The head of household and all adult family members will be required to execute the lease prior to admission. One executed copy of the lease will be furnished to the head of household and the Lakeland Housing Authority will retain the original executed lease in the tenant's file. A copy of the grievance procedure will be attached to the resident's copy of the lease.

The family will pay a security deposit at the time of lease signing. The security deposit will be \$300 unless grand-fathered in to the previous \$100.

Each family is required to pay a \$300.00 security deposit. If the security deposit payment creates a hardship for the family, they may be allowed to establish a payment agreement, with the initial deposit being no less than \$50.00, and monthly payments of at least \$20 until the full amount is paid.

In the case of a move within public housing, the security deposit for the first unit will be transferred to the second unit. Additionally, if the security deposit for the second unit is greater than that for the first, the difference will be collected from the family. Conversely, if the security deposit is less, the difference will be refunded to the family.

In the event there are costs attributable to the family for bringing the first unit into condition for re-renting, the family shall be billed for these charges.

## **11.0 INCOME, EXCLUSIONS, AND DEDUCTIONS FROM INCOME**

To determine annual income, the Lakeland Housing Authority adds the income of all family members, excluding the types and sources of income that are specifically excluded. Once the annual income is determined, the Lakeland Housing Authority subtracts all allowable deductions (allowances) to determine the Total Tenant Payment.

## **11.1 INCOME**

Annual income means all amounts, monetary or not, that:

- A. Go to (or on behalf of) the family head or spouse (even if temporarily absent) or to any other family member; or
- B. Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and
- C. Are not specifically excluded from annual income.

If it is not feasible to anticipate a level of income over a 12-month period (e.g. seasonal or cyclic income), or the Lakeland Housing Authority believes that past income is the best available indicator of expected future income, the Lakeland Housing Authority may annualize the income anticipated for a shorter period, subject to a redetermination at the end of the shorter period.

Annual income includes, but is not limited to amounts covered in 24 CFR part 5.609:

- A. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.
- B. The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness are not used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession is included in income, except to the extent the withdrawal is a reimbursement of cash or assets invested in the operation by the family.
- C. Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness are not used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from an investment is included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income includes the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD. Income that could have been derived from assets worth



more than \$1000 that were disposed of for less than fair market value within the past two years will be counted as income.

- D. The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount. (However, deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts are not income, but assets.)
- E. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay. (However, lump sum additions such as insurance payments from worker's compensation are excluded.)
- F. Welfare assistance
  - 1. Welfare assistance payments
    - a. Welfare assistance payments made under the Temporary Assistance for Needy Families (TANF) program are included in annual income only to the extent such payments:
      - i. Qualify as assistance under the TANF program definition at 45 CFR 260.31; and
      - ii. Are not otherwise excluded under paragraph Section 11.2 of this Policy.
  - 2. Imputed welfare income
    - a. A family's annual income includes the amount of imputed welfare income (because the family's grant was reduced due to welfare fraud or failure to comply with economic self sufficiency requirements) plus the total amount of other annual income.
    - b. At the request of the Lakeland Housing Authority, the welfare agency will inform the Lakeland Housing Authority in writing of the amount and term of any specified welfare benefit reduction for a family member, and the reason for such reduction, and will also inform the Lakeland Housing Authority of any subsequent changes in the term or amount of such specified welfare benefit reduction. The Lakeland Housing Authority will use this information to determine the amount of imputed welfare income for a family.

- c. A family's annual income includes imputed welfare income in family annual income, as determined at an interim or regular reexamination of family income and composition, during the term of the welfare benefits reduction (as specified in information provided to the Lakeland Housing Authority by the welfare agency).
- d. The amount of the imputed welfare income is offset by the amount of additional income a family receives that commences after the time the sanction was imposed. When such additional income from other sources is at least equal to the imputed welfare income, the imputed welfare income is reduced to zero.
- e. The Lakeland Housing Authority will not include imputed welfare income in annual income if the family was not an assisted resident at the time of the sanction.
- f. If a resident is not satisfied that the Lakeland Housing Authority has calculated the amount of imputed welfare income in accordance with HUD requirements, and if the Lakeland Housing Authority denies the family's request to modify such amount, then the Lakeland Housing Authority shall give the resident written notice of such denial, with a brief explanation of the basis for the Lakeland Housing Authority's determination of the amount of imputed welfare income. The Lakeland Housing Authority's notice shall also state that if the resident does not agree with the determination, the resident may grieve the decision in accordance with our grievance policy. The resident is not required to pay an escrow deposit for the portion of the resident's rent attributable to the imputed welfare income in order to obtain a grievance hearing.
- g. Relations with welfare agencies
  - 1). The Lakeland Housing Authority will ask welfare agencies to inform it of any specified welfare benefits reduction for a family member, the reason for such reduction, the term of any such reduction, and any subsequent welfare agency determination affecting the amount or term of a specified welfare benefits reduction. If the welfare agency determines a specified welfare benefits reduction for a family member, and gives the Lakeland Housing Authority written notice of such reduction, the family's annual

incomes shall include the imputed welfare income because of the specified welfare benefits reduction.

- 2). The Lakeland Housing Authority is responsible for determining the amount of imputed welfare income that is included in the family's annual income as a result of a specified welfare benefits reduction as determined by the welfare agency, and specified in the notice by the welfare agency to the housing authority. However, the Lakeland Housing Authority is not responsible for determining whether a reduction of welfare benefits by the welfare agency was correctly determined by the welfare agency in accordance with welfare program requirements and procedures, nor for providing the opportunity for review or hearing on such welfare agency determinations.
  - 3). Such welfare agency determinations are the responsibility of the welfare agency, and the family may seek appeal of such determinations through the welfare agency's normal due process procedures. The Lakeland Housing Authority shall rely on the welfare agency notice to the Lakeland Housing Authority of the welfare agency's determination of a specified welfare benefits reduction.
- G. Periodic and determinable allowances, such as alimony, child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.
- H. All regular pay, special pay, and allowances of a member of the Armed Forces. (Special pay to a member exposed to hostile fire is excluded.)

## ***11.2 ANNUAL INCOME***

Annual income does not include the following amounts specified in the federal regulations currently found in 24 CFR 5.609:

- A. Income from employment of children (including foster children) under the age of 18 years other than the head or spouse;
- B. Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone) or payments made under Kin-GAP or similar relative caregiver guardianship programs for children leaving the juvenile court system;

- C. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses;
- D. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
- E. Income of a live-in aide;
- F. The full amount of student financial assistance paid directly to the student or to the educational institution unless it is an athletic scholarship that includes assistance available for housing costs and that portion is included in income;
- G. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
- H. The amounts received from the following programs:
  - 1. Amounts received under training programs funded by HUD;
  - 2. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);
  - 3. Amounts received by a participant in other publicly assisted programs that are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, childcare, etc.) and that are made solely to allow participation in a specific program;
  - 4. Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the Housing Authority or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the Lakeland Housing Authority governing board. No resident may receive more than one such stipend during the same period of time;
  - 5. Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training

programs with clearly defined goals and objectives and are excluded only for the period during which the family member participates in the employment training program;

6. Temporary, nonrecurring or sporadic income (including gifts);
7. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
8. Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse);
9. Adoption assistance payments in excess of \$480 per adopted child;
10. The incremental earnings due to employment during a cumulative 12-month period following date of the initial hire shall be excluded. This exclusion (paragraph 11) will not apply for any family who concurrently is eligible for exclusion #10. Additionally, this exclusion is only available to the following families:
  - a. Families whose income increases as a result of employment of a family member who was previously unemployed for one or more years.
  - b. Families whose income increases during the participation of a family member in any economic self-sufficiency or other job training program.
  - c. Families who are or were, within 6 months, assisted under a State TANF or Welfare-to-Work program.

During the second cumulative 12-month period after the date of initial hire, 50% of the increased income shall be excluded from income.

The disallowance of increased income of an individual family member is limited to a lifetime 48-month period. It only applies for 12 months of the 100% exclusion and 12 months of the 50% exclusion.

(While HUD regulations allow for the housing authority to offer an escrow account in lieu of having a portion of their income excluded under this paragraph, it is the policy of this housing authority to provide the exclusion in all cases.)

11. Deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts;
12. Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit;
13. Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or
14. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits. These exclusions include all those listed in 24 CFR part 5.609 (c)(17):
  - a. The value of the allotment provided to an eligible household under the Food Stamp Act of 1977 (7 U.S.C. 2017(b));
  - b. Payments to Volunteers under the domestic Volunteer Services Act of 1973 (42 U.S.C. 5044(g), 5058);
  - c. Payments received under the Alaska Native Claims Settlement Act (43 U.S.C. 1626(c));
  - d. Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes (25 U.S.C. 459e);
  - e. Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program (42 U.S.C. 8624(f));
  - f. Payments received under programs funded in whole or in part under the Job Training Partnership Act (29 U.S.C. 1552(b); (effective July 1, 2000, references to Job Training Partnership Act shall be deemed to refer to the corresponding provision of the Workforce Investment Act of 1998 (29 U.S.C. 2931);
  - g. Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (Pub. L. 94-540, 90 Stat. 2503-04);
  - h. The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court, the interests of individual Indians in trust or restricted lands,

including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands (25 U.S.C. 1407–1408);

- i. Amounts of scholarships funded under title IV of the Higher Education Act of 1965, including awards under Federal work-study program or under the Bureau of Indian Affairs student assistance programs (20 U.S.C. 1087uu);
- j. Payments received from programs funded under Title V of the Older Americans Act of 1985 (42 U.S.C. 3056(f));
- k. Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent*-product liability litigation, M.D.L. No. 381 (E.D.N.Y.);
- l. Payments received under the Maine Indian Claims Settlement Act of 1980 (25 U.S.C. 1721);
- m. The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858q);
- n. Earned income tax credit (EITC) refund payments received on or after January 1, 1991 (26 U.S.C. 32(j));
- o. Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation (Pub. L. 95–433);
- p. Allowances, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990 (42 U.S.C. 12637(d));
- q. Any allowance paid under the provisions of 38 U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran (38 U.S.C. 1805);
- r. Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a

crime against the applicant under the Victims of Crime Act (42 U.S.C. 10602); and

- s. Allowances, earnings and payments to individuals participating in programs under the Workforce Investment Act of 1998 (29 U.S.C. 2931).
- t. Any low-income subsidy received to assist low-income persons in paying for their Medicare prescription drug program.
- u. Income payments from the U. S. Census Bureau defined as employment lasting no longer than 180 days and not culminating in permanent employment.

The Lakeland Housing Authority will not provide exclusions from income in addition to those already provided for by HUD.

### ***11.3 DEDUCTIONS FROM ANNUAL INCOME***

The following deductions will be made from annual income:

- A. \$480 for each dependent, defined as a family member other than the head, spouse, foster child or adult, or live-in aide who is under age 18, over age 18 and either a full-time student or a person with a disability;
- B. \$400 for any elderly family or disabled family;
- C. The sum of the following, to the extent the sum exceeds three percent of annual income:
  - 1. Unreimbursed medical expenses of any elderly family or disabled family including any fee paid by the participant for the Medicare prescription drug program; and
  - 2. Unreimbursed reasonable attendant care and auxiliary apparatus expenses for each member of the family who is a person with disabilities, to the extent necessary to enable any member of the family (including the member who is a person with disabilities) to be employed, but this allowance may not exceed the earned income received by family members who are 18 years of age or older who are able to work because of such attendant care or auxiliary apparatus.
- D. Reasonable childcare expenses for children 12 and younger necessary to enable a member of the family to be employed or to further his or her education. When the



deduction is granted to permit employment, the deduction shall not exceed the amount of employment income that is included in annual income. If the deduction is granted to permit a resident to further his/her education, the amount of the deduction shall be reasonable, considering the cost of child care in the Lakeland area.

#### ***11.4 RECEIPT OF A LETTER OR NOTICE FROM HUD CONCERNING INCOME***

- A. If a public housing resident receives a letter or notice from HUD concerning the amount or verification of family income, the letter shall be brought to the person responsible for income verification within thirty (30) calendar days of receipt by the resident.
- B. The Public Housing Manager for the respective property shall reconcile any difference between the amount reported by the resident and the amount listed in the HUD communication. This shall be done as promptly as possible.
- C. After the reconciliation is complete, the Lakeland Housing Authority shall, if warranted, adjust the resident's rent beginning at the start of the next month. If the reconciliation is completed during the final five (5) calendar days of the month, the new rent shall take effect on the first day of the second month following the end of the current month. In addition, if the resident had not previously reported the proper income, the Lakeland Housing Authority shall do one of the following:
  - 1. Immediately collect the back rent due to the agency;
  - 2. Establish a repayment plan for the resident to pay the sum due to the agency;
  - 3. Terminate the lease and evict for failure to report income; or
  - 4. Terminate the lease, evict for failure to report income, and collect the back rent due to the agency.

#### ***11.5 COOPERATING WITH WELFARE AGENCIES***

The Lakeland Housing Authority will make its best efforts to enter into cooperation agreements with local welfare agencies under which the welfare agencies will agree:

- A. To target assistance, benefits and services to families receiving assistance in the public housing and Section 8 tenant-based assistance program to achieve self-sufficiency; and

- B. To provide written verification to the Lakeland Housing Authority concerning welfare benefits for families applying for or receiving assistance in our housing assistance programs.

## **11.6 COOPERATING WITH LAW ENFORCEMENT AGENCIES**

The Lakeland Housing Authority will comply, on a case-by-case basis, with information requests from Federal, State or local law enforcement officers regarding possible fugitive felons and/or a parole or probation violators. The Lakeland Housing Authority will supply upon legitimate request (1) the current address, (2) Social Security number and (3) photograph (if available) of any recipient of assistance.

The Federal, State or local enforcement officer must submit a request that is (1) written, (2) on law enforcement agency letterhead, and (3) is signed by the requesting officer and his or her immediate supervisor. The request for information must provide the name of the fugitive felon and/or parole or probation violator being sought, and may include other personal information used for identification. The request should also comply with the following requirements:

- A. The law enforcement agency shall notify Lakeland Housing Authority that the fugitive felon and/or parole or probation violator (i) is fleeing to avoid prosecution, custody or confinement after conviction, under the laws of the place from which the individual flees, for a crime, or attempt to commit a crime, which is a felony under the laws of the place from which the individual flees, or which, in the case of the State of New Jersey, is a high misdemeanor; or (ii) is violating a condition of probation or parole imposed under Federal or State law; or (iii) has information that is necessary for the officer to conduct his/her official duties;
- B. The location or apprehension of the recipient is within the Lakeland Housing Authority's official duties; and,
- C. The request is made in the proper exercise of the law enforcement agency's official duties.

## **12.0 VERIFICATION**

The Lakeland Housing Authority will verify information related to waiting list preferences, eligibility, admission, and level of benefits prior to admission. Periodically during occupancy, items related to eligibility and rent determination shall also be reviewed and verified. Income, assets, and expenses will be verified, as well as disability status, need for a live-in aide and other reasonable accommodations; full-time student status of family members 18 years of age and older; Social Security numbers; and

citizenship/eligible non-citizen status. Age and relationship will only be verified in those instances where needed to make a determination of level of assistance.

## **12.1 ACCEPTABLE METHODS OF VERIFICATION**

Age, relationship, U.S. citizenship, and Social Security numbers will generally be verified with documentation provided by the family. For citizenship, the family's certification will be accepted. (Or, for citizenship, documentation such as listed below will be required.) Verification of these items will include photocopies of the Social Security cards and other documents presented by the family, the INS SAVE approval code, and forms signed by the family.

Other information will be verified by the following five verification methods acceptable to HUD, in the order of preference indicated:

### **1. Up-front Income Verifications (UIV)**

UIV is the verification of income through an independent source that systematically maintains income information in computerized form for a large number of individuals.

Current UIV resources include the following:

- a. Enterprise Income Verification (EIV) – HUD's online wage and benefit system that allows PHAs to verify tenant-reported income from an independent source in computerized form.**
- b. State Wage Information Collection Agencies (SWICAs)**
- c. State systems for the Temporary Assistance for Needy Families (TANF) program**
- d. Credit Bureau Information (CBA) credit reports**
- e. Internal Revenue Service (IRS) Letter 1722**
- f. Private sector databases (e.g. The Work Number)**

It is important to note that UIV data will only be used to verify a resident's eligibility for participation in a rental assistance program and to determine the level of assistance the resident is entitled to receive and only by properly trained persons whose duties require access to this information. Any other use, unless approved by the HUD Headquarters UIV Security System Administrator, is specifically prohibited and will not occur.

No adverse action can be taken against a resident until the Lakeland Housing Authority has independently verified the UIV information and the resident has been granted an opportunity to contest any adverse findings through the established grievance procedure. The consequences of adverse findings may include the Lakeland Housing Authority requiring the immediate payment of any over-subsidy, the entering into a repayment agreement, eviction, criminal prosecution, or any other appropriate remedy.

Furthermore, the information the Lakeland Housing Authority derives from the UIV system will be protected to ensure that it is utilized solely for official purposes and not disclosed in any way that would violate the privacy of the affected individuals.

Once the data has served its purpose, it shall be destroyed by either burning or shredding the data.

The Lakeland Housing Authority will use additional UIV resources as they become available. This will be done before, during and/or after examinations and/or re-examinations of household income as appropriate.

## **2. Third –Party Written Verifications**

This type of verification includes written documentation, with forms sent directly to and received directly from a source, not passed through the hands of the family. It may also be a report generated automatically by another government agency, i.e., Department of Welfare, Veterans Administration, etc.

Third-party written verifications may also be used to supplement Up-front Income Verifications. They will be utilized when there is a discrepancy of \$200 a month or more and the participant disputes the UIV results.

Third party verification of SS and SSI benefits shall be obtained by getting a copy of an official Social Security Administration letter of benefits from the person receiving the benefits and verification from HUD's on-line systems. If either of these forms of verification are not obtainable, then the file shall be documented as to why third party verification was not used.

The Lakeland Housing Authority will allow ten (10) calendar days for the return of third party written verifications prior to continuing on to the next type of verification.

**3. Third-Party Oral Verifications**

This type of verification includes direct contact with the source, in person or by telephone. When this method is used, staff members will be required to document in writing with whom they spoke, the date of the conversation and the facts obtained.

The Lakeland Housing Authority will allow five (5 ) calendar days for the return of third party oral verifications prior to continuing on to the next type of verification.

**4. Review of Documents**

When UIV, written and oral third party verifications are not available within the fifteen (15) calendar days period allowed in paragraphs 2 and 3 above, the Housing Authority will use the information received by the family, provided that the documents provide complete information. Photocopies of the documents, excluding government checks, provided by the family will be maintained in the file. In cases in which documents are viewed and cannot be photocopied, staff reviewing the documents will complete a written statement as to the contents of the document(s).

**5. Self-Certification and Self-Declaration**

When UIV, written and oral third party verifications are not available within the fifteen (15) calendar day period allowed in paragraphs 2 and 3 above, and hand-carried verification cannot be obtained, the Housing Authority will accept a statement detailing information needed, signed by the head, spouse, co-head, or other adult family member.

Verification forms and reports received will be contained in the applicant/tenant file. Oral third party documentation will include the same information as if the documentation had been written, i.e. name, date of contact, amount received, etc.

When any verification method other than Up-Front Income Verification is utilized, the Lakeland Housing Authority will document the reason for the choice of the verification methodology in the applicant/resident's file.

**12.2 TYPES OF VERIFICATION**

The chart below outlines the factors that may be verified and gives common examples of the verification that will be sought. To obtain written third party verification, the Lakeland Housing Authority will send a request form to the source along with a release form signed by the applicant/tenant via first class mail.

Verification Requirements for Individual Items		
Item to Be Verified	3 <sup>rd</sup> party verification	Hand-carried verification
<b>General Eligibility Items</b>		
Social Security Number	Letter from Social Security, electronic reports	Social Security card or a third party document stating the Social Security Number
Adult Status of the Head of Household		Valid drivers license, identification card issued by a government agency, or a birth certificate
Citizenship	N/A	Signed certification, voter's registration card, birth certificate, etc.
Eligible immigration status	INS SAVE confirmation #	INS card
Disability	Letter from medical professional, SSI, etc	No reason not to use 3 <sup>rd</sup> party here.
Full time student status (if >18)	Letter from school	For high school and/or college students, any document evidencing enrollment
Need for a live-in aide	Letter from doctor or other professional knowledgeable of condition	N/A
Childcare costs	Letter from care provider	Use the 3 <sup>rd</sup> party form
Disability assistance expenses	Letters from suppliers, care givers, etc.	Use the 3 <sup>rd</sup> party form. Bills etc reflect old costs – you are looking toward anticipated costs.
Medical expenses	Letters from providers, Prescription record from pharmacy, medical professional's letter stating assistance or a companion animal is needed	Use the 3 <sup>rd</sup> party form. Bills etc reflect old costs – you are looking toward anticipated costs.
Medicare Prescription Drug Coverage		A card issued by a private prescription drug plan with the words Medicare Rx on it.

Verification Requirements for Individual Items		
Item to Be Verified	3 <sup>rd</sup> party verification	Hand-carried verification
<b>Value of and Income from Assets</b>		
Savings, checking accounts	Letter from institution	
CDS, bonds, etc	Letter from institution. Letter from broker, bank, etc.	Tax return is last year's data, contact the investment source.
Stocks	Letter from broker or holding company	
Real property	Letter from tax office, assessment, etc.	
Personal property held as an investment	Assessment, bluebook, etc By definition, personal property is not included in Net Family Assets	Why verify?
Cash value of whole life insurance policies	Letter from insurance company Only relevant if it's whole life. Otherwise not considered an asset.	
Assets disposed of for less than fair market value	See sections above to determine worth of asset before divestiture	Original receipt and receipt at disposition, other evidence of worth
<b>Income</b>		
Earned income	Letter from employer	Last resort. Too easy to falsify
Self-employed	N/A	Tax return from prior year, books of accounts
Regular gifts and contributions	Letter from source, letter from organization receiving gift (i.e., if grandmother pays day care provider, the day care provider could so state)	
Alimony/child support	Court order, letter from source, letter from Human Services	
Social Security Administration		Letter from Social Security as verified by HUD computer

<b>Verification Requirements for Individual Items</b>		
<b>Item to Be Verified</b>	<b>3<sup>rd</sup> party verification</b>	<b>Hand-carried verification</b>
		systems
Periodic payments (i.e., welfare, pensions, workers compensation, unemployment)	Letter or electronic reports from the source. Copy of award letter sent from source	
Training program participation	Letter from program provider indicating <ul style="list-style-type: none"> <li>- whether enrolled or completed</li> <li>- whether training is HUD-funded</li> <li>- whether Federal, State, local govt., or local program</li> <li>- whether it is employment training</li> <li>- whether it has clearly defined goals and objectives</li> <li>- whether program has supportive services</li> <li>- whether payments are for out-of-pocket expenses incurred in order to participate in a program</li> <li>- date of first job after program completion</li> </ul>	N/A  Evidence of job start

### ***12.3 VERIFICATION OF CITIZENSHIP OR ELIGIBLE NONCITIZEN STATUS***

The citizenship/eligible non-citizen status of each family member regardless of age must be determined.

Prior to being admitted, or at the first reexamination, all citizens and nationals will be required to sign a declaration under penalty of perjury. They will be required to show proof of their status by such means as a birth certificate, military ID, or military DD 214 Form.

Prior to being admitted or at the first reexamination, all eligible non-citizens who are 62 years of age or older will be required to sign a declaration under penalty of perjury. They will also be required to show proof of age.

Prior to being admitted or at the first reexamination, all eligible non-citizens must sign a declaration of their status and a verification consent form and provide their original INS documentation. The Lakeland Housing Authority will make a copy of the individual's



INS documentation and place the copy in the file. The Lakeland Housing Authority will also verify their status through the INS SAVE system. If the INS SAVE system cannot confirm eligibility, the Lakeland Housing Authority will mail information to the INS in order that a manual check can be made of INS records.

Family members who do not claim to be citizens, nationals, or eligible non-citizens must be listed on a statement of non-eligible members and the list must be signed by the head of the household.

Non-citizen students on student visas, though in the country legally, are not assisted in public housing. If they are members of families that include citizens, rent must be pro-rated.

Any family member who does not choose to declare their status must be listed on the statement of non-eligible members.

If no family member is determined to be eligible under this section, the family's eligibility will be denied.

The family's assistance will not be denied, delayed, reduced, or terminated because of a delay in the process of determining eligible status under this section, except to the extent that the delay is caused by the family.

If the Lakeland Housing Authority determines that a family member has knowingly permitted an ineligible non-citizen (other than any ineligible non-citizens listed on the lease) to permanently reside in their public housing unit, the family will be evicted. Such family will not be eligible to be readmitted to public housing for a period of 24 months from the date of eviction or termination.

#### ***12.4 VERIFICATION OF SOCIAL SECURITY NUMBERS***

Prior to admission, each family member who has a Social Security number and who is at least 6 years of age must provide verification of their Social Security number. New family members at least 6 years of age must provide this verification prior to being added to the lease. Children in assisted households must provide this verification at the first regular reexamination after turning six.

The best verification of the Social Security number is the original Social Security card. If the card is not available, the Lakeland Housing Authority will accept letters from the Social Security Agency that establishes and states the number. Documentation from other governmental agencies will also be accepted that establishes and states the number. Driver's licenses, military IDs, passports, or other official documents that establish and state the number are also acceptable.

If an individual states that they do not have a Social Security number, they will be required to sign a statement to this effect. The Lakeland Housing Authority will not require any individual who does not have a Social Security number to obtain a Social Security number.

If a member of an applicant family indicates they have a Social Security number, but cannot readily verify it, the family cannot be housed until verification is provided.

If a member of a tenant family indicates they have a Social Security number, but cannot readily verify it, they shall be asked to certify to this fact and shall have up to sixty (60) calendar days to provide the verification. If the individual is at least 62 years of age, they will be given one hundred and twenty (120) calendar days to provide the verification. If the individual fails to provide the verification within the time allowed, the family will be evicted.

### ***12.5 TIMING OF VERIFICATION***

Verification information must be dated within ninety (90) calendar days of certification or reexamination. If the verification is older than this, the source will be contacted and asked to provide information regarding any changes.

When an interim reexamination is conducted, the Housing Authority will verify and update all information related to family circumstances and level of assistance. (Or, the Housing Authority will only verify and update those elements reported to have changed.)

### ***12.6 FREQUENCY OF OBTAINING VERIFICATION***

Household composition will be verified annually. The frequency that household income will be verified depends on the type of rent method chosen by the family.

For each family member, citizenship/eligible non-citizen status will be verified only once, unless they are an eligible immigrant in a transitional stage of admission to the US, in which case their status will be updated until they are admitted for permanent residency. This verification will be obtained prior to admission. If the status of any family member was not determined prior to admission, verification of their status will be obtained at the next regular reexamination. Prior to a new member joining the family, their citizenship/eligible non-citizen status will be verified.

For each family member age 6 and above, verification of Social Security number will be obtained only once. This verification will be accomplished prior to admission. When a family member who did not have a Social Security number at admission receives a Social Security number, that number will be verified at the next regular reexamination. Likewise, when a child turns six, their verification will be obtained at the next regular reexamination.

## **13.0 DETERMINATION OF TOTAL TENANT PAYMENT AND TENANT RENT**

### **13.1 FAMILY CHOICE**

At admission and each year in preparation for their annual reexamination, each family is given the choice of having their rent determined under the income method or having their rent set at the flat rent amount.

- A. Families who opt for the flat rent will be required to go through the income reexamination process every three years, rather than the annual review they would otherwise undergo, but they must still have their family composition reexamined annually.
- B. Families who opt for the flat rent may request to have a reexamination and return to the income based method at any time for any of the following reasons:
  - 1. The family's income has decreased.
  - 2. The family's circumstances have changed increasing their expenses for childcare, medical care, etc.
  - 3. Other circumstances creating a hardship on the family such that the income method would be more financially feasible for the family.
- C. Families have only one choice per year except for financial hardship cases. In order for families to make informed choices about their rent options, the Lakeland will provide them with the following information whenever they have to make rent decisions:
  - 1. The Lakeland Housing Authority's policies on switching types of rent in case of a financial hardship; and
  - 2. The dollar amount of tenant rent for the family under each option. If the family chose a flat rent for the previous year, the Lakeland Housing Authority will provide the amount of income-based rent for the subsequent year only the year the Lakeland Housing Authority conducts an income reexamination or if the family specifically requests it and submits updated income information.

### **13.2 THE INCOME METHOD**

The total tenant payment is equal to the highest of:

- A. 10% of the family's monthly income;
- B. 30% of the family's adjusted monthly income; or
- C. The minimum rent of \$50.

### **13.3 MINIMUM RENT**

The Lakeland Housing Authority has set the minimum rent at \$50. If the family requests a hardship exemption, however, the Lakeland Housing Authority will suspend the minimum rent beginning the month following the family's request until the Housing Authority can determine whether the hardship exists and whether the hardship is of a temporary or long-term nature.

- A. A hardship exists in the following circumstances:
  - 1. When the family has lost eligibility for or is waiting 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.
- B. No hardship. If the Housing Authority determines there is no qualifying hardship, the minimum rent will be reinstated, including requiring back payment of minimum rent for the time of suspension.
- C. Temporary hardship. If the Housing Authority reasonably determines that there is a qualifying hardship but that it is of a temporary nature, the minimum rent will be not be imposed for a period of 90 calendar days from the beginning of the suspension of the minimum rent. At the end of the 90-day period, the minimum rent will be imposed retroactively to the time of suspension. The Housing Authority will offer a repayment agreement in accordance with Section 19 of this policy for any rent not paid during the period of suspension. During the suspension period the Housing Authority will not evict the family for nonpayment of the amount of tenant rent owed for the suspension period.

- D. Long-term hardship. If the Housing Authority determines there is a long-term hardship, the family will be exempt from the minimum rent requirement until the hardship no longer exists. In this case, the family will be required to pay the greater of 30% of adjusted monthly income or 10% of monthly income.
- E. Appeals. The family may use the grievance procedure to appeal the Housing Authority's determination regarding the hardship. No escrow deposit will be required in order to access the grievance procedure.

#### **13.4 THE FLAT RENT**

The Lakeland Housing Authority has set a flat rent for each public housing unit. In doing so, it considered the size and type of the unit, as well as its age, condition, amenities, services, and neighborhood. The Lakeland Housing Authority determined the market value of the unit and set the rent at the market value. The amount of the flat rent will be reevaluated annually and adjustments applied. Affected families will be given a 30-day notice of any rent change. Adjustments are applied at the end of the one-year lease term for each affected family (for more information on flat rents, see Section 15.3).

The Lakeland Housing Authority will post the flat rents at each of the developments and at the central office. Flat rents are incorporated in this policy upon approval by the Board of Commissioners.

There is no utility allowance for families paying a flat rent.

#### **13.5 RENT FOR FAMILIES UNDER THE NONCITIZEN RULE**

A mixed family will receive full continuation of assistance if all of the following conditions are met:

- A. The family was receiving assistance on June 19, 1995;
- B. The family was granted continuation of assistance before November 29, 1996;
- C. The family's head or spouse has eligible immigration status; and
- D. The family does not include any person who does not have eligible status other than the head of household, the spouse of the head of household, any parent of the head or spouse, or any child (under the age of 18) of the head or spouse.

**Note: This provision has expired**

The family's assistance is prorated in the following manner:

- A. Determine the 95<sup>th</sup> percentile of gross rents (tenant rent plus utility allowance) for

the Lakeland Housing Authority. The 95<sup>th</sup> percentile is called the maximum rent.

- B. Subtract the family's total tenant payment from the maximum rent. The resulting number is called the maximum subsidy.
- C. Divide the maximum subsidy by the number of family members and multiply the result times the number of eligible family members. This yields the prorated subsidy.
- D. Subtract the prorated subsidy from the maximum rent to find the prorated total tenant payment. From this amount subtract the full utility allowance to obtain the prorated tenant rent.

### **13.6 UTILITY ALLOWANCE**

The Lakeland Housing Authority shall establish a utility allowance for all check-metered utilities and for all tenant-paid utilities. The allowance will be based on a reasonable consumption of utilities by an energy-conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthful environment. In setting the allowance, once each year the Lakeland Housing Authority will review the actual consumption of tenant families as well as changes made or anticipated due to modernization (weatherization efforts, installation of energy-efficient appliances, etc). Allowances will be evaluated at least annually as well as any time utility rate changes by 10% or more since the last revision to the allowances.

The utility allowance will be subtracted from the family's income-based rent to determine the amount of the Tenant Rent. The Tenant Rent is the amount the family owes each month to the Lakeland Housing Authority. The amount of the utility allowance is then still available to the family to pay the cost of their utilities. Any utility cost above the allowance is the responsibility of the tenant. Any savings resulting from utility costs below the amount of the allowance belongs to the tenant.

For Lakeland Housing Authority paid utilities, the Lakeland Housing Authority will monitor the utility consumption of each household. Any consumption in excess of the allowance established by the Lakeland Housing Authority will be billed to the tenant monthly.

Utility allowance revisions based on rate changes shall be effective retroactively to the first day of the month following the month in which the last rate change took place. Revisions based on changes in consumption or other reasons shall become effective at each family's next annual reexamination.

Families with high utility costs are encouraged to contact the Lakeland Housing Authority for an energy analysis. The analysis may identify problems with the dwelling

unit that once corrected will reduce energy costs. The analysis can also assist the family in identifying ways they can reduce their costs.

### ***13.7 PAYING RENT***

Rent and other charges are due and payable on the first day of the month. All rents should be paid at your Housing Manager's office. Reasonable accommodations for this requirement will be made for persons with disabilities. As a safety measure, no cash shall be accepted as a rent payment.

If the rent is not paid by the seventh of the month, a Notice to Vacate will be issued to the tenant. In addition, a \$25 late charge will be assessed to the tenant. If rent is paid by a personal check and the check is returned for insufficient funds, this shall be considered a non-payment of rent and will incur the late charge plus an additional charge of \$10 for processing costs. In addition, no further personal checks will be accepted from the resident for a period of 12 months.

## **14.0 COMMUNITY SERVICE**

### ***14.1 GENERAL***

In order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities), 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.

### ***14.2 EXEMPTIONS***

The following adult family members of tenant families are exempt from this requirement:

- A. Family members who are 62 or older.
- B. 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.
- C. Family members who are the primary care giver for someone who is blind or disabled as set forth in Paragraph B above.
- D. Family members engaged in work activity.
- E. Family members who are or would be exempt from work activity under part A

title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program.

1. Unsubsidized employment;
  2. Subsidized private-sector employment;
  3. Subsidized public-sector employment;
  4. Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available;
  5. On-the-job-training;
  6. Job-search and job-readiness assistance;
  7. Community service programs;
  8. Vocational educational training (not to exceed 12 months with respect to any individual);
  9. Job-skills training directly related to employment;
  10. 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;
  11. 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
  12. The provision of childcare services to an individual who is participating in a community service program.
- F. Family members receiving assistance, benefits or services under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program.

### ***14.3 NOTIFICATION OF THE REQUIREMENT***

The Lakeland Housing Authority shall identify all adult family members who are



apparently not exempt from the community service requirement.

The Lakeland Housing Authority shall notify all such 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 explain an exempt status. The Lakeland Housing Authority shall verify such claims.

The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination on or after January 1, 2001. 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.

#### **14.4 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 Lakeland Housing Authority will coordinate with social service agencies, local schools, and the Human Resources Office in identifying a list of volunteer community service positions.

Together with the resident advisory councils, the Lakeland Housing Authority may create volunteer positions such as hall monitoring, litter patrols, and supervising and record keeping for volunteers.

#### **14.5 THE PROCESS**

Upon admission or at the first annual reexamination on or after January 1, 2001, and each annual reexamination thereafter, the Lakeland 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.
- D. Assign family members to a volunteer coordinator who will assist the family members in identifying appropriate volunteer positions and in meeting their responsibilities. The volunteer coordinator will track the family member's progress monthly and will meet with the family member as needed to best encourage compliance.
- E. At least thirty (30) calendar days before the family's next lease anniversary date, the volunteer coordinator will advise the Lakeland Housing Authority whether each applicable adult family member is in compliance with the community service requirement.

#### ***14.6 NOTIFICATION OF NON-COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENT***

The Lakeland Housing Authority will notify any family found to be in noncompliance of the following:

- A. The family member(s) has been determined to be in noncompliance;
- 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 or will be terminated;

#### ***14.7 OPPORTUNITY FOR CURE***

The Lakeland Housing Authority will offer the family member(s) 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 agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. It will state the number of hours that the family member is deficient. 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 volunteer coordinator will assist the family member in identifying volunteer opportunities and will track compliance on a monthly basis.

If any applicable 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 Lakeland Housing Authority shall take action to terminate the lease unless the noncompliant family member no longer lives in the unit.

#### **14.8 PROHIBITION AGAINST REPLACEMENT OF AGENCY EMPLOYEES**

In implementing the service requirement, the Lakeland 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.

### **15.0 RECERTIFICATIONS**

At least annually, the Lakeland Housing Authority will conduct a reexamination of family income and circumstances. The results of the reexamination determine (1) the rent the family will pay, (2) whether the family is housed in the correct unit size and (3) whether the family is continuing to comply with the Lakeland Housing Authority's criminal activity standards.

#### **15.1 GENERAL**

The Lakeland Housing Authority will send a notification letter to the family letting them know that it is time for their annual reexamination, giving them the option of selecting either the flat rent or income method, and scheduling an appointment if they are currently paying an income rent. If the family thinks they may want to switch from a flat rent to an income rent, they should request an appointment. At the appointment, the family can make their final decision regarding which rent method they will choose. The letter also includes, for those families paying the income method, forms for the family to complete in preparation for the interview. The letter includes instructions permitting the family to reschedule the interview if necessary. The letter tells families who may need to make alternate arrangements due to a disability that they may contact staff to request an accommodation of their needs.

During the appointment, the Lakeland Housing Authority will determine whether family composition may require a transfer to a different bedroom size unit, and if so, the family's name will be placed on the transfer list.

#### **15.2 MISSED APPOINTMENTS**

If the family fails to respond to the letter and fails to attend the interview, a second letter will be mailed. The second letter will advise of a new time and date for the interview, allowing for the same considerations for rescheduling and accommodation as above. The

letter will also advise that failure by the family to attend the second scheduled interview will result in the Lakeland Housing Authority taking eviction actions against the family.

### **15.3 FLAT RENTS**

The annual letter to flat rent payers regarding the reexamination process will state the following:

- A. Each year at the time of the annual reexamination, the family has the option of selecting a flat rent amount in lieu of completing the reexamination process and having their rent based on the income amount.
- B. The amount of the flat rent.
- C. A fact sheet about income rents that explains the types of income counted, the most common types of income excluded, and the categories of allowances that can be deducted from income.
- D. Families who opt for the flat rent will be required to go through the income reexamination process every three years, rather than the annual review they otherwise would undergo.
- E. Families who opt for the flat rent may request to have a reexamination and return to the income based method at any time for any of the following reasons:
  - 1. The family's income has decreased.
  - 2. The family's circumstances have changed increasing their expenses for childcare, medical care, etc.
  - 3. Other circumstances creating a hardship on the family such that the income method would be more financially feasible for the family.

Once a family returns to the income based method during their “lease year” they cannot go back to a flat rent until their next regular annual reexamination.

- F. The dates upon which the Lakeland Housing Authority expects to review the amount of the flat rent, the approximate rent increase the family could expect, and the approximate date upon which a future rent increase could become effective.
- G. The name and phone number of an individual to call to get additional information or counseling concerning flat rents.
- H. A certification for the family to sign accepting or declining the flat rent.

Each year prior to their anniversary date, Lakeland Housing Authority will send a reexamination letter to the family offering the choice between a flat rent or an income rent. The opportunity to select the flat rent is available only at this time. At the appointment, the Lakeland Housing Authority may assist the family in identifying the rent method that would be most advantageous for the family. If the family wishes to select the flat rent method without meeting with the Lakeland Housing Authority representative, they may make the selection on the form and return the form to the Lakeland Housing Authority. In that case, the only thing that the Lakeland Housing Authority will be reviewing at the appointment is whether the family's unit size and type is still the correct size and type for the family.

#### **15.4 THE INCOME-BASED METHOD**

During the interview, the family will provide all information regarding income, assets, deductions (eligible expenses), and other information necessary to determine the family's share of rent. The family will sign the HUD consent form and other consent forms that later will be mailed to the sources that will verify the family circumstances.

Upon receipt of verification, the Lakeland Housing Authority will determine the family's annual income and will calculate their rent as follows.

The total tenant payment is equal to the highest of:

- A. 10% of the family's monthly income;
- B. 30% of the family's adjusted monthly income;
- C. The minimum rent.

The family shall be informed of the results of the rent calculation under both the Income Method and the Flat Rent and given their choice of which rent to pay.

#### **15.5 EFFECTIVE DATE OF RENT CHANGES FOR ANNUAL REEXAMINATIONS**

The new rent will generally be effective upon the anniversary date with thirty (30) calendar days notice of any rent increase to the family.

If the rent determination is delayed due to a reason beyond the control of the family, then any rent increase will be effective the first of the month after the month in which the family receives a 30-day notice of the amount. If the new rent is a reduction and the delay is beyond the control of the family, the reduction will be effective as scheduled on the anniversary date.

If the family caused the delay, then any increase will be effective on the anniversary date.

Any reduction will be effective the first of the month after the rent amount is determined.

## **15.6 INTERIM REEXAMINATIONS**

During an interim reexamination, only the information affected by the changes being reported will be reviewed and verified.

Families will be required to report any increase in income or decrease in allowable expenses between annual reexaminations. Only those increases greater than \$250.00 per month will result in a recalculation of the rent.

Families are also required to report the following changes to the Lakeland Housing Authority between regular reexaminations. If the family's rent is being determined under the income method, these changes will trigger an interim reexamination. The family shall report these changes within ten (10) calendar days of their occurrence.

- A. A member has been added to the family through birth or adoption or court-awarded custody.
- B. A household member is leaving or has left the family unit.

In order to add a household member other than through birth, adoption, or court-awarded custody, the family must request that the new member be added to the lease. Before adding the new member to the lease, the individual must complete an application form stating their income, assets, and all other information required of an applicant. The individual must provide their Social Security number if they have one and must verify their citizenship/eligible immigrant status. (Their housing will not be delayed due to delays in verifying eligible immigrant status other than delays caused by the family.) The new family member will go through the screening process similar to the process for applicants. The Lakeland Housing Authority will determine the eligibility of the individual before adding them to the lease. If the individual is found to be ineligible or does not pass the screening criteria, they will be advised in writing and given the opportunity for an informal review. If they are found to be eligible and do pass the screening criteria, their name will be added to the lease. At the same time, if the family's rent is being determined under the income method, the family's annual income will be recalculated taking into account the circumstances of the new family member. The effective date of the new rent will be in accordance with Section 15.8.

A resident requesting a live-in-aide will be required to provide verification of the need for a live-in-aide. In addition, before approval of the live-in-aide, the individual (live-in-aide) must complete an application form for purposes of determining citizenship/eligible immigrant status and the live-in-aide will go through the screening process similar to the process for applicants. The Lakeland Housing Authority will determine the eligibility of the live-in-aide before approval can be granted. If the individual is found to be ineligible

or does not pass the screening criteria, the resident will be advised in writing and given the opportunity for an informal review. Under no circumstances will the live-in-aide be added to the lease or be considered the last remaining member of a tenant family.

Families are not required to, but may at any time, request an interim reexamination based on a decrease in income, an increase in allowable expenses, or other changes in family circumstances. Upon such request, the Lakeland Housing Authority will take timely action to process the interim reexamination and recalculate the tenant's rent.

### ***15.7 SPECIAL REEXAMINATIONS***

If a family's income is too unstable to project for twelve (12) months, including families that temporarily have no income (0 renters) or have a temporary decrease in income, the Lakeland Housing Authority may schedule special reexaminations every sixty (60) calendar days until the income stabilizes and an annual income can be determined.

### ***15.8 EFFECTIVE DATE OF RENT CHANGES DUE TO INTERIM OR SPECIAL REEXAMINATIONS***

Unless there is a delay in reexamination processing caused by the family, any rent increase will be effective the first of the second month after the month in which the family receives notice of the new rent amount. If the family causes a delay, then the rent increase will be effective on the date it would have been effective had the process not been delayed (even if this means a retroactive increase).

If the new rent is a reduction and any delay is beyond the control of the family, the reduction will be effective the first of the month after the interim reexamination should have been completed.

If the new rent is a reduction and the family caused the delay or did not report the change in a timely manner, the change will be effective the first of the month after the rent amount is determined.

### ***15.9 HOUSING AUTHORITY MISTAKES IN CALCULATING RENT***

If the Lakeland Housing Authority makes a mistake in calculating a resident's rent contribution and overcharges the resident, the resident shall receive a refund for the amount of the mistake going back a maximum of twelve months. The refund shall be given to the resident as soon as practical or credited to the resident's account, whichever the resident desires unless the resident owes the Housing Authority money in which case the debt shall be offset to the degree possible before the resident chooses between the two refund methods.

### ***15.10 FALSE CERTIFICATIONS***

If a Lakeland Housing Authority resident falsely certifies to something in their recertification application, the family is subject to immediate eviction by the Lakeland Housing Authority or the non-renewal of the lease.

## **16.0 UNIT TRANSFERS**

### ***16.1 OBJECTIVES OF THE TRANSFER POLICY***

The objectives of the Transfer Policy include the following:

- A. To address emergency situations.
- B. To fully utilize available housing resources while avoiding overcrowding by ensuring that each family occupies the appropriate size unit.
- C. To facilitate a relocation when required for modernization or other management purposes.
- D. To facilitate relocation of families with inadequate housing accommodations.
- E. To provide an incentive for families to assist in meeting the Lakeland Housing Authority's deconcentration goal.
- F. To eliminate vacancy loss and other expenses due to unnecessary transfers.

### ***16.2 CATEGORIES OF TRANSFERS***

Category A: Emergency transfers. These transfers are necessary when conditions pose an immediate threat to the life, health, or safety of a family or one of its members. Such situations may involve defects of the unit or the building in which it is located, the health condition of a family member, a hate crime, the safety of witnesses to a crime, or a law enforcement matter particular to the neighborhood.

Category B: Immediate administrative transfers. These transfers are necessary in order to permit a family needing accessible features to move to a unit with such a feature or to enable modernization work or demolition work and revitalization work to proceed. When an accessible unit becomes available, it shall first be offered to families needing it who reside on the site that has the vacancy, then to other public housing residents needing the special accessibility features, and finally to appropriate people on the waiting list.

Category C: Regular administrative transfers. These transfers are made to offer incentives



to families willing to help meet certain Lakeland Housing Authority occupancy goals, to correct occupancy standards where the unit size is inappropriate for the size and composition of the family, to allow for non-emergency but medically advisable transfers, and other transfers approved by the Lakeland Housing Authority when a transfer is the only or best way of solving a serious problem.

### **16.3 DOCUMENTATION**

When the transfer is at the request of the family, the family may be required to provide third party verification of the need for the transfer.

### **16.4 INCENTIVE TRANSFERS**

Transfer requests will be encouraged and approved for families who live in a development where their income category (below or above 30% of area median) predominates and wish to move to a development where their income category does not predominate.

Families living in multifamily developments have the opportunity to transfer to scattered-site housing. Families approved for such transfers will meet the following eligibility criteria:

- A. Have been a tenant for three years;
- B. For a minimum of one year, at least one adult family member is enrolled in an economic self-sufficiency program or is working at least thirty-five (35) hours per week, the adult family members are 62 years of age or older or are disabled or are the primary care givers to others with disabilities;
- C. Adult members who are required to perform community service have been current in these responsibilities since the inception of the requirement or for one year whichever is less;
- D. The family is current in the payment of all charges owed to the Lakeland Housing Authority and has not paid late rent for at least one year;
- E. The family passes a current housekeeping inspection and does not have any record of housekeeping problems during the last year;
- F. The family has not materially violated the lease over the past two years by disturbing the peaceful enjoyment of their neighbors, by engaging in criminal or drug-related activity, or by threatening the health or safety of tenants or Housing Authority staff;

- G. Participates in a series of classes conducted by the Lakeland Housing Authority on basic home and yard care.

## **16.5 PROCESSING TRANSFERS**

Transfers on the waiting list will be sorted by the above categories and within each category by date and time.

Transfers in category A and B will be housed ahead of any other families, including those on the applicant waiting list. Transfers in category A will be housed ahead of transfers in category B.

Transfers in category C will be housed along with applicants for admission at a ratio of one transfer for every seven admissions.

Upon offer and acceptance of a unit, the family will execute all lease up documents and pay any rent and/or security deposit within two (2) business days of being informed the unit is ready to rent. The family will be allowed seven (7) calendar days to complete a transfer. The family will be responsible for paying rent at the old unit as well as the new unit for any period of time they have possession of both. The prorated rent and other charges (key deposit and any additional security deposit owing) must be paid at the time of lease execution.

The following is the policy for the rejection of an offer to transfer:

- A. If the family rejects with good cause any unit offered, they will not lose their place on the transfer waiting list.
- B. If the transfer is being made at the request of the Lakeland Housing Authority and the family rejects two offers without good cause, the Lakeland Housing Authority will take action to terminate their tenancy. If the reason for the transfer is that the current unit is too small to meet the Lakeland Housing Authority's optimum occupancy standards, the family may request in writing to stay in the unit without being transferred so long as their occupancy will not exceed two people per living/sleeping room.
- C. If the transfer is being made at the family's request and the rejected offer provides deconcentration incentives, the family will maintain their place on the transfer list and will not otherwise be penalized.
- D. If the transfer is being made at the family's request, the family may, without good cause and without penalty, turn down one offer that does not include deconcentration incentives. After turning down a second such offer without good cause, the family's name will be removed from the transfer list.

## **16.6 COST OF THE FAMILY'S MOVE**

The cost of the transfer generally will be borne by the family in the following circumstances:

- A. When the transfer is made at the request of the family or by others on behalf of the family (i.e. by the police);
- B. When the transfer is needed to move the family to an appropriately sized unit, either larger or smaller;
- C. When the transfer is needed because action or inaction by the family caused the unit to be unsafe or uninhabitable.

The cost of the transfer will be borne by the Lakeland Housing Authority in the following circumstances:

- A. When the transfer is needed in order to carry out modernization, disposition or demolition activities; or
- B. When action or inaction by the Lakeland Housing Authority has caused the unit to be unsafe or inhabitable.
- C. A person with a disability needs a transfer to an accessible unit.

The responsibility for moving costs in other circumstances will be determined on a case by case basis.

## **16.7 TENANTS IN GOOD STANDING**

When the transfer is at the request of the family, it will not be approved unless the family is in good standing with the Lakeland Housing Authority. This means the family must be in compliance with their lease, current in all payments to the Housing Authority, and must pass a housekeeping inspection.

## **16.8 TRANSFER REQUESTS**

A tenant may request a transfer at any time by completing a transfer request form. In considering the request, the Lakeland Housing Authority may request a meeting with the tenant to better understand the need for transfer and to explore possible alternatives. The Lakeland Housing Authority will review the request in a timely manner and if a meeting is desired, it shall contact the tenant within ten (10) business days of receipt of the request to schedule a meeting.

The Lakeland Housing Authority will grant or deny the transfer request in writing within ten (10) business days of receiving the request or holding the meeting, whichever is later.

If the transfer is approved, the family's name will be added to the transfer waiting list.

If the transfer is denied, the denial letter will advise the family of their right to utilize the grievance procedure.

#### ***16.9 RIGHT OF THE LAKELAND HOUSING AUTHORITY IN TRANSFER POLICY***

The provisions listed above are to be used as a guide to ensure fair and impartial means of assigning units for transfers. It is not intended that this policy will create a property right or any other type of right for a tenant to transfer or refuse to transfer.

### **17.0 INSPECTIONS**

An authorized representative of the Lakeland Housing Authority and an adult family member will inspect the premises prior to commencement of occupancy. A written statement of the condition of the premises will be made, all equipment will be provided, and the statement will be signed by both parties with a copy retained in the Lakeland Housing Authority file and a copy given to the family member. An authorized Lakeland Housing Authority representative will inspect the premises at the time the resident vacates and will furnish a statement of any charges to be made provided the resident turns in the proper notice under State law. The resident's security deposit can be used to offset against any Lakeland Housing Authority damages to the unit.

#### ***17.1 MOVE-IN INSPECTIONS***

The Lakeland Housing Authority and an adult member of the family will inspect the unit prior to signing the lease. Both parties will sign a written statement of the condition of the unit. A copy of the signed inspection will be given to the family and the original will be placed in the tenant file.

#### ***17.2 ANNUAL INSPECTIONS***

The Lakeland Housing Authority will inspect each public housing unit annually to ensure that each unit meets the Lakeland Housing Authority's housing standards. Work orders will be submitted and completed to correct any deficiencies.

#### ***17.3 PREVENTATIVE MAINTENANCE INSPECTIONS***

This is generally conducted along with the annual inspection. This inspection is intended to keep items in good repair. It checks weatherization; checks the condition of the smoke

detectors, water heaters, furnaces, automatic thermostats and water temperatures; checks for leaks; and provides an opportunity to change furnace filters and provide other minor servicing that extends the life of the unit and its equipment.

#### ***17.4 SPECIAL INSPECTIONS***

A special inspection may be scheduled to enable HUD or others to inspect a sample of the housing stock maintained by the Lakeland Housing Authority.

#### ***17.5 HOUSEKEEPING INSPECTIONS***

Generally, at the time of annual reexamination, or at other times as necessary, the Lakeland Housing Authority will conduct a housekeeping inspection to ensure the family is maintaining the unit in a safe and sanitary condition.

#### ***17.6 NOTICE OF INSPECTION***

For inspections defined as annual inspections, preventative maintenance inspections, special inspections, and housekeeping inspections, the Lakeland Housing Authority will give the tenant at least two (2) calendar days written notice.

#### ***17.7 EMERGENCY INSPECTIONS***

If any employee and/or agent of the Lakeland Housing Authority has reason to believe that an emergency exists within the housing unit, the unit can be entered without notice. The person(s) that enters the unit will leave a written notice to the resident that indicates the date and time the unit was entered and the reason why it was necessary to enter the unit.

#### ***17.8 PRE-MOVE-OUT INSPECTIONS***

When a tenant gives notice that they intend to move, the Lakeland Housing Authority will offer to schedule a pre-move-out inspection with the family. The inspection allows the Lakeland Housing Authority to help the family identify any problems which, if left uncorrected, could lead to vacate charges. This inspection is a courtesy to the family and has been found to be helpful both in reducing costs to the family and in enabling the Lakeland Housing Authority to ready units more quickly for the future occupants.

#### ***17.9 MOVE-OUT INSPECTIONS***

The Lakeland Housing Authority conducts the move-out inspection after the tenant vacates to assess the condition of the unit and determine responsibility for any needed repairs. When possible, the tenant is notified of the inspection and is encouraged to be

present. This inspection becomes the basis for any claims that may be assessed against the security deposit.

## **18.0 PET POLICY**

### **18.1 EXCLUSIONS**

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

### **18.2 PETS IN PUBLIC HOUSING**

The Lakeland Housing Authority allows for pet ownership in its developments with the written pre-approval of the Housing Authority. Residents are responsible for any damage caused by their pets, including the cost of fumigating or cleaning their units. In exchange for this right, resident assumes full responsibility and liability for the pet and agrees to hold the Lakeland Housing Authority harmless from any claims caused by an action or inaction of the pet. No pets are ever allowed on Lakeland Housing Authority property without the prior approval of the Housing Authority.

### **18.3 APPROVAL**

Residents must have the prior written approval of the Housing Authority before moving a pet into their unit. Residents must request approval on the Authorization for Pet Ownership Form that must be fully completed before the Housing Authority will approve the request. Residents must give the Housing Authority a picture of the pet so it can be identified if it is running loose.

### **18.4 TYPES AND NUMBER OF PETS**

The Lakeland Housing Authority will allow only common household pets. This means only domesticated animals such as a dog, cat, bird, rodent (including a rabbit), fish in aquariums or a turtle will be allowed in units. Common household pets do not include reptiles (except turtles). If this definition conflicts with a state or local law or regulation, the state or local law or regulation shall govern.

All dogs and cats must be spayed or neutered before they become six months old. A licensed veterinarian must verify this fact.

The number of pets per unit will be allowed according to the schedule below.

<b>Unit Size</b>	<b>Pets</b>
Zero Bedroom	<b>1</b>
One Bedroom	<b>1</b>
Two Bedrooms	<b>1</b>
Three Bedrooms	<b>2</b>
Four or More Bedrooms	<b>2</b>

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

No animal may exceed twenty (20) pounds in weight projected to full adult size.

### ***18.5 INOCULATIONS***

In order to be registered, mammals, as appropriate, must be appropriately inoculated against rabies, distemper and other conditions prescribed by state and/or local ordinances. They must comply with all other state and local public health, animal control, and anti-cruelty laws including any licensing requirements. A certification signed by a licensed veterinarian or state or local official shall be annually filed with the Lakeland Housing Authority to attest to the inoculations.

### ***18.6 PET DEPOSIT***

A pet deposit of \$300 is required at the time of registering a non-caged or tanked pet. The deposit is refundable when the pet or the family vacates the unit, less any amounts owed due to damage beyond normal wear and tear. A separate deposit is required for each pet.

### ***18.7 FINANCIAL OBLIGATION OF RESIDENTS***

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 will be the financial responsibility of the pet owner and the Lakeland Housing Authority reserves the right to exterminate and charge the resident.

### ***18.8 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 Lakeland Housing Authority personnel regarding pets disturbing the peace of neighbors through noise, odor, animal

waste, or other nuisance may result in the owner having to remove the pet or move him/herself.

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

### **18.9 DESIGNATION OF PET AREAS**

Pets must be kept in the owner's apartment or on a leash at all times when outside the unit (no outdoor cages may be constructed). Pets will be allowed only in designated areas on the grounds of the property if the Lakeland Housing Authority designates a pet area for the particular site. Pet owners must clean up after their pets and are responsible for disposing of pet waste.

With the exception of assistive animals no pets shall be allowed in the community room, community room kitchen, laundry rooms, public bathrooms, lobby, beauty shop, hallways or office in any of our sites.

To accommodate residents who have medically certified allergic or phobic reactions to dogs, cats, or other pets, those pets may be barred from certain wings (or floors) in our development(s)/building(s). This shall be implemented based on demand for this service.

### **18.10 MISCELLANEOUS RULES**

Pets may not be left unattended in a dwelling unit for over 12 hours. If the pet is left unattended and no arrangements have been made for its care, the HA will have the right to enter the premises and take 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.

Residents must take appropriate actions to protect their pets from fleas and ticks.

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 cats 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 Housing Authority employees, agents of the Housing Authority or others must enter the pet owner's apartment to conduct business, provide services, enforce lease terms, etc.

If a pet causes harm to any person, the pet's owner shall be required to permanently remove the pet from the Housing Authority's property within 24 hours of written notice from the Housing Authority. The pet owner may also be subject to termination of his/her dwelling lease.

A pet owner who violates any other conditions of this policy may be required to remove his/her pet from the development within 10 calendar days of written notice from the Housing Authority. The pet owner may also be subject to termination of his/her dwelling lease.

The Housing Authority's grievance procedures shall be applicable to all individual grievances or disputes arising out of violations or alleged violations of this policy.

### **18.11 REMOVAL OF PETS**

The Lakeland 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 project or of other persons in the community where the project is located.

In the event of illness or death of pet owner, or in the case of an emergency which would prevent the pet owner from properly caring for the pet, the Lakeland Housing Authority has permission to call the emergency caregiver designated by the resident or the local Pet Law Enforcement Agency 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.

## **19.0 REPAYMENT AGREEMENTS**

When a resident owes the Lakeland Housing Authority back charges and is unable to pay the balance by the due date, the resident may request that the Lakeland Housing Authority allow them to enter into a Repayment Agreement. The Lakeland Housing Authority has the sole discretion of whether to accept such an agreement. All Repayment Agreements must assure that the full payment is made within a period agreed to by both the Lakeland Housing Authority and resident. All Repayment Agreements must be in writing and signed by both parties. Failure to comply with the Repayment Agreement terms may subject the Resident to eviction procedures and other legal remedies.

**Note: If the housing authority has a minimum rent greater than \$0, they must allow for repayment agreements for those tenants whose rental amount is the minimum rent and who have had their rent abated for a temporary period.**

## **20.0 TERMINATION**

### **20.1 TERMINATION BY TENANT**

The tenant may terminate the lease at any time upon submitting a 14-day written notice. If the tenant vacates prior to the end of the fourteen (14) calendar days, they will be responsible for rent through the end of the notice period or until the unit is re-rented, whichever occurs first.

### **20.2 TERMINATION BY THE HOUSING AUTHORITY**

Twelve months after the Lakeland Housing Authority has implemented the mandated Community Service Requirement, it will not renew the lease of any non-exempt family that is not in compliance with the Community Service Requirement or approved Agreement to Cure. If they do not voluntarily leave the property, eviction proceedings will begin.

The Lakeland Housing Authority will terminate the lease only for serious or repeated violations of material lease terms. Such violations include but are not limited to the following:

- A. Nonpayment of rent or other charges;
- B. A history of late rental payments;
- C. Failure to provide timely and accurate information regarding family composition, income circumstances, or other information related to eligibility or rent;
- D. Failure to allow inspection of the unit;
- E. Failure to maintain the unit in a safe and sanitary manner;
- F. Assignment or subletting of the premises;
- G. Use of the premises for purposes other than as a dwelling unit (other than for housing authority approved resident businesses);
- H. Destruction of property;

- I. Acts of destruction, defacement, or removal of any part of the premises or failure to cause guests to refrain from such acts;
- J. Any violent or drug-related criminal activity on or off the premises, not just on or near the premises. This includes any tenant, member of the tenant's household or guest, and any such activity engaged in on the premises by any other person under the tenant's control. This includes but is not limited to the manufacture of methamphetamine on the premises of the Lakeland Housing Authority or on the premises of any other federally assisted housing;
- K. Non-compliance with Non-Citizen Rule requirements;
- L. Permitting persons not on the lease to reside in the unit more than fourteen (14) calendar days each year without the prior written approval of the Housing Authority;
- M. Any activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents or employees of the Authority by the resident, household members, or guests of the resident or threatens the health, safety, or right to peaceful enjoyment of their residences by persons residing in the immediate vicinity of the premises is grounds for termination of tenancy;
- N. Alcohol abuse that the Lakeland Housing Authority determines interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents;
- O. Failure to perform required community service or be exempted therefrom at any HOPE VI property;
- P. The Lakeland Housing Authority will take immediate action to evict any household that includes an individual who is subject to a lifetime registration requirement under a State sex offender registration program;
- Q. Determination that a household member is illegally using a drug or when the Lakeland Housing Authority determines that a pattern of illegal use of a drug interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents;
- R. Criminal activity as shown by a criminal record. In such cases the Lakeland Housing Authority will notify the household of the proposed action to be based on the information and will provide the subject of the record and the tenant with a copy of the criminal record before the Lakeland Housing Authority grievance hearing or court trial concerning the termination of tenancy or eviction. The tenant will be given an opportunity to dispute the accuracy and relevance of that record in the grievance hearing or court trial;

- S. Two occurrences of removing batteries from a smoke detector or failing to notify the Landlord if the smoke detector is inoperable for any reason;

and

- T. Other good cause.

If an individual or family's lease is terminated for criminal activity, the Lakeland Housing Authority will notify the local post office serving the development that the individual or family no longer lives there.

In deciding to terminate a tenancy for criminal activity or drug or alcohol abuse, the Lakeland Housing Authority will consider circumstances relevant to the particular case such as the seriousness of the offending action, the extent of participation by the leaseholder in the offending action, the effects that the eviction would have on family members not involved in the offending activity, and the extent to which the leaseholder has shown personal responsibility and has taken all reasonable steps to prevent or mitigate the offending action.

Also, in deciding to terminate a tenancy for criminal activity or drug or alcohol abuse, the Lakeland Housing Authority will require a leaseholder to exclude a household member in order to continue to reside in the assisted unit, where that household member has participated in or been culpable for an action or failure to act that warrants the termination.

Furthermore in deciding to terminate a tenancy for illegal drug use or a pattern of illegal drug use by a household member who is no longer engaging in such use, or for abuse or a pattern of abuse of alcohol by a household member who is no longer engaging in such abuse, the Lakeland Housing Authority may consider whether such household member:

1. Is participating in a supervised drug or alcohol rehabilitation program;
2. Has successfully completed a supervised drug or alcohol rehabilitation program; or
3. Has otherwise been successfully rehabilitated.

For this purpose, Lakeland Housing Authority may require the leaseholder to submit evidence of one of the above 3 statements.

## **20.2A VAWA PROTECTIONS**

Under the Violence Against Women Act (VAWA), public housing residents have the following specific protections, which will be observed by the Lakeland Housing Authority:

An incident or incidents or actual or threatened domestic violence, dating violence, or stalking will not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence, and shall not in itself be good cause for terminating the assistance, tenancy, or occupancy rights of the victim of such violence.

The Housing Authority may terminate the assistance to remove a lawful occupant or tenant who engages in criminal acts or threatened acts of violence or stalking to family members or others without terminating the assistance or evicting victimized lawful occupants. This is also true even if the household member is not a signatory to the lease. Under VAWA, the Lakeland Housing Authority is granted the authority to bifurcate the lease.

The Housing Authority will honor court orders regarding the rights of access or control of the property.

There is no limitation on the ability of the Housing Authority to evict for other good cause unrelated to the incident or incidents of domestic violence, dating violence or stalking, other than the victim may not be subject to a “more demanding standard” than non-victims.

There is no prohibition on the Housing Authority evicting if it “can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant’s (victim’s) tenancy is not terminated.”

Any protections provided by law which give greater protection to the victim are not superseded by these provisions.

The Lakeland Housing Authority shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by the Housing Authority. Types of acceptable verifications are outlined below, and must be submitted within 14 business days after receipt of the Housing Authority’s written request for verification.

### ***20.2B VERIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING***

The Lakeland Housing Authority shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by the Housing Authority.

- A. **Requirement for Verification.** The law allows, but does not require, the Lakeland Housing Authority to verify that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking claimed by a tenant or other lawful occupant is bona fide and meets the requirements of the applicable definitions set forth in this policy. The Housing Authority shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by the Housing Authority.

Verification of a claimed incident or incidents of actual or threatened domestic violence, dating violence or stalking may be accomplished in one of the following three ways:

1. **HUD-approved form (HUD-50066)** - By providing to the Housing Authority a written certification, on the form approved by the U.S. Department of Housing and Urban Development (HUD), that the individual is a victim of domestic violence, dating violence or stalking that the incident or incidents in question are bona fide incidents of actual or threatened abuse meeting the requirements of the applicable definition(s) set forth in this policy. The incident or incidents in question must be described in reasonable detail as required in the HUD-approved form, and the completed certification must include the name of the perpetrator.
2. **Other documentation** - by providing to the Housing Authority 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 the domestic violence, dating violence or stalking, or the effects of the abuse, described in such documentation. The professional providing the documentation must sign and attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse meeting the requirements of the applicable definition(s) set forth in this policy. The victim of the incident or incidents of domestic violence, dating violence or stalking described in the documentation must also sign and attest to the documentation under penalty of perjury.
3. **Police or court record** – by providing to the Housing Authority a Federal, State, tribal, territorial, or local police or court record describing the incident or incidents in question.

- B. **Time allowed to provide verification/ failure to provide.** An individual who claims protection against adverse action based on an incident or incidents of actual or threatened domestic violence, dating violence or stalking, and who is requested by the Housing Authority to provide verification, must provide such verification within 14 business days after receipt of the written request for

verification. Failure to provide verification, in proper form within such time will result in loss of protection under VAWA and this policy against a proposed adverse action.

### **20.2C CONFIDENTIALITY**

All information provided under VAWA including the fact that an individual is a victim of domestic violence, dating violence, or stalking, shall be retained in confidence and shall not be entered into any shared database or provided to any related entity except to the extent that the disclosure is:

- A. Requested or consented to by the individual in writing;
- B. Required for used in an eviction proceeding; or
- C. Otherwise required by applicable law.

The Lakeland Housing Authority shall provide its tenants notice of their rights under VAWA including their right to confidentiality and the limits thereof.

### **20.3 TERMINATIONS FOR CRIMINAL ACTIVITY**

- A. The term “due process determination” means a determination by HUD that law covering the Lakeland Housing Authority’s jurisdiction requires that residents must be given the opportunity for a hearing in court which provides the basic elements of due process before eviction from the dwelling unit.
- B. HUD has issued a due process determination that the law of this State requires that residents be given the opportunity for a hearing in a court that provides the basic elements of due process before eviction from a dwelling unit. The Lakeland Housing Authority has therefore determined that this Grievance Procedure shall not be applicable to any termination of tenancy or eviction for:
  - 1. Any criminal activity that threatens the health, safety, or right to peaceful enjoyment of the Lakeland Housing Authority’s public housing premises by other residents or employees of the Housing Authority;
  - 2. Any violent or drug-related criminal activity on or off such premises; or
  - 3. Any activity resulting in a felony conviction.

### **20.4 ABANDONMENT**

The LHA may take possession of the dwelling after resident has moved out. In the absence of actual knowledge of abandonment, it shall be presumed that resident has abandoned the dwelling if resident is absent from the dwelling for a period of fifteen (15) days, the rent is not current, and the resident has not notified LHA in writing in advance of an intended absence, or otherwise as provided in this Agreement. The following criteria will be used in determining if the unit has been abandoned:

- A. Some or all of utilities have been turned off;
- B. A dramatic reduction in utility/electric bills;
- C. Repeated failure to contact the resident;
- D. Incarceration or sentencing of the head of household for more than 30 days;
- E. No personal possessions of value remaining in the apartment.

The Authority will attempt to notify the next of kin as identified on the participant family's application and will post a fifteen (15) calendar day notice at the abandoned unit. The fifteen (15) calendar day notice shall inform the participant family of the Authority's intention to terminate the lease and related actions. If the participant family does not respond to the notice within five calendar days, the family's lease will be terminated and the Authority will enter the unit to remove any remaining personal possessions. LHA may remove and dispose of any personal property, left in resident's dwelling or elsewhere on LHA property, as provided in Chapter 83, Part II, Florida Statutes, as may be amended, after resident has abandoned the dwelling, with the reasonable cost of any storage, removal and/or disposal charged to resident or assessed against resident's security deposit, unless in LHA's sole discretion, it is determined that documentable conditions existed which prevented resident from occupying the dwelling.

## **20.5 RETURN OF SECURITY DEPOSIT**

After a family moves out, the Lakeland Housing Authority will return the security deposit within fourteen (14) days or give the family a written statement of why all or part of the security deposit is being kept. The rental unit must be restored to the same conditions as when the family moved in, except for normal wear and tear. Deposits will not be used to cover normal wear and tear or damage that existed when the family moved in.

The Lakeland Housing Authority will be considered in compliance with the above if the required payment, statement, or both, are deposited in the U.S. mail with first class postage paid within fourteen (14) days.



## **21.0 SUPPORT FOR OUR ARMED FORCES**

A major and important component of our armed forces are the part-time military personnel that serve in various Reserve and National Guard units. The Lakeland Housing Authority is very supportive of these men and women. An unfortunate fact of service in both the Reserves and National Guard is that from time to time their personnel are activated to full-time status and asked to serve our country in a variety of ways and circumstances. Whenever the Federal Government activates Reserve and/or National Guard personnel, the Lakeland Housing Authority wants to support these brave warriors in the following manners:

- A. If a family finds it necessary for another adult to temporarily move into a unit solely to serve as a temporary guardian for children residing in the unit, the income received by the temporary guardian will not be counted in determining family income.
- B. Although typically a criminal background check is required before anyone can move into a public housing unit, this requirement will be waived for a temporary guardian. Instead, the background check will occur after the person moves in. If the results of the check dictate that the person is ineligible for public housing, the family shall be given a reasonable time to find a replacement temporary guardian.
- C. Recognizing that activation in the Reserves or National Guard can be very disruptive to a family's income, the Lakeland Housing Authority will expeditiously re-evaluate a resident's rent if requested to do so and will exercise reasonable restraint if the activated resident has trouble paying their rent.
- D. Typically a unit cannot be held by a family that is not residing in it as their primary residence. If all members of a military family are temporarily absent from the unit because a member of the family has been called to active duty, the family can retain control of the unit by paying the required rent and returning to the unit within 30 calendar days of the conclusion of the active duty service.

## **22.0 ANTI-FRAUD POLICY**

The Lakeland Housing Authority is fully committed to combating fraud in its public housing program. It defines fraud as a single act or pattern of actions that include false statements, the omission of information, or the concealment of a substantive fact made with the intention of deceiving or misleading the Lakeland Housing Authority. It results in the inappropriate expenditure of public housing funds and/or a violation of public housing requirements.

Although there are numerous different types of fraud that may be committed, the two most common are the failure to fully report all sources of income and the failure to accurately report who is residing in the residence. The Lakeland Housing Authority shall aggressively attempt to prevent all cases of fraud.

When a fraudulent action is discovered, the Lakeland Housing Authority shall take action. It shall do one or more of the following things depending on circumstances and what it determines appropriate:

- A. Require the resident to immediately repay the amount in question;
- B. Require the resident to enter into a satisfactory repayment agreement as set forth in a previous section of this Policy;
- C. Terminate the resident's tenancy;
- D. Refer the case for criminal prosecution; or
- E. Take such other action as the Lakeland Housing Authority deems appropriate.

## **23.0 LAKELAND HOUSING AUTHORITY HOMEOWNERSHIP PROGRAM**

The Lakeland Housing Authority is beginning an independently funded Homownership Program targeted to Public Housing eligible citizens. The Homeownership Program shall have a separate (site-based) waiting list. This waiting list shall be maintained in the same manner as the Public Housing Rental Program with the exception that people will be admitted only after the Lakeland Housing Authority is convinced that they will qualify for a private mortgage to purchase property. This will include an earlier credit report and employment verification as is typically done for the rental program. Other pre-qualifications may be added to everyone seeking admission to this waiting list in a non-discriminatory manner.

## **GLOSSARY**

**50058 Form:** The HUD form that housing authorities are required to complete for each assisted household in public housing to record information used in the certification and re-certification process and, at the option of the housing authority, for interim reexaminations.

**1937 Housing Act:** The United States Housing Act of 1937 (42 U.S.C. 1437 et seq.) (24 CFR 5.100)

**Adjusted Annual Income:** The amount of household income, after deductions for specified allowances, on which tenant rent is based. (24 CFR 5.611)

**Adult:** A household member who is 18 years or older or who is the head of the household, or spouse, or co-head. An emancipated minor is also considered an adult. In the anti-drug portions of this policy, it also refers to a minor who has been convicted of a crime as an adult under any Federal, State or tribal law.

**Allowances:** Amounts deducted from the household's annual income in determining adjusted annual income (the income amount used in the rent calculation). Allowances are given for elderly families, dependents, medical expenses for elderly and disabled families, disability expenses, and childcare expenses for children under 13 years of age. Other allowance can be given at the discretion of the housing authority.

**Annual Contributions Contract (ACC):** The written contract between HUD and a housing authority under which HUD agrees to provide funding for a program under the 1937 Act, and the housing authority agrees to comply with HUD requirements for the program. (24 CFR 5.403)

**Annual Income:** All amounts, monetary or not, that:

- A. Go to (or on behalf of) the family head or spouse (even if temporarily absent) or to any other family member; or
- B. Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and
- C. Are not specifically excluded from annual income.

Annual Income also includes amounts derived (during the 12-month period) from assets to which any member of the family has access. (1937 Housing Act; 24 CFR 5.609)

**Applicant (applicant family):** A person or family that has applied for admission to a program but is not yet a participant in the program. (24 CFR 5.403)

**As-Paid States:** States where the welfare agency adjusts the shelter and utility component of the welfare grant in accordance with actual housing costs. Currently, the four as-paid States are New Hampshire, New York, Oregon, and Vermont.

**Assets:** The value of equity in savings, checking, IRA and Keogh accounts, real property, stocks, bonds, and other forms of capital investment. The value of necessary items of personal property such as furniture and automobiles are not counted as assets. (Also see "net family assets.")

**Asset Income:** Income received from assets held by family members. If assets total more than \$5,000, income from the assets is "imputed" and the greater of actual asset income and imputed asset income is counted in annual income. (See "imputed asset income" below.)

**Assistance applicant:** A family or individual that seeks admission to the public housing program.

**Business Days:** Days the housing authority is open for business.

**Certification:** The examination of a household's income, expenses, and family composition to determine the family's eligibility for program participation and to calculate the family's share of rent.

**Child:** For purposes of citizenship regulations, a member of the family other than the family head or spouse who is under 18 years of age. (24 CFR 5.504(b))

**Childcare Expenses:** Amounts anticipated to be paid by the family for the care of children under 13 years of age during the period for which annual income is computed, but only where such care is necessary to enable a family member to actively seek employment, be gainfully employed, or to further his or her education and only to the extent such amounts are not reimbursed. The amount deducted shall reflect reasonable charges for childcare. In the case of childcare necessary to permit employment, the amount deducted shall not exceed the amount of employment income that is included in annual income. (24 CFR 5.603(d))

**Citizen:** A citizen or national of the United States. (24 CFR 5.504(b))

**Community service:** 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.

**Consent Form:** Any consent form approved by HUD to be signed by assistance applicants and participants for the purpose of obtaining income information from employers and SWICAs, return information from the Social Security Administration, and return information for unearned income from the Internal Revenue Service. The consent forms may authorize the collection of

other information from assistance applicants or participant to determine eligibility or level of benefits. (24 CFR 5.214)

**Covered Families:** Families who receive welfare assistance or other public assistance benefits ("welfare benefits") from a State or other public agency ("welfare agency") under a program for which Federal, State, or local law requires that a member of the family must participate in an economic self-sufficiency program as a condition for such assistance.

**Covered Person:** For purposes of the anti-drug provisions of this policy, a covered person is a tenant, any member of the tenant's household, a guest or another person under the tenant's control.

**Currently engaging in:** With respect to behavior such as illegal use of a drug, other drug-related criminal activity, or other criminal activity, currently engaging in means that the individual has engaged in the behavior recently enough to justify a reasonable belief that the individual's behavior is current.

**Dating Violence:** Violence committed by a person: (A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (B) where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) the length of the relationship; (ii) the type of relationship; and (iii) the frequency of interaction between the persons involved in the relationship.

**Decent, Safe, and Sanitary:** Housing is decent, safe, and sanitary if it satisfies the applicable housing quality standards.

**Department:** The Department of Housing and Urban Development. (24 CFR 5.100)

**Dependent:** A member of the family (except foster children and foster adults), other than the family head or spouse, who is under 18 years of age or is a person with a disability or is a full-time student. (24 CFR 5.603(d))

**Dependent Allowance:** An amount, equal to \$480 multiplied by the number of dependents, that is deducted from the household's annual income in determining adjusted annual income.

**Disability Assistance Expenses:** Reasonable expenses that are anticipated, during the period for which annual income is computed, for attendant care and auxiliary apparatus for a disabled family member and that are necessary to enable a family member (including the disabled member) to be employed, provided that the expenses are neither paid to a member of the family nor reimbursed by an outside source. (24 CFR 5.603(d))

**Disability Assistance Expense Allowance:** In determining adjusted annual income, the amount of disability assistance expenses deducted from annual income for families with a disabled household member.

**Disabled Family:** A family whose head, spouse, or sole member is a person with disabilities; two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides. (24 CFR 5.403(b)) (Also see "person with disabilities.")

**Disabled Person:** See "person with disabilities."

**Displaced Family:** A family in which each member, or whose sole member, is a person displaced by governmental action (such as urban renewal), or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws. (24 CFR 5.403(b))

**Displaced Person:** A person displaced by governmental action or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws. [1937 Act]

**Domestic Violence:** Includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim share a child in common, by a person who is cohabitated with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that persons acts under the domestic or family violence laws of the jurisdiction.

**Drug:** means a controlled substance as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802).

**Drug-Related Criminal Activity:** The illegal manufacture, sale, distribution, or use of a drug, or the possession of a drug with intent to manufacture, sell, distribute or use the drug.

**Economic self-sufficiency program:** Any program designed to encourage, assist, train or facilitate the economic independence of HUD-assisted families or to provide work for such families. These programs include programs for job training, employment counseling, work placement, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeship, and any program necessary to ready a participant for work (including a substance abuse or mental health treatment program), or other work activities.

**Elderly Family:** A family whose head, spouse, or sole member is a person who is at least 62 years of age; two or more persons who are at least 62 years of age living together; or one or more persons who are at least 62 years of age living with one or more live-in aides. (24 CFR 5.403)

**Elderly/Disabled Family Allowance:** For elderly and disabled families, an allowance of \$400 is deducted from the household's annual income in determining adjusted annual income.

**Elderly Person:** A person who is at least 62 years of age. (1937 Housing Act)

**Employment:** Employment for admission preference purposes is defined as:

Employment must be current and have lasted a minimum of six months prior to the time the preference is claimed. The employment must provide a minimum of 30 hours of work per week for the family member claiming the preference

The amount of earned income shall not be a factor in granting this preference.

The employment part of this preference is also extended equally to (1) a family if the head, spouse, or sole member is 62 years of age or older or who is receiving social security or Supplemental Security Income disability benefits or any other payments based on the individual's inability to work and, (2) any family whose head, spouse, co-head or unrelated partner of head of household is currently a full time student or enrolled in an employment training program.

**Extremely low-income families:** Those families whose incomes do not exceed 30% of the median income for the area, as determined by HUD with adjustments for smaller and larger families, except that HUD may establish income ceilings higher or lower than 30% of the median income for the area if HUD finds that such variations are necessary because of unusually high or low family incomes.

**Fair Housing Act:** Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988 (42 U.S.C. 3601 et seq.). (24 CFR 5.100)

**Family** includes but is not limited to:

- A. A family with or without children;
- B. An elderly family;
- C. A near-elderly family;
- D. A disabled family;
- E. A displaced family;
- F. The remaining member of a tenant family; and
- G. A single person who is not an elderly or displaced person, a person with disabilities, or the remaining member of a tenant family. (24 CFR 5.403)

**Family Members:** All members of the household other than live-in aides, foster children, and foster adults. All family members permanently reside in the unit, though they may be temporarily absent. All family members are listed on the lease.

**Family Self-Sufficiency Program (FSS Program):** The program established by a housing authority to promote self-sufficiency among participating families, including the coordination of supportive services. (24 CFR 984.103(b))

**Flat Rent:** A rent amount the family may choose to pay in lieu of having their rent determined under the income method. The flat rent is established by the housing authority set at the lesser of the market value for the unit or the cost to operate the unit. Families selecting the flat rent option have their income evaluated once every three years, rather than annually.

**Full-Time Student:** A person who is attending school or vocational training on a full-time basis as defined by the institution.

**Good Standing:** A resident is in good standing if:

- A. the resident has a positive rental history as determined by management;
- B. the resident has no unresolved lease violations;
- C. all utilities are turned on;
- D. the resident's history of written complaints or disturbances are minimal as determined by management;
- D. the resident has a history of satisfactory housekeeping as evidenced by HQS and housekeeping inspections.

**Guest:** Means a person temporarily staying in the unit with the consent of a tenant or other member of the household who has express or implied authority to so consent on behalf of the tenant.

**Head of Household:** The adult member of the family who is the head of the household for purposes of determining income eligibility and rent. (24 CFR 5.504(b))

**Household Members:** All members of the household including members of the family, live-in aides, foster children, and foster adults. All household members are listed on the lease, and no one other than household members are listed on the lease.

**Housing Assistance Plan:** A housing plan that is submitted by a unit of general local government and approved by HUD as being acceptable under the standards of 24 CFR 570.



**Immediate Family Member:** a spouse, parent, brother or sister, or child of the person, or an individual to whom that person stands in loco parentis (in place of a parent); or any other person living in the household of that person and related to that person by blood or marriage.

**Imputed Income:** For households with net family assets of more than \$5,000, the amount calculated by multiplying net family assets by a HUD-specified percentage. If imputed income is more than actual income from assets, the imputed amount is used as income from assets in determining annual income.

**Imputed welfare income:** The amount of annual income not actually received by a family, as a result of a welfare benefit reduction for welfare fraud or failure to comply with economic self sufficiency requirements, that is nonetheless included in the family's annual income for purposes of determining rent.

**In-Kind Payments:** Contributions other than cash made to the family or to a family member in exchange for services provided or for the general support of the family (e.g., groceries provided on a weekly basis, baby sitting provided on a regular basis).

**Income-based rent calculation Method:** A means of calculating a family's rent based on the greater of 10% of their monthly income, 30% of their adjusted monthly income, or the minimum rent. Under this method, the family's income is evaluated at least annually.

**Interim (examination):** A reexamination of a family income, expenses, and household composition conducted between the regular annual recertifications when a change in a household's circumstances warrants such a reexamination.

**Law enforcement agency:** The National Crime Information Center (NCIC), police departments and other law enforcement agencies that hold criminal conviction records.

**Live-In Aide:** A person who resides with one or more elderly persons, near-elderly persons, or persons with disabilities and who:

- A. Is determined to be essential to the care and well-being of the persons;
- B. Is not obligated for the support of the persons; and
- C. Would not be living in the unit except to provide the necessary supportive services. (24 CFR 5.403(b))

A live-in aide is not a party to the lease.

**Low-Income Families:** Those families whose incomes do not exceed 80% of the median income for the area, as determined by HUD with adjustments for smaller and larger families, except that HUD may establish income ceilings higher or lower than 80% of the median for the area on the

basis of HUD's findings that such variations are necessary because of unusually high or low family incomes.

**Medical Expenses:** Medical expenses (of all family members of an elderly or disabled family), including medical insurance premiums, that are anticipated during the period for which annual income is computed and that are not covered by insurance. (24 CFR 5.603(d)). These expenses include, but are not limited to, prescription and non-prescription drugs, costs for doctors, dentists, therapists, medical facilities, care for a service animals, transportation for medical purposes.

**Mixed Family:** A family whose members include those with citizenship or eligible immigration status and those without citizenship or eligible immigration status. (24 CFR 5.504(b))

**Mixed population development:** A public housing development, or portion of a development, that was reserved for elderly and disabled families at its inception (and has retained that character). If the development was not so reserved at its inception, the PHA has obtained HUD approval to give preference in tenant selection for all units in the development (or portion of development) to elderly families and disabled families. These developments were formerly known as elderly projects.

**Monthly Adjusted Income:** One twelfth of adjusted income. (24 CFR 5.603(d))

**Monthly Income:** One twelfth of annual income. (24 CFR 5.603(d))

**National:** A person who owes permanent allegiance to the United States, for example, as a result of birth in a United States territory or possession. (24 CFR 5.504(b))

**Near-Elderly Family:** A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62; two or more persons, who are at least 50 years of age but below the age of 62, living together; or one or more persons who are at least 50 years of age but below the age of 62 living with one or more live-in aides. (24 CFR 5.403(b))

**Net Family Assets:**

- A. Net cash value after deducting reasonable costs that would be incurred in disposing of real property, savings, stocks, bonds, and other forms of capital investment, excluding interests in Indian trust land and excluding equity accounts in HUD homeownership programs. The value of necessary items of personal property such as furniture and automobiles shall be excluded.
- B. In cases where a trust fund has been established and the trust is not revocable by, or under the control of, any member of the family or household, the value of the trust fund will not be considered an asset so long as the fund continues to be held

in trust. Any income distributed from the trust fund shall be counted when determining annual income.

- C. In determining net family assets, housing authorities or owners, as applicable, shall include the value of any business or family assets disposed of by an applicant or tenant for less than fair market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale) during the two years preceding the date of application for the program or reexamination, as applicable, in excess of the consideration received therefor. In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for less than fair market value if the applicant or tenant receives important consideration not measurable in dollar terms. (24 CFR 5.603(d))

**Non-Citizen:** A person who is neither a citizen nor national of the United States. (24 CFR 5.504(b))

**Occupancy Standards:** The standards that a housing authority establishes for determining the appropriate number of bedrooms needed to house families of different sizes or composition.

**Other person under the tenant's control:** For the purposes of the definition of covered person it means the person, although not staying as a guest (as defined in this section) in the unit, is, or was at the time of the activity in question, on the premises (as premises is defined in this section) because of an invitation from the tenant or other member of the household who has express or implied authority to so consent on behalf of the tenant. Absent evidence to the contrary, a person temporarily and infrequently on the premises solely for legitimate commercial purposes is not under the tenant's control.

**Participant:** A family or individual that is assisted by the public housing program.

**Permanently absent:** A person or persons not actually residing in the unit who once lived there and does not intend to return. One becomes permanently absent when one vacates the unit.

**Person with Disabilities:** A person who:

- A. Has a disability as defined in 42 U.S.C. 423
- B. Is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:
  - 1. Is expected to be of long-continued and indefinite duration;
  - 2. Substantially impedes his or her ability to live independently; and

3. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

C. Has a developmental disability as defined in 42 U.S.C. 6001.

This definition does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome.

For purposes of qualifying for low-income housing, it does not include a person whose disability is based solely on any drug or alcohol dependence.

**Premises:** for purposes of the anti-drug provisions of this policy it means the building or complex or development in which the public or assisted housing dwelling unit is located, including common areas and grounds.

**Previously unemployed:** This includes a person who has earned, in the 12 months previous to employment, no more than would be received for 10 hours of work per week for 50 weeks at the established minimum wage.

**Processing Entity:** The person or entity that is responsible for making eligibility and related determinations and an income reexamination. In the Section 8 and public housing programs, the processing entity is the responsibility entity.

**Proration of Assistance:** The reduction in a family's housing assistance payment to reflect the proportion of family members in a mixed family who are eligible for assistance. (24 CFR5.520)

**Proscribed Criminal Activity :** Criminal activity by an adult applicant that shall render the family ineligible for admission for ten years following conviction. The type of criminal activity covered by this definition includes: violent crimes

**Public Housing:** Housing assisted under the 1937 Act, other than under Section 8. Public housing includes dwelling units in a mixed-finance project that are assisted by a PHA with capital or operating funds.

**Public Housing Agency (PHA):** Any State, county, municipality, or other governmental entity or public body (or agency or instrumentality thereof) which is authorized to engage in or assist in the development or operation of low-income housing under the 1937 Housing Act. (24 CFR 5.100)

**Recertification:** The annual reexamination of a family's income, expenses, and composition to determine the family's rent.

**Remaining Member of a Tenant Family:** A member of the family listed on the lease who continues to live in the public housing dwelling after all other family members have left.

**Residency Preference:** A family or individual who is a resident of Polk County, who lives elsewhere, but works in Polk County, or whose head, spouse, or family member has been hired to work in the Lakeland Housing Authority jurisdiction defined as inside Polk County will receive a Residency Preference. There is no time limit on how long the applicant has to have lived, resided, or worked in Polk County to receive this preference.

**Responsible Entity:**

- A. For the public housing program, the Section 8 tenant-based assistance program (24 CFR 982), and the Section 8 project-based certificate or voucher program (24 CFR 983), and the Section 8 moderate rehabilitation program (24 CFR 882), responsible entity means the PHA administering the program under an ACC with HUD;
- B. For all other Section 8 programs, responsible entity means the Section 8 project owner.

**Self-Declaration:** A type of verification statement by the tenant as to the amount and source of income, expenses, or family composition. Self-declaration is acceptable verification only when third-party verification or documentation cannot be obtained.

**Shelter Allowance:** That portion of a welfare benefit (e.g., TANF) that the welfare agency designates to be used for rent and utilities.

**Single Person:** Someone living alone or intending to live alone who does not qualify as an elderly family, a person with disabilities, a displaced person, or the remaining member of a tenant family. (Public Housing: Handbook 7465.1 REV-2, 3-5)

**Specified Welfare Benefit Reduction:**

- A. A reduction of welfare benefits by the welfare agency, in whole or in part, for a family member, as determined by the welfare agency, because of fraud by a family member in connection with the welfare program; or because of welfare agency sanction against a family member for noncompliance with a welfare agency requirement to participate in an economic self-sufficiency program.
- B. "Specified welfare benefit reduction" does not include a reduction or termination of welfare benefits by the welfare agency:
  - 1. at the expiration of a lifetime or other time limit on the payment of welfare benefits;

2. because a family member is not able to obtain employment, even though the family member has complied with welfare agency economic self-sufficiency or work activities requirements; or
3. because a family member has not complied with other welfare agency requirements.

**Stalking:** to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (i) that person; (ii) a member of the immediate family of that person; or (iii) the spouse or intimate partner of that person.

**State Wage Information Collection Agency (SWICA):** The State agency receiving quarterly wage reports from employers in the State or an alternative system that has been determined by the Secretary of Labor to be as effective and timely in providing employment-related income and eligibility information. (24 CFR 5.214)

**Temporarily absent:** A person or persons not actually residing in a unit for a period of time while still maintaining control of the unit. If the absence exceeds fourteen (14) calendar days, the Housing Authority must agree to the absence.

**Temporary Assistance to Needy Families (TANF):** The program that replaced the Assistance to Families with Dependent Children (AFDC) that provides financial assistance to needy families who meet program eligibility criteria. Benefits are limited to a specified time period.

**Tenant:** The person or family renting or occupying an assisted dwelling unit. (24 CFR 5.504(b))

**Tenant Rent:** The amount payable monthly by the family as rent to the housing authority. Where all utilities (except telephone) and other essential housing services are supplied by the housing authority or owner, tenant rent equals total tenant payment. Where some or all utilities (except telephone) and other essential housing services are supplied by the housing authority and the cost thereof is not included in the amount paid as rent, tenant rent equals total tenant payment less the utility allowance. (24 CFR 5.603(d))

**Third-Party (verification):** Written or oral confirmation of a family's income, expenses, or household composition provided by a source outside the household.

**Total Tenant Payment (TTP):**

- A. Total tenant payment for families whose initial lease is effective on or after August 1, 1982:

1. Total tenant payment is the amount calculated under Section 3(a)(1) of the 1937 Act which is the higher of :
  - a. 30% of the family's monthly adjusted income;
  - b. 10% of the family's monthly income; or
  - c. .
  
2. Total tenant payment for families residing in public housing does not include charges for excess utility consumption or other miscellaneous charges.

**Utility Allowance:** If the cost of utilities (except telephone) and other housing services for an assisted unit is not included in the tenant rent but is the responsibility of the family occupying the unit, an amount equal to the estimate made by a housing authority of the monthly cost of a reasonable consumption of such utilities and other services for the unit by an energy-conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthful living environment. (24 CFR 5.603)

**Utility Reimbursement:** The amount, if any, by which the utility allowance for the unit, if applicable, exceeds the total tenant payment for the family occupying the unit. (24 CFR 5.603)

**Very Low-Income Families:** Families whose incomes do not exceed 50% of the median family income for the area, as determined by HUD with adjustments for smaller and larger families, except that HUD may establish income ceilings higher or lower than 50% of the median for the area if HUD finds that such variations are necessary because of unusually high or low family incomes.

**Victims of Domestic Violence:** Individuals or families who have been or are being subjected to or victimized by violence by a member of the family or household. The Lakeland Housing Authority will require evidence that the family has been displaced as result of fleeing violence in the home. Individuals and families are also eligible for this preference if there is proof that the individual or family is currently living in a situation where they are being subjected to or victimized by violence in the home. Evidence or proof may include a Protection from Abuse Order, police report, or written verification that the individual or family is living in an emergency shelter because the individual or family has been subjected to or victimized by violence by a member of the family or household. The following criteria are used to establish an individual's or a family's eligibility for this preference:

- A. Verified actual or threatened physical violence directed against the applicant or the applicant's family by a spouse or other household member who lives in the unit with the family or where the family has fled its housing to escape from an abuser.
- B. The actual or threatened violence must have occurred within the past 30 calendar days or be of a continuing nature.

An applicant who lives in a violent neighborhood or is fearful of other violence outside the household is not considered involuntarily displaced as a result of domestic violence.

The applicant must certify that the abuser will not reside with the applicant unless the Housing Authority gives prior written approval.

The Housing Authority will approve the return of the abuser to the household under the following conditions:

- A. The Housing Authority verifies that the abuser has received therapy or counseling that appears to minimize the likelihood of the recurrence of violent behavior.
- B. A counselor, therapist or other appropriate professional recommends in writing that the individual be allowed to reside with the family.

If the abuser returns to the family without approval of the Housing Authority, the Housing Authority will deny or terminate assistance for breach of the certification.

If the family requests it, the Lakeland Housing Authority will try to ensure that the new location of the family is concealed.

**Violent criminal activity:** Violent Crimes shall be defined as including, but not necessarily being limited to, arson, battery, aggravated battery, sexual battery, rape, robbery, kidnapping, domestic violence, child abuse, aggravated child abuse, abuse of an elderly person or disabled adult, aggravated abuse of an elderly person or disabled adult, assault, sexual assault, aggravated assault, murder, manslaughter, aggravated manslaughter of an elderly person or disabled adult, aggravated manslaughter of a child, unlawful throwing, placing or discharging of a destructive device or bomb, armed burglary, aggravated stalking or any other violent act considered as criminal, whether misdemeanor or felony, pursuant to the applicable laws in effect at the time, or any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage.

In addition, any person convicted of drug related criminal activity (as defined in Federal regulations), unarmed burglary, vandalism or any other non-violent property crimes that could



have a detrimental financial effect on the property of the Lakeland Housing Authority or its residents shall likewise be ineligible for admission for ten years from the date of conviction.

**Welfare Assistance:** Welfare or other payments to families or individuals, based on need, that are made under programs funded, separately or jointly, by Federal, State or local governments (including assistance provided under the Temporary Assistance for Needy Families (TANF) program, as that term is defined under the implementing regulations issued by the Department of Health and Human Services at 45 CFR 260.31).

45 CFR 260.31 defines the term “assistance” to include cash, payments, vouchers, and other forms of benefits designed to meet a family's ongoing basic needs (i.e., for food, clothing, shelter, utilities, household goods, personal care items, and general incidental expenses).

It includes such benefits even when they are:

- A. Provided in the form of payments by a TANF agency, or other agency on its behalf, to individual recipients; and
- B. Conditioned on participation in work experience or community service (or any other work activity under 45 CFR 261.30).

Except where excluded later in this definition, it also includes supportive services such as transportation and childcare provided to families who are not employed.

The term “assistance” excludes:

- A. Nonrecurrent, short-term benefits that:
  - 1. Are designed to deal with a specific crisis situation or episode of need;
  - 2. Are not intended to meet recurrent or ongoing needs; and
  - 3. Will not extend beyond four months.
- B. Work subsidies (i.e., payments to employers or third parties to help cover the costs of employee wages, benefits, supervision, and training);
- C. Supportive services such as child care and transportation provided to families who are employed;
- D. Refundable earned income tax credits;
- E. Contributions to, and distributions from, Individual Development Accounts;

- F. Services such as counseling, case management, peer support, childcare information and referral, transitional services, job retention, job advancement, and other employment-related services that do not provide basic income support; and
- G. Transportation benefits provided under a Job Access or Reverse Commute project, pursuant to section 404(k) of the Act, to an individual who is not otherwise receiving assistance.

**Working Family Preference:** A working family is defined as a family whose head or spouse is employed on a regular basis for a minimum of 30 hours per week. This also includes families who are engaged in self-sufficiency activities such as secondary, vocational, or employment training such as on the job training. Remedial education is not considered as vocational training.

Threshold limits to meet this definition are employment of three (3) months consecutively or currently employed and having been employed nine months of the last twelve (12) months. For families in training, the qualifying adult(s) must be enrolled in a full-time training program for three (3) months as defined by the school or training agency.

Elderly and disabled individuals and families will receive this preference if they meet the definition of elderly or handicapped/disabled as defined in this policy.

**Written notification:** All written notifications required in this policy shall be hand delivered with a signed receipt or mailed via first class mail unless specified otherwise.

## ACRONYMS

ACC	Annual Contributions Contract
CFR	Code of Federal Regulations
FSS	Family Self Sufficiency (program)
HCDA	Housing and Community Development Act
HQS	Housing Quality Standards
HUD	Department of Housing and Urban Development
INS	(U.S.) Immigration and Naturalization Service
NAHA	(Cranston-Gonzalez) National Affordable Housing Act
NOFA	Notice of Funding Availability
OMB	(U.S.) Office of Management and Budget
PHA	Public Housing Agency
QHWRA	Quality Housing and Work Responsibility Act of 1998
SSA	Social Security Administration
TTP	Total Tenant Payment

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<sup>i</sup> 24CFR§960.103(b)

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

<b>PHA Name:</b> Lakeland Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14P011501-09 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2009
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**Original Annual Statement**    **Reserve for Disasters/ Emergencies**    **Revised Annual Statement (revision no:    )**  
 **Performance and Evaluation Report for Period Ending:**    **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	\$10,000			
4	1410 Administration	\$ 69,500			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$10,000			
8	1440 Site Acquisition	\$ 15,000			
9	1450 Site Improvement	\$72,000			
10	1460 Dwelling Structures	\$397,786			
11	1465.1 Dwelling Equipment—Nonexpendable	\$25,000			
12	1470 Nondwelling Structures	\$40,000			
13	1475 Nondwelling Equipment	\$34,000			
14	1485 Demolition	\$ 500			
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	\$ 500			
18	1499 Development Activities	\$ 500			
19	1501 Collateralization or Debt Service				
20	1502 Contingency	\$20,000			
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$694,786			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Lakeland Housing Authority			Grant Type and Number Capital Fund Program Grant No: FL14P011501-09 Replacement Housing Factor Grant No:		Federal FY of Grant: 2009
<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 No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: : FL14P011501-09 Replacement Housing Factor Grant No:			Federal FY of Grant: 2009			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
1430 PHA-WIDE	<b>FEES &amp; COSTS</b>							
	-SECURITY CAMERA MAINTENANCE CONTRACT	1430	LUMP SUM	\$5,000				
	-A/E FEES	1430	LUMP SUM	0				
	-SUNDRY PLANNING AND IN-HOUSE DESIGN	1430	LUMP SUM	\$5,000				
	<b>TOTAL 1430</b>			<b>\$10,000</b>				
1440 PHA-WIDE	<b>SITE ACQUISITION</b>							
	OPTION DEV. SITES FOR 1499	1440	LUMP SUM	\$15,000				
	<b>Total 1440</b>			<b>\$15,000</b>				
1450 PHA-WIDE	<b>SITE IMPROVEMENTS</b>							
	TREE TRIMMING	1450	LUMP SUM	\$1,000				
	-SIDEWALK REPAIR	1450	LUMP SUM	\$1,000				
	-EROSION CONTROL	1450	LUMP SUM	\$3,000				
	-FENCING	1450	LUMP SUM	\$5,000				
	-RESEAL/PAVING REPAIRS	1450	LUMP SUM	\$10,000				
	-WATER LINE REPAIRS/CHECK METERS	1450	LUMP SUM	\$1,000				

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

PHA Name: Lakeland Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: : FL14P011501-09 Replacement Housing Factor Grant No:			Federal FY of Grant: 2009			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	-DRAINAGE REPAIR/GUTTERS	1450	LUMP SUM	\$1,000				
	-LANDSCAPING	1450	LUMP SUM	\$5,000				
	-SIGNAGE	1450	LUMP SUM	\$5,000				
	-PLAYGROUND IMPROVEMENTS	1450	LUMP SUM	\$30,000				
	-TERMITE TREATMENT	1450	LUMP SUM	\$10,000				
	<b>TOTAL 1450</b>			<b>\$72,000</b>				





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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-09 Replacement Housing Factor Grant No:			Federal FY of Grant: 2009			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
FI 11-2 WESTLAKE	-COMPREHENSIVE MODERNIZATION TO INCLUDE - MILDEW CONTROL, CENTRAL HVAC, DRYER/VENT/WIRING, RANGEHOODS WITH FIRE SUPPRESSION UNITS	1460	LUMP SUM	\$5,000				
	-CABINET REPLACEMENT	1460	LUMP SUM	\$5,000				
	<b>TOTAL</b>			<b>\$10,000</b>				
FL 11-4 WESTLAKE ADDITION	EXTERIOR PAINT	1460	LUMP SUM	\$40,000				
	<b>TOTAL</b>			<b>\$40,000</b>				

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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-09 Replacement Housing Factor Grant No:			Federal FY of Grant: 2009			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
FI 11-6 CECIL GOBER & JOHN WRIGHT	-COMPREHENSIVE MODERNIZATON TO INCLUDE UTILITY DOORS , EXTERIOR WINDOWS, KITCHEN AND BATH MODERNIZATION, VCT FLOORING REPLACEMENT, WATER SUPPLY LINES, EMERGENCY CALL SYSTEM (CECIL GOBER), DRYER VENTS, CENTRAL HVAC, INTERIOR & EXTERIOR DOORS, ATTIC INSULATION, REPAIR TO TERMITE DAMAGE, DRYWALL REPLACEMENT, UPGRADED ELECTRICAL SERVICE (REPLACE ALUMINUM WIRE, PANEL, AND DEVICES) (FORCE ACCOUNT WORK)	1460	LUMP SUM	\$314,286				
	-CABINET REPLACEMENT	1460	LUMP SUM	\$5,000				

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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-09 Replacement Housing Factor Grant No:			Federal FY of Grant: 2009			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<b>TOTAL</b>			<b>\$315,286</b>				
FI 11-7 PAUL COLTON & BONNET SHORES	COMPREHENSIVE MODERNIZATION TO INCLUDE UTILITY DOORS, EXTERIOR WINDOWS, KITCHEN AND BATH MODERNIZATION, VCT FLOORING REPLACEMENT, WATER SUPPLY LINES, DRYER VENTS, CENTRAL HVAC, INTERIOR/EXTERIOR DOORS, ATTIC INSULATION, REPAIR OF TERMITE DAMAGE, DRYWALL REPLACEMENT, UPGRADED ELECTRICAL SERVICE, (REPLACE ALUMINUM WIRE, PANEL AND DEVICES) (FORECED ACCOUNT)	1460	LUMP SUM	\$1,000				
	-CABINET REPLACEMENT			\$1,000				
	<b>TOTAL</b>			<b>\$2,000</b>				

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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-09 Replacement Housing Factor Grant No:			Federal FY of Grant: 2009			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<b>TOTAL 1460</b>			<b>\$397,786</b>				
1465.1 PHA-WIDE	<b>DWELLING EQUIPMENT</b>							
	-APPLIANCE REPLACEMENT TO ENERGY STAR	1465	LUMP SUM	\$25,000				
	<b>TOTAL 1465.1</b>			<b>\$25,000</b>				
1470 PHA-WIDE	<b>NON-DWELLING STRUCTURES</b>							
11-2 WESTLAKE	-CENTRAL EMERGENCY GENERATOR SYSTEM	1470	LUMP SUM	\$10,000				
	-RENOVATION OF COMMUNITY BUILDING FOR HURRICANE PROOFING INCLUDING EMERGENCY POWER SYSTEM AND HARDENING	1470	LUMP SUM	\$30,000				
	<b>TOTAL 1470</b>			<b>\$40,000</b>				

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

PHA Name:		Grant Type and Number Capital Fund Program Grant No: FL14P011501-09 Replacement Housing Factor Grant No:				Federal FY of Grant: 2009		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
1475 PHA-WIDE	<b>NON-DWELLILNG EQUIPMENT</b>							
	-UPGRADE COMPUTER NETWORK	1475	LUMP SUM	\$3,000				
	-REPLACE OFFICE FURNITURE & EQUIPMENT	1475	LUMP SUM	0				
	-COMMON AREA FURNITURE	1475	LUMP SUM	0				
	-PURCHASE MAINTENANCE VEHICLES	1475	LUMP SUM	\$25,000				
	-PC, JW, WL SECURITY CAMERAS IN COMMUNITY ROOM	1475	LUMP SUM	\$1,000				
	CARPET AT CENTRAL	1475	LUMP SUM	0				

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

PHA Name:		Grant Type and Number Capital Fund Program Grant No: FL14P011501-09 Replacement Housing Factor Grant No:			Federal FY of Grant: 2009			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	-REPLACE EQUIPMENT INCLUDING HANDTRUCK, FLOOR, BUFFERS, WET VACS, SPRAY PAINT EQUIP., CHAIN SAWS, BACKPACK SPRAYERS, HVAC EQUIP., DRYWALL SPRAY TEXTURE MACHINE	1475	LUMP SUM	\$5,000				
	<b>TOTAL 1475</b>			<b>\$34,000</b>				
1485	DEMOLITION	1485	LUMP SUM	\$500				
	<b>TOTAL 1485</b>			<b>\$500</b>				
1495.1 PHA-WIDE	<b>RELOCATION COST</b>							
	-RELOCATION	1495.1	LUMP SUM	\$500				
	<b>TOTAL 1495.1</b>			<b>\$500</b>				
1499 PHA-WIDE	<b>DEVELOPMENT ACTIVITIES</b>							

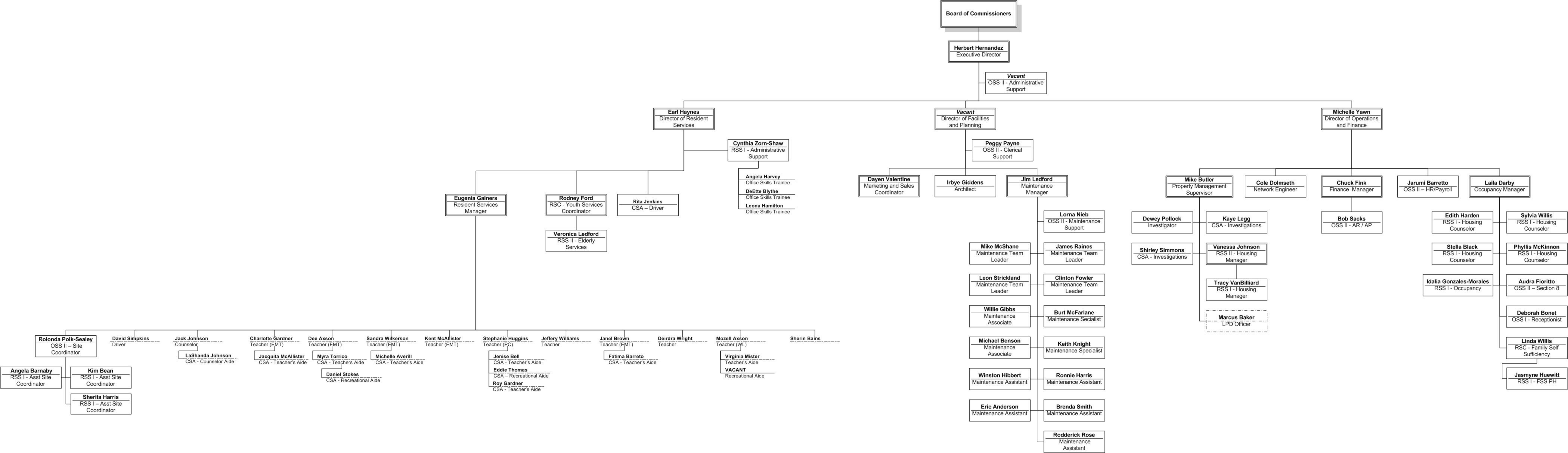
**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14P011501-09 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2009</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	-DEVELOPMENT	1499	LUMP SUM	\$500				
	<b>TOTAL 1499</b>			<b>\$500</b>				
1502 PHA-WIDE	<b>CONTINGENCY</b>							
	-CONTINGENCY	1502	LUMP SUM	\$20,000				
	<b>TOTAL 1502</b>			<b>\$20,000</b>				



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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program No: FL14P011501-09 Replacement Housing Factor No:					Federal FY of Grant: 2009
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
1406	12/11			6/13			
1408	12/11			6/13			
1410	12/11			6/13			
1430	12/11			6/13			
1450	12/11			6/13			
1460	12/11			6/13			
1465.1	12/11			6/13			
1470	12/11			6/13			
1475	12/11			6/13			
1485	12/11			6/13			
1495.1	12/11			6/13			
1499	12/11			6/13			
1502	12/11			6/13			



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

<b>Capital Fund Program Five-Year Action Plan</b>					
<b>Part I: Summary</b>					
PHA Name Lakeland Housing Authority				<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
		FFY Grant: 2010 PHA FY: 2010	FFY Grant: 2011 PHA FY: 2011	FFY Grant: 2012 PHA FY: 2012	FFY Grant: 2013 PHA FY: 2013
	Annual Statement				
PHA-WIDE		\$500,470	\$509,437	\$521,046	\$521,046
WESTLAKE 11-2		\$ 26,000	\$26,000	\$26,000	\$26,000
WESTLAKE ADDITION 11-4		\$25,000	\$25,000	\$25,000	\$25,000
CECIL GOBER/JOHN WRIGHT		\$368,870	\$378,708	\$386,282	\$386,282
PAUL COLTON BONNET SHORES		\$20,000	\$20,000	\$20,000	\$20,000
CFP Funds Listed for 5-year planning		\$723,338	\$737,804	\$752,560	\$752,560
Replacement Housing Factor Funds		\$463,951	\$463,951	\$463,951	\$463,951

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

<b>Capital Fund Program Five-Year Action Plan</b>						
<b>Part II: Supporting Pages—Work Activities</b>						
Activities for Year 1	Activities for Year : 2 FFY Grant: 2010 PHA FY: 2010			Activities for Year: 3 FFY Grant: 2011 PHA FY: 2011		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>See</b>	PHA-WIDE	OPERATIONS	\$ -0-	PHA-WIDE	OPERATIONS	\$ -0-
<b>Annual</b>		MANAGEMENT IMP	\$ -0-		MANAGEMENT IMP	\$ -0-
<b>Statement</b>		ADMINISTRATION	\$72,334		ADMINISTRATION	\$73,780
		FEES & COSTS	\$21,700		FEES & COSTS	\$22,134
		SITE IMPROVEMENT	\$57,867		SITE IMPROVEMENTS	\$59,024
		DWELLING STRT	\$50,000		DWELLING STRT	\$50,000
		DWELLING EQP	\$21,700		DWELLING EQP	\$22,134
		NONDWELLING STR	\$1,000		NONDWELLING STR	\$1,000
		NONDWELLING EQP	\$21,700		NONDWELLING EQP	\$22,134
		RELOCATION COST	\$1,000		RELOCATION COST	\$1,000
		MOD FOR DEV	\$1,000		MOD FOR DEV	\$1,000
		CONTINGENCY	\$35,167		CONTINGENCY	\$35,890
	FL 11-2 WESTLAKE	DWELLING IMP	\$25,000	FL 11-2 WESTLAKE	DWELLING IMP	\$25,000
		DEMO	\$1,000		DEMO	\$1,000
	FL11-4 WESTLAKE ADDITION	DWELLING IMP	\$25,000	FL 11-4 WESTLAKE ADDITION	DWELLING IMP	\$25,000
	FL 11-6 CECIL GOBER & JOHN WRIGHT	SAME AS YEAR 2	\$20,000	FL 11-6 CECIL GOBER & JOHN WRIGHT	COMPREHENSIVE MODERNIZATION SAME SCOPE AS YEAR 2	\$20,000

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

	FL 11-7 PAUL COLTON & BONNET SHORES	COMPREHENSIVE MODERNIZATION WITH THE SAME SCOPE AS FL 11-6	\$386,282	FL 11-7 PAUL COLTON & BONNET SHORES	COMPREHENSIVE MODERNIZATION WITH THE SAME SCOPE AS FL 11-6	\$359,223
Total CFP Estimated Cost			\$751,080			\$709,155

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

<b>Capital Fund Program Five-Year Action Plan</b>					
<b>Part II: Supporting Pages—Work Activities</b>					
Activities for Year :4 FFY Grant: 2012 PHA FY: 2012			Activities for Year: 5 FFY Grant: 2013 PHA FY: 2013		
<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
PHA-WIDE	OPERATIONS	\$ -0-	PHA-WIDE	OPERATIONS	\$ -0-
	MANAGEMENT IMP	\$ -0-		MANAGEMENT IMP	\$ -0-
	ADMINISTRATION	\$75,256		ADMINISTRATION	\$76,732
	FEES& COSTS	\$22,577		FEES& COSTS	\$23,020
	SITE IMPROVEMENTS	\$60,204		SITE IMPROVEMENTS	\$61,384
	DWELLING STRUCTURES	\$51,000		DWELLING STRUCTURES	\$52,000
	DWELLING EQP	\$22,577		DWELLING EQ	\$23,020
	NONDWELLING STRUCTURES	\$1,000		NONDWELLING STRUCTURES	\$1,000
	NONDWELLING EQUIPMENT	\$22,577		NONDWELLING EQUIPMENT	\$23,020
	RELOCATION COSTS	\$1,000		RELOCATION COSTS	\$1,000
	MOD FOR DEV	\$1,000		MOD FOR DEV	\$1,000
	CONTINGENCY	\$36,607		CONTINGENCY	\$37,324
FL 11-2 WEST LAKE	DWELLING IMP	\$25,000	FL 11-2 WEST LAKE	DWELLING IMP	\$25,000
DEMO		\$1,000	DEMO		\$1,000
FL 11-4 WESTLAKE ADDITION	DWELLING IMP	\$25,000	FL 11-4 WESTLAKE ADDITION	DWELLING IMP	\$25,000
FL 11-6 CECIL GOBER & JOHN WRIGHT	COMPREHENSIVE MODERNIZATION SAME SCOPE AS YEAR 2	\$20,000	FL 11-6 CECIL GOBER & JOHN WRIGHT	COMPREHENSIVE MODERNIZATION SAME SCOPE AS YEAR 2	\$20,000

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

FL 11-7 PAUL COLTON & BONNET SHORES	COMPREHENSIVE MODERNIZATION SAME SCOPE AS YEAR 2	\$368,870	FL 11-7 PAUL COLTON 7 BONNET SHORES	COMPREHENSIVE MODERNIZATION SAME SCOPE AS YEAR 2	\$368,870
Total CFP Estimated Cost		\$723,338			\$739,370

## Annual Plan Attachment No. E

### Criteria for Substantial Deviation and Significant Amendments

#### 24 CFR Part 903.7 (r) (2)

##### **Substantial Deviation from the Five-Year Plan:**

A Substantial Deviation from the Five-Year Plan is an overall change in the direction of the Housing Authority (HA) pertaining to its goals and objectives. The HA will consider the following actions as a Substantial Deviation from the Five-Year Plan:

- The undertaking of new program activities that do not otherwise further the HA's stated mission or further the goals as set forth in the current Five-Year Plan.
- Insufficient budget authority from HUD necessitating the need to either alter, reduce, or terminate any specific program activity.
- New program activities required or adopted to reflect changes in HUD regulations, or as a result of a declared national or local emergency are *exempted* actions. In such cases, the administrative/programmatic changes implemented will not be considered as a Substantial Deviation from the Five-Year Plan.
- Other deviations: (specify action)

##### **Significant Amendment or Modification to the Five-Year Plan and Annual Plan:**

A Significant Amendment or Modification to the Annual Plan is a change in policy pertaining to the operation of the HA. The HA will consider the following actions as a Significant Amendment or Modification to the Five-Year Plan and Annual Plan:

- Significant changes to rent or admission policies, or organization of the waiting list.
- Addition of new work items (*excludes* emergency work) not included in the Capital Fund Program (CFP) 5-Year Action Plan or Annual Statement(s) exceeding a cumulative amount of \$71,000 <sup>1</sup> under the current Fiscal Year.
- Demolition and/or disposition activities, new or amended development plans, designation or conversion actions not currently identified in the Five-Year Plan or either the Annual Plan, or otherwise approved by HUD.
- New program activities required or adopted to reflect changes in HUD regulations, or as a result of a declared national or local emergency are *exempted* actions. In such cases, the administrative/programmatic changes implemented will not be considered as a Substantial Amendment or Modification to the Five-Year Plan and Annual Plan.
- Other amendments or modifications: (specify action)

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<sup>1</sup> Average of 10% of the latest funded CFP grant.



## Resident Member on the PHA Governing Board

1.  Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: **Nita McGee**

B. How was the resident board member selected: (select one)?

- Elected  
 Appointed

C. The term of appointment is (include the date term expires): **May, 2009**

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis  
 the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  
 Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): **Mayor Ralph Fletcher**

## **Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Lilly Brown, President  
Dorothy Sanders, Vice-President  
Latrece Jackson, Secretary  
Nita McGee, Treasurer  
Pierre Calixte, Sergeant of Arms  
Lena Young-Green, Consultant

**Statement of Progress in Meeting the 5-Year Plan  
Mission and Goals**

The following table reflects the progress we have made in achieving our goals and objectives:

<b><i>Goal #1: Having become a high performing housing authority in both the Public Housing and Section 8 programs, LHA shall sustain it.</i></b>	
Objective	Progress
Improve the accuracy of rent calculation and the sufficiency of the documentation in tenant files in both public housing and Section 8 so that quality control indicates an accuracy rate in excess of HUD program high performance standards by December 31, 2006 and sustain it thereafter.	Accomplished. Also to be noted, LHA had no audit findings in 2005, 2006 or 2007.
Maintain a Section 8 lease-up rate of at least 98%.	Accomplished
Continue and improve task tracking / management by objectives which incorporates appropriate elements of PHAS, SEMAP, CSS Workplan and similar existing measures.	On Going Access database helps with the grants tracking. Managers review PHAS and SEMAP regularly throughout the year.
<b><i>Goal #2: Continue to improve our public image through enhanced communication, coordination, and accountability with outside entities, among the staff and with residents.</i></b>	
Objective	Progress
Continue to meet monthly with the Resident Advisory Board and other residents in a variety of forums to provide the opportunity for input and feedback about agency operations.	Accomplished
Generate at least 8 positive media stories a year.	Partially accomplished
Deliver at least 24 talks to groups a year about the activities of LHA, including; but not limited to, governmental, private sector, public sector, civic, religious, women, and minority organizations.	Partially Accomplished
<b><i>Goal #3: Be the premier innovative and effective affordable housing provider in Florida.</i></b>	
Objective	Progress
Utilize LHA's role as the HOPE VI developer to implement the remaining phases by end of the HOPE VI grant period.	Accomplished. Final phase of Hope VI is due to start as soon as the market allows.
Develop staff and organizational capability so that LHA or an affiliate is prepared to manage its third-party owned rental properties by	On target to achieve

December 31, 2009.	
Maintain eligibility to apply for additional housing choice vouchers as they become available.	Accomplished
Partner with the Lakeland Polk Housing Corporation and other housing providers to increase the availability of affordable housing in its jurisdiction by 500 units by December 31, 2009.	Doing all that we can
Assist at least 20 families into homeownership through the Section 8 Homeownership Program by December 31, 2009.	Doing all that we can
Expand the LHA business plan to include non-traditional entrepreneurial methods and practices that positively impact affordable housing in LHA's jurisdiction.	Doing all that we can

***Goal #4: Implement income generating and cost saving measures while increasing operational efficiency in order to reduce LHA's dependency on HUD funding.***

Objective	Progress
Complete implementation of the Energy and Water Cost savings programs by December 31, 2007.	Re-evaluating
By December 31, 2006 begin marketing LHA staffing assets to others.	Doing this
Develop and implement a plan to obtain \$50 million of grant or leveraged funds by December 31, 2009 and ensure compliance with all grant agreements.	On schedule
Maximize the HUD funding systems (including the Tenant Integrity Program) to better fund LHA without unduly burdening the residents.	Accomplishing

***Goal #5: Increase and encourage the self-sufficiency efforts of all residents.***

Objective	Progress
Assist children who reside in LHA properties to attain academic success as measured by increases in FCAT scores so that the percentage passing the FCAT equals or exceeds the Polk County average.	Programs are in place, but FCAT scores are not available to LHA
Increase the number of children using LHA educational and computer literacy programs by 20% by December 31, 2009.	Accomplishing
Adult residents will be afforded the	On schedule

opportunity to increase their literacy skills and to continue their adult educational goals through the use of Technical Learning Centers so that at least an additional 20% have either a high school diploma or GED by December 31, 2009.	
LHA shall assist its non-elderly non-disabled public housing residents increase the LHA average annual household income by 35% by December 31, 2009.	Ongoing
Substantially increase the number of LHA seniors and people with disabilities using LHA sponsored programs by December 31, 2009.	On schedule
Increase the number of people participating in the LHA Public Housing Family Self-Sufficiency Program to 50 by December 31, 2009.	Accomplished

<b><i>Goal #6: Improve employee relations and morale.</i></b>	
Objective	Progress
Improve lines of communications through staff meetings and other necessary internal communications to provide updates and progress reports about agency activities.	Accomplishing
Continue to reward performance through the timely implementation of the performance evaluation / merit increase system.	Accomplished
Encourage and support staff partaking in continuing education opportunities to the greatest degree possible within funding constraints.	On Going

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

PHA Name: <b>Lakeland Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: <b>FL14P011501-04</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2004</b>
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Original Annual Statement    Reserve for Disasters/ Emergencies    Revised Annual Statement (revision no:)  
 Performance and Evaluation Report for Period Ending: **06-30-2008**    Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$60,000		\$60,000	\$60,000
3	1408 Management Improvements	\$5,500		\$5,500	\$5,500
4	1410 Administration	\$60,000		\$60,000	\$60,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$18,500		\$18,500	\$18,500
8	1440 Site Acquisition				
9	1450 Site Improvement	\$20,500		\$20,500	\$6742
10	1460 Dwelling Structures	\$372,500		\$372,500	\$372,500
11	1465.1 Dwelling Equipment— Nonexpendable	\$1,000		\$1,000	\$1,000
12	1470 Nondwelling Structures	\$1,000		\$1,000	\$1,000
13	1475 Nondwelling Equipment	\$ 4,500		\$4,500	\$4,500
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	\$500		\$500	
18	1499 Development Activities	\$1,000		\$1,000	
19	1501 Collaterization or Debt Service				

**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: <b>Lakeland Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: <b>FL14P011501-04</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2004</b>
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Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no:)  
 Performance and Evaluation Report for Period Ending: **06-30-2008**  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency	\$35,540		\$35,540	\$35,540
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$580,540		\$580,540	\$565,282
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>FL14P011501-04</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2004</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	<b>Operations</b>							
	- Operating Subsidy	1406	<20%	\$60,000		\$60,000	\$60,000	
	<b>Total 1406</b>			<b>\$60,000</b>		<b>\$60,000</b>	<b>\$60,000</b>	
PHA-Wide	<b>Management Improvements</b>							
	- Develop & Update Agency Plan	1408	Lump Sum	\$3,000		\$3,000	\$3,000	
	- Vacancy Reduction	1408	Lump Sum	\$500		\$500	\$500	
	- Develop Resident Initiatives	1408	Lump Sum	\$500		\$500	\$500	
	- Computer Software	1408	Lump Sum	\$500		\$500	\$500	
	- Grant Writing	1408	Lump Sum	\$500		\$500	\$500	
	- Security Camera System	1408	Lump Sum	\$500		\$500	\$500	
	<b>Total 1408</b>			<b>\$5,500</b>		<b>\$5,500</b>	<b>\$5,500</b>	
PHA – Wide	<b>Administration</b>							



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

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>FL14P011501-04</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2004</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	- Facilities Director – 25%, Maintenance Sup 50% Operations Support Assoc. – 50%, Purchasing Agent – 35%	1410	Lump Sum	\$29,000		\$29,000	\$25,839	
	- Employee Benefits	1410	Lump Sum	\$11,000		\$11,000	\$11,000	
	- Pro-ration of Admin Support	1410	Lump Sum	\$20,000		\$20,000	\$20,000	
	<b>Total 1410</b>			<b>\$60,000</b>		<b>\$60,000</b>	<b>\$60,000</b>	
PHA-Wide	<b>Fees and Costs</b>							
	- Clerk-of-the-Works Salary 50% (15 hours per week)	1430	Lump Sum	\$7,250		\$7,250	\$7,250	
	- Security Camera Maintenance Contract	1430	Lump Sum	\$500		\$500	\$500	
	- A/E Fees	1430	Lump Sum	\$8,500		\$8,500	\$8,500	
	- Sundry Planning and In-house Design	1430	Lump Sum	\$2,250		\$2,250	\$2,250	
	<b>Total 1430</b>			<b>\$18,500</b>		<b>\$18,500</b>	<b>\$18,500</b>	
PHA-Wide	<b>Site Improvements</b>							

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

**Part II: Supporting Pages**

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>FL14P011501-04</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2004</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	- Tree Trimming	1450	Lump Sum	\$5,000		\$5,000	\$5000	
	- Sidewalk Repairs	1450	Lump Sum	\$500		\$500	\$242	
	- Erosion Control	1450	Lump Sum	\$500		\$500		
	- Fencing	1450	Lump Sum	\$1,500		\$1,500	\$1,500	
	- Reseal/Paving Repair	1450	Lump Sum	\$1,000		\$1,000		

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

**Part II: Supporting Pages**

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>FL14P011501-04</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2004</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>FL14P011501-04</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2004</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	- Drainage Repair/Gutters	1450	Lump Sum	\$1,000		\$1,000		
	- Landscaping	1450	Lump Sum	\$5,000		\$5,000		
	- Signage	1450	Lump Sum	\$1,000		\$1,000		
	- Add Parking Central	1450	Lump Sum	0		0		
	- Misc. Repairs –PHAS	1450	Lump Sum	\$500		\$500		
FL11-4 Westlake Addition.	- Playground Equipment/ Basketball Court	1450	Lump Sum	\$1,000		\$1,000		
FL11-5 Lakeview Gardens	Site improvements	1450	Lump Sum	0				
		1450	Lump Sum					
FL11-6 Cecil Gober & John Wright	- Playground Improvements (Forced account labor)	1450	Lump Sum	\$2,000		\$2,000		
	- Water Line Replacement and Individual Meters (Forced account labor)	1450	Lump Sum	\$500		\$500		

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

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>FL14P011501-04</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2004</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
FL11-7 Paul Colton & Bonnet Shores	- Water Line Replacement and Individual Meters (Force account labor)	1450	Lump Sum	\$500		\$500		
	- Playground Improvements (Force account labor)	1450	Lump Sum	\$500		\$500		
	<b>Total 1450</b>			<b>\$20,500</b>		<b>\$20,500</b>	<b>\$6742</b>	
PHA-Wide	<b>Dwelling Structures</b>							
	- Exterior Painting	1460	Lump Sum	\$1,000		\$1,000	\$1,000	
	- Pressure Washing	1460	Lump Sum	\$500		\$500	\$500	
	- Exterior/ Screen Doors	1460	Lump Sum	\$500		\$500	\$500	
	- Security Window Screens	1460	Lump Sum	\$500		\$500	\$500	
	- Exterior Masonry Repairs	1460	Lump Sum	\$500		\$500	\$500	
	- Soffet, Fascia, & Gable Repairs	1460	Lump Sum	\$500		\$500	\$500	
	- Fire Suppression System	1460	Lump Sum	\$500		\$500	\$500	
	- Misc. Repairs PHAS	1460	Lump Sum	\$1,000		\$1,000	\$1,000	

**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>FL14P011501-04</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2004</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
FL11-2 Westlake	- Comprehensive Modernization to include –Exterior Paint, mildew control, central HVAC, dryer/vent/wiring, and range vent hoods	1460	Lump Sum	\$500		\$500	\$500	
FL11-4 Westlake Add	Exterior Paint	1460	Lump Sum	\$500		\$500	\$500	

**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>FL14P011501-04</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2004</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
FL11-6 Cecil Gober & John Wright	- Comprehensive Modernization to include utility doors, exterior windows, kitchen and bath modernization, VCT flooring replacement, water supply line replacement, emergency call system, dryer vents, central HVAC, interior & exterior doors and attic insulation, repair termite damage, drywall replacement, HW heater replacement, upgrade elec. service (replace aluminum wire and devices) (Forced account labor)	1460	Lump Sum	\$500		\$500	\$500	

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

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>FL14P011501-04</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2004</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
FL11-7 Paul Colton & Bonnet Shores	- Comprehensive Modernization to include utility doors, exterior windows, kitchen and bath modernization, VCT flooring replacement, water supply line replacement, emergency call system, dryer vents, central HVAC, attic insulation, gutters and downspouts, and interior & exterior doors, repair termite damage, drywall replacement, HW heater replacement, upgrade elec. service (replace aluminum wire and devices) (Forced account labor)	1460	Lump Sum	\$366,000		\$366,000	\$366,000	
	<b>Total 1460</b>			<b>\$372,500</b>		<b>\$372,500</b>	<b>\$372,500</b>	
1465.1 PHA-Wide	<b>Dwelling Equipment</b> - Appliance Replacement	1465.1	Lump Sum	\$1,000		\$1,000	\$1,000	

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

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>FL14P011501-04</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2004</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<b>Total 1465.1</b>			<b>\$1,000</b>		<b>\$1,000</b>	<b>\$1,000</b>	
1470	<b>Non-Dwelling Structures</b>							
PHA-Wide	- Renovation of Community Buildings	1470	Lump Sum	\$1,000		\$1,000	\$1,000	
	<b>Total 1470</b>			<b>\$1,000</b>		<b>\$1,000</b>	<b>\$1,000</b>	
1475	<b>Non-Dwelling Equipment</b>							
PHA-Wide	- Replace Office furniture and equipment	1475	Lump Sum	500		\$500	\$500	
	- Common Area furniture and fixtures	1475	Lump Sum	\$500		\$500	\$500	
	Purchase maintenance vehicles	1475	2	\$500		\$500	\$500	



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

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>FL14P011501-04</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2004</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Replacement Equipment including hand truck, floor buffers, wet vacs, spray paint equip., chain saws, backpack sprayers, HVAC recovery equip., and drywall spray texture machine)	1475	Lump Sum	\$2,000		\$2,000	\$2,000	
	Replacement mower	1475	Lump Sum	\$500		\$500	\$500	
	Replacement dump trailer	1475	Lump Sum	\$500		\$500	\$500	
	<b>Total 1475</b>			<b>\$4,500</b>		<b>\$4,500</b>	<b>\$4,500</b>	
1495.1	<b>Relocation Costs</b>							
	- Relocation	1495.1	Lump Sum	\$500		\$500		
	<b>Total 1495.1</b>			<b>\$500</b>		<b>\$500</b>		
1499	<b>Mod Used for Development</b>							
	- Development	1499	Lump Sum	\$1,000		\$1,000		
	<b>Total 1498</b>			<b>\$1,000</b>		<b>\$1,000</b>		



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

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program No: <b>FL14P011501-04</b> Replacement Housing Factor No:					Federal FY of Grant: <b>2004</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
1406	9/06		6/05	9/08		6/05		
1408	9/06		12/05	9/08		12/05		
1410	9/06		12/05	9/08		12/05		
1430	9/06		9/06	9/08		-		
1450	9/06		9/06	9/08		-		
1460	9/06		9/06	9/08		-		
1465.1	9/06		12/04	9/08		12/04		
1470	9/06		9/06	9/08		12/06		
1475	9/06		9/06	9/08		6/07		
1495.1	9/06		-	9/08		-		
1499	9/06		-	9/08		-		
1502	9/06		1/05	9/08		1/05		

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

PHA Name: <b>Lakeland Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>FL14R011501-04</b>	Federal FY of Grant: <b>2004</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: **06-30-2008**  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition	\$0	\$423,900	\$423,900	\$423,900
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Replacement Affordable Housing	\$601,210	\$ 177,310		
19	1501 Collaterization or Debt Service				
20	1502 Contingency				

**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: <b>Lakeland Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>FL14R011501-04</b>	Federal FY of Grant: <b>2004</b>
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Original Annual Statement 
  Reserve for Disasters/ Emergencies 
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: **06-30-2008**
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$601,210	\$601,210	\$426,626	\$426,626
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>FL14R011501-04</b>			Federal FY of Grant: <b>2004</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	<b>Acquisition</b>			0	\$423,900	\$423,900	\$423,900	
	<b>Total 1440</b>			0	<b>\$423,900</b>	<b>\$423,900</b>	<b>\$423,900</b>	
PHA-Wide	<b>Replacement Affordable Housing</b>			\$601,210	\$177,310	\$2726	\$2726	
	<b>Total 1499</b>			\$601,210	\$177,310	\$2726	\$2726	

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

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: <b>FL14R011501-04</b>					Federal FY of Grant: <b>2004</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
1440		1/05	1/05	2/05		2/05		
1499	9/07		-	9/09		-		

## 1Attachment B

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-05 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6-30-2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$130,226		\$130,226	\$130,226
3	1408 Management Improvements	\$5,000		\$5,000	\$5,000
4	1410 Administration	\$61,500		\$61,500	\$61,500
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$16,000		\$16,000	\$16,000
8	1440 Site Acquisition	\$0			
9	1450 Site Improvement	\$21,000			
10	1460 Dwelling Structures	\$402,000		\$245,396	\$245,396
11	1465.1 Dwelling Equipment— Nonexpendable	\$2,000		\$2,000	\$2,000
12	1470 Nondwelling Structures	\$1,000		\$1,000	\$1,000
13	1475 Nondwelling Equipment	\$10,000		\$10,000	\$10,000
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	\$500			



## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Lakeland Housing Authority	Grant Type and Number Capital Fund Program Grant No: FL14P011501-05 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005
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Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 6-30-2008  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
18	1499 Development Activities	\$1,000			
19	1501 Collateralization or Debt Service				
20	1502 Contingency	\$37,030		\$37,030	\$37,030
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>\$687,256</b>		<b>\$508,152</b>	<b>\$508,152</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-05 Replacement Housing Factor Grant No:				Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
1406 PHA-WIDE	<b>OPERATIONS</b>							
	OPERATING SUBSIDY	1406	<20%	\$130,226		\$130,226	\$130,226	
	<b>TOTAL 1406</b>			<b>\$130,226</b>		<b>\$130,226</b>	<b>\$130,226</b>	
1408 PHA-WIDE	<b>MANAGEMENT IMPROVEMENTS</b>							
	-DEVELOP & UPDATE AGENCY PLAN	1408	LUMP SUM	\$3,000		\$3,000	\$3,000	
	-VACANCY REDUCTION	1408	LUMP SUM	\$500		\$500	\$500	
	-DEVELOP RESIDENT INITIATIVES	1408	LUMP SUM	\$500		\$500	\$500	
	-COMPUTER SOFTWARE	1408	LUMP SUM	\$500		\$500	\$500	
	-GRANT WRITING	1408	LUMP SUM	0				
	-SECURITY CAMERA SYSTEM	1408	LUMP SUM	\$500		\$500	\$500	

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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-05 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<b>TOTAL 1408</b>			<b>\$5,000</b>		<b>\$5,000</b>	<b>\$5,000</b>	
1410 PHA-WIDE	<b>ADMINISTRATION</b>							
	-FACILITIES DIRECTOR-25%, MAINTENANCE SUP 50%,OPERATIONS SUPPORT ASSOC.-50%,PURCHASING AGENT-35%	1410	LUMP SUM	\$30,500		\$30,500	\$30,500	
	-EMPLOYEE BENEFITS	1410	LUMP SUM	\$11,000		\$11,000	\$11,000	
	-PRORATION OF ADMIN SUPPORT	1410	LUMP SUM	\$20,000		\$20,000	\$20,000	
	<b>TOTAL 1410</b>			<b>\$61,500</b>		<b>\$61,500</b>	<b>\$61,500</b>	

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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-05 Replacement Housing Factor Grant No:				Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
1430 PHA-WIDE	<b>FEES &amp; COSTS</b>							
	-INSPECTOR SALARY 35%	1430	LUMP SUM	\$3,000		\$3,000	\$3,000	
	-SECURITY CAMERA MAINTENANCE CONTRACT	1430	LUMP SUM	\$500		\$500	\$500	
	-A/E FEES	1430	LUMP SUM	\$10,000		\$10,000	\$10,000	
	-SUNDRY PLANNING AND IN- HOUSE DESIGN	1430	LUMP SUM	\$2,500		\$2,500	\$2,500	
	<b>TOTAL 1430</b>			<b>\$16,000</b>		<b>\$16,000</b>	<b>\$16,000</b>	
1450 PHA-WIDE	<b>SITE IMPROVEMENTS</b>							
	-TREE TRIMMING	1450	LUMP SUM	\$2,000				
	-SIDEWALK REPAIR	1450	LUMP SUM	\$2,000				
	-EROSION CONTROL	1450	LUMP SUM	\$1,000				
	-FENCING	1450	LUMP SUM	\$1,000				
	-RESEAL/PAVING REPAIRS	1450	LUMP SUM	\$1,000				

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

PHA Name: Lakeland Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14P011501-05 Replacement Housing Factor Grant No:				Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	-DRAINAGE REPAIR/GUTTERS	1450	LUMP SUM	\$1,000				
	-LANDSCAPING	1450	LUMP SUM	\$2,000				
	-SIGNAGE	1450	LUMP SUM	\$0				
	-PLAYGROUND IMPROVEMENTS	1450	LUMP SUM	\$1,000				
FL11-7	WATERLINE REPLACEMENT	1450	LUMP SUM	\$10,000				
	<b>TOTAL 1450</b>			<b>\$21,000</b>				

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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-05 Replacement Housing Factor Grant No:				Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
1460 PHA-WIDE	<b>DWELLING STRUCTURES</b>							
	-EXTERIOR PAINTING	1460	LUMP SUM	\$1,000				
	-PRESSURE WASHING	1460	LUMP SUM	\$500				
	-EXTERIOR /SCREEN DOORS	1460	LUMP SUM	\$500				
	-SECURITY WINDOW SCREENS	1460	LUMP SUM	\$500				
	-EXTERIOR MASONARY REPAIRS	1460	LUMP SUM	\$500				
	-SOFFET FASCIA/GABLE REPAIRS	1460	LUMP SUM	\$500				
	-FIRE SUPPRESSION SYSTEM	1460	LUMP SUM	\$500				
	--MISC REPAIRS PHAS	1460	LUMP SUM	\$1,000				
FL 11-2 WESTLAKE	-COMPREHENSIVE MODERNIZATION TO INCLUDE-MILDEW CONTROL, CENTRAL HVAC, DRYER/VENT/WIRING , RANGE HOODS WITH FIRE SUPPRESSION UNITS	1460	LUMP SUM	\$1,000				

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

PHA Name: Lakeland Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14P011501-05 Replacement Housing Factor Grant No:				Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
FL11-5 LAKEVIEW GARDENS/A KA MAGNOLIA POINTE	-INTERIOR AND EXTERIOR FINISHES FRESHENED UP AS NECESSARY FOR CONVERSION	1460	LUMP SUM	\$3,000				
FL11-4 WESTLAKE ADDITION	EXTERIOR PAINT	1460	LUMP SUM	\$25,000				

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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-05 Replacement Housing Factor Grant No:				Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
FL11-6 CECIL GOBER & JOHN WRIGHT	-COMPREHENSIVE MODERNIZATION TO INCLUDE UTILITY DOORS, EXTERIOR WINDOWS, KITCHEN AND BATH MODERNIZATION, VCT FLOORING REPLACEMENT, WATER SUPPLY LINES, EMERGENCY CALL SYSTEM (CECIL GOBER), DRYER VENTS, CENTRAL HVAC, INTERIOR 7 EXTERIOR DOORS, ATTIC INSULATION, REPAIR OF TERMITE DAMAGE, DRYWALL REPLACEMENT, UPGRADED ELECTRICAL SERVICE (REPLACE ALUMINUM WIRE, PANEL, AND DEVICES) (FORCE ACCOUNT WORK)	1460	LUMP SUM	\$68,342				



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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-05 Replacement Housing Factor Grant No:				Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
FL 11-7 PAUL COLTON 7 BONNET SHORES	-COMPREHENSIVE MODERNIZATION TO INCLUDE UTILITY DOORS, EXTERIOR WINDOWS, KITCHEN AND BATH MODERNIZATION, VCT FLOORING REPLACEMENT, WATER SUPPLY LINES, DRYER VENTS, CENTRAL HVAC, INTERIOR/EXTERIOR DOORS, ATTIC INSULATION, REPAIR OF TERMITE DAMAGE, DRYWALL REPLACEMENT, UPGRADED ELECTRICAL SERVICE (REPLACE ALUMINUM WIRE, PANEL AND DEVICES) (FORCE ACCOUNT)	1460	LUMP SUM	\$300,658		\$245,396	\$245,396	
	<b>TOTAL 1460</b>			<b>\$402,000</b>		<b>\$245,396</b>	<b>\$245,396</b>	
1465.1 PHA-WIDE	<b>DWELLING EQUIPMENT</b>							
	-APPLIANCE REPLACEMENT	1465	LUMP SUM	\$2,000		\$2,000	\$2,000	
	<b>TOTAL 1465.1</b>			<b>\$2,000</b>		<b>\$2,000</b>	<b>\$2,000</b>	

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

PHA Name: Lakeland Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14P011501-05 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-05 Replacement Housing Factor Grant No:				Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
1470 PHA-WIDE	NON-DWELLING EQUIPMENT							
	-RENOVATION OF COMMUNITY BUILDINGS	1470	LUMP SUM	\$1,000		\$1,000	\$1,000	
	<b>TOTAL 1470</b>			<b>\$1,000</b>		<b>\$1,000</b>	<b>\$1,000</b>	
1475 PHA - WIDE	NON DWELLING EQUIPMENT							
	-REPLACE OFFICE FURNITURE AND EQUIPMENT	1475	LUMP SUM	\$500		\$500	\$500	
	-COMMON AREA FURNITURE AND FIXTURES	1475	LUMP SUM	\$500		\$500	\$500	
	-PURCHASE MAINTENANCE VEHICLES	1475	LUMP SUM	\$7,000		\$7,000	\$7,000	

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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-05 Replacement Housing Factor Grant No:				Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	-REPLACE EQUIPMENT INCLUDING HANDTRUCK,FLOOR BUFFERS,WET VACS,SPRAY PAINT EQUIP.,CHAIN SAWS, BACKPACK SPRAYERS, HVAC EQUIP.,DRYWALL SPRAY TEXTURE MACHINE.	1475	LUMP SUM	\$2,000		\$2,000	\$2,000	
	<b>TOTAL 1475</b>			<b>\$10,000</b>		<b>\$10,000</b>	<b>\$10,000</b>	
1495.1 PHA-WIDE	<b>RELOCATION COSTS</b>							
	-RELOCATION	1495 .1	LUMP SUM	\$500		\$500	\$500	
	<b>TOTAL RELOCATION</b>			<b>\$500</b>		<b>\$500</b>	<b>\$500</b>	
1499 PHA-WIDE	<b>DEVELOPMENT ACTIVITIES</b>							
	-DEVELOPMENT	1499	LUMP SUM	\$1,000		\$1,000	\$1,000	

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

PHA Name: Lakeland Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14P011501-05 Replacement Housing Factor Grant No:				Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<b>TOTAL 1499</b>			<b>\$1,000</b>		<b>\$1,000</b>	<b>\$1,000</b>	
1502 PHA-WIDE	<b>CONTINGENCY</b>							
	-CONTINGENCY	1502		\$37,030		\$37,030	\$37,030	
	<b>TOTAL 1502</b>			<b>\$37,030</b>		<b>\$37,030</b>	<b>\$37,030</b>	

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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-05 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

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

PHA Name: LAKELAND HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: FL14P011501-05 Replacement Housing Factor No:					Federal FY of Grant: 2005
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
1406	9/07		9/05	9/09		9/05	
1408	9/07		12/05	9/09		12/05	
1410	9/07		9/06	9/09		9/06	
1430	9/07		9/07	9/09		-	
1450	9/07		9/07	9/09		-	
1460	9/07		9/07	9/09		-	
1465.1	9/07		12/05	9/09		12/05	
1470	9/07		12/06	9/09		12/06	
1475	9/07		6/07	9/09		6/07	
1495.1	9/07		-	9/09		-	
1499	9/07		-	9/09		-	
1502	9/07		12/06	9/09		12/06	

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

PHA Name: <b>Lakeland Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>FL14R011501-05</b>	Federal FY of Grant: <b>2005</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: **06-30-2008**  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Replacement Affordable Housing	\$303,949			
19	1501 Collaterization or Debt Service				
20	1502 Contingency				



**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: <b>Lakeland Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>FL14R011501-05</b>	Federal FY of Grant: <b>2005</b>
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Original Annual Statement 
  Reserve for Disasters/ Emergencies 
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: **06-30-2008**
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$303,949			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>FL14R011501-05</b>			Federal FY of Grant: <b>2005</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	<b>Development Activity</b>			\$303,949				
	<b>Total 1499</b>			<b>\$303,949</b>				

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

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: <b>FL14R011501-05</b>					Federal FY of Grant: <b>2005</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
1499	9/07		9/07	9/09		-		

## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: Lakeland Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14P011501-06 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2006
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 06-30-2008</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	137,756		137,756	137,756
3	1408 Management Improvements	5,000		4,845	4,845
4	1410 Administration	61,500		56,165	56,165
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	16,000		16,000	16,000
8	1440 Site Acquisition				
9	1450 Site Improvement	21,000			
10	1460 Dwelling Structures	402,000			
11	1465.1 Dwelling Equipment— Nonexpendable	2,000		2,000	2,000
12	1470 Nondwelling Structures	1,000		2,000	2,000
13	1475 Nondwelling Equipment	10,000		10,000	10,000
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	500			
18	1499 Development Activities	1,000			
19	1501 Collaterization or Debt Service				

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

PHA Name: <b>Lakeland Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: FL14P011501-06 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Original Annual Statement    Reserve for Disasters/ Emergencies    Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: **06-30-2008**    Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency	37,030		31,380	31,380
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>694,786</b>		<b>260,145</b>	<b>260,145</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

#### Part II: Supporting Pages

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: FL14P011501-06 Replacement Housing Factor Grant No:				Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>1406</b>	<b>Operations</b>							
PHA-Wide	- Operating Subsidy	1406	<20%	137,756		137,756	137,756	
	<b>Total 1406</b>			<b>137,756</b>		<b>137,756</b>	<b>137,756</b>	
<b>1408</b>	<b>Management Improvements</b>							
PHA-Wide	- Develop & Update Agency Plan	1408	Lump Sum	3,000		3,000	3,000	
	- Vacancy Reduction	1408	Lump Sum	400		400	400	
	- Develop Resident Initiatives	1408	Lump Sum	400		400	400	
	- Computer Software	1408	Lump Sum	400		400	400	
	- Grant Writing	1408	Lump Sum	400		245	245	
	- Security Camera System	1408	Lump Sum	400		400	400	
	<b>Total 1408</b>			<b>5,000</b>		<b>4,845</b>	<b>4,845</b>	
<b>1410</b>	<b>Administration</b>							
PHA-Wide	- Facilities Director-25%, Maintenance Sup-50%, Operations Support Assoc-50%, Purchasing Agent-35%	1410	Lump Sum	30,000		27,397	18,471	
	- Employee Benefits	1410	Lump Sum	11,000		10,042	10,042	
	- Proration of Admin Support	1410	Lump Sum	20,500		18,726	18,726	
	<b>Total 1410</b>			<b>61,500</b>		<b>56,165</b>	<b>56,165</b>	

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

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: FL14P011501-06 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>1430</b>	<b>Fees &amp; Costs</b>							
PHA-Wide	- Clerk-of-the-Works Salary-50% (15 hours per week)	1430	Lump Sum	6,300		6,300	6,300	
	- Security Camera Maintenance Contract	1430	Lump Sum	500		500	500	
	- A&E Fees	1430	Lump Sum	7,300		7,300	7,300	
	-Sundry Planning and In-House Design	1430	Lump Sum	1,900		1,900	1,900	
	<b>Total 1430</b>			<b>16,000</b>		<b>16,000</b>	<b>16,000</b>	
<b>1450</b>	<b>Site Improvements</b>							
PHA-Wide	- Tree Trimming	1450	Lump Sum	5,150				
	- Sidewalk Repairs	1450	Lump Sum	500				
	- Erosion Control	1450	Lump Sum	500				
	- Fencing	1450	Lump Sum	1,300				
	- Reseal/Paving Repair	1450	Lump Sum	1,200				
	- Drainage Repair/Gutters	1450	Lump Sum	1,200				
	- Landscaping	1450	Lump Sum	5,150				
	- Signage	1450	Lump Sum	900				
	- Add Parking Central	1450	Lump Sum	0				
	- Misc. Repairs - PHAS		Lump Sum	550				
FL11-4 Westlake Addition	- Playground Equipment/Basketball Court	1450	Lump Sum	900				

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

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: FL14P011501-06 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
FL11-5 Lakeview Gardens	Site Improvements	1450	Lump Sum	0				
FL11-6 Cecil Gober & John Wright	-Playground Improvements (forced account labor)	1450	Lump Sum	2,050				
	-Water Line Replacement & Individual Meters (forced account labor)	1450	Lump Sum	550				
FL11-7 Paul Colton & Bonnet Shores	-Water Line Replacement & Individual Meters (forced account labor)	1450	Lump Sum	500				
	-Playground Improvements (forced account labor)	1450	Lump Sum	550				
	<b>Total 1450</b>			<b>21,000</b>				
<b>1460</b>	<b>Dwelling Structures</b>							
PHA-Wide	- Exterior Painting	1460	Lump Sum	500				
	- Pressure Washing	1460	Lump Sum	500				
	- Exterior/Screen Doors	1460	Lump Sum	500				
	- Security Window Screens	1460	Lump Sum	500				
	- Exterior Masonry Repairs	1460	Lump Sum	500				
	- Soffet, Fascia, & Gable Repairs	1460	Lump Sum	500				
	- Fire Suppression System	1460	Lump Sum	500				
	- Misc. Repairs PHAS	1460	Lump Sum	500				



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

PHA Name: <b>Lakeland Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14P011501-06 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2006</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
FL11-2 Westlake	- Comprehensive Modernization to include: Exterior Paint, Mildew Control, Central HVAC, Dryer/Vent/Wiring, Range Vent Hoods	1460	Lump Sum	500				
FL11-4 Westlake Add	-Exterior Paint	1460	Lump Sum	500				
FL11-6 Cecil Gober & John Wright	-Comprehensive Modernization to include: Utility Doors, Exterior Windows, Kitchen & Bath Modernization, VCT Flooring Replacement, Water Supply Line Replacement, Emergency Call System, Dryer Vents, Central HVAC, Interior & Exterior Doors and Attic Insulation, Repair Termite Damage, Drywall Replacement, HW Heater Replacement, & Upgrade Electric Service (replace aluminum wire & devices) (forced account labor)	1460	Lump Sum	500				

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

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: FL14P011501-06 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
FL11-7 Paul Colton & Bonnet Shores	-Comprehensive Modernization to include: Utility Doors, Exterior Windows, Kitchen & Bath Modernization, VCT Flooring Replacement, Water Supply Line Replacement, Emergency Call System, Dryer Vents, Central HVAC, Attic Insulation, Gutters & Downspouts, Interior & Exterior Doors, Repair Termite Damage, Drywall Replacement, HW Heater Replacement, & Upgrade Electric Service (replace aluminum wire & devices) (forced account labor)	1460	Lump Sum	396,500				
	<b>Total 1460</b>			<b>402,000</b>				
	<b>1465.1 Dwelling Equipment</b>							
PHA-Wide	- Appliance Replacement	1465.1	Lump Sum	2,000		2,000	2,000	
	<b>Total 1465.1</b>			<b>2,000</b>		<b>2,000</b>	<b>2,000</b>	
	<b>1470 Non-Dwelling Structures</b>							
PHA-Wide	- Renovation of Community Buildings	1470	Lump Sum	1,000		2,000	2,000	
	<b>Total 1470</b>			<b>1,000</b>		<b>2,000</b>	<b>2,000</b>	

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

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: FL14P011501-06 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>1475</b>	<b>Non-Dwelling Equipment</b>							
PHA-Wide	- Replace Office Furniture & Equipment	1475	Lump Sum	500		500	500	
	- Common Area Furniture & Fixtures	1475	Lump Sum	500		500	500	
	- Purchase Maintenance Vehicles	1475	Lump Sum	4,000		4,000	4,000	
	- Replacement Equipment including: Handtruck, Floor Buffers, Wet Vacs, Spray Paint Equipment, Chainsaws, Backpack Sprayers, HVAC Recovery Equipment, and Drywall Spray Texture Machine	1475	Lump Sum	4,000		4,000	4,000	
	- Replacement Mower	1475	Lump Sum	500		500	500	
	- Replacement Dump Trailer	1475	Lump Sum	500		500	500	
	<b>Total 1475</b>			<b>10,000</b>		<b>10,000</b>	<b>10,000</b>	
<b>1495.1</b>	<b>Relocation Costs</b>							
	- Relocation	1495.1	Lump Sum	500				
	<b>Total 1495.1</b>			<b>500</b>				
<b>1498</b>	<b>Mod Used for Development</b>							
	- Development	1498	Lump Sum	1,000				
	<b>Total 1498</b>			<b>1,000</b>				



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

<b>PHA Name: Lakeland Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program No: FL14P011501-06 Replacement Housing Factor No:					<b>Federal FY of Grant: 2006</b>	
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
1406	9/08		6/07	9/10		6/07		
1408	9/08		9/08	9/10		-		
1410	9/08		9/08	9/10		-		
1430	9/08		9/08	9/10		-		
1450	9/08		9/08	9/10		-		
1460	9/08		9/08	9/10		-		
1465.1	9/08		9/08	9/10		-		
1470	9/08		12/06	9/10		12/06		
1475	9/08		9/08	9/10		-		
1499	9/08		9/08	9/10		-		
1502	9/08		9/08	9/10		-		

## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: Lakeland Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R011501-06			<b>Federal FY of Grant:</b> 2006
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 06-30-2007</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations	0			
3	1408 Management Improvements	0			
4	1410 Administration	0			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	0			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	0			
11	1465.1 Dwelling Equipment— Nonexpendable	0			
12	1470 Nondwelling Structures	0			
13	1475 Nondwelling Equipment	0			
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	0			
18	1499 Development Activities	192,988			
19	1501 Collaterization or Debt Service	0			

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

PHA Name: <b>Lakeland Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R011501-06	Federal FY of Grant: <b>2006</b>
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Original Annual Statement  
 Reserve for Disasters/ Emergencies  
 Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 06-30-2007  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency	0			
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>192,988</b>			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				







## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: Lakeland Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14P011501-07 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2007
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:)</b> <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 6/30/08</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	135,000		135,000	135,000
3	1408 Management Improvements	67,500		46,715	46,715
4	1410 Administration	71007		29,586	29,586
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000		20,000	20,000
8	1440 Site Acquisition	1,000		0	0
9	1450 Site Improvement	56,000		0	0
10	1460 Dwelling Structures	160,567		0	0
11	1465.1 Dwelling Equipment— Nonexpendable	20,000		11,394	11,394
12	1470 Nondwelling Structures	49,000		0	0
13	1475 Nondwelling Equipment	107,000		29,450	29,450
14	1485 Demolition	1,000		0	0
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	1,000		0	0
18	1499 Development Activities	1,000		0	0
19	1501 Collaterization or Debt Service				

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

PHA Name: <b>Lakeland Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: FL14P011501-07 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
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Original Annual Statement  
 Reserve for Disasters/ Emergencies  
 Revised Annual Statement (revision no:)  
 Performance and Evaluation Report for Period Ending: 6/30/08  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency	20,000		0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>710,074</b>		<b>272,145</b>	<b>272,145</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: FL14P011501-07 Replacement Housing Factor Grant No:				Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>1406</b>	<b>Operations</b>							
PHA-Wide	- Operating Subsidy	1406	<20%	135,000		135,000	135,000	
	<b>Total 1406</b>			<b>135,000</b>		<b>135,000</b>	<b>135,000</b>	
<b>1408</b>	<b>Management Improvements</b>							
PHA-Wide	- Develop & Update Agency Plan	1408	Lump Sum	5,000		5000	5000	
	- Vacancy Reduction	1408	Lump Sum	5,000		1833	1833	
	- Develop Resident Initiatives	1408	Lump Sum	5,000		1833	1833	
	- Computer Software	1408	Lump Sum	15,000		5000	0	
	- Grant Writing	1408	Lump Sum	5,000		5000	5000	
	- Security Camera System	1408	Lump Sum	32,500		28,049	28,049	
	<b>Total 1408</b>			<b>67,500</b>		<b>46,715</b>	<b>46,715</b>	
<b>1410</b>	<b>Administration</b>							
PHA-Wide	- Facilities Director-25%, Maintenance Sup-50%, Operations Support Assoc- 50%, Purchasing Agent-35%	1410	Lump Sum	35,800		14,917	14,917	
	- Employee Benefits	1410	Lump Sum	10,800		4,501	4,501	
	- Prorations of Admin Support	1410	Lump Sum	24,407		10,168	10,168	
	<b>Total 1410</b>			<b>71,007</b>		<b>29,586</b>	<b>29,586</b>	

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

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: FL14P011501-07 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>1430</b>	<b>Fees &amp; Costs</b>							
PHA-Wide	- Security Camera Maintenance Contract	1430	Lump Sum	5,000		5,000	5,000	
	- A&E Fees	1430	Lump Sum	10,000		10,000	10,000	
	-Sundry Planning and In-House Design	1430	Lump Sum	5,000		5,000	5,000	
	<b>Total 1430</b>			<b>20,000</b>		<b>20,000</b>	<b>20,000</b>	
<b>1440</b>	<b>Site Acquisition</b>							
PHA-Wide	- Option Dev. Sites for 1499	1440	Lump Sum	1,000		0	0	
	<b>Total 1440</b>			<b>1,000</b>		0	0	
<b>1450</b>	<b>Site Improvements</b>							
PHA-Wide	- Tree Trimming	1450	Lump Sum	2,000		0	0	
	- Sidewalk Repairs	1450	Lump Sum	2,000		0	0	
	- Erosion Control	1450	Lump Sum	1,000		0	0	
	- Fencing	1450	Lump Sum	1,000		0	0	
	- Reseal/Paving Repair	1450	Lump Sum	1,000		0	0	
	- Water Line Repairs / Check Meters	1450	Lump Sum	44,000		0	0	
	- Drainage Repair/Gutters	1450	Lump Sum	1,000		0	0	
	- Landscaping	1450	Lump Sum	2,000		0	0	
	- Signage	1450	Lump Sum	1,000		0	0	
	-Playground Improvements (forced account labor)	1450	Lump Sum	1,000		0	0	
	<b>Total 1450</b>			<b>56,000</b>		0	0	

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

PHA Name: <b>Lakeland Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14P011501-07 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2006</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>1460</b>	<b>Dwelling Structures</b>							
PHA-Wide	- Exterior Painting	1460	Lump Sum	1,000		0	0	
	- Pressure Washing	1460	Lump Sum	500		0	0	
	- Interior Doors & Exterior/Screen Doors	1460	Lump Sum	5,000		0	0	
	- Security Window Screens	1460	Lump Sum	500		0	0	
	- Exterior Masonry Repairs	1460	Lump Sum	500		0	0	
	- Soffet, Fascia, & Gable Repairs	1460	Lump Sum	500		0	0	
	- Fire Suppression System	1460	Lump Sum	500		0	0	
	- Misc. Repairs PHAS	1460	Lump Sum	2,500		0	0	
FL11-2 Westlake	- Comprehensive Modernization to include: Mildew Control, Central HVAC, Dryer/Vent/Wiring, Range Vent Hoods w/fire suppression units	1460	Lump Sum	3,000		0	0	
FL11-4 Westlake Add	-Exterior Paint	1460	Lump Sum	3,000		0	0	

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

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: FL14P011501-07 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
FL11-6 Cecil Gober & John Wright	-Comprehensive Modernization to include: Utility Doors, Exterior Windows, Kitchen & Bath Modernization, VCT Flooring Replacement, Water Supply Line Replacement, Emergency Call System (Cecil Gober), Dryer Vents, Central HVAC, Interior & Exterior Doors and Attic Insulation, Repair Termite Damage, Drywall Replacement, Upgrade Electric Service (replace aluminum wire & devices) (forced account labor)	1460	Lump Sum	3,000		0	0	
FL11-7 Paul Colton & Bonnet Shores	-Comprehensive Modernization to include: Utility Doors, Exterior Windows, Kitchen & Bath Modernization, VCT Flooring Replacement, Water Supply Lines, Dryer Vents, Central HVAC, Attic Insulation, Repair Termite Damage, Drywall Replacement, Upgrade Electric Service (replace aluminum wire & devices) (forced account labor)	1460	Lump Sum	140,567		0	0	
	<b>Total 1460</b>			<b>160,567</b>		0	0	

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

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: FL14P011501-07 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>1465.1</b>	<b>Dwelling Equipment</b>							
PHA-Wide	- Appliance Replacement to Energy Star	1465.1	Lump Sum	20,000		11,394	11,394	
	<b>Total 1465.1</b>			<b>20,000</b>		<b>11,394</b>	<b>11,394</b>	
<b>1470</b>	<b>Non-Dwelling Structures</b>							
	- Central HVAC System	1470	Lump Sum	15,000		0	0	
11-2 Westlake	- Central Emergency Generator System	1470	Lump Sum	27,000		<b>0</b>	<b>0</b>	
	- Renovation of Community Building	1470	Lump Sum	7,000		<b>0</b>	<b>0</b>	
	<b>Total 1470</b>			<b>49,000</b>		<b>0</b>	<b>0</b>	
<b>1475</b>	<b>Non-Dwelling Equipment</b>							
PHA-Wide	- Upgrade Computer Network	1475	Lump Sum	37,000		0	0	
	- Replace Office Furniture & Equipment	1475	Lump Sum	500		500	500	
	- Common Area Furniture	1475	Lump Sum	500		500	500	
	- Purchase Maintenance Vehicles	1475	Lump Sum	54,000		26450	26450	
	- PC, JW, WL Security Cameras in Community Rooms	1475	Lump Sum	10,000		0	0	



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

PHA Name: <b>Lakeland Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: FL14P011501-07 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	- Replacement Equipment Including handtruck, floor buffers, wet vacs, spray paint equip., chain saws, backpack sprayers, HVAC equip., drywall spray texture machine	1475	Lump Sum	5,000		2000	2000	
	<b>Total 1475</b>			<b>107,000</b>		<b>29,450</b>	<b>29,450</b>	
<b>1485</b>	<b>Demolition</b>	1485	Lump Sum	1,000		0	0	
	<b>Total 1485</b>			<b>1,000</b>		0	0	
<b>1495.1</b>	<b>Relocation Costs</b>							
	- Relocation	1495.1	Lump Sum	1,000		0	0	
	<b>Total 1495.1</b>			<b>1,000</b>		0	0	
<b>1499</b>	<b>Development Activities</b>							
	- Development	1498	Lump Sum	1,000		0	0	
	<b>Total 1499</b>			<b>1,000</b>		0	0	
<b>1502</b>	<b>Contingency</b>							
	- Contingency	1502	Lump Sum	20,000		0	0	
	<b>Total 1502</b>			<b>20,000</b>		<b>0</b>	<b>0</b>	

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

<b>PHA Name: Lakeland Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program No: FL14P011501-07 Replacement Housing Factor No:					<b>Federal FY of Grant: 2007</b>
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide	9/09			9/11			
FL11-2 Westlake	9/09			9/11			
FL11-4 Westlake Addition	9/09			9/11			
FL11-6 John Wright & Cecil Gober	9/09			9/11			
FL11-7 Paul Colton & Bonnet Shores	9/09			9/11			

## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: Lakeland Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R011501-07			<b>Federal FY of Grant:</b> 2007
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 6/30/08</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0		0	0
2	1406 Operations	0		0	0
3	1408 Management Improvements	0		0	0
4	1410 Administration	0		0	0
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	0		0	0
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	0		0	0
10	1460 Dwelling Structures	0		0	0
11	1465.1 Dwelling Equipment— Nonexpendable	0		0	0
12	1470 Nondwelling Structures	0		0	0
13	1475 Nondwelling Equipment	0		0	0
14	1485 Demolition	0		0	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	0		0	0
18	1499 Development Activities	176,408		0	0
19	1501 Collaterization or Debt Service	0		0	0

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

PHA Name: <b>Lakeland Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R011501-07	Federal FY of Grant: 2007
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 6/30/08  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency	0		0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	176,408		0	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				





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

<b>PHA Name:</b> Lakeland Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14P011501-08 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2008
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
**X Performance and Evaluation Report for Period Ending: 6/30/2008**  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$137,472		\$137,472	\$137,472
3	1408 Management Improvements	\$68,736			
4	1410 Administration	\$68,736			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$35,000		\$5,963	\$5,963
8	1440 Site Acquisition	\$1,000			
9	1450 Site Improvement	\$30,000			
10	1460 Dwelling Structures	\$224,918			
11	1465.1 Dwelling Equipment—Nonexpendable	\$20,000			
12	1470 Nondwelling Structures	\$30,000			
13	1475 Nondwelling Equipment	\$70,000			
14	1485 Demolition	\$ 500			
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	\$500			
18	1499 Development Activities	\$500			
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$687,362		\$143,435	\$143,435
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard				

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-08 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008	
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )						
X Performance and Evaluation Report for Period Ending: 6/30/2008 <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
	Costs					
26	Amount of line 21 Related to Energy Conservation Measures					





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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: : FL14P011501-08 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
1430 PHA-WIDE	<b>FEES &amp; COSTS</b>							
	-SECURITY CAMERA MAINTENANCE CONTRACT	1430	LUMP SUM	20,000		5,963	5,963	
	-A/E FEES	1430	LUMP SUM	15,000				
	-SUNDRY PLANNING AND IN-HOUSE DESIGN	1430	LUMP SUM	\$5,000				
	<b>TOTAL 1430</b>			<b>\$35,000</b>		<b>5,963</b>	<b>5,963</b>	
1440 PHA-WIDE	<b>SITE ACQUISITION</b>							
	OPTION DEV. SITES FOR 1499	1440	LUMP SUM	\$1,000				
	<b>Total 1440</b>			<b>\$1,000</b>				
1450 PHA-WIDE	<b>SITE IMPROVEMENTS</b>							
	TREE TRIMMING	1450	LUMP SUM	\$5,000				
	-SIDEWALK REPAIR	1450	LUMP SUM	\$1,000				
	-EROSION CONTROL	1450	LUMP SUM	\$1,000				
	-FENCING	1450	LUMP SUM	\$1,000				
	-RESEAL/PAVING REPAIRS	1450	LUMP SUM	\$1,000				
	-WATER LINE REPAIRS/CHECK METERS	1450	LUMP SUM	\$6,000				

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

PHA Name: Lakeland Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: : FL14P011501-08 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	-DRAINAGE REPAIR/GUTTERS	1450	LUMP SUM	\$1,000				
	-LANDSCAPING	1450	LUMP SUM	\$5,000				
	-SIGNAGE	1450	LUMP SUM	\$5,000				
	-PLAYGROUND IMPROVEMENTS	1450	LUMP SUM	\$2,000				
	-TERMITE TREATMENT	1450	LUMP SUM	\$2,000				
	<b>TOTAL 1450</b>			<b>\$30,000</b>				



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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-08 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
FI 11-2 WESTLAKE	-COMPREHENSIVE MODERNIZATION TO INCLUDE - MILDEW CONTROL, CENTRAL HVAC, DRYER/VENT/WIRING, RANGEHOODS WITH FIRE SUPPRESSION UNITS	1460	LUMP SUM	\$3,000				
	-CABINET REPLACEMENT	1460	LUMP SUM	\$1,000				
	<b>TOTAL</b>			<b>\$4,000</b>				
FL 11-4 WESTLAKE ADDITION	EXTERIOR PAINT	1460	LUMP SUM	\$40,000				
	<b>TOTAL</b>			<b>\$40,000</b>				

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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-08 Replacement Housing Factor Grant No:				Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
FI 11-6 CECIL GOBER & JOHN WRIGHT	-COMPREHENSIVE MODERNIZATON TO INCLUDE UTILITY DOORS , EXTERIOR WINDOWS, KITCHEN AND BATH MODERNIZATION, VCT FLOORING REPLACEMENT, WATER SUPPLY LINES, EMERGENCY CALL SYSTEM (CECIL GOBER), DRYER VENTS, CENTRAL HVAC, INTERIOR & EXTERIOR DOORS, ATTIC INSULATION, REPAIR TO TERMITE DAMAGE, DRYWALL REPLACEMENT, UPGRADED ELECTRICAL SERVICE (REPLACE ALUMINUM WIRE, PANEL, AND DEVICES) (FORCE ACCOUNT WORK)	1460	LUMP SUM	\$3,000				
	-CABINET REPLACEMENT	1460	LUMP SUM	\$1,000				

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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-08 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<b>TOTAL</b>			<b>\$4,000</b>				
FI 11-7 PAUL COLTON & BONNET SHORES	COMPREHENSIVE MODERNIZATION TO INCLUDE UTILITY DOORS, EXTERIOR WINDOWS, KITCHEN AND BATH MODERNIZATION, VCT FLOORING REPLACEMENT, WATER SUPPLY LINES, DRYER VENTS, CENTRAL HVAC, INTERIOR/EXTERIOR DOORS, ATTIC INSULATION, REPAIR OF TERMITE DAMAGE, DRYWALL REPLACEMENT, UPGRADED ELECTRICAL SERVICE, (REPLACE ALUMINUM WIRE, PANEL AND DEVICES) (FORECED ACCOUNT)	1460	LUMP SUM	\$164,918				
	-CABINET REPLACEMENT			\$1,000				
	<b>TOTAL 1460</b>			<b>\$224,918</b>				

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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-08 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
1465.1 PHA-WIDE	<b>DWELLING EQUIPMENT</b>							
	-APPLIANCE REPLACEMENT TO ENERGY STAR	1465	LUMP SUM	\$20,000				
	<b>TOTAL 1465.1</b>			<b>\$20,000</b>				
1470 PHA-WIDE	<b>NON-DWELLING STRUCTURES</b>							
11-2 WESTLAKE	-CENTRAL EMERGENCY GENERATOR SYSTEM	1470	LUMP SUM	\$10,000				
	-RENOVATION OF COMMUNITY BUILDING FOR HURRICANE PROOFING INCLUDING EMERGENCY POWER SYSTEM AND HARDENING	1470	LUMP SUM	\$20,000				
	<b>TOTAL 1470</b>			<b>\$30,000</b>				



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

PHA Name:		Grant Type and Number Capital Fund Program Grant No: FL14P011501-08 Replacement Housing Factor Grant No:				Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
1475 PHA-WIDE	<b>NON-DWELLILNG EQUIPMENT</b>							
	-UPGRADE COMPUTER NETWORK	1475	LUMP SUM	\$10,000				
	-REPLACE OFFICE FURNITURE & EQUIPMENT	1475	LUMP SUM	\$3,000				
	-COMMON AREA FURNITURE	1475	LUMP SUM	\$2,000				
	-PURCHASE MAINTENANCE VEHICLES	1475	LUMP SUM	\$15,000				
	-PC, JW, WL SECURITY CAMERAS IN COMMUNITY ROOM	1475	LUMP SUM	\$10,000				
	CARPET AT CENTRAL	1475	LUMP SUM	\$25,000				

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

PHA Name:		Grant Type and Number Capital Fund Program Grant No: FL14P011501-08 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	-REPLACE EQUIPMENT INCLUDING HANDTRUCK, FLOOR, BUFFERS, WET VACS, SPRAY PAINT EQUIP., CHAIN SAWS, BACKPACK SPRAYERS, HVAC EQUIP., DRYWALL SPRAY TEXTURE MACHINE	1475	LUMP SUM	\$5,000				
	<b>TOTAL 1475</b>			<b>\$70,000</b>				
1485	DEMOLITION	1485	LUMP SUM	\$500				
	<b>TOTAL 1485</b>			<b>\$500</b>				
1495.1 PHA-WIDE	<b>RELOCATION COST</b>							
	-RELOCATION	1495.1	LUMP SUM	\$500				
	<b>TOTAL 1495.1</b>			<b>\$500</b>				
1499 PHA-WIDE	<b>DEVELOPMENT ACTIVITIES</b>							

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

PHA Name:		<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14P011501-08 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2008</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	-DEVELOPMENT	1499	LUMP SUM	\$500				
	<b>TOTAL 1499</b>			<b>\$500</b>				
1502 PHA-WIDE	<b>CONTINGENCY</b>							
	-CONTINGENCY	1502	LUMP SUM	0				
	<b>TOTAL 1502</b>			<b>0</b>				

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

PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program No: FL14P011501-08 Replacement Housing Factor No:					Federal FY of Grant: 2008	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
1406	12/10			6/12				
1408	12/10			6/12				
1410	12/10			6/12				
1430	12/10			6/12				
1450	12/10			6/12				
1460	12/10			6/12				
1465.1	12/10			6/12				
1470	12/10			6/12				
1475	12/10			6/12				
1485	12/10			6/12				
1495.1	12/10			6/12				
1499	12/10			6/12				
1502	12/10			6/12				

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

PHA Name: Lakeland Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R011501-08	<b>Federal FY of Grant: 2008</b>
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Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no:    )  
  Performance and Evaluation Report for Period Ending: 6/30/2008  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	463,951			
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	463,951			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

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

PHA Name: Lakeland Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R011501-08	<b>Federal FY of Grant:</b> 2008
--------------------------------------	---	-------------------------------------

Original Annual Statement
  Reserve for Disasters/ Emergencies
  Revised Annual Statement (revision no: )
  Performance and Evaluation Report for Period Ending: 6/30/2008
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				







## **Attachment S Pet Policy**

The Lakeland Housing Authority allows for pet ownership in its developments with the written pre-approval of the Housing Authority.

The Lakeland Housing Authority adopts the following reasonable requirements as part of the Pet Policy:

1. Residents are responsible for any damage caused by their pets, including the cost of fumigating or cleaning their units.
2. In exchange for this right, resident assumes full responsibility and liability for the pet and agrees to hold the Lakeland Housing Authority harmless from any claims caused by an action or inaction of the pet.
3. Residents must have the prior written approval of the Housing Authority before moving a pet into their unit.
4. Residents must request approval on the Authorization for Pet Ownership Form that must be fully completed before the Housing Authority will approve the request.
5. Residents must give the Housing Authority a picture of the pet so it can be identified if it is running loose.
6. A pet deposit of \$300 is required at the time of registering a pet.
7. The Lakeland Housing Authority will allow only common household pets. This means only domesticated animals such as a dog, cat, bird, rodent (including a rabbit), fish in aquariums or a turtle will be allowed in units. Common household pets do not include reptiles (except turtles).

All dogs and cats must be spayed or neutered before they become six months old. A licensed veterinarian must verify this fact.

Only one four-legged pet per unit and other non- four-legged pets will be allowed according to this schedule.

<b>Unit Size</b>	<b>Pets</b>
Zero Bedroom	<b>1</b>
One Bedroom	<b>1</b>
Two Bedrooms	<b>1</b>
Three Bedrooms	<b>2</b>
Four or More Bedrooms	<b>2</b>

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

No animal may exceed twenty (20) pounds in weight projected to full adult size.

8. In order to be registered, pets must be appropriately inoculated against rabies, distemper and other conditions prescribed by state and/or local ordinances. They must comply with all other state and local public health, animal control, and anti-cruelty laws including any licensing requirements. A certification signed by a licensed veterinarian or state or local official shall be annually filed with the Lakeland Housing Authority to attest to the inoculations.
9. The Lakeland 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 project or of other persons in the community where the project is located.

**Attachment T**  
**Section 8 Homeownership Capacity Statement**

The Lakeland Housing Authority's Section 8 Homeownership Program has the required capacity because a purchasing family must invest at least three percent of the purchase price of the home they are buying in the property. This can take the form of either a down payment, closing costs, or a combination of the two. Of this sum, at least one percent of the purchase price must come from the family's personal resources.

In addition, the family must qualify for the mortgage loan under a lender's normal lending criteria taking into account the fact that this is by definition a low-income family.

# **Violence Against Women Act Report**

**A goal of the Lakeland Housing Authority is to fully comply with the Violence Against Women Act (VAWA). It is our objective to work with others to prevent offenses covered by VAWA to the degree we can.**

**The Lakeland Housing Authority provides or offers the following activities, services, or programs, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking.**

We refer people to the Peace River Center and/or the Gulf Coast Community Care.

**The Lakeland Housing Authority provides or offers the following activities, services, or programs that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing.**

We offer a point preference for admission to public housing.

We refer people to the Peace River Center and/or the Gulf Coast Community Care.

**The Lakeland Housing Authority provides or offers the following activities, services, or programs to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.**

We have as good a security system as possible including security cameras at most family sites.

**The Lakeland Housing Authority has the following procedures in place to assure applicants and residents are aware of their rights under the Violence Against Women Act.**

We brief all new participants of their rights prior to entering the program and are always available for private consultations on their rights and responsibilities under VAWA.

**PHA Plan  
Agency Identification**

**PHA Name:** Lakeland Housing Authority

**PHA Number:** FL 011

**PHA Fiscal Year Beginning:** 1/2009

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

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

**Display Locations For PHA Plans and Supporting Documents:** The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

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

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

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

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

**A. Mission**

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

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

**To provide quality, affordable housing and self-sufficiency opportunities in an effective and professional manner.**

**B. Goals**

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

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

- PHA Goal: **Expand the supply of assisted housing through development of new units under HOPE VI, other affordable housing opportunities and acquisition of additional housing vouchers.**

Objectives:

- Apply for additional rental vouchers:
- Reduce public housing vacancies:
- Leverage private or other public funds to create additional housing opportunities:
- Acquire or build units or developments:
- Other (list below):

- PHA Goal: Improve the quality of assisted housing

Objectives:

- Improve public housing management: (PHAS score)
- Improve voucher management: (SEMAP score)
- Increase customer satisfaction
- Concentrate on efforts to improve specific management functions
- Renovate or modernize public housing units:.
- Demolish or dispose of obsolete public housing
- Provide replacement public housing:

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

PHA Goal: Increase assisted housing choices

Objectives:

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

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

PHA Goal: Provide an improved living environment

Objectives:

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

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

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

Objectives:

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

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

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, gender, familial status, and disability:
- Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, gender, familial status, and disability:

- Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- Other: (list below)

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

**Goal #1: Having become a high performing housing authority in both the Public Housing and Section 8 programs, LHA shall sustain it.**

**Objective #1: Continue to Improve the accuracy of rent calculation and the sufficiency of the documentation in tenant files in both public housing and Section 8 so that quality control indicates an accuracy rate in excess of HUD program high performance standards by December 31, 2009 and sustain it thereafter.**

**Objective #2: Maintain a Section 8 lease-up rate of at least 98%.**

**Objective #3: Continue and improve task tracking / management by objectives which incorporates appropriate elements of PHAS, SEMAP, and similar existing measures.**

**Goal #2: Continue to improve our public image through enhanced communication, coordination, and accountability with outside entities, among the staff and with residents.**

**Objective #1: Continue to meet monthly with the Resident Advisory Board and other residents in a variety of forums to provide the opportunity for input and feedback about agency operations.**

**Objective #2: Generate at least 8 positive media stories a year.**

**Objective #3: Deliver at least 24 talks to groups a year about the activities of LHA, including; but not limited to, governmental, private sector, public sector, civic, religious, women, and minority organizations.**

**Goal #3: Be the premier innovative and effective affordable housing provider in Florida.**

**Objective #1: Utilize LHA's role as the HOPE VI developer to implement the remaining phases by end of the HOPE VI grant period.**

**Objective #2: Develop staff and organizational capability so that LHA or an affiliate is prepared to manage its third-party owned rental properties by December 31, 2009.**

**Objective #3: Maintain eligibility to apply for additional housing choice vouchers as they become available.**



**Objective #4: Partner with the Lakeland Polk Housing Corporation and other housing providers to increase the availability of affordable housing in its jurisdiction by 500 units by December 31, 2009.**

**Objective #5: Assist at least 20 families into homeownership through the Section 8 Homeownership Program by December 31, 2009.**

**Objective #6: Expand the LHA business plan to include non-traditional entrepreneurial methods and practices that positively impact affordable housing in LHA's jurisdiction.**

**Goal #4: Implement income generating and cost saving measures while increasing operational efficiency in order to reduce LHA's dependency on HUD funding.**

**Objective #1: Complete cost/benefit analysis for the implementation of the Energy and Water Cost savings programs by December 31, 2009.**

**Objective #2: By December 31, 2009 begin marketing LHA staffing assets to others.**

**Objective #3: Develop and implement a plan to obtain \$50 million of grant or leveraged funds by December 31, 2009 and ensure compliance with all grant agreements.**

**Objective #4: Maximize the HUD funding systems (including the Tenant Integrity Program) to better fund LHA without unduly burdening the residents.**

**Goal #5: Increase and encourage the self-sufficiency efforts of all residents.**

**Objective # 1: Assist children who reside in LHA properties to attain academic success as measured by increases in FCAT scores so that the percentage passing the FCAT equals or exceeds the Polk County average.**

**Objective #2: Increase the number of children using LHA educational and computer literacy programs by 20% by December 31, 2009.**

**Objective #3: Adult residents will be afforded the opportunity to increase their literacy skills and to continue their adult educational goals through the use of Technical Learning Centers so that at least an additional 20% have either a high school diploma or GED by December 31, 2009.**

**Objective #4: LHA shall assist its non-elderly non-disabled public housing residents increase the LHA average annual household income by 35% by December 31, 2009.**

**Objective #5: substantially increase the number of LHA seniors and people with disabilities using LHA sponsored programs by December 31, 2009.**

**Objective #6: Increase the number of people participating in the LHA Public Housing Family Self-Sufficiency Program to 50 by December 31, 2009.**

**Goal #6: Improve employee relations and morale.**

**Objective #1: Improve lines of communications through staff meetings and other necessary internal communications to provide updates and progress reports about agency activities.**

**Objective #2: Continue to reward performance through the timely implementation of the performance evaluation / merit increase system.**

**Objective #3: Encourage and support staff partaking in continuing education opportunities to the greatest degree possible within funding constraints.**

**Annual PHA Plan**  
**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**
- Streamlined Plan:**
- High Performing PHA**
- Small Agency (<250 Public Housing Units)**
- Administering Section 8 Only**
- 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.

**According to the latest HUD instructions, this section does not have to be completed.**

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

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

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13. Crime and Safety	42
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15. Civil Rights Certifications (included with PHA Plan Certifications)	44
16. Audit	44
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18. Other Information	45

## Attachments

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

### Required Attachments:

- Admissions Policy for Deconcentration (Attachment A)
- FY 2009 Capital Fund Program Annual Statement (Attachment B)
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

### Optional Attachments:

- PHA Management Organizational Chart (Attachment C)
- FY 2009 Capital Fund Program 5 Year Action Plan (Attachment D)
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
  - Definition of Substantial Modification (Attachment E)
  - Resident Membership on the Board (Attachment F)
  - RAB Membership (Attachment G)
  - Progress on the 5-Year Plan (Attachment H)
  - 2004 CFP P&E (Attachment I)
  - 2004 RHF P&E (Attachment J)
  - 2005 CFP P&E (Attachment K)
  - 2005 RHF P&E (Attachment L)
  - 2006 CFP P&E (Attachment M)
  - 2006 RHF P&E (Attachment N)
  - 2007 CFP P&E (Attachment O)
  - 2007 RHF P&E (Attachment P)
  - 2008 CFP P&E (Attachment Q)
  - 2008 RHF P&E (Attachment R)
  - Pet Policy (Attachment S)
  - Section 8 Homeownership Capacity Statement (Attachment T)
  - VAWA Attachment (Attachment U)
  - Citizen Participation Plan (Attachment W)
  - Site-Based Waiting List Analysis (Attachment X)
  - Project-Based Vouchers (Attachment Y)

## 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>
Tab A	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
Tab B	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
Tab C	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
Tab D	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
Tab E	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
Tab F	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
Tab G	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
Tab H	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
Tab F	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
	Schedule of flat rents offered at each public housing development	Annual Plan: Rent

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
Tab I	<input type="checkbox"/> check here if included in the public housing A & O Policy	Determination
Tab G	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
Tab J	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
Tab K	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
Tab G	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
	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
	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
Tab L	Approved HOPE VI Revitalization Plans 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
Tab M	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
Tab N	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
Tab O	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership Program <input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA	Annual Plan: Community

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
Tab P	and the TANF agency	Service & Self-Sufficiency
Tab Q	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 (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
Tab R	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
Tab S	Dakota Park Management Plan	Public Housing/LIHTC
Tab T	Washington Ridge Management Plan	Public Housing/LIHTC
Tab U	Dakota Park Regulatory and Operating Agreement	Public Housing/LIHTC
Tab V	Washington Ridge Regulatory and Operating Agreement	Public Housing/LIHTC
Tab W	Dpark/Wridge Closing Doc's (See Ex.Dir. bookshelf #4)	Public Housing/LIHTC
Tab X	HOME Grant application	Public Housing/LIHTC
Tab Y	FHLB Afford. Hsg. Program Grant application	Public Housing/LIHTC
Tab Z	Washington Ridge Senior Center Management Plan	Public Housing/LIHTC
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## **1. Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction By Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ability	Size	Location
Income <= 30% of AMI	1997	5	5	5	5	5	5
Income >30% but <=50% of AMI	1520	4	4	4	4	4	4
Income >50% but <80% of AMI	2403	3	3	3	3	3	3
Elderly	1662	4	4	4	4	4	4
Families with Disabilities	Un-known						
Black	1952	3	3	3	3	3	3
Hispanic	259	3	3	3	3	3	3
Race/Ethnicity							
Race/Ethnicity							

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

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

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	<b>Public Housing</b>		
<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	111		60
Extremely low income <=30% AMI	63	56.7%	



Housing Needs of Families on the Waiting List			
Very low income (>30% but <=50% AMI)	35	31.5%	
Low income (>50% but <80% AMI)	13	11.7%	
Families with children	100	90.0%	
Elderly families	2	1.8%	
Families with Disabilities	9	8.1%	
Race/ethnicity – Black	70	63%	
Race/ethnicity – White	41	36.9%	
Race/ethnicity - Indian	0	0	
Race/ethnicity – Asian	0	0	

Characteristics by Bed-room Size (PH Only)			2008 YTD
1BR	18	16.2%	9
2 BR	43	38.7%	36
3 BR	33	29.7%	8
4 BR	17	15.3%	2
5 BR	3	2.7%	0
5+ BR	0	0	
Is the waiting list closed (select one)? No <input checked="" type="checkbox"/> Yes If yes: How long has it been closed (# of months)? <b>Two (2) months</b>			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> <b>Section 8 tenant-based assistance</b>			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	381		59
Extremely low income <=30% AMI	121	31.7%	
Very low income	160	41.9%	

<b>Housing Needs of Families on the Waiting List</b>			
(>30% but <=50% AMI)			
Low income (>50% but <80% AMI)	100	26.2%	
Families with children	317	83.2%	
Elderly families	27	7%	
Families with Disabilities	37	9.7%	
White	87	22.8%	
Black	293	76.9%	
Native American	0	0	
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes: How long has it been closed (# of months)? <b>Nineteen (19) months.</b> Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

### C. Strategy for Addressing Needs

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

#### (1) Strategies

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

**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 2009 grants)</b>		
a) Public Housing Operating Fund	\$1,508,978	
b) Public Housing Capital Fund	\$687,362	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	\$6,702,392	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants	\$297,664	
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
RHF Funds	\$463,951	PH Development
Family Self-Suff.Coord.Grant	\$48,817	Resident Services
Dept.of Education Funds	\$487,000	Resident Services
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
CFP 2008	\$387,362	Modernization
CDBG (Window grant)	\$669,398	Modernization
RHF 2007	\$176,408	PH Development

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
RHF 2008	\$463,951	PH Development
<b>3. Public Housing Dwelling Rental Income</b>	\$470,000	
<b>4. Other income</b> (list below)		
Administrative Reserve Interest	\$5,000	Section 8
Investment Income	\$7,500	PH
Entrepreneurial Activities	\$20,000	PH
<b>4. Non-federal sources</b> (list below)		
Program Income	\$100,000	Development
<b>Total resources</b>	\$12,495,783.00	

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

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

- 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 (HOPE VI Sites)  
 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? **3 – Dakota Park/Washington Renaissance/LHA Homeownership**

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

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)

Apply by phone when wait list is open.

**(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

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)

- 1) Relocate at the request of the Lakeland Housing Authority Executive Director or Designee.
- 2) Persons residing in a community redevelopment area as defined by FL Statute.
- 3) Absence of proscribed crime.
- 4) Working Family
- 5) Absence of misdemeanor crime.
- 6) Enrolled in school
- 7) Residency
- 8) Voter Registration
- 9) Victim of Domestic Violence

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)

- 1) Relocated at the request of the Lakeland Housing Authority Executive Director or Designee
- 2) Persons residing in a community redevelopment area as defined by FL Statute.
- 3) Absence of proscribed crime.
- 4) Working family preference
- 5) Absence of misdemeanor crime.

- 6 6) Enrolled on school
- 6 7) Residency
- 6 8) Voter Registration
- 6 9) Victims of domestic violence

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

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

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

- Adoption of site-based waiting lists  
If selected, list targeted developments below:
- Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments  
If selected, list targeted developments below:

Other (list policies and developments targeted below)

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

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

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)

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

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

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

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

## B. Section 8

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

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

### (1) Eligibility

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

- Criminal or drug-related activity only to the extent required by law or regulation
- Criminal and drug-related activity, more extensively than required by law or regulation
- More general screening than criminal and drug-related activity (list factors below) **See Admin Plan "Grounds for Denial"**
- Other (list below)

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

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

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

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

Criminal or drug-related activity

Other (describe below)

Forwarding address of departing tenant when outstanding balance exists.

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

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

None

Federal public housing

Federal moderate rehabilitation

Federal project-based certificate program

Other federal or local program (list below)

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

PHA main administrative office

Other (list below)

Call-in when wait list is open

## **(3) Search Time**

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

If yes, state circumstances below:

Hospitalization or other medical hardship.

Hardship due to shortage of units.

Other valid reasons.

## **(4) Admissions Preferences**

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

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

- 1) Relocated at the request of the Lakeland Housing Authority Executive Director or Designee.
- 2) Qualified purchaser of LHA sponsored H/O unit.
- 3) Not currently living in standard, affordable housing.
- 4) Successfully completed LHA-sponsored Youthbuild Program as defined by LHA.
- 5) Absence of a Proscribed Crime
- 6) Absence of a Misdemeanor
- 7) Persons residing in a community redevelopment area as defined by FL Statute.

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 your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

- 1 1) Relocated at the request of the Lakeland Housing Authority Executive Director or Designee.
- 2 2) Qualified purchaser of LHA sponsored H/O unit.
- 2 3) Persons residing in a community redevelopment area as defined by FL Statute.
- 3 4) Successfully completed LHA-sponsored Youthbuild Program as defined by LHA.
- 4 5) Not currently living in standard, affordable housing
- 5 6) Absence of a Proscribed Crime
- 6 7) Absence of a Misdemeanor

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

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

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

- This preference has previously been reviewed and approved by HUD
- The PHA requests approval for this preference through this PHA Plan

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

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

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

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

- The Section 8 Administrative Plan
- Briefing sessions and written materials
- Other (list below)

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

- Through published notices
- Other (list below)

Notifies partner agencies, churches, other PHAs, local city officials, local board of commissioners.

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

[24 CFR Part 903.7 9 (d)]

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

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

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

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

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

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

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

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

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

If yes, state amount/s and circumstances below:

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

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

e. Ceiling rents

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

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

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

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

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 – Only increases of \$250 per month or greater will affect rent
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)
- Other (list below)

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

**(2) Flat Rents**

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

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

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

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

**(1) Payment Standards**

Describe the voucher payment standards and policies.

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

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

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

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

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

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

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

- Annually
- Other (list below)

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

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

## **(2) Minimum Rent**

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

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

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

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

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

Describe the PHA's management structure and organization.  
(select one)

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

**B. HUD Programs Under PHA Management**

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

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	473	75
Section 8 Vouchers	1,218	100
Section 8 Certificates	NA	
Section 8 Mod Rehab	NA	
Special Purpose Section 8 Certificates/Vouchers (list individually)	DV 45 TP 42	6 6
Public Housing Drug Elimination Program (PHDEP)	NA	
Other Federal Programs(list individually)	NA	

**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)
- |                     |                    |                          |
|---------------------|--------------------|--------------------------|
| ACOP                | Procurement Policy | Records Retention Policy |
| HR Policy           | Grievance Policy   | Safety Policy            |
| Investment Policy   | Parking Policy     | Dakota Park Mgmt Plan    |
| Public Presentation | Trash Policy       | Wash Ridge Mgmt Plan     |

(2) Section 8 Management: (list below)  
Administrative Plan

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

### **A. Public Housing**

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

If yes, list additions to federal requirements below:

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

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

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

If yes, list additions to federal requirements below:

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

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

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

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

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

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

Select one:

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

-or-

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

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

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

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

b. If yes to question a, select one:

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

-or-

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

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

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

Yes  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: Washington Ridge

2. Development (project) number: FL011-013, 014, 015

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:

Washington Oaks H/O Section 23 conversion

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: Bonnet Shores / Paul Colton Villas 1b. Development (project) number: FL011-007
2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(5/8/2008)</u>
5. Number of units affected: 147
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: 6/5/09 b. Projected end date of activity: 6/30/09

<b>Demolition/Disposition Activity Description</b>
1a. Development name: Washington Park 1b. Development (project) number: FL011-003
2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(8/23/01)</u>
5. Number of units affected: 0 (4 acres of vacant land)
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: 6/5/09 b. Projected end date of activity: 6/30/09

<b>Demolition/Disposition Activity Description</b>	
1a. Development name: Cecil Gober/John Wright Homes	
1b. Development (project) number: FL011-006	
2. Activity type: Demolition <input type="checkbox"/>	
Disposition <input checked="" type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input checked="" type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (04/2009)	
5. Number of units affected: 57	
6. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input checked="" type="checkbox"/> Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity: 6/5/09	
b. Projected end date of activity: 6/30/09	

<b>Demolition/Disposition Activity Description</b>	
1a. Development name: Westlake/Westlake Addition	
1b. Development (project) number: FL011-002/004	
2. Activity type: Demolition <input type="checkbox"/>	
Disposition <input checked="" type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input checked="" type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (04/2009)	
5. Number of units affected: 120	
6. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input checked="" type="checkbox"/> Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity: 6/5/09	
b. Projected end date of activity: 6/30/09	

**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: Cecil Gober
1b. Development (project) number: FL-011-006
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 checked="" type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>08/2008</u>
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 33 Elderly / 4 Disabled
7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

<b>Designation of Public Housing Activity Description</b>	
1a. Development name: The Manor at Washington Oaks	
1b. Development (project) number: FL-011-015	
2. Designation type:	
Occupancy by only the elderly	<input checked="" type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input type="checkbox"/>
Submitted, pending approval	<input checked="" type="checkbox"/>
Planned application	<input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (08/2008)	
5. If approved, will this designation constitute a (select one)	
<input checked="" type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously-approved Designation Plan?	
7. Number of units affected:30	
7. Coverage of action (select one)	
<input checked="" 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)	<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: ) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

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

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

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

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

1.  Yes  No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42

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

2. Activity Description

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

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>
1a. Development name: Magnolia Pointe 1b. Development (project) number: FL-011-005
2. Federal Program authority: <input type="checkbox"/> HOPE I <input checked="" 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 checked="" 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: (01/08/2002)
5. Number of units affected: 44 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

**B. Section 8 Tenant Based Assistance**

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

See Admission Preferences for Section 8.

## **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 has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? 4/27/99

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. )

<b>Services and Programs</b>				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Family Self Sufficiency-S8	88	Specific Criteria	PHA main office	S8
Family Self Sufficiency-PH	50	Specific Criteria	PHA main office	PH
Computer Labs	200	Specific Criteria	All PH sites	PH
ROSS Case Mgmt.	138	Specific Criteria	All PH sites	PH
Youthbuild	14	Specific Criteria	Westlake Admin Office	Both
Section 8 Homeownership	5	Specific Criteria	PHA Main office	S8
Annual Job Fair	1250	Anyone	PHA Main office or Polk Works	Community at Large

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

a. Participation Description

<b>Family Self Sufficiency (FSS) Participation</b>		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: 06/30/2008)
Public Housing	88	87
Section 8	50	50

- 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)  
RASS survey indicates no concern in this area which is attributed to strict screening, security cameras, and excellent coordination with local law enforcement.

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)

**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)

**Stringent screening, annual criminal background check, security cameras, coordinate w/ local law enforcement**

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

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



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

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- Other activities (list below) Local law enforcement officer assigned to LHA at no cost to LHA. Local law enforcement provides criminal background checks at no charge to PHA.

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

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

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

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

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

**15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

**16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

- 1.  Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
- 2.  Yes  No: Was the most recent fiscal audit submitted to HUD?
- 3.  Yes  No: Were there any findings as the result of that audit?

4.  Yes  No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_\_
5.  Yes  No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

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

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

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

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

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

1.  Yes  No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

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

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

b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

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

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

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

1. Consolidated Plan jurisdiction: (provide name here)

City of Lakeland, FL & Polk County, FL

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)

Assess the strengths and gaps in the delivery system for public housing, including a description of the organizational relationship between the jurisdiction and the public housing agency, including the appointing authority for the commissioners or board of housing agency, relationship regarding hiring, contracting and procurement; provision of services funded by the jurisdiction; review by the jurisdiction of proposed capital improvements as well as proposed development, demolition or disposition of public housing developments.

In assessing the strengths and gaps in the delivery system for public housing longevity contributes to experience and expertise over time. The Lakeland Housing Authority (LHA) has been providing housing in Lakeland since 1941. The Lakeland Housing Authority has been delivering affordable rental housing since 1941 when the Lake Ridge Homes was constructed. Washington Park followed in 1952.

In PY 1999, the Lakeland Housing Authority (LHA) was awarded a \$21,842,801 HOPE VI grant for the revitalization of the Washington Ridge development which consisted of Washington Park and Lake Ridge located in the Paul A. Diggs neighborhood. As part of the revitalization plan, LHA demolished all 380 of the existing units in these two developments, and will replace those units with a mixed-income, mixed-finance plan that creates 478 new or rehabilitated rental and homeownership units on-site, in the surrounding neighborhood, and throughout Greater Lakeland. In 2003, LHA did submit a tax credit application for an 80-unit elderly building to be located at 710 Old Combee Road in northeast Lakeland. To date, LHA continues to actively seek additional parcels of land in which to complete the remaining 110 public housing rental units promised under the revitalization plan, which translates to approximately a total of an additional 600 rental units (to promote a mixed income housing environment). According to LHA, the biggest issue in accomplishing this goal is not so much the availability of land, rather the right parcel of land that will allow them to maximize their scoring for Low Income Housing Tax Credits (LIHTC) s. Which are available through the State of Florida.

The remaining gap in the delivery of the balance of the rental and homeownership units is a function of internal coordination and grants administration for multiple funding sources. LHA has challenges with the administration of federal, state and private funds to complete this large revitalization project. After a few stops and starts, LHA has been able to move forward with implementing the revitalization plan for Washington Ridge. The biggest challenge facing LHA from this point forward will be finding site(s) outside of this neighborhood in which to construct the remaining rental and homeownership units. LHA received a two year extension on their HOPE VI grant, with the new deadline being October 2006 for the close out of the grant.

The organizational relationship between the City of Lakeland and the Lakeland Housing Authority (LHA) is one of coordination and cooperation. The Lakeland Housing Authority operates independently from the City of Lakeland with regard to day to day operation. The Mayor and City Commission act as the appointing authority for LHA Board of Commissioners. The Mayor appoints the LHA Board of Commissioners and the City Commission approves the appointments for four year terms. The City limits the

LHA Board of Commissioners to two four year terms. LHA hires its own employees and contracts for procurement independent for the City's purchasing department. Aside from Washington Ridge, LHA owns and manages 327 units of public housing in five developments (four family and one elderly only) located throughout the City of Lakeland and outlying areas. The City of Lakeland provides services to the LHA residents by offering LHA down payment and closing costs assistance for the HOPE VI revitalization project. The City provided \$2 million dollars for infrastructure for the HOPE VI project. LHA includes the City Commissioners, Director of Community Development, and Housing Division staff in the development and review of various grant applications such as the Hope VI applications and yearly State Housing Credit applications. Each project is reviewed for consistency with the Consolidated Plan and Comprehensive Plan. Capital improvements as well as proposed development, demolition of public housing units were reviewed and addressed in the HOPE VI application. The City attended multiple public meetings for the HOPE VI project and continues to be a crucial part of the owner occupied housing portion of the grant, providing down payment and closing costs assistance.

Other: (list below)

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

#### **D. Other Information Required by HUD**

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

## **Attachments**

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

## **Attachment W**

### **Citizen Participation Plan**

**PARTICIPATION:** The LHA will provide for, and encourage, citizen participation emphasizing the involvement of low, very low, and poverty income residents in areas where housing authority funds may be spent. The LHA will encourage the participation of public and assisted housing residents of the Authority. The LHA will provide Agency Plan development information at our public hearings which is required in our Public Housing Agency Plan.

**ACCESS TO MEETINGS:** The LHA will afford adequate, timely notification of meetings so all citizens can attend our monthly Board of Commissioners meetings. This will include, as appropriate, public notices, legal notices, advertisements, press releases, public service announcements, letters or other means of notifying interested parties. The LHA will provide reasonable accommodations for persons with disabilities to all public hearings, and local meetings. Reasonable accommodations include but are not limited to holding meetings in handicapped accessible buildings when requested.

**ACCESS TO INFORMATION:** The LHA will provide citizens, public agencies, and other interested parties with reasonable and timely access to information and records relating to their Agency Plan development and all of its components. The public will have the opportunity to receive information, review and submit comments on any proposed submission including the Agency Plan and any Plan amendments to be adopted by the LHA's Board of Commissioners. Information will also be available on the range of programs, the amount of assistance the LHA expects to receive, the amount of funds available and the estimated amount proposed to benefit low, and very low income residents. Special arrangements are available to accommodate access to information for persons with disabilities.

**PUBLIC HEARINGS:** To obtain citizens views the LHA allows public comment at each Board of Commissioners monthly meeting. These public comment periods address and respond to proposals and comments on:

1. Housing and community development needs
2. Development of proposed activities
3. Review of proposed uses for funds
4. Review of program performance
5. Any other activity or program

**TIMELY RESPONSE:** The LHA will consider any comments or views of citizens, agencies, units of general local government, or other interested parties concerning their Agency Plan, any amendments to the Plan and all performance reports. The LHA's Resident Services Department will address any written complaints with written responses within 15 working days, where practical. Depending on the nature of the complaint, staff may refer the issue to the Executive Director if the response from staff is unsatisfactory

to the complainant. As appropriate, an attachment summarizing comments and responses to comments to the final submission of the Agency Plan will take place.

**NON-ENGLISH SPEAKING RESIDENTS:** In the event that a significant number of non-English speaking residents can reasonably be expected to participate, the LHA will provide accommodations for non-English speaking residents in the case of public hearings, if such accommodations are available.

**SUBSTANTIAL AMENDMENTS:** Substantial changes to the Agency Plan will require an amendment to the Plan.



## **Assessment of Site-Based Waiting List Development Demographic Changes**

Lakeland Housing Authority implemented site-based waiting lists for its HOPE VI sites in 2002 / 2003. On the following pages you will find tables that provide the changes in racial, ethnic and disability-related resident composition at each of Lakeland Housing Authority's site-based developments. This assessment is based on Lindsey software waiting list occupancy data. We are comparing the present to 2005 because earlier data from a private management firm that we were forced to terminate does not exist.

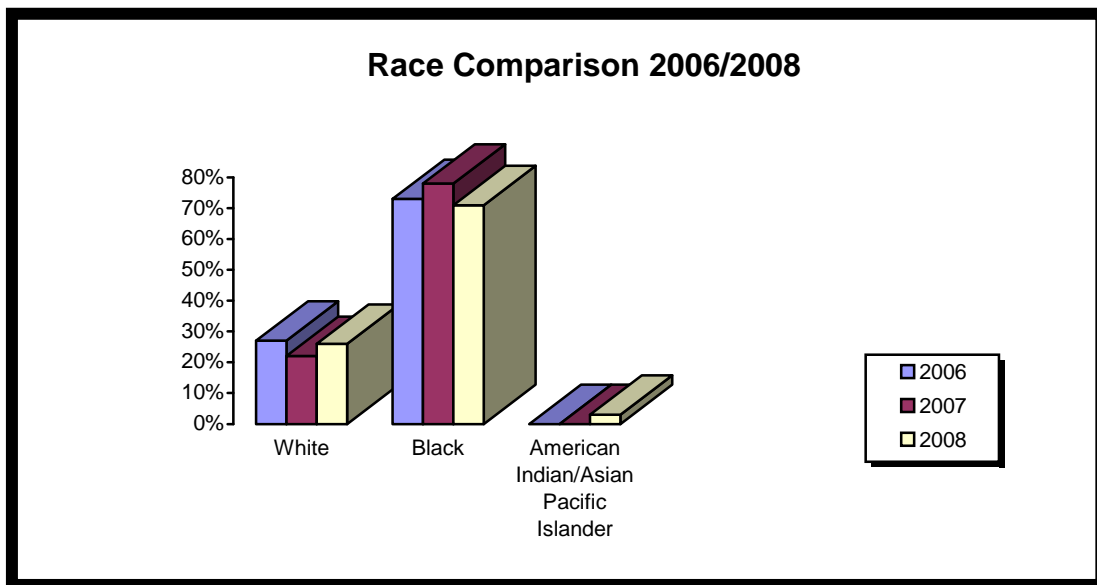
# Dakota Park Apartments

Project Number: FL011013

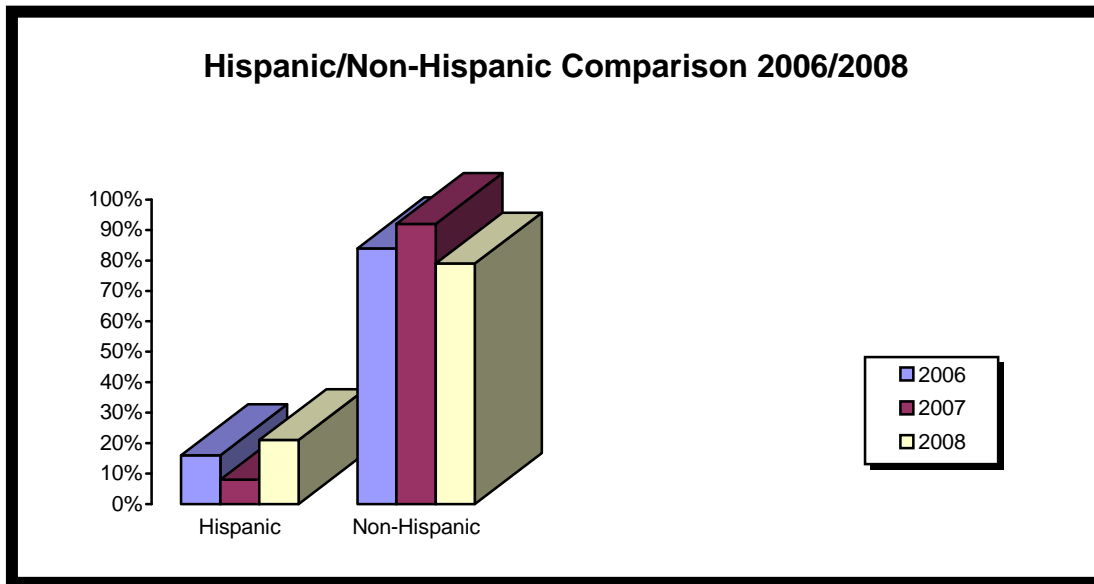
Total Number of Units: 40 (20ACC / 20 Non-ACC)

Disabled Applicants	
2006	5%
2007	5%
2008	5%
Percentage Change	0%

Race			
	White	Black	American Indian/Asian Pacific
2006	27%	73%	0%
2007	22%	78%	0%
2008	26%	71%	3%
Percentage Change	+4%	-7%	+3%



Hispanic/Non-Hispanic		
	Hispanic	Non-Hispanic
<b>2006</b>	16%	84%
<b>2007</b>	8%	92%
<b>2008</b>	21%	79%
<b>Percentage Change</b>	+13%	-13%



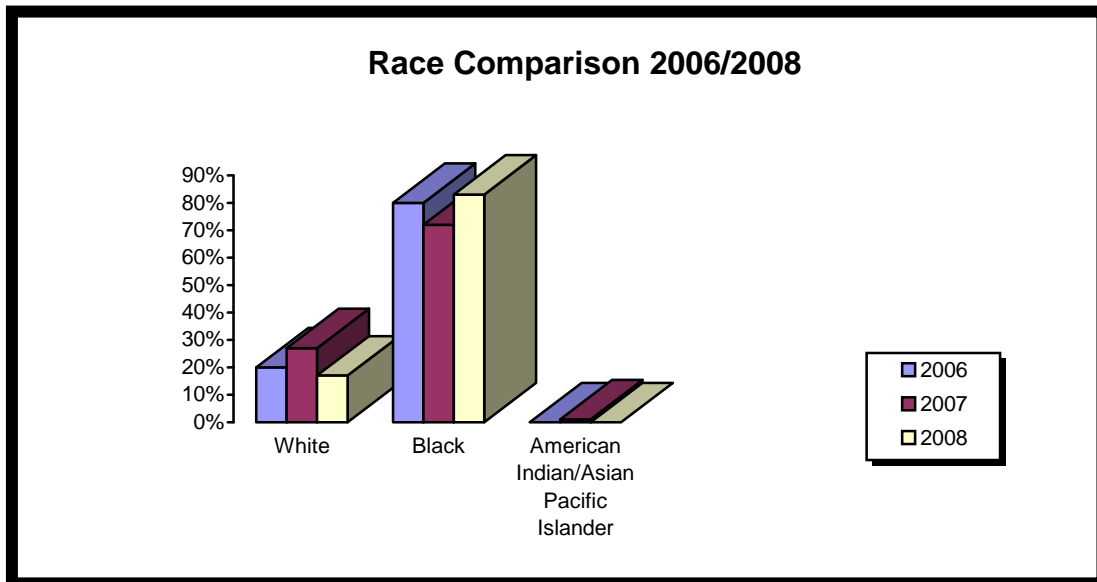
# Renaissance at Washington Ridge

Project Number: FL011014 & 015

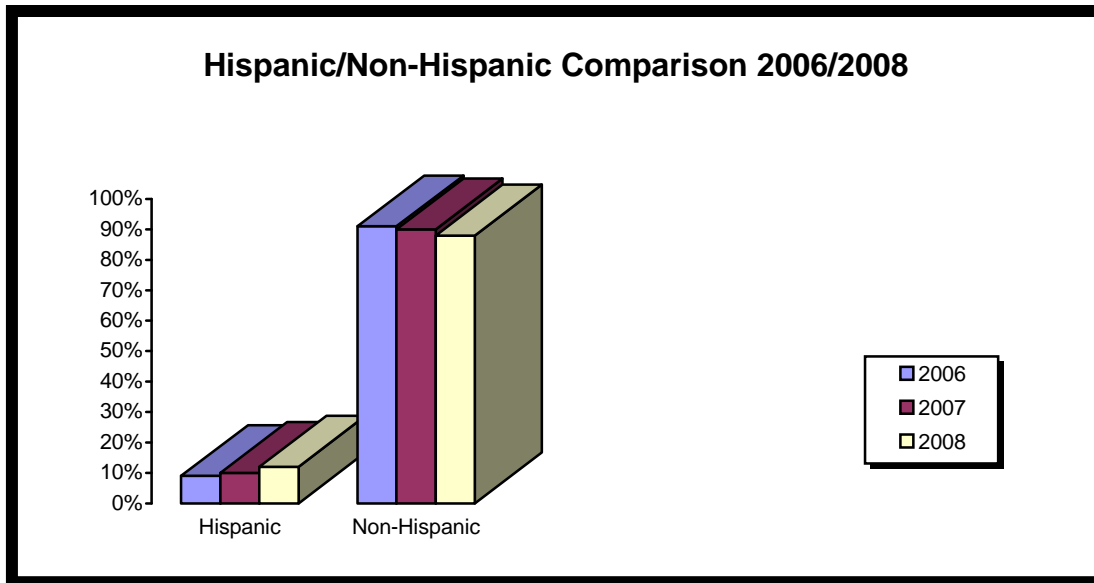
Total Number of Units: 196 (109 ACC / 87 Non-ACC)

Disabled Residents	
2006	5%
2007	6%
2008	7%
Percentage Change	+1%

Race			
	White	Black	American Indian/Asian Pacific
2006	20%	80%	0%
2007	27%	72%	1%
2008	17%	83%	0%
Percentage Change	-10%	+11%	-1%



Hispanic/Non-Hispanic		
	Hispanic	Non-Hispanic
2006	9%	91%
2007	10%	90%
2008	12%	88%
Percentage Change	+2%	-2%



## **Attachment Y**

### **Project-Based Voucher Program**

The Lakeland Housing Authority may project-base up to 20% of their Section 8 Housing Choice Vouchers. Currently Lakeland Housing Authority currently administers 1,305 Housing Choice Vouchers, and may project-base 261. The properties will be located somewhere within the jurisdiction of the Lakeland Housing Authority. If any of the locations about to be selected by the Lakeland Housing Authority are found to be in a census tract with poverty rates of more than 20 percent, the Housing Authority will seek an exception from HUD.

This action is consistent with the Agency Plan in the following ways:

- It is consistent with the Mission Statement of the Lakeland Housing Authority.
- It expands the supply of assisted housing
- It increases assisted housing choices
- It conducts outreach efforts to potential voucher landlord participants
- It helps ensure Equal Opportunity in Housing for all Americans
- Project-basing will help the Lakeland Housing Authority meet the statutory goals of deconcentrating poverty and expanding housing and economic opportunities.

The Lakeland Housing Authority is utilizing project-based vouchers for a portion of its housing choice vouchers because of the same reasons that the decision is consistent with the Agency Plan, it expands the supply, increase choice, assists with fair housing goals, and will assist in deconcentrating Section 8 participants.