

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

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**

PHA Plan Agency Identification

PHA Name: Housing Authority of the County of Butler
PHA Number: PA010

PHA Fiscal Year Beginning: (mm/yyyy) 01/2009

PHA Programs Administered:

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

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

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

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

5-YEAR PLAN
PHA FISCAL YEARS 2009 - 2013
[24 CFR Part 903.5]

A. Mission

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

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)

B. Goals

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

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

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

- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below) assist private/non-profit sector to preserve/improve non-authority owned affordable housing

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

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

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

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

- PHA Goal: Promote self-sufficiency and asset development of assisted households
 - Objectives:
 - Increase the number and percentage of employed persons in assisted families:
 - Provide or attract supportive services to improve assistance recipients' employability:

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

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

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

Other PHA Goals and Objectives: (list below)

Annual PHA Plan
PHA Fiscal Year 2009
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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Attachments

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

Required Attachments:

- Admissions Policy for Deconcentration (pa010a02)
- FY 2009 Capital Fund Program Annual Statement - (pa010a01)
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- List of Resident Advisory Board Members (pa010a04)
- List of Resident Board Member (pa010a03)
- Community Service Description of Implementation (pa010a05)
- Information on Pet Policy (pa010a06)
- Section 8 Homeownership Capacity Statement, if applicable (pa010a07)
- Description of Homeownership Programs, if applicable (pa010a08)
- X Violence Against Women (pa010a15)

Optional Attachments:

- PHA Management Organizational Chart
- FY 2009 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name) Site Based Waiting List demographics (pa010a09)
- X Pest Control (pa010a16)
- X Maintenance Plan (pa010a17)
- X Organizational Chart (pa010a18)
- X Voluntary Conversion (pa010a011)
- X FY 2008 Capital Fund Program Annual Statement (pa010a19)
- X Section F 3 G.1 (d) (pa010a20)
- X Section 4 A(1)3f (pa010a21)

Supporting Documents Available for Review

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

| List of Supporting Documents Available for Review | | |
|---|--|---------------------------|
| Applicable & On Display | Supporting Document | Applicable Plan Component |
| x | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations | 5 Year and Annual Plans |

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

| List of Supporting Documents Available for Review | | |
|--|---|---|
| Applicable & On Display | Supporting Document | Applicable Plan Component |
| x | Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy | Annual Plan: Grievance Procedures |
| x | Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Grievance Procedures |
| x | The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year | Annual Plan: Capital Needs |
| | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant | Annual Plan: Capital Needs |
| x | Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option) | Annual Plan: Capital Needs |
| | Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing | Annual Plan: Capital Needs |
| | Approved or submitted applications for demolition and/or disposition of public housing | Annual Plan: Demolition and Disposition |
| x | Approved or submitted applications for designation of public housing (Designated Housing Plans) | Annual Plan: Designation of Public Housing |
| | Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act | Annual Plan: Conversion of Public Housing |
| x | Approved or submitted public housing homeownership programs/plans | Annual Plan: Homeownership |
| | Policies governing any Section 8 Homeownership program <input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan | Annual Plan: Homeownership |
| x | Any cooperative agreement between the PHA and the TANF agency | Annual Plan: Community Service & Self-Sufficiency |
| x | FSS Action Plan/s for public housing and/or Section 8 | Annual Plan: Community Service & Self-Sufficiency |
| x | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports | Annual Plan: Community Service & Self-Sufficiency |
| | The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan) | Annual Plan: Safety and Crime Prevention |
| x | The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings | Annual Plan: Annual Audit |
| | Troubled PHAs: MOA/Recovery Plan | Troubled PHAs |
| | Other supporting documents (optional) (list individually; use as many lines as necessary) | (specify as needed) |
| | | |

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

| Housing Needs of Families in the Jurisdiction by Family Type | | | | | | | |
|---|---------|----------------|--------|---------|----------------|------|-----------|
| Family Type | Overall | Afford-ability | Supply | Quality | Access-ibility | Size | Loca-tion |
| Income <= 30% of AMI | 276 | 5 | 3 | 2 | 2 | 2 | 2 |
| Income >30% but <=50% of AMI | 28 | 5 | 2 | 2 | 2 | 2 | 2 |
| Income >50% but <80% of AMI | 10 | 2 | 2 | 2 | 2 | 2 | 2 |
| Elderly | 147 | 5 | 3 | 2 | 2 | 2 | 2 |
| Families with Disabilities | 11 | 5 | 3 | 2 | 2 | 2 | 2 |
| Race/Ethnicity | | | | | | | |
| Race/Ethnicity | | | | | | | |
| Race/Ethnicity | | | | | | | |
| Race/Ethnicity | | | | | | | |

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

- Consolidated Plan of the Jurisdiction/s
Indicate year: 2004-2008
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

| Housing Needs of Families on the Waiting List | | | |
|---|---------------|---------------------|-----------------|
| Waiting list type: (select one) | | | |
| <input type="checkbox"/> Section 8 tenant-based assistance | | | |
| <input type="checkbox"/> Public Housing | | | |
| <input type="checkbox"/> Combined Section 8 and Public Housing | | | |
| <input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) | | | |
| If used, identify which development/subjurisdiction: Terrace 10-1 | | | |
| | # of families | % of total families | Annual Turnover |
| Waiting list total | 67 | | |
| Extremely low income <=30% AMI | 66 | 99 | |
| Very low income (>30% but <=50% AMI) | 1 | 1 | |
| Low income (>50% but <80% AMI) | 0 | 0 | |
| Families with children | 0 | 0 | |
| Elderly families | 67 | 100 | |
| Families with Disabilities | 7 | 10 | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Characteristics by Bedroom Size (Public Housing Only) | | | |
| 1BR | 67 | | |
| 2 BR | 0 | | |
| 3 BR | 0 | | |

| Housing Needs of Families on the Waiting List | | | |
|---|---------------|---------------------|-----------------|
| 4 BR | 0 | | |
| 5 BR | | | |
| 5+ BR | | | |
| Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Housing Needs of Families on the Waiting List | | | |
| Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction: Presidents Square 10-2 | | | |
| | # of families | % of total families | Annual Turnover |
| Waiting list total | 54 | | |
| Extremely low income <=30% AMI | 53 | 98 | |
| Very low income (>30% but <=50% AMI) | 1 | 2 | |
| Low income (>50% but <80% AMI) | 0 | 0 | |
| Families with children | 0 | 0 | |
| Elderly families | 54 | 100 | |
| Families with Disabilities | 5 | 9 | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Characteristics by Bedroom Size (Public Housing) | | | |

| Housing Needs of Families on the Waiting List | | | |
|---|---------------|---------------------|-----------------|
| Only) | | | |
| 1BR | 54 | | |
| 2 BR | 0 | | |
| 3 BR | 0 | | |
| 4 BR | 0 | | |
| 5 BR | | | |
| 5+ BR | | | |
| Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Housing Needs of Families on the Waiting List | | | |
| Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction: Cliffside 10-3 | | | |
| | # of families | % of total families | Annual Turnover |
| | 71 | | |
| Extremely low income <=30% AMI | 69 | 97 | |
| Very low income (>30% but <=50% AMI) | 2 | 3 | |
| Low income (>50% but <80% AMI) | 0 | 0 | |
| Families with children | 0 | 0 | |
| Elderly families | 71 | 100 | |
| Families with Disabilities | 6 | 8 | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |

| Housing Needs of Families on the Waiting List | | | |
|---|---------------|---------------------|-----------------|
| Characteristics by Bedroom Size (Public Housing Only) | | | |
| 1BR | 71 | | |
| 2 BR | 0 | | |
| 3 BR | 0 | | |
| 4 BR | 0 | | |
| 5 BR | 0 | | |
| 5+ BR | | | |
| Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Housing Needs of Families on the Waiting List | | | |
| Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction: Maple Court | | | |
| | # of families | % of total families | Annual Turnover |
| Waiting list total | 69 | | |
| Extremely low income <=30% AMI | 68 | 99 | |
| Very low income (>30% but <=50% AMI) | 0 | 0 | |
| Low income (>50% but <80% AMI) | 1 | 1 | |
| Families with children | 0 | 0 | |
| Elderly families | 69 | 100 | |
| Families with Disabilities | 6 | 9 | |

| Housing Needs of Families on the Waiting List | | | |
|---|---------------|---------------------|-----------------|
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Characteristics by Bedroom Size (Public Housing Only) | | | |
| 1BR | 69 | | |
| 2 BR | 0 | | |
| 3 BR | 0 | | |
| 4 BR | 0 | | |
| 5 BR | 0 | | |
| 5+ BR | | | |
| Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes: | | | |
| How long has it been closed (# of months)? | | | |
| Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Housing Needs of Families on the Waiting List | | | |
| Waiting list type: (select one) | | | |
| <input type="checkbox"/> Section 8 tenant-based assistance | | | |
| <input type="checkbox"/> Public Housing | | | |
| <input type="checkbox"/> Combined Section 8 and Public Housing | | | |
| <input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) | | | |
| If used, identify which development/subjurisdiction: Graystone Manor 10-9 | | | |
| | # of families | % of total families | Annual Turnover |
| | 21 | | |
| Extremely low income <=30% AMI | 19 | 90 | |
| Very low income (>30% but <=50% AMI) | 1 | 5 | |
| Low income (>50% but <80% AMI) | 1 | 5 | |
| Families with | 0 | 0 | |

| Housing Needs of Families on the Waiting List | | | |
|---|---------------|---------------------|-----------------|
| children | | | |
| Elderly families | 21 | 100 | |
| Families with Disabilities | 0 | 0 | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Characteristics by Bedroom Size (Public Housing Only) | | | |
| 1BR | 21 | | |
| 2 BR | 0 | | |
| 3 BR | 0 | | |
| 4 BR | 0 | | |
| 5 BR | 0 | | |
| 5+ BR | | | |
| Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Housing Needs of Families on the Waiting List | | | |
| Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction: Family units | | | |
| | # of families | % of total families | Annual Turnover |
| | 110 | | |
| Extremely low income <=30% AMI | 110 | 100 | |
| Very low income (>30% but <=50% AMI) | 0 | 0 | |

| Housing Needs of Families on the Waiting List | | | |
|---|-----|-----|--|
| Low income (>50% but <80% AMI) | 0 | 0 | |
| Families with children | 110 | 100 | |
| Elderly families | 10 | 9 | |
| Families with Disabilities | 6 | 5 | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Characteristics by Bedroom Size (Public Housing Only) | | | |
| 1BR | 0 | | |
| 2 BR | 63 | | |
| 3 BR | 29 | | |
| 4 BR | 18 | | |
| 5 BR | 0 | | |
| 5+ BR | | | |
| Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes: | | | |
| How long has it been closed (# of months)? | | | |
| Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| | | | |
| | | | |

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

| | | | |
|--|-----|----|--------------|
| Waiting list total | 997 | | 366 disabled |
| Extremely low income <=30% AMI | 678 | 63 | |
| Very low income (>30% but <=50% AMI) | 319 | 37 | |
| Low income (>50% but <80% AMI) | 0 | 0 | |
| Families with children | 524 | 55 | |
| Elderly families | 220 | 29 | |
| Families with Disabilities | 366 | 22 | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Characteristics by Bedroom Size (Public Housing Only) | | | |
| 1BR | | | |
| 2 BR | | | |
| 3 BR | | | |
| 4 BR | | | |
| 5 BR | | | |
| 5+ BR | | | |
| Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes: How long has it been closed (# of months)? 3 months as of 7/21/08 Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

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

Select all that apply

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

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

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

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

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

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

Select if applicable

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

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

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

(2) Reasons for Selecting Strategies

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

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

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

| Financial Resources: Planned Sources and Uses | | |
|---|-------------------|------------------------|
| Sources | Planned \$ | Planned Uses |
| 1. Federal Grants (FY 2005 grants) | | |
| a) Public Housing Operating Fund | 978,000 | |
| b) Public Housing Capital Fund | 512,000 | |
| c) HOPE VI Revitalization | | |
| d) HOPE VI Demolition | | |
| e) Annual Contributions for Section 8 Tenant-Based Assistance | 7,180,000 | |
| f) Public Housing Drug Elimination Program (including any Technical Assistance funds) | | |
| g) Resident Opportunity and Self-Sufficiency Grants | | |
| h) Community Development Block Grant | | |
| i) HOME | | |
| Other Federal Grants (list below) | | |
| | | |
| 2. Prior Year Federal Grants (unobligated funds only) (list below) | | |
| | | |
| | | |
| | | |
| 3. Public Housing Dwelling Rental Income | 1,312,000 | general operating fund |
| | | |
| | | |
| 4. Other income (list below) | | |
| misc. | 40,000 | general operating fund |
| interest | 33,000 | general operating fund |
| 4. Non-federal sources (list below) | | |
| | | |
| | | |
| | | |
| Total resources | 10,055,000 | |
| | | |
| | | |

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

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

(2)Waiting List Organization

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

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

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

1. How many site-based waiting lists will the PHA operate in the coming year? 6

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

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

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

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

(3) Assignment

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

- One
- Two
- Three or More

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

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

(4) Admissions Preferences

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)

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

Former Federal preferences:

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

Other preferences: (select below)

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

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either

through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

1 Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

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

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

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

- At an annual reexamination and lease renewal

- Any time family composition changes
- At family request for revision
- Other (list)

(6) Deconcentration and Income Mixing

a. Yes No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. Yes No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

Adoption of site-based waiting lists
If selected, list targeted developments below:

Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:

Employing new admission preferences at targeted developments
If selected, list targeted developments below:

Other (list policies and developments targeted below)

d. Yes No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing

Other (list below)

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

Not applicable: results of analysis did not indicate a need for such efforts

List (any applicable) developments below:

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

Not applicable: results of analysis did not indicate a need for such efforts

List (any applicable) developments below:

B. Section 8

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

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

(1) Eligibility

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

Criminal or drug-related activity only to the extent required by law or regulation

Criminal and drug-related activity, more extensively than required by law or regulation

More general screening than criminal and drug-related activity (list factors below)

Other (list below)

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

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

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

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

Criminal or drug-related activity

Other (describe below) previous Section 8 participation, if applicable, any judgments or evictions. Section 8 Landlords are encouraged to conduct their own applicant screenings.

(2) Waiting List Organization

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

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

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

- PHA main administrative office
- Other (list below)

(3) Search Time

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

If yes, state circumstances below:

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

for the following reasons: The family has demonstrated a reasonable effort to locate suitable housing during the initial term without success. The family has submitted a Request for Tenancy Approval prior to the expiration of the 60 day period, but the unit has not passed Housing Quality Standards. Extenuating circumstances such as hospitalization, family emergency, etc. that affected the family's ability to locate an acceptable unit within the initial term but are not expected to affect their search during the additional period. The family requires an extension because of the disability of a family member or other special circumstances with the approval and at the discretion of the Executive Director.

VASH Vouchers – No Limit

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

1. Yes No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application)

(if no, skip to subcomponent (5) **Special purpose section 8 assistance programs**)

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

Former Federal preferences

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

Other preferences (select all that apply)

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

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

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

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- Date and time of application
- Drawing (lottery) or other random choice technique

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

- This preference has previously been reviewed and approved by HUD
- The PHA requests approval for this preference through this PHA Plan

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

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

(5) Special Purpose Section 8 Assistance Programs

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

- The Section 8 Administrative Plan
- Briefing sessions and written materials
- Other (list below)

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

- Through published notices
- Other (list below) outreach to landlords and local health and human service agencies and mailings.

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

- \$0
 \$1-\$25
 \$26-\$50

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

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

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

1. Yes No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?
2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

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

- For the earned income of a previously unemployed household member
- For increases in earned income
- Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:

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

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

e. Ceiling rents

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

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

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

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

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

- Market comparability study
- Fair market rents (FMR)
- 95th percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The "rental value" of the unit
- Other (list below)

f. Rent re-determinations:

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

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
- Other (list below)all changes in household composition must be reported. See attached page 19, 20 of the Admissions and Occupancy Policy

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. attachment: pa010a18
- 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.)

| Program Name | Units or Families Served at Year Beginning | Expected Turnover |
|---|---|--------------------------|
| Public Housing | 452 | 70 |
| Section 8 Vouchers | 1291 | 180 |
| Section 8 Certificates | | |
| Section 8 Mod Rehab | | |
| Special Purpose Section 8 Certificates/Vouchers (list individually) | 100 | 10 |

| | | |
|---|--|--|
| Public Housing Drug Elimination Program (PHDEP) | | |
| | | |
| Other Federal Programs(list individually) | | |
| | | |
| | | |

C. Management and Maintenance Policies

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

- (1) Public Housing Maintenance and Management: (list below)
Admissions and Occupancy Policy, Maintenance Plan
- (2) Section 8 Management: (list below)
Section 8 Administrative Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

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

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- PHA main administrative office
 Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

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

-or-

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

(2) Optional 5-Year Action Plan

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

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

- b. If yes to question a, select one:
 - The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state namepa010a01
 - or-
 - The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

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

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

- Yes No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
 - b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)
 1. Development name:
 2. Development (project) number:
 3. Status of grant: (select the statement that best describes the current status)
 - Revitalization Plan under development
 - Revitalization Plan submitted, pending approval
 - Revitalization Plan approved
 - Activities pursuant to an approved Revitalization Plan underway

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

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

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

| Demolition/Disposition Activity Description |
|--|
| 1a. Development name: Family sites 1b. Development (project) number: PA10-5 and PA 10-6 |
| 2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input 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: <u>unknown</u> |
| 5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development |
| 7. Timeline for activity: UNKNOWN a. Actual or projected start date of activity: b. Projected end date of activity: |

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

| Designation of Public Housing Activity Description | |
|--|---|
| 1a. Development name: | Terrace, Presidents Square, Cliffside, Maple Court, Graystone Manor |
| 1b. Development (project) number: | PA28P010001, PA28P010002, PA28P010003, PA28P010004, PA28P010009 |
| 2. Designation type: | Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/> |
| 3. Application status (select one) | Approved; included in the PHA’s Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/> |
| 4. Date this designation approved, submitted, or planned for submission: | (04/12/06) |
| 5. If approved, will this designation constitute a (select one) | <input type="checkbox"/> New Designation Plan |

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

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

| Conversion of Public Housing Activity Description |
|--|
| 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 |
| <p>5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)</p> <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.)

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

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (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? 06/30/03

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

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

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

| Services and Programs | | | | |
|--|----------------|--|--|---|
| Program Name & Description (including location, if appropriate) | Estimated Size | Allocation Method (waiting list/random selection/specific criteria/other) | Access (development office / PHA main office / other provider name) | Eligibility (public housing or section 8 participants or both) |
| PH Service Coordinator | 100 | specific criteria | dev/pha main | |
| Neighborhood Network | 150 | all eligible | dev/pha main | ph |
| FSS program | 65 | waiting list | dev/pha main | both |
| HCV homeownership | 30 | specific criteria | dev/pha main | section 8 |
| Family Savings Account | 25 | specific criteria | dev/pha main | both |
| Homeownership/Housing Counseling | 30 | all eligible | dev/pha main | both |
| | | | | |
| | | | | |

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |

(2) Family Self Sufficiency program/s

a. Participation Description

| Family Self Sufficiency (FSS) Participation | | |
|--|--|--|
| Program | Required Number of Participants (start of FY 2005 Estimate) | Actual Number of Participants (As of: DD/MM/YY) |
| Public Housing | 0 | 11 |
| Section 8 | 0 | 54 as of 9/30/08 |

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

C. Welfare Benefit Reductions

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

- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.
- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

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

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

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

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

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

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

- Contracting with outside and/or resident organizations for the provision of crime-and/or drug-prevention activities
- Crime Prevention Through Environmental Design

- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

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

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- Other activities (list below)

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

D. Additional information as required by PHDEP/PHDEP Plan

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

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

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
(If no, skip to component 17.)
2. Yes No: Was the most recent fiscal audit submitted to HUD?
3. Yes No: Were there any findings as the result of that audit?
4. Yes No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain? _____
5. Yes No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

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

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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

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

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

3. Description of Resident Election Process

- a. Nomination of candidates for place on the ballot: (select all that apply)
- Candidates were nominated by resident and assisted family organizations
- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- Other: (describe)
- b. Eligible candidates: (select one)
- Any recipient of PHA assistance
- Any head of household receiving PHA assistance
- Any adult recipient of PHA assistance
- Any adult member of a resident or assisted family organization
- Other (list)
- c. Eligible voters: (select all that apply)

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

C. Statement of Consistency with the Consolidated Plan

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

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

D. Other Information Required by HUD

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

Substantial Deviation:

**Housing Authority of the County of Butler – PA 010
PHA Plan 2009**

Substantial Deviation and Significant Amendment or Modification

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

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

| | | |
|--|--|--|
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Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

| | | |
|---|--|------------------------------|
| PHA Name: Housing Authority of the County of Butler | Grant Type and Number Capital Fund Program: PA28P01050109 Capital Fund Program Replacement Housing Factor Grant No: | Federal FY of Grant: 2009 |
|---|--|------------------------------|

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 | \$50,000.00 | | | |
| 3 | 1408 Management Improvements | 0 | | | |
| 4 | 1410 Administration | \$45,000.00 | | | |
| 5 | 1411 Audit | 0 | | | |
| 6 | 1415 liquidated Damages | 0 | | | |
| 7 | 1430 Fees and Costs | \$25,000.00 | | | |
| 8 | 1440 Site Acquisition | 0 | | | |
| 9 | 1450 Site Improvement | 0 | | | |
| 10 | 1460 Dwelling Structures | 0 | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | \$224,538.45 | | | |
| 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 | 1498 Mod Used for Development | 0 | | | |
| 19 | 1502 Contingency | 0 | | | |
| | 1501 Debt Service Fee | \$168,503.55 | | | |
| 20 | Amount of Annual Grant: (sum of lines 2-19) | \$512,882.00 | | | |

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

| | | |
|---|--|------------------------------|
| PHA Name: Housing Authority of the County of Butler | Grant Type and Number Capital Fund Program: PA28P01050109 Capital Fund Program Replacement Housing Factor Grant No: | Federal FY of Grant: 2009 |
|---|--|------------------------------|

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 | |
|----------|---|----------------------|--|-------------------|--|
| 21 | Amount of line 20 Related to LBP Activities | 0 | | | |
| 22 | Amount of line 20 Related to Section 504 Compliance | \$224,538.45 | | | |
| 23 | Amount of line 20 Related to Security | 0 | | | |
| 24 | Amount of line 20 Related to Energy Conservation Measures | 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: Housing Authority of the County of Butler | | Grant Type and Number Capital Fund Program #: PA28P01050109 Capital Fund Program Replacement Housing Factor #: | | | 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 Proposed Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| PA 10-1 Terrace | No Work | | | | | | | |
| PA 10-2 President Square | No Work | | | | | | | |
| PA 10-3 Cliffside | No Work | | | | | | | |
| PA 10-4 Maple Court | Handicapped Accessibility | 1460 | | \$224,538.45 | | | | |
| PA 10-5 Shore Street | No Work | | | | | | | |
| PA 10-6 Diamond/Wick | No Work | | | | | | | |
| PA 10-8 Scattered Sites | No Work | | | | | | | |
| PA 10-9 | No Work | | | | | | | |

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

| PHA Name: Housing Authority of the County of Butler | | Grant Type and Number Capital Fund Program #: PA28P01050109 Capital Fund Program Replacement Housing Factor #: | | | 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 Proposed Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| PHA-Wide | Operations | 1406 | | \$50,000.00 | | | | |
| | Total | | | \$50,000.00 | | | | |
| | Administration | 1410 | | \$45,000.00 | | | | |
| | Total | | | \$45,000.00 | | | | |
| | Design Fees | 1430 | | \$25,000.00 | | | | |
| | Total | | | \$25,000.00 | | | | |
| | Debit Service Fee | 1501 | | \$168,503.55 | | | | |
| | Total | | | \$168,503.55 | | | | |
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Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

| | | |
|---|--|---------------------------|
| PHA Name: Housing Authority of the County of Butler | Grant Type and Number Capital Fund Program #: PA 28P01050109 Capital Fund Program Replacement Housing Factor #: | Federal FY of Grant: 2009 |
|---|--|---------------------------|

| Development Number Name/HA-Wide Activities | All Fund Obligated (Quart Ending Date) | | | All Funds Expended (Quarter Ending Date) | | | Reasons for Revised Target Dates |
|--|---|---------|--------|---|---------|--------|----------------------------------|
| | Original | Revised | Actual | Original | Revised | Actual | |
| PA 10-1 Terrace | 8/2011 | | | 8/2012 | | | |
| PA 10-2 Presidents Square | 8/2011 | | | 8/2012 | | | |
| PA 10-3 Cliffside | 8/2011 | | | 8/2012 | | | |
| PA 10-4 Maple Court | 8/2011 | | | 8/2012 | | | |
| PA 10-5 Shore Street | 8/2011 | | | 8/2012 | | | |
| PA 10-6 Diamond/Wick | 8/2011 | | | 8/2012 | | | |
| PA 10-8 Scattered Sites | 8/2011 | | | 8/2012 | | | |
| PA 10-9 Graystone Manor | 8/2011 | | | 8/2012 | | | |

| CFP 5-Year Action Plan | | | |
|---|--|----------------------------|--|
| <input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement No. One | | | |
| Development Number | Development Name (or indicate PHA wide) | Number Vacant Units | % Vacancies in Development |
| PA 10-1 | Terrace Apartments | 15 | 10% |
| Description of Needed Physical Improvements or Management Improvements | | | Estimated Cost |
| | | | Planned Start Date (HA Fiscal Year) |
| Corridor Tile Replacement | | | \$20,000 |
| Kitchen/Additional Outlets & Light over sinks | | | \$72,000 |
| Hardwire Smoke Detectors | | | \$48,000 |
| Loading Dock Brick Wall | | | \$8,000 |
| Upgrade Finishes Laundry | | | \$12,000 |
| Security Card Access System | | | \$10,000 |
| Emergency Generator | | | \$75,000 |
| New Ranges | | | \$22,000 |
| Exterior Building Envelope | | | \$100,000 |
| Efficiency Conversions | | | \$180,000 |
| Activity Room Upgrades | | | \$10,000 |
| Domestic Hot Water | | | \$40,000 |
| Handicapped Accessibility | | | \$350,000 |
| Total estimated cost over next 5 years | | | \$814,000 |

Capital Fund Program 5-Year Action Plan

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

| CFP 5-Year Action Plan | | | |
|---|--|----------------------------|--|
| <input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement No. One | | | |
| Development Number | Development Name (or indicate PHA wide) | Number Vacant Units | % Vacancies in Development |
| PA 10-2 | Presidents Square | 1 | 2% |
| Description of Needed Physical Improvements or Management Improvements | | | Estimated Cost |
| | | | Planned Start Date (HA Fiscal Year) |
| Landscaping & Canopies | | | \$9,890 |
| Exterior Lighting | | | \$2,000 |
| Blinds and Rods | | | \$25,000 |
| Painting/Dwelling Units | | | \$20,000 |
| Hardwire Smoke Detectors | | | \$15,600 |
| Building Ventilation System | | | \$50,000 |
| Security Card Access | | | \$15,000 |
| Handicapped Accessibility | | | \$100,000 |
| Total estimated cost over next 5 years | | | \$340,053 |

| CFP 5-Year Action Plan | | | | |
|---|--|----------------------------|-----------------------------------|--|
| <input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement No. One | | | | |
| Development Number | Development Name (or indicate PHA wide) | Number Vacant Units | % Vacancies in Development | |
| PA 10-3 | Cliffside | 0 | 0 % | |
| Description of Needed Physical Improvements or Management Improvements | | | Estimated Cost | Planned Start Date (HA Fiscal Year) |
| Kitchen Cabinets | | | \$74,000 | 2012 |
| Additional Outlets in Kitchen | | | \$16,000 | 2012 |
| Total estimated cost over next 5 years | | | \$242,115 | |

Capital Fund Program 5-Year Action Plan

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

| CFP 5-Year Action Plan | | | | |
|---|--|----------------------------|-----------------------------------|--|
| <input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement No. One | | | | |
| Development Number | Development Name (or indicate PHA wide) | Number Vacant Units | % Vacancies in Development | |
| PA 10-4 | Maple Court | 0 | 0 % | |
| Description of Needed Physical Improvements or Management Improvements | | | Estimated Cost | Planned Start Date (HA Fiscal Year) |
| Hard Wire Smoke Detectors | | | \$22,500 | 2012 |
| Kitchen Counters | | | \$30,000 | 2012 |
| Exterior Site Lighting | | | \$10,000 | 2012 |
| Exterior Building Envelope | | | \$50,000 | 2010 |
| Security Card Access System | | | \$8,000 | 2012 |
| Exterior "Site Building" Renovations | | | \$30,000 | 2012 |
| Handicapped Accessibility | | | \$225,000 | 2009 |
| Total estimated cost over next 5 years | | | \$375,500 | |

Capital Fund Program 5-Year Action Plan

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

| CFP 5-Year Action Plan | | | |
|---|--|----------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement No. One | | | |
| Development Number | Development Name (or indicate PHA wide) | Number Vacant Units | % Vacancies in Development |
| PA 10-5 | Shore Street | 0 | 0% |
| Description of Needed Physical Improvements or Management Improvements | | | Estimated Cost |
| Site Improvement/Lighting | | | 2012 |
| New Blinds/Rods | | | 2012 |
| Kitchen Cabinets | | | 2012 |
| Painting Dwelling Units | | | 2012 |
| Refurbish Bathrooms | | | 2012 |
| Laundry Room Upgrades | | | 2012 |
| Domestic Hot Water | | | 2012 |
| Hardwire Smoke Detectors | | | 2012 |
| Repair/Replace Subfloor VCT | | | 2012 |
| Windows | | | 2012 |
| Replace Exterior Doors | | | 2012 |
| Replace Screens | | | 2012 |
| Total estimated cost over next 5 years | | | \$278,938 |

| CFP 5-Year Action Plan | | | |
|---|--|----------------------------|--|
| <input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement No. One | | | |
| Development Number | Development Name (or indicate PHA wide) | Number Vacant Units | % Vacancies in Development |
| PA 10-6 | Diamond/Wick Streets | 0 | 0% |
| Description of Needed Physical Improvements or Management Improvements | | | Estimated Cost |
| | | | Planned Start Date (HA Fiscal Year) |
| Site Improvements/Lighting | | | \$15,000 |
| Laundry Room Upgrades | | | \$8,000 |
| Repair/Replace Subfloor/VCT | | | \$55,000 |
| New Blinds/Rods | | | \$6,000 |
| Kitchen Cabinets | | | \$28,000 |
| Painting/Dwelling Units | | | \$13,000 |
| Refurbish Bathrooms | | | \$30,000 |
| Laundry Room Upgrades | | | \$8,000 |
| Domestic Hot Water | | | \$40,000 |
| Playground Equipment | | | \$10,000 |
| Hardwire Smoke Detectors | | | \$8,000 |
| Windows | | | \$30,000 |
| Replace Exterior Doors | | | \$30,000 |
| Replace Screens | | | \$20,000 |
| Handicapped Accessibility | | | \$96,000 |
| Total estimated cost over next 5 years | | | \$405,000 |

| CFP 5-Year Action Plan | | | |
|---|--|----------------------------|--|
| <input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement No. One | | | |
| Development Number | Development Name (or indicate PHA wide) | Number Vacant Units | % Vacancies in Development |
| PA 10-8 | Scattered Sites | 0 | 0% |
| Description of Needed Physical Improvements or Management Improvements | | | Estimated Cost |
| | | | Planned Start Date (HA Fiscal Year) |
| Landscaping | | | \$9,000 |
| Repair/Replace Subfloor/VCT | | | \$60,000 |
| Correct Basement Moisture Problem | | | \$28,000 |
| Refurbish Bathrooms | | | \$25,000 |
| Kitchen Cabinets | | | \$23,000 |
| New Blinds/Rods | | | \$6,800 |
| Painting/Dwelling Units | | | \$11,000 |
| Replace Exterior Pressed Wood Paneling | | | \$30,000 |
| Hardwire Smoke Detectors | | | \$6,000 |
| Windows | | | \$35,000 |
| Replace Exterior Doors | | | \$20,000 |
| Handicapped Accessibility | | | \$100,000 |
| | | | |
| Total estimated cost over next 5 years | | | \$374,000 |

Capital Fund Program 5-Year Action Plan

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

| CFP 5-Year Action Plan | | | |
|---|--|----------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement No. One | | | |
| Development Number | Development Name (or indicate PHA wide) | Number Vacant Units | % Vacancies in Development |
| PA 10-9 | Graystone Manor | 1 | 2% |
| Description of Needed Physical Improvements or Management Improvements | | | Estimated Cost |
| Site Benches/Improvement | | | \$3,000 |
| Elevator Upgrades | | | \$24,000 |
| Painting/Dwelling Units | | | \$60,000 |
| Security Card Access | | | \$8,000 |
| Exterior Sealant and Balconies | | | \$30,000 |
| Handicapped Accessibility | | | \$150,000 |
| Total estimated cost over next 5 years | | | \$275,000 |

Annual Plan Attachment – PA010a02
Butler County Housing Authority

Component 3, (6) Deconcentration and Income Mixing

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

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments

| Development Name | Number of Units | Explanation | Deconcentration Policy |
|------------------|-----------------|-------------|------------------------|
| | | | |
| | | | |
| | | | |

Butler County Housing Authority’s Admission and Occupancy Policy

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

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

See pages 9 and 10 attached from the A&O Policy

Annual Plan Attachment - PA010a03
Butler County Housing Authority

List of Resident Board Member

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

Annual Plan Attachment - pa010a04
Butler County Housing Authority

List of Resident Advisory Board Members

City of Butler

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

Borough Representatives

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

Cheri Deener
Council President
Borough of Evans City
220 Wahl Avenue
Evans City, PA 16033

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

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

Housing Authority

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

Elderly Communities

Vivian Cramer, President
Terrace Resident Council
Apt. 3A3 - 111 S. Cliff Street
Butler, PA 16001

James Hall, President
Maple Court Resident Council
Apt. 408 214 S. High Street
Zelienople, PA 16063

Linda Bishop, President
Presidents Sq. Resident Council
Apt. 307 200 Jefferson Street
Evans City, PA 16033

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

Jim Atwell, President
Graystone Manor Res. Council
Apt. 502 204 E. Water Street
Slippery Rock, PA 16057

Family Communities

Melissa Fornelli
113 Wick Street
Butler, PA 16001

County Commissioners

A. Dale Pinkerton, Chairman
Butler Co. Board of Comm.
P. O. Box 1208
Butler, PA 16001

Annual Plan Attachment – pa010a05
Community Service and Self-Sufficiency
Butler County Housing Authority

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

As of December 31, 2007, we have 12 public housing families participating in family self sufficiency program administered by the Butler County Housing Authority.

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

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

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

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

HOUSING AUTHORITY OF THE COUNTY OF BUTLER
ELDERLY HOUSING PET POLICY – Attachment pa010a06

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

SECTION 1: ENABLING REGULATIONS

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

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

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

SECTION 2: TYPE DWELLING UNITS PERMITTED PETS

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

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

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

SECTION 3: TYPE OF PETS AND NUMBER PER UNIT

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

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

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

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

Revised February 2007

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

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

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

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

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

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

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

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

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

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

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

SECTION 7: DOG OWNER REQUIREMENTS

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 8: CAT OWNER REQUIREMENTS

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

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

All cats must be litter trained before admission.

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 9: BIRD OWNER REQUIREMENTS

No monthly maintenance fee unless a problem exists.

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

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

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

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

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

SECTION 10: FISH OWNER REQUIREMENTS

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

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

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

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

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

SECTION 11: GENERAL POLICY FOR AUTHORIZED PETS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Annual Plan Attachment – pa010a07
Section 8 Homeownership Capacity Statement

Butler County Housing Authority

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

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

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

Annual Plan Attachment – pa010a08
Description of Homeownership Program

Butler County Housing Authority

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

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

Attachment pa010a09
Assessment of Demographic Changes in Public Housing Developments
with Site Based Waiting Lists

Butler County Housing Authority

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

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

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

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

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

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

**Annual Plan Attachment – pa010a11
Voluntary Conversion Required Initial Assessments**

Butler County Housing Authority

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

Three

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

Five

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

Three

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

None

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

Not Applicable

Attachment – pa010a15

HOUSING AUTHORITY OF THE COUNTY OF BUTLER (BCHA) VIOLENCE AGAINST WOMEN ACT (VAWA) POLICY

I. Purpose and Applicability

The purpose of this policy (herein called “Policy”) is to implement the applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) and more generally to set forth BCHA’s policies and procedures regarding domestic violence, dating violence, and stalking, as hereinafter defined.

This Policy shall be applicable to the administration by BCHA of all federally subsidized public housing and Section 8 rental assistance under the United States Housing Act of 1937 (42 U.S.C. §1437 *et seq.*). Notwithstanding its title, this policy is gender-neutral, and its protections are available to males who are victims of domestic violence, dating violence, or stalking as well as female victims of such violence.

II. Goals and Objectives

This Policy has the following principal goals and objectives:

- A. Maintaining compliance with all applicable legal requirements imposed by VAWA;
- B. Ensuring the physical safety of victims of actual or threatened domestic violence, dating violence, or stalking who are assisted by BCHA;
- C. Providing and maintaining housing opportunities for victims of domestic violence dating violence, or stalking;
- D. Creating and maintaining collaborative arrangements between BCHA, law enforcement authorities, victim service providers, and others to promote the safety and well-being of victims of actual and threatened domestic violence, dating violence and stalking, who are assisted by BCHA; and
- E. Taking appropriate action in response to an incident or incidents of domestic violence, dating violence, or stalking, affecting individuals assisted by BCHA.

III. Other BCHA Policies and Procedures

This Policy shall be referenced in and attached to BCHA’s Five-Year Public Housing Agency Plan and shall be incorporated in and made a part of BCHA’s Admissions and Continued Occupancy Policy. BCHA’s annual public housing agency plan shall also contain information concerning BCHA’s activities, services or programs relating to domestic violence, dating violence, and stalking.

To the extent any provision of this policy shall vary or contradict any previously adopted policy or procedure of BCHA, the provisions of this Policy shall prevail.

IV. Definitions

As used in this Policy:

A. *Domestic Violence* – The term ‘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 shares a child in common, by a person who is cohabiting 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 person’s acts under the domestic or family violence laws of the jurisdiction.”

B. *Dating Violence* – means 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.
- (iii) The frequency of interaction between the persons involved in the relationship.

C. *Stalking* – means –

(A) (i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and (ii) to place under surveillance with the intent to kill, injure, harass or intimidate another person; and

(B) 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;

D. *Immediate Family Member* - means, with respect to a person –

- (A) a spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in loco parents; or
- (B) any other person living in the household of that person and related to that person by blood or marriage.

E. *Perpetrator* – means person who commits an act of domestic violence, dating violence or stalking against a victim.

V. Admissions and Screening

A. *Non-Denial of Assistance.* BCHA will not deny admission to public housing or to the Section 8 rental assistance program to any person because that person is or has been a victim of domestic violence, dating violence, or stalking, provided that such person is otherwise qualified for such admission.

B. *Admissions Preference.* Applicants for housing assistance from BCHA will receive a preference in admissions by virtue of their status as victims of domestic violence [dating violence, stalking]. This preference is particularly described in the Housing Authority of the County of Butler's Public Housing Admission and Occupancy Policy.

VI. Termination of Tenancy or Assistance

A. *VAWA Protections.* Under VAWA, public housing residents and persons assisted under the Section 8 rental assistance program have the following specific protections, which will be observed by BCHA:

1. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be considered to be a “serious or repeated” violation of the lease by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights of or assistance to the victim of that violence.
2. In addition to the foregoing, tenancy or assistance will not be terminated by BCHA as a result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence or stalking engaged in by a member of the assisted household, a guest or another person under the tenant’s control, and the tenant or an immediate family member is the victim or threatened victim of this criminal activity. However, the protection against termination of tenancy or assistance described in this paragraph is subject to the following limitations:
 - (a) Nothing contained in this paragraph shall limit any otherwise available authority of BCHA’ or a Section 8 owner or manager to terminate tenancy, evict, or to terminate assistance, as the case may be, for any violation of a lease or program requirement not premised on the act or acts of domestic violence, dating violence, or stalking in question against the tenant or a member of the tenant’s household. However, in taking any such action, neither BCHA nor a Section 8 manager or owner may apply a more demanding standard to the victim of domestic violence dating violence or stalking than that applied to other tenants.
 - (b) Nothing contained in this paragraph shall be construed to limit the authority of BCHA or a Section 8 owner or manager to evict or terminate from assistance any tenant or lawful applicant if the owner, manager or BCHA, as the case may be, can demonstrate an actual and imminent threat to other

tenants or to those employed at or providing service to the property, if the tenant is not evicted or terminated from assistance.

B. *Removal of Perpetrator.* Further, notwithstanding anything in paragraph VI.A.2. or Federal, State or local law to the contrary, BCHA or a Section 8 owner or manager, as the case may be, may bifurcate a lease, or remove a tenant or household member from a lease, without regard to whether the tenant or household member is a signatory to a lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in acts of physical violence against family members or others. Such action against the perpetrator of such physical violence may be taken without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also the tenant or a lawful occupant. Such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by law applicable to terminations of tenancy and evictions by BCHA. Leases used for all public housing operated by BCHA and, at the option of Section 8 owners or managers, leases for dwelling units occupied by families assisted with Section 8 rental assistance administered by BCHA, shall contain provisions setting forth the substance of this paragraph. No such bifurcation will be done by BCHA or a Section 8 owner or manager until the tenant has proceeded under state law to obtain a Protection from Abuse Order.

VII. Verification of Domestic Violence, Dating Violence or Stalking

A. *Requirement for Verification.* The law allows, but does not require, BCHA or a section 8 owner or manager 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. Subject only to waiver as provided in paragraph VII. C., BCHA shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by BCHA. Section 8 owners or managers receiving rental assistance administered by BCHA may elect to require verification, or not to require it as permitted under applicable law.

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* - by providing to BCHA or to the requesting Section 8 owner or manager a written certification, on a 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 BCHA or to the requesting Section 8 owner or manager 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 BCHA or to the requesting Section 8 owner or manager a Federal, State, 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 BCHA, or a Section 8 owner or manager to provide verification, must provide such verification within 14 business days (*i.e.*, 14 calendar days, excluding Saturdays, Sundays, and federally-recognized holidays) after receipt of the 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.

C. *Waiver of verification requirement.* The Executive Director of BCHA, or a Section 8 owner or manager, may, with respect to any specific case, waive the above-stated requirements for verification and provide the benefits of this policy based on the victim's statement or other corroborating evidence. Such waiver may be granted in the sole discretion of the Executive Director, owner or manager. Any such waiver must be in writing. A waiver in a particular instance or instances shall not operate as precedent for, or create any right to, waiver in any other case or cases, regardless of similarity in circumstances.

VIII. Confidentiality

A. *Right of confidentiality.* All information (including the fact that an individual is a victim of domestic violence, dating violence or stalking) provided to BCHA or to a Section 8 owner or manager in connection with a verification required under section VII of this policy or provided in lieu of such verification where a waiver of verification is granted, shall be retained by the receiving party in confidence and shall neither be entered in any shared database nor provided to any related entity, except where disclosure is:

1. requested or consented to by the individual in writing, or

2. required for use in a public housing eviction proceeding or in connection with termination of Section 8 assistance, as permitted in VAWA, or

3. otherwise required by applicable law.

B. *Notification of rights.* All tenants of public housing and tenants participating in the Section 8 rental assistance program administered by BCHA shall be notified in writing concerning their right to confidentiality and the limits on such rights to confidentiality.

VIII. Transfer to New Residence

- A. *Application for transfer.* In situations that involve significant risk of violent harm to an individual as a result of previous incidents or threats of domestic violence, dating violence, or stalking, BCHA will, if an approved unit size is available at a location that may reduce the risk of harm, approve transfer by a public housing or Section 8 tenant to a different unit in order to reduce the level of risk to the individual. A tenant who requests transfer must attest in such application that the requested transfer is necessary to protect the health or safety of the tenant or another member of the household who is or was the victim of domestic violence dating violence or stalking and who reasonably believes that the tenant or other household member will be imminently threatened by harm from further violence if the individual remains in the present dwelling unit.
- B. *Action on applications.* BCHA will act upon such an application promptly.
- C. *No right to transfer.* BCHA will make every effort to accommodate requests for transfer when suitable alternative vacant units are available and the circumstances warrant such action. However, except with respect to portability of Section 8 assistance as provided in paragraph IX. E. below the decision to grant or refuse to grant a transfer shall lie within the sole discretion of BCHA, and this policy does not create any right on the part of any applicant to be granted a transfer.
- D. *Family rent obligations.* If a family occupying BCHA public housing moves before the expiration of the lease term in order to protect the health or safety of a household member, the family will remain liable for the rent during the remainder of the lease term unless released by BCHA. In cases where BCHA determines that the family's decision to move was reasonable under the circumstances, BCHA may wholly or partially waive rent payments and any rent owed shall be reduced by the amounts of rent collected for the remaining lease term from a tenant subsequently occupying the unit.
- E. *Portability.* Notwithstanding the foregoing, a Section 8-assisted tenant will not be denied portability to a unit located in another jurisdiction (notwithstanding the term of the tenant's existing lease has not expired, or the family has not occupied the unit for 12 months) so long as the tenant has complied with all other requirements of the Section 8 program and has moved from the unit in order to protect a health or safety of an individual member of the household who is or has been the victim of domestic violence dating violence or stalking and who reasonably believes that the tenant or other household member will be imminently threatened by harm from further violence if the individual remains in the present dwelling unit.

X. Court Orders/Family Break-up

- A. *Court orders.* It is BCHA's policy to honor orders entered by courts of competent jurisdiction affecting individuals assisted by BCHA and their property. This includes cooperating with law enforcement authorities to enforce civil protection orders issued for the protection of

victims and addressing the distribution of personal property among household members in cases where a family breaks up.

B. *Family break-up.* Other BCHA policies regarding family break-up are contained in BCHA's Public Housing Admissions and Continuing Occupancy Plan (ACOP) and its Section 8 Administrative Plan.

XI. Relationships with Service Providers

It is the policy of BCHA to cooperate with organizations and entities, both private and governmental, that provide shelter and/or services to victims of domestic violence. If BCHA staff become aware that an individual assisted by BCHA is a victim of domestic violence, dating violence or stalking, BCHA will refer the victim to such providers of shelter or services as appropriate. Notwithstanding the foregoing, this Policy does not create any legal obligation requiring BCHA either to maintain a relationship with any particular provider of shelter or services to victims of domestic violence or to make a referral in any particular case. BCHA's annual public housing agency plan shall describe providers of shelter or services to victims of domestic violence with which BCHA has referral or other cooperative relationships.

XII. Notification

BCHA shall provide written notification to applicants, tenants, and Section 8 owners and managers, concerning the rights and obligations created under VAWA relating to confidentiality, denial of assistance and, termination of tenancy or assistance.

XIII. Relationship with Other Applicable Laws

Neither VAWA nor this Policy implementing it shall preempt or supersede any provision of Federal, State or local law that provides greater protection than that provided under VAWA for victims of domestic violence, dating violence or stalking.

XIV. Amendment

This policy may be amended from time to time by BCHA as approved by the BCHA Board of Commissioners.

**Attachment pa010a16
REQUEST FOR PROPOSALS**

PEST CONTROL PROGRAM

BUTLER COUNTY HOUSING AUTHORITY

OWNED AND MANAGED SITES

OBJECTIVE

The objective of this pest management program is to eliminate cockroaches from the apartment buildings known as **Cliffside Apartments**, an 68 unit, 7story elderly housing hi-rise building, located at 325 South McKean Street, Butler, Pennsylvania 16001. **Terrace Apartments**, a 160 unit, 8 story elderly housing hi-rise building, located at 111 South Cliff Street, Butler, Pennsylvania 16001. **Presidents Square Apartments**, a 52 unit, 3 story elderly housing hi-rise building, located at 200 Jefferson Street, Evans City, Pennsylvania 16033. **Maple Court Apartments**, a 75 unit, 5 story elderly housing hi-rise building, located at 214 South High Street, Zelienople, Pennsylvania 16063. **Graystone Manor**, a 50 unit, 6 story elderly housing hi-rise building, located at 204 East Water Street, Slippery Rock, Pennsylvania 16057. **Shore Street Apartments**, 16 units family housing, located at Shore Street Butler, Pennsylvania 16001. **Diamond Street Apartments**, a 5 unit family housing, located at West Diamond Street Butler, Pennsylvania 16001. **Wick Street Apartments**, a 12 unit family housing, located at Wick Street Butler, Pennsylvania 16001. And **Scattered Sites**, a 14 unit family housing, located throughout the City of Butler, Pennsylvania. Managed Sites such as **Chicora Commons** located at 118 Kittanning Street, Chicora PA 16025, **Historic Lafayette Apartments**, located at 302 S Main Street, Butler PA 16001, **Rolling Road Regency Apartments**, located at 100 Rolling Road Cranberry Township PA 16066, **Deshon Place**, located on the VA Medical Center Grounds 325 New Castle Road Building #5, Butler PA 16001. **Franklin Court**, family housing located at 100 – 318 Kaufman Drive, Butler PA 16001. Through the use of pest management principles which include corrective sanitation, reduction of harborage and the application of a specific bait. This work shall be performed according to the specifications set forth herein and as required by bait manufacturers.

CONTRACT PERIOD

The duration of this contract shall be for two years with periodic inspections and placement of monitors and treatments as specified herein. This contract will include the option to extend the contract period by one additional year by mutual consent.

SCOPE

This cockroach control program shall include Treatment with Seige Gel Insecticide as manufactured by American Cyanamid Company. Substitutions of equal to or better are subject to sole approval/rejection by owner.

Initial Treatment

This treatment shall also include all residential and non-residential areas. As part of the initial treatment phase, all treated areas shall be re-inspected and the bait replenished as needed within 60 days of the initial treatment.

This follow-up treatment is necessary in a baiting program where large populations are present and may have consumed all the bait before they are all eliminated. To be effective over a long period of time and to prevent re-infestation, the bait must be constantly available.

Subsequent Treatments

Re-inspections with a pest management report and recommendations to the Housing Authority required at six months.

Emergency Treatments

Additional Emergency Treatments shall be provided as requested by the housing authority. Pest control contractors will not accept complaints or requests for additional services made by the occupant.

Monitoring

Monitors provided and placed in all units and public areas four (4) months after initial baiting. Routine checks of all apartment monitors within 60 days after the fourth month with written report and recommendations provided to the Authority.

MATERIAL STANDARDS AND SPECIFICATIONS

- I. Only Seige Gel Insecticides or equivalent, subject to owner's sole approval, shall be used in this cockroach eradication and prevention program. All applications shall be made according to manufacturer's instructions.
- II. An aerosol containing a contact non-residual insecticide such as Whitmires PT 565 Plus XLO and/or sticky traps may be used for monitoring inspection purposes only. No other insecticide shall be used.

STANDARDS FOR UNIT TREATMENT

Contractor will have access to all areas. Prior to treatment, all cabinets should be cleaned and free of food residue and clutter. All articles such as food, dishes, cooking utensils, etc. would be removed from the cabinets within 6" on every shelf in unit. Articles removed from cabinets should be placed on top of a table and covered with a sheet or other appropriate cover. Bathroom cabinets should also be cleaned out to facilitate treatment. Items on shelves and floor of closets should be removed. After treatment, all food preparation surfaces should be wiped clean.

A member of the housing authority staff must accompany pest control technicians as they make inspections and treatments.

COMPLIANCE WITH LOCAL, STATE AND FEDERAL REGULATIONS AND STANDARDS

All services provided under this contract shall be in accordance with local, state and federal regulation and standards. Contractors shall hold all necessary licenses and all operating personnel shall be thoroughly trained according to existing government requirements for effectiveness and safety. Contracts shall have and submit adequate insurance liabilities in place.

Certificates of Insurance required shall be Workman's Compensation or Sole Proprietor Statement if Self-Employed, Comprehensive Public Liability Insurance - minimum \$100,000 and Property Damage Insurance - minimum of \$50,000.

Proposals must be on the prescribed form and submitted in a sealed envelope clearly marked "Pest Control Proposal" and delivered to the Office of the Housing Authority, at our new location: 114 Woody Drive, Butler, Pa 16001 by Thursday, January 10, 2008, by 2:00 p.m.

The Housing Authority of the County of Butler reserves the right to reject any/or all proposals or to waive any informality in the proposal.

Attachment pa010a17
MAINTENANCE DEPARTMENT
PLAN

Building Staff

Hi rises owned or managed by the Housing Authority will be staffed according to the direction of the Executive Director.

Hi rise duties (Owned or Managed)

1. Routine Inspection –
Daily walk the hallways & grounds, check following :
 - a. Stair Towers Lighting –
Check to make sure all lighting in the stair towers are functioning normal
 - b. Corridor Lighting –
Check all lighting on all floors in the corridors to make sure the are functioning normal
 - c. Fire Extinguishers –
Visual check daily to see that extinguisher is in tact and operational
 - d. Egress Doors and Devices –
Check all exit doors to see that they are closing, opening and locking properly
 - e. Entry System –
Check that all automated door access is functioning properly
 - f. Elevators –
Check all elevator to see that they are Operating and functioning properly
 - g. Trash Compactor –
Check to see that the compactor is in working

- order
- h. Trash Chutes –
Check to see that all chutes open, close and latch properly
 - i. Fire Alarm System –
Check to see that there is power to alarm panel and visual observation of system functioning properly
 - j. Boiler System –
Observe the function of the boiler system to see if working properly
 - k. Domestic Hot Water –
Check hot water in public area to see if hot water is working properly
 - l. Gas Service –
Check to see if the gas service is working properly
 - m. Water Service –
Check to see if there is water service to the building
 - n. Electric Service –
Check to see if there is electrical service is to the building
 - o. Sewer Service –
Check for any visual problems
 - p. Air Conditioning-
Check to see that all common area/etc
Is operating properly

* Routine daily inspection will be performed first ½ hour of every day maintenance staff is in building. Routine inspection forms will be filled out, signed and returned to

the office, on a regular basis.
Conduct Weekly inspections of the following:

- a. Emergency Generator System – verify that the system manually started and completed the weekly test run and log date.
- b. Emergency Lighting System – verify that the system is operating; test batteries as required
- c. Public Vent System – verify that the system is operating
- d. Lighting Controls/Timers – verify that system is operating and adjustment for daylight savings
- e. Elevator Pit – verify that pit is dry and no visual deficiencies observed
- f. Exterior Building Condition – visually verify building exterior has no observed deficiencies
- g. Yard Equipment – visually verify equipment is in tact and no hazard exist
- h. Landscaping/Planting – visually verify there are no observed deficiencies existing
- i. Site-Steps/Walks/Railings – visually verify there are no observed deficiencies existing

Conduct Monthly inspection of the following:

- a. Fire extinguishers in all common areas/public spaces as well as mechanical areas inspected and noted monthly on fire tag; complete on log sheet in maintenance shop.
- b. Fire Alarm pull stations should be checked monthly to see that they are still in tact and operational.
- c. Fire Alarm common area smoke detector should be checked monthly to see that they are still in tact and operational
- d. Sprinkler System in all common/mechanical areas should be checked to see that they are still in tact and operational.

- e. Dryer Vents should be checked to ensure proper venting is occurring.
- f. Roof membrane or roofing shingles should be visually checked for any deficiencies.
- g. Maintenance equipment should be checked to ensure operation based on season.

2. Maintain Interior of Building

a. Floors –

All hallway floors will be swept and cleaned on a regular basis. Stripping of floors where applicable will be done every 3 months.

Carpet cleaning will be contracted out annually: However, weekly spot treatment will be done as needed. Areas of high traffic will be cleaned by the Maintenance staff when needed. All safety precautions will be adhered to according to procedures.

b. Windows –

All public area windows, glass, sills, etc. will be cleaned on a daily and in some cases a monthly basis.

c. Walls –

All public area walls will be cleaned on a regular basis at least one time annually, and as needed for higher traffic areas.

d. Trash removal –

Public area trash will be collected and disposed of on a daily basis.

Chutes interior will be cleaned and disinfected weekly. Exterior chutes will be cleaned once a month.

Twice a week (or according to pick up) the dumpster will be placed outside for trash pick up by contracted service, same with Re-cycling Bins

3. Maintain Exterior of Site

- a. Grounds Upkeep –
All exterior grounds will be maintained on a daily basis including removal of site debris, grass cutting, shrub trimming, snow removal, etc. on a as needed basis.

4. Work Order Requests

- a. Prioritize work accordingly
- b. Complete all outstanding routine work order requests in no more than 3 day average
- c. Emergency work orders must be abated in less than 24 hours

5. Preventive Maintenance

- a. Every apartment will be checked by the Maintenance in the building once a year according to the Preventive Maintenance checklist, which includes:

Items such as doors, hardware, plumbing, heating, appliances, electrical fixtures will be checked.

Items in need of repair will to be corrected and work order generated and completed.

6. Emergency Generator Log

- a. Entries will be made on the test date each week

or at any time the generator received service or checked for any reason.

7. Elevator Log

- a. Entries will be made at any time the elevator room has been entered or the elevator has received service or was checked for any reason.

8. Boiler/Heating System Log

- a. Entries will be made at any time the system has been checked or serviced.

9. Pest Control Notices

- a. Pest control notices will be filled out and delivered to each unit on the schedule at least 48 hours before service is scheduled.

9. All other duties as required

Family Units

1. Maintain Exterior of Site

- a. Grounds Upkeep –
All exterior grounds will be maintained on a daily basis including removal of site debris, grass cutting, shrub trimming, snow removal, etc. on a as needed basis.

2. Work Order Requests

- a. Prioritize work accordingly

- b. Complete all outstanding routine work order requests in no more than 3 day average
- c. Emergency work orders must be abated in less than 24 hours

3. Preventive Maintenance

- a. Every apartment will be checked by the Maintenance at the sites once a year
- b. Items such as doors, hardware, plumbing, heating, appliances, electrical fixtures will be checked and repaired if needed.

4. Boiler/Heating System Log

- a. Entries will be made at any time the system has been checked or serviced.
- b. Free of trash and rubbish
- c. Entrance way swept free of debris
And clean.
- d. Interior floors clean.
- e. Free of leaks

5. Pest Control Notices

- a. Pest control notices will be filled out and delivered to each unit on the schedule at least 48 hours before service is scheduled.

4. Maintain Interior Laundry room

- d. Free of trash and rubbish
- e. Floors clean

- f. Entrance way swept and clean
 - g. Free of hazards and equipment
Functioning properly.
5. All other duties as required

Housing Authority Central Office

1. Office Area Duties – maintenance staff assigned to report to the central office are responsible to complete the following on a daily basis unless otherwise directed:
 - a. Trash picked up in all areas of the building
 - b. Restroom supplies replenished
 - c. Outside of building trash picked up and ashtrays emptied
 - d. Grounds keeping – grass cutting, snow removal, etc.
2. Warehouse / garage is to be in a clean and organized manner free of all trash and rubbish on a daily basis.
3. All other duties as required

Alternate days

1. All Maintenance staff will work at least 2 days each month at the Housing Authority Office or assigned location on an as needed basis. Monthly calendar Of assignment is issued at maintenance meeting and Is subject to change based on need.

Building Supplies

Supply Requests

1. Requests for supplies should be made to the Maintenance Office prior to the 2nd and 4th Friday of each month. Requested must include specific details such as part #, brand name, type, size, color, etc. All staff have received part catalogs in each shop to assist you in providing supply requests.
2. Supplies are to be kept in stock and ordered before on stock supply is depleted.
3. Minor supplies under \$25.00 should be purchased at the local supply store and use of site petty cash per petty cash policy adhered to.
4. Routine supplies are to be picked up when you are at the Central Maintenance Shop. Supplies may be delivered by staff when going out to sites. There should be no emergency stock orders if you maintain adequate stock at your site and reorder prior to running out of supply.

Building Shops

1. Shop areas will be kept in a neat order at all times, shops areas are to be kept clean and free of rubbish, trash on a daily basis.
2. Supply area of the shop will be organized in areas of need. Plumbing, electrical etc. on a daily basis.
3. Tools will be kept in a clean organized manner for all staff working in that area to be able to find and use tools needed on a daily basis.

4. MSDS books will be kept on the back of the maintenance shop entrance doors and are to be updated when new information is sent out to sites.
5. Resident Emergency Sheets copies are to be maintained on site in the event of an emergency and a contact person is required.
6. Organization of tools and equipment must be maintained in order for on call emergency maintenance to be able to adequately repair emergency.
7. Location of Where you are at in the building must be posted on a tablet outside your maintenance shop door of all high-rise buildings. You are required to note where you are working at: in the event of an emergency residents can locate you quickly.

Vehicles

1. Vehicles equipped with supplies will be kept in a neat organized manner at all times.
2. Maintenance Staff assigned to the truck on a daily routine will maintain that vehicle, such as kept in supply of gas, check all fluids such as oil, maintain interior and exterior as well etc..
3. Staff assigned to the truck will see that an appointment is made when vehicle is in need of inspection, service etc.
4. All other duties as required

On call

1. A mandatory rotation schedule of all maintenance staff for off duty hours as assigned. Tracking of work

hours must be logged for all overtime call outs.

2. All work done while on call will be recorded with a work order by maintenance staff completing the work. All overtime will be justified by a work order.

Work orders

1. All maintenance staff will be responsible for work orders at their site and assignments. Tracking of work hours will be logged on a work order and must be specific when detailed to work completed, work codes and to include work completed, site work and travel.
2. An entry notice slip will be left if resident was not home at the time of repair.
3. We missed you slip - will be left in door if you have tried twice and unsuccessful in completing work order and residents permission to enter is not received.
4. Maintenance staff will finish all work orders computer generated for work completed or generate a work order as needed for all other work completed.
5. All labor will be recorded as individual entries with work codes listed by individually listing time per code broken down for the time belonging to it.
6. All hard copies of a work order will be returned back to the maintenance office for labor to be entered.
7. Work completed must be in detail.
8. Maintenance Staff will run outstanding work order reports per site on routine basis to check for any work requested.

9. Signature from residents of unit on completed work order will be obtained when ever possible.
10. Emergency Work Orders (1) must be abated within 24 hours; Routine Work orders are to be completed within 3 to 5 working days. Preventive and Scheduled work orders are to be completed within perimeters set.

Incident reports

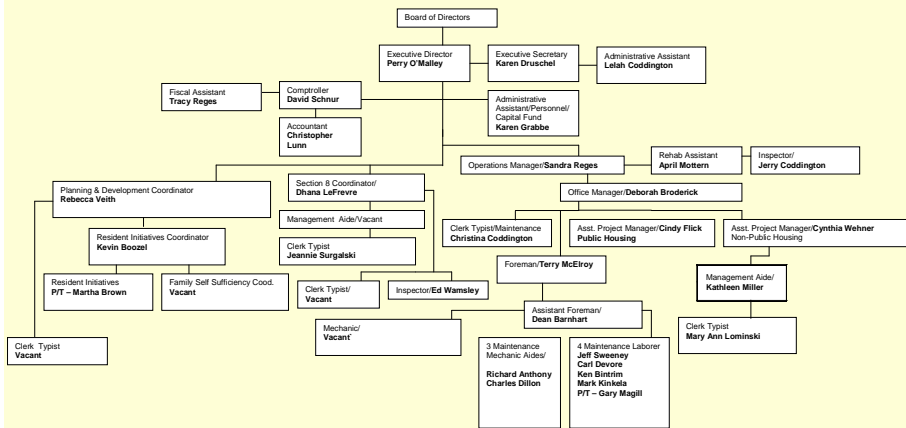
1. Incident reports are to be filled out as completely as necessary by maintenance staff in the event that any resident, staff, visitor, fall or become injured or reports an incident to you. Incident report forms will be kept in each shop area.
2. After completing the incident report maintenance staff will report the incident to the central office incident to the office, maintenance and/or management staff.

Maintenance Meetings

1. Meetings will be held at the Housing Authority office on the 25th day of each month or if that date falls on a weekend it will be scheduled on the Friday prior to it or otherwise as assigned.
2. Maintenance meeting time will be at 9:00 a.m. and attendance is mandatory unless otherwise excused.
3. Any topics other than routine maintenance agenda should be called in to the office prior to the meeting.

Attachment pa010a18

Housing and Redevelopment Authorities of the County of Butler Organizational Chart 2009



Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

| | | |
|--|---|-------------------------------------|
| PHA Name: Housing Authority of the County of Butler | Grant Type and Number Capital Fund Program: PA28P01050108 Capital Fund Program Replacement Housing Factor Grant No: | Federal FY of Grant: 2008 |
|--|---|-------------------------------------|

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: Two)
 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 | \$45,617.00 | \$50,844.30 | | |
| 3 | 1408 Management Improvements | \$16,561.00 | \$13,952.63 | | |
| 4 | 1410 Administration | 0 | \$45,000.00 | | |
| 5 | 1411 Audit | 0 | 0 | | |
| 6 | 1415 liquidated Damages | 0 | 0 | | |
| 7 | 1430 Fees and Costs | \$23,000.00 | \$4,666.86 | | |
| 8 | 1440 Site Acquisition | 0 | 0 | | |
| 9 | 1450 Site Improvement | 0 | \$25,762.50 | | |
| 10 | 1460 Dwelling Structures | \$255,378.50 | \$191,255.21 | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 0 | 0 | | |
| 12 | 1470 Nondwelling Structures | 0 | \$8,840.00 | | |
| 13 | 1475 Nondwelling Equipment | 0 | 0 | | |
| 14 | 1485 Demolition | 0 | 0 | | |
| 15 | 1490 Replacement Reserve | 0 | 0 | | |
| 16 | 1492 Moving to Work Demonstration | 0 | 0 | | |
| 17 | 1495.1 Relocation Costs | 0 | \$235.00 | | |
| 18 | 1498 Mod Used for Development | 0 | 0 | | |
| 19 | 1502 Contingency | 0 | 0 | | |
| | 1501 Debt Service Fee | \$167,886.50 | \$167,886.50 | | |
| 20 | Amount of Annual Grant: (sum of lines 2-19) | \$508,443.00 | \$508,443.00 | | |

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

| | | |
|---|--|------------------------------|
| PHA Name: Housing Authority of the County of Butler | Grant Type and Number Capital Fund Program: PA28P01050108 Capital Fund Program Replacement Housing Factor Grant No: | Federal FY of Grant: 2008 |
|---|--|------------------------------|

Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: Two)

Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
|----------|---|----------------------|-------------|-------------------|--|
| 21 | Amount of line 20 Related to LBP Activities | 0 | 0 | | |
| 22 | Amount of line 20 Related to Section 504 Compliance | \$152,115.19 | \$99,626.87 | | |
| 23 | Amount of line 20 Related to Security | 0 | \$7,066.63 | | |
| 24 | Amount of line 20 Related to Energy Conservation Measures | 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: Housing Authority of the County of Butler | | Grant Type and Number Capital Fund Program #: PA28P01050108 Capital Fund Program Replacement Housing Factor #: | | | Federal FY of Grant: 2008 | | | |
|---|--|---|----------|----------------------|---------------------------|-------------------|----------------|-------------------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Proposed Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| PA 10-1 Terrace | Automatic Doors-Community Space | 1470 | | 0 | \$1,995.00 | | | |
| PA 10-2 President Square | New Roof | 1460 | | \$103,263.26 | \$100,468.34 | | | |
| PA 10-3 Cliffside | Exterior Renovations Relocation | 1460 1495.1 | | \$152,115.24 0 | \$90,786.87 \$235.00 | | | |
| PA 10-4 Maple Court | Automatic Doors-Community Space | 1470 | | 0 | \$6,845.00 | | | |
| PA 10-5 Shore Street | No Work | | | | | | | |
| PA 10-6 Diamond/Wick | No Work | | | | | | | |
| PA 10-8 Scattered Sites | No Work | | | | | | | |
| PA 10-9 | Fire Alarm System Replacement | 1450 | | 0 | \$25,762.50 | | | |

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

| PHA Name: Housing Authority of the County of Butler | | Grant Type and Number Capital Fund Program #: PA28P01050108 Capital Fund Program Replacement Housing Factor #: | | | | Federal FY of Grant: 2008 | | |
|---|---|--|----------|----------------------|--------------|---------------------------|-------------------|-------------------------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Proposed Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| PHA-Wide | Operations | 1406 | | \$45,617.00 | \$50,844.30 | | | |
| | Management Improvements | 1408 | | | | | | |
| | Maintenance Training | | N/A | \$1,000.00 | \$3,671.00 | | | |
| | Management Training | | N/A | \$1,000.00 | \$3,215.00 | | | |
| | Drug Prevention/Security | | N/A | \$10,561.00 | \$7,066.63 | | | |
| | Social Services | | | | | | | |
| | Resident Initiatives | | | \$4,000.00 | 0 | | | |
| | Total | | | \$16,561.00 | \$13,952.63 | | | |
| PHA-Wide | Administration | 1410 | | 0 | \$45,000.00 | | | |
| PHA-Wide | Design Fees | 1430 | | \$23,000.00 | \$4,666.86 | | | |
| PHA-Wide | Debit Service Fee | 1501 | | \$168,503.55 | \$167,886.50 | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

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

ATTACHMENT pa010a20

(b) Where applicants have been verified as involuntarily displaced by a disaster such as a fire or flood, the Authority will attempt to obtain information from the agency or unit of local government supplying third party verification on the nature and cause of the disaster. Where the PHA is advised the displacement was caused by intent or negligence by a household member the Authority will deny admission to the program.

(c) An applicant's falsification, misrepresentation, or concealment of information relating to the Preferences will be considered grounds for denying admission or termination to the PHA's housing programs.

(d) All screening criteria contained in this policy shall be applied with equal diligence to applicants who have been verified to qualify for a Preference, as to those applicants who are not so qualified.

3. Eligible and Ineligible Applicants

Verified information will be analyzed and a determination made with respect to:

- (a) Eligibility of the applicant as a family;
- (b) Eligibility of the applicant with respect to income limits for admission as established by HUD as well as income targeting and broad range of income goals;
- (c) Unit size required for the family;
- (d) Preference category to which the family belongs;
- (e) Suitability of the applicant with respect to the Tenant Selection Screening Criteria.

- (1) Applicants determined ineligible or unsuitable for admission will be promptly notified via certified return receipt mail. These applicants will receive a Notice of Rejection from the PHA stating the basis for such determinations. The BCHA shall provide such applicants with an opportunity for an informal review of the determination. The applicant must contact the PHA in writing within ten (10) days of receipt of the aforementioned determination. Upon timely receipt, of the applicant's request for review, the PHA will schedule an informal hearing. The hearing shall occur within the 30 day time frame following the determination of ineligibility or unsuitability. The Notice of Rejection to the applicant must include the above information_
During the hearing, the applicant family will be afforded the opportunity to presented documented evidence with respect to:

- (a) eligibility issues

- (b) information pertaining to rehabilitation in the area of Tenant Selection or Screening (suitability).

The informal hearing will conform to due process requirements as established in the regulations.

G. Preferences for Tenant Selection

- 1. A preference does not guarantee admission. The applicant must** still meet the PHA's tenant screening criteria before being selected as a tenant.

Preference will be given to applicants who are otherwise eligible and who at the time they are seeking assistance meet the definition of the preferences described below.

- 2_ The following preference system will be applied in the selection of applicants for admissions:

- (a) 40% of all Public Housing units annually will be made available to families earning at or below 30% of median income limits for all new admissions, however this may be reduced if Section 8 admissions exceed target.
- (b) Elderly families, near elderly families, and an eligible displaced person shall be given a preference.
- (c) Local Preference; Residents of Butler County will receive priority over non-resident applicants.
- (d) Incentives may be offered to balance income of applicants to meet deconcentration targeting requirements_

Designation of developments for elderly and near elderly only: Maple Court, Presidents Square, and Graystone Manor and others as may be approved.

"Elderly Only" is head or spouse 62 years of age or older.

"Near Elderly" is head or spouse 50 years of age to 61 years of age.

Physically Accessible units at all projects will continue to be available to persons with disabilities of all ages who require the features of those units.

Attachment pa010a21

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V. INTERIM ADJUSTMENTS OF

RENT A. Rent Decreases and

Adjustments

There will be adjustments in rent between admission and first re examination or between scheduled reexaminations; only when the tenant can show a change in his/hec. circumstances (such as a decline in income or change in family composition) which would result in the tenant .paying more than the higher of 30% of the monthly Adjusted income, or 10% of the monthly Annual Income for the Total Tenant Payment.

1. Rent will remain in effect for the period between regular rent redetermination, UNLESS during such period:
 - (a) A person with income joins the family.
 - (b) Tenant can show a change in his/her circumstances (such as decline or loss of income) which would justify a reduction in rent. If a reduction is granted the tenant must report subsequent changes in income within 10 days of the occurrence, until the next scheduled re-examination. (Failure to report within the 10 days may result in a retroactive rent charge.)
 - (c) if it is discovered that the tenant has misrepresented the facts at

the annual re-examination (upon which the rent is based) so that the rent the tenant is paying is less than the rent that he/she should have been charged, the PHA may apply an increase in rent retroactive to the first month following the month in which the misrepresentation occurred.

(d) Rent formulas or procedures are changed by Federal Law or regulation.

(e), Families assisted under the Public Housing Program pay a monthly "minimum rent" of not less than \$50.00 per month.

Minimum Rent Hardship

In cases of severe hardship, a family may request an informal meeting to present evidence of severe hardship. Considerations may be given due to:

1. Income of family has decreased due to loss or reduction of employment
 2. Death in family or loss of assistance
 3. Increase in family medical out of pocket expenses, child care transportation or education
2. All changes in family composition must be reported to the Housing Authority Manager within 10 days of the occurrence. Failure to report within the 10 days may result in a retroactive rent charge.
 3. Complete justification and verification of the circumstances applicable to rent adjustments will be documented and approved by the Housing Authority Manager Or designee.
 4. The AuthOrity will process interim adjustments in rent in accordance with the following policyz
 - (a) When a decrease in income is reported, and the Authority receives confirmation that the decrease will last less than 30 days, an interim adjustment will not be processed.
 - (b) Tenants reporting decreases in income that are expected to last more than 30 days will have an interim adjustment processed.
 5. Tenants granted a reduction in rent under these provisions may be required to report for special re-examinations at intervals determined by the Housing Manager. Reporting is required until the circumstances cease or until it is time for the next regularly scheduled re-examination, whichever occurs first.

The Rent may not be increased for the first twelve (12) months, if a family member who became employed after a year or more of unemployment; participation in the Self Sufficiency Program; or job training program; or earning of a family member that had been receiving welfare in the previous 6 months. The rent increase will be phased in over a two-year period, which may not be increased by more than 50% each year.

Residents must choose between BCHA established flat rents for Public Housing Units using Section 8 Rent Reasonableness Survey updated annually or rent that does not exceed 30% of income. If family chooses a flat rent but becomes unable to pay the flat rent, the BCHA must immediately allow the family to pay the income-based rent.

If the family's welfare benefits are reduced due to fraud or a family members failure to comply with the program requirements, the family's rent burden will not be reduced.

If benefits are reduced or lost due to the expiration of a lifetime benefit limit or the family has complied with requirements but cannot find a job, the family's rent burden will be reduced accordingly.