PHA Plans

Streamlined Annual Version NY149v01

U.S. Department of Housing and **Urban Development**

Office of Public and Indian

Housing

OMB No. 2577-0226

 $(\exp. 08/31/2009)$

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Streamlined Annual PHA Plan for Fiscal Year: 2009

PHA Name: Town of Brookhaven

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.

Streamlined Annual PHA Plan Agency Identification

PHA Name: Town of Bro	okhaven	PHA Number: NY149				
PHA Fiscal Year Beginn	ing: Janua	ary 1, 2009				
PHA Programs Adminis Public Housing and Section Number of public housing units:	n 8 🖂 Se		ablic Housing Onler of public housing units			
Number of S8 units:		located	er of public housing units			
□PHA Consortia: (check	box if subn	nitting a joint PHA P	lan and complete	table)		
Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Progra		
Participating PHA 1:						
Participating PHA 2:						
Participating PHA 3:						
TDD: (631) 451-6641 Public Access to Information regarding any a (select all that apply) Note: Note	ctivities out	_		ontacting:		
Display Locations For Pl	HA Plans	and Supporting D	ocuments			
The PHA Plan revised policies public review and inspection. If yes, select all that apply: Main administrative of PHA development man Main administrative of Public library	Yes Fice of the Plagement off fice of the lo	□ No. HA ïces	,			
PHA Plan Supporting Docume Main business office of Other (list below)			(select all that app.	•		

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Streamlined Annual PHA Plan Fiscal Year 2009

[24 CFR Part 903.12(c)]

Table of Contents

[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

A. PHA PLAN COMPONENTS

Page

- 4 1. Site-Based Waiting List Policies 903.7(b)(2) Policies on Eligibility, Selection, and Admissions
- 5 2. Capital Improvement Needs 903.7(g) Statement of Capital Improvements Needed
- 6 3. Section 8(y) Homeownership 903.7(k)(1)(i) Statement of Homeownership Programs
- 4. Project-Based Voucher Programs
- 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
- 9 6. Supporting Documents Available for Review
- 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- 14 8. Capital Fund Program 5-Year Action Plan

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50076, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*: *Board Resolution to Accompany the Streamlined Annual Plan* identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

Form HUD-50070, *Certification for a Drug-Free Workplace*;

Form HUD-50071, Certification of Payments to Influence Federal Transactions; and

Form SF-LLL &SF-LLLa, <u>Disclosure of Lobbying Activities</u>.

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1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

Site-Based Waiting Lists								
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics				
2. What is the		based waiting list deve	elopments to which far	nilies may apply				

2.	What is the nuat one time?	umber of site ba	ased waiting list devel	opments to which fam	ilies may apply
3.	How many un based waiting	•	n applicant turn down	before being removed	I from the site-
4.	or any court or complaint and	rder or settleme describe how	ent agreement? If yes	nding fair housing com s, describe the order, ag siting list will not violant to below:	greement or
В.	Site-Based W	aiting Lists –	Coming Year		
	-	-	more site-based waiting to next emponent.	ng lists in the coming y	ear, answer each
1. I	How many site-	based waiting	lists will the PHA ope	erate in the coming yea	ur?
2.	☐ Yes ☐ No	•	hey are not part of a pan)?	ased waiting lists new oreviously-HUD-appro	1 0

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Capital Fund)

Applicability: 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.

- 1. Yes No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).
 - 2. Status of HOPE VI revitalization grant(s):

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PHA Name: HA Code:

	HOPE VI Revitalization Grant Status
a. Development Name	
b. Development Num c. Status of Grant:	ber:
☐Revitalizati ☐Revitalizati	ion Plan under development ion Plan submitted, pending approval ion Plan approved
	bursuant to an approved Revitalization Plan underway
3.	Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year? If yes, list development name(s) below:
4. Yes No:	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:
5. Yes No: V	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:
-	Int Based AssistanceSection 8(y) Homeownership Program (R Part 903.12(c), 903.7(k)(1)(i)]
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 the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)
2. Program Descripti	on:
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, what is the maximum number of participants this fiscal year?
b. PHA-established e	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:

c. Wh	nat actions will the PHA undertake to implement the program this year (list)?
3. Ca	pacity of the PHA to Administer a Section 8 Homeownership Program:
The P	HA has demonstrated its capacity to administer the program by (select all that apply): Establishing a minimum homeowner down payment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
	Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
	Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
	Demonstrating that it has other relevant experience (list experience below):
4. Us	se of the Project-Based Voucher Program
Inter	nt to Use Project-Based Assistance
	es No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in ming year? If the answer is "no," go to the next component. If yes, answer the following ons.
1.	Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:
	low utilization rate for vouchers due to lack of suitable rental units access to neighborhoods outside of high poverty areas other (describe below:)
2.	Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):
	HA Statement of Consistency with the Consolidated Plan R Part 903.15]
For eatimes	ach applicable Consolidated Plan, make the following statement (copy questions as many as necessary) only if the PHA has provided a certification listing program or policy es from its last Annual Plan submission.
1. Co	nsolidated Plan jurisdiction: Suffolk County, New York

PHA Name: HA Code:

Cor	solidated Plan for the jurisdiction: (select all that apply)
\boxtimes	The PHA has based its statement of needs of families on its waiting lists on the needs
	expressed in the Consolidated Plan/s.
\boxtimes	The PHA has participated in any consultation process organized and offered by the
	Consolidated Plan agency in the development of the Consolidated Plan.
\boxtimes	The PHA has consulted with the Consolidated Plan agency during the development of
	this PHA Plan.
	Activities to be undertaken by the PHA in the coming year are consistent with the
	initiatives contained in the Consolidated Plan. (list below)
	Other: (list below)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: It sets forth funding priorities for such federal programs as CDBG & HOME that are used by the Town in support of its Housing Choice Voucher Program. It establishes as high priorities such goals as increasing the supply of affordable housing and implementing neighborhood revitalization programs which are also emphasized in this Plan.

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<u>6. Supporting Documents Available for Review for Streamlined Annual PHA Plans</u>

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

	List of Supporting Documents Available for Review								
Applicable & On Display	Supporting Document	Related Plan Component							
-	PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;	5 Year and Annual Plans							
X	PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan	Streamlined Annual Plans							
X	Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.	5 Year and standard Annual Plans							
X	Fair Housing Documentation Supporting Fair Housing Certifications: 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							
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs							
	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources							
	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies							
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies							
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies							
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies							
	Public housing rent determination policies, including the method for setting public housing flat rents. 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. Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination							
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination							
	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							
	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment). Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if	Annual Plan: Management and Operations Annual Plan: Operations and							
	necessary)	Maintenance and Community Service & Self-							

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	List of Supporting Documents Available for Review	
Applicable & On Display	Supporting Document	Related Plan Component
		Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any policies governing any Section 8 special housing types Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
	Public housing grievance procedures	Annual Plan: Grievance
	☐ Check here if included in the public housing A & O Policy	Procedures
X	Section 8 informal review and hearing procedures. Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
	The Capital Fund/Comprehensive Grant Program Annual Statement	Annual Plan: Capital Needs
	/Performance and Evaluation Report for any active grant year.	-
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program	Annual Plan:
	(Sectionof the Section 8 Administrative Plan)	Homeownership
	Public Housing Community Service Policy/Programs	Annual Plan: Community
	☐ Check here if included in Public Housing A & O Policy	Service & Self-Sufficiency
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans Only:	Joint Annual PHA Plan for
	Certification that consortium agreement is in compliance with 24 CFR Part 943	Consortia: Agency
	pursuant to an opinion of counsel on file and available for inspection.	Identification and Annual Management and Operations

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Per	rformance and Evaluation Report					
Capital Fund Program	n and Capital Fund Program Replacement	Housing Factor ((CFP/CFPRHF)	Part I: Summary		
PHA Name:		ant Type and Number		·	Federal FY	
		pital Fund Program Gra			of Grant:	
	Re	placement Housing Fac	ctor Grant No:			
	nent Reserve for Disasters/ Emergencies Revise nation Report for Period Ending: Final Perf	d Annual Statement ormance and Evalua				
Line No.	Summary by Development Account	Total Estin		Total Actual Cost		
Line 110.	Summary by Development Account	Original	Revised	Obligated	Expended	
1	Total non-CFP Funds	01-g	110 / 150 4	0 %11 g	2ponuou	
2	1406 Operations					
3	1408 Management Improvements					
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					
19	1501 Collaterization or Debt Service					
20	1502 Contingency					
21	Amount of Annual Grant: (sum of lines 2 – 20)					
22	Amount of line 21 Related to LBP Activities					
23	Amount of line 21 Related to Section 504					
	compliance					
24	Amount of line 21 Related to Security – Soft Costs					
25	Amount of Line 21 Related to Security – Hard					
	Costs					
26	Amount of line 21 Related to Energy Conservation					
	Measures					

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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 Capital Fund Pr Replacement H	d Number rogram Grant No: ousing Factor Gra	ant No:	Federal FY of Gra	nt:		
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.			Total Estimated Cost		ual Cost	Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement **Housing Factor**

gram and	Capital Fi	und Prog	ram Replac	ement Housi	ng Factor	(CFP/CFPRHF) Federal FY of Grant:
	All Fund Obligated All Funds Expended					Reasons for Revised Target Dates
Original	Revised	Actual	Original	Revised	Actual	
	gram and entation S All (Quar	gram and Capital Frentation Schedule Grant Capita Repla All Fund Obliga (Quarter Ending I	gram and Capital Fund Programation Schedule Grant Type and Nun Capital Fund Programate Replacement Housin All Fund Obligated (Quarter Ending Date)	Capital Fund Program No: Replacement Housing Factor No: All Fund Obligated (Quarter Ending Date) (Quarter Ending Date)	gram and Capital Fund Program Replacement Housi entation Schedule Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: All Fund Obligated (Quarter Ending Date) All Funds Expended (Quarter Ending Date)	gram and Capital Fund Program Replacement Housing Factor entation Schedule Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: All Fund Obligated (Quarter Ending Date) All Funds Expended (Quarter Ending Date)

8. Capital Fund Program Five-Year Action Plan

		ve-Year Action Plan			
PHA Name	·y			Original 5-Year Plan Revision No:	n
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: PHA FY:	FFY Grant: PHA FY:	FFY Grant: PHA FY:	FFY Grant: PHA FY:
	Annual Statement				
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan										
Part II: Supporting Pages—Work Activities										
Activities	Activities for Year :			Activities for Year:						
for	FFY Grant:			FFY Grant:						
Year 1	PHA FY:			PHA FY:						
	Development	Major Work	Estimated Cost	Development	Major Work	Estimated				
	Name/Number	Categories		Name/Number	Categories	Cost				
See										
Annual										
Statement										
Total CFP Estimated Cost			\$			\$				

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan										
Part II: Supporting Pages—Work Activities										
. A	Activities for Year:		Activities for Year:							
	FFY Grant:		FFY Grant:							
	PHA FY:		PHA FY:							
Development	Major Work	Estimated Cost	Development	Major Work	Estimated Cost					
Name/Number	Categories		Name/Number	Categories						
Total CFP Estimated Cost		\$			\$					