# PHA 5-Year and<br/>Annual PlanU.S. Department of Housing and Urban<br/>Development<br/>Office of Public and Indian Housing

| 1.0 | PHA Information  |                 |                                    |                               |                      |             |  |
|-----|--|-----------------|------------------------------------|-------------------------------|----------------------|-------------|--|
|     | PHA Name: City of Peoria Housing Authority PHA Code: AZ038   |                 |                                    |                               |                      |             |  |
|     | PHA Type: Small High Performing Standard HCV (Section 8)   |                 |                                    |                               |                      |             |  |
|     | PHA Fiscal Year Beginning: (MM/YYYY):07/2010   |                 |                                    |                               |                      |             |  |
|     |  |                 |                                    |                               |                      |             |  |
| 2.0 | Inventory (based on ACC units at time of F   | Y beginning     | in 1.0 above)                      |                               |                      |             |  |
|     | Number of PH units:70  |                 | Number of H                        | CV units:82                   |                      |             |  |
|     |  |                 |                                    |                               |                      |             |  |
| 3.0 | Submission Type  |                 |                                    |                               |                      |             |  |
|     |  | Annual          | Plan Only                          | 5-Year Plan Only              |                      |             |  |
|     |  |                 | -                                  | -                             |                      |             |  |
| 4.0 | PHA Consortia  | HA Consorti     | a: (Check box if submitting a join | nt Plan and complete table be | low.)                |             |  |
|     |  |                 |                                    | I                             |                      |             |  |
|     |  | PHA             | Program(s) Included in the         | Programs Not in the           | No. of Units in Each |             |  |
|     | Participating PHAs   | Code            | Consortia                          | Consortia                     | Program              |             |  |
|     |  |                 |                                    |                               | PH                   | HCV         |  |
|     | PHA 1:   |                 |                                    |                               |                      |             |  |
|     | PHA 2:   |                 |                                    |                               |                      |             |  |
|     | PHA 3:   |                 |                                    |                               |                      |             |  |
| 5.0 | 5-Year Plan. Complete items 5.1 and 5.2 or   | nly at 5-Year   | Plan update.                       |                               |                      |             |  |
|     |  |                 |                                    |                               |                      |             |  |
| 5.1 | Mission. State the PHA's Mission for servi   | ng the needs    | of low-income, very low-income     | e, and extremely low income f | amilies in the H     | PHA's       |  |
|     | jurisdiction for the next five years:  |                 |                                    |                               |                      |             |  |
|     | The mission of the City of Peoria Housing A  |                 |                                    |                               | lopment: To pr       | omote       |  |
|     | adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.  |                 |                                    |                               |                      |             |  |
|     |  |                 |                                    |                               |                      |             |  |
|     |  |                 |                                    |                               |                      |             |  |
| 5.2 | Goals and Objectives. Identify the PHA's   |                 |                                    |                               |                      |             |  |
|     | low-income, and extremely low-income fam   |                 | ext five years. Include a report   | on the progress the PHA has   | made in meetin       | g the goals |  |
|     | and objectives described in the previous 5-Y   |                 |                                    |                               |                      |             |  |
|     | Peoria will be pursuing a merger with the Housing Authority of Maricopa County in order to provide the residents and clients of the authority with a broader range of resources, housing opportunities and programs. A larger agency will also increase the buying power of the limited funding through volume discounts thus enabling the agency to complete more improvements to the sites and homes of the residents. |                 |                                    |                               |                      |             |  |
|     |  |                 |                                    |                               |                      |             |  |
|     |  |                 |                                    |                               |                      |             |  |
|     | The Housing Authority has impressed the set  | anari officiari | ing of numerous southers i -it- h  | amon through an array off - : | theat mumme -        | nonori ston |  |
|     | The Housing Authority has improved the en  |                 |                                    |                               |                      |             |  |
|     | appliances, windows and insulation. It is the goal of the agency to continue the "greening" of the properties through replacement of older inefficient air conditioning units, low flow water systems, dual flush toilets and other energy saving devices.   |                 |                                    |                               |                      |             |  |
|     | memorent an conditioning units, low now v  | valer systems   | , dual mush tonets and other ener  | gy saving devices.            |                      |             |  |
|     |  |                 |                                    |                               |                      |             |  |
|     |  |                 |                                    |                               |                      |             |  |
|     |  |                 |                                    |                               |                      |             |  |
| 1   | 1  |                 |                                    |                               |                      |             |  |

| 1. Eligibility,<br>(See attachm                               | HA Plan elements that have been revised by the PHA since its last Annual Plan submission:  |            |             |  |
|---|--|------------|-------------|--|
|   | y, Selection and Admissions Policies, including De-concentration, and Wait List Procedures. No changes<br>iment AZ 038a03 & AZ038b03 |            |             |  |
| 2. FINANCI  | NCIAL RESOURCES  |            |             |  |
| Public Hous   | ing Operating Fund:  |            |             |  |
| \$142,224 - Te<br>\$ 86,864 Te                                | be used to for operating maintaining the public housing units.<br>The number of the public housing units.                            |            |             |  |
| \$229,088 Total Public Housing Capital Fund:                  |  |            |             |  |
|   |  | \$ 100,670 | (Appx) 2010 |  |
| \$ 30,762<br>\$ 100,142                                       | AZ20P03850108<br>AZ20P03850109   |            |             |  |
| \$231,574   | Total  |            |             |  |
|   |  |            |             |  |
| Annual Contributions for Section 8 Tenant – Based Assistance: |  |            |             |  |
| 574,334 HAP   | Expenses   |            |             |  |
| 53,370 Admi   | n Expenses   |            |             |  |
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#### Other Federal Funds: N/A

Non-HUD Funds: N/A

# 3. RENT DETERMINATION

## SECTION 8

CPHA does not employ any discretionary rent-setting policies for income based rent in Section 8. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent (which there isn't any in Arizona), or minimum rent (less HUD mandatory deductions and exclusions).

The minimum rent is set at \$50. CPHA has adopted discretionary minimum rent hardship exemption policies. CPHA does not have ceiling rents.

CPHA will notify all families subject to minimum rents of their right to request a minimum rent hardship exception. This notification will be included in the change of rent notice issued by CPHA at each re-certification of income. "Subject to minimum rent" means the minimum rent was the greatest figure in the calculation of the greatest of 30% of monthly-adjusted income, 10% of monthly income or minimum rent. Requests for minimum rent exception must be made in writing within 10 days from the date of notification of rent and must include documentation as proof of financial hardship. CPHA will use its standard verification procedures to verify circumstances, which have resulted in financial hardship.

CPHA will grant the minimum rent exception to all families who request it, effective the first of the following month. The minimum rent will be suspended until the PHA determines whether the hardship is: covered by statute; temporary or long term.

"Suspension" means that the PHA must not use the minimum rent calculation until CPHA made this decision. During the minimum rent suspension period, the family will not be required to pay a minimum rent and the housing assistance payment will be increased accordingly.

If CPHA determines that the minimum rent is not covered by statute, CPHA will impose a minimum rent including payment for minimum rent from the time of suspension.

Families must report all changes to household composition and income within ten (10) calendar days of change in writing on a form designated by CPHA.

Annual re-determinations of household income follow HUD Verification Guidance.

# PUBLIC HOUSING

Public Housing uses an income-based rent calculation to determine each family's total tenant payment (TTP). Then, if the family is occupying a unit that has tenant paid utilities, the utility allowance is subtracted from the TTP. The result of this calculation, if a positive number, is the tenant rent. If the TTP is less than the utility allowance, the result of this calculation is a negative number, and is called the utility reimbursement, is paid directly to the family.

HUD regulations specify the formula for calculating the total tenant payment (TTP) for a tenant family. TTP is the highest of the following amounts, rounded to the nearest dollar:

- 30% of the family's monthly adjusted gross income
- 10 % of the family's monthly gross income
- A minimum rent of \$50.00. (CPHA has the authority to suspend and exempt families from the minimum rent when a financial hardship exists.)

In addition, CPHA offers each family a choice of paying a flat rent or the income based rent at move in and at each annual recertification. A household choosing a flat rent will complete a full re-certification once every three years.

All Public Housing residents are required to report changes in income (and family composition) at the time the change occurs and an interim certification will be conducted. Interim certifications will also be conducted upon request by the resident. Changes that will decrease the tenant rents will go into effect on the first of the month following the verification of the change and those changes creating an increase in the tenant's rent will go into effect on the first of the month following a 30 day notice of increase.

|                            | DNS & MANAGEMENT   |
|----------------------------|--|
|                            | of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by   |
|                            | busing agency (include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and t of the PHA and programs of the PHA.   |
| managemen                  | tor the PTIA and programs of the PTIA.   |
| The goal for               | CPHA managed property is to:   |
|                            | property in excellent condition  |
|                            | ses within the operating budget  |
|                            | ortunities for revenue growth or expense reduction   |
|                            | address capital needs proactively<br>n all Federal, State, and local laws and regulations  |
|                            | ellent customer service to all residents.  |
| 0011                       |  |
|                            | asizes the importance of maintaining control of the maintenance work by performing scheduled routine and preventive work. By<br>e Authority will decrease on-demand work and maintain the property in a manner that will keep and attract good tenants.    |
| doing so, the              | e Authority will decrease on-demand work and maintain the property in a mainter that will keep and attract good tenants.   |
| The work pr                | iority system ensures that the most important maintenance work is done at a time it can be performed most cost-effectively.  |
|                            | vacancy loss is part of the cost-effectiveness calculation. The maintenance priorities of CPHA are the following:  |
| Emergency                  |  |
| Resident Re                |  |
| Unit Turnov<br>Inspections |  |
| Miscellaneo                | us   |
| Emergency                  | repairs are repair needs which threaten the life, health, or safety of a resident and need to be responded to within 24 hours.   |
| • •                        |  |
|                            | uests are very important to CPHA as residents can be the eyes and ears for the staff, informing them of smaller problems before  |
| they become                | larger problems. Providing excellent customer service will improve the living quality for the residents.   |
| The mainter                | ance procedure for reoccupying vacant units relies on the prompt notification by management of the vacancy, fast and accurate  |
|                            | f the unit, ready availability of workers and materials, and good communication with those responsible for leasing the unit. The   |
|                            | anager has the authority to hire contractors when it is necessary to meet the required Authority goals as established by the   |
| current PHA                | S indicators.  |
| CPHA cond                  | ucts different types of inspections throughout the year. The purpose of inspections is to ensure housing is decent, safe, sanitary,  |
|                            | repair for residents by identifying necessary corrections before problems become severe, dangerous or costly. There are basically  |
|                            | inspections, annual and on-going.  |
| Annualinen                 | ections are completed every year for all apartments. These inspections are often combined with housekeeping inspections and  |
|                            | by management, maintenance or both. Deficiencies are corrected either at the time of inspection or through the written work  |
| order system               |  |
| On-going in                | spections include preventative maintenance, vacancies, move in and move out inspections, property inspections and any other  |
| special inspe              |  |
|                            | maintenance inspections are part of the planned or scheduled maintenance program of CPHA. The purpose of the scheduled   |
|                            | program is to allow the Authority to anticipate maintenance requirements and make sure the Authority can address them in the   |
| most cost-ef               | fective manner. The preventative maintenance program focuses on the major systems that keep the properties operating. These ude heating and cooling, electrical, life safety and plumbing. Routine inspections of grounds, common areas and other          |
| equipment a                |  |
|                            | pections are made to insure the unit repairs are in compliance to the Uniform Physical Condition Standards set by HUD.   |
|                            | pections are image to insure the unit repairs are in compliance to the original repseut condition standards set of from pections are completed by staff and new resident. The resident is required to sign the inspection form certifying the condition of |
| the unit at m              |  |
| Move out in                | spections are conducted at the time the resident vacates the units. Residents are encouraged to attend this inspection. The move   |
|                            | is compared to the move out inspection in order to assess any damages that can be charged to the vacating tenant.  |
|                            | us inspections are any other inspections not categorized above. These can include quality control inspections, HUD inspections,  |
| lease enforc               | ement and contract maintenance work completion.  |
| CPHA make                  | es every effort to provide a healthy and pest-free environment for its residents.  |
|                            | tion is paid to cockroaches as this is the most common infestation. Generally, CPHA provides for quarterly pest control  |
|                            | ecial circumstances may occur that may require more frequent treatments. These situations are handled on a case by case basis  |
|                            | lude resident housekeeping training in addition to additional pest control treatments.   |
| and may me                 |  |
| •                          |  |
| ·                          | acts with a licensed extermination company to perform pest control services.   |

Resident cooperation with the extermination plan is essential. All apartments in a building must be treated for the plan to be effective. Residents are given information about the extermination program and housekeeping standards at the time of move-in. All residents are informed in writing at least 48 hours in advance of the treatment.

In order to allow its staff members to perform to the best of their abilities, CPHA recognizes the importance of providing the staff with opportunities to refine technical skills, increase and expand craft skills, and learn new procedures. Each employee will be required to attend trainings in one or more of the following areas (but not limited to): Safety Procedures, Blood-Borne Pathogens, Lead Based Paint, Health and Safety Standards, Trade specific skills updates and Building Code updates/UPCS standards.

#### 5. Grievance Procedures

# SECTION 8

CPHA has established an informal review procedure 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 that coincide with the federal requirements of 24 CFR 982. No additional procedures to this policy have been added.

Applicants and participants may initiate the PHA grievance procedure by contacting their case worker or the Programs Manager in writing at the administrative office of CPHA.

# PUBLIC HOUSING

(See attachment AZ038c03)

## 6. Designated Housing for Elderly and Disabled Families

PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: 1) development name and number; 2) designation type; 3) application status; 4) date the designation was approved, submitted or planned for submission; and 5) the number of units. No changes planned.

## 7. Community Service and Self-Sufficiency

CPHA maintains a list of resources that is available to all public housing and section 8 participants. CPHA provides notice to all contactors about the Section 3 program and posts notices on all upcoming contracts. The majority of our residents are handicapped/disabled. (See attachment AZ038d03)

## 8. Safety & Crime Prevention

The City of Peoria Police Department does not employ a liaison r or community relations officer. The housing authority must rely on assigned beat officers for assistance when needed. CPHA does encourage all residents to be proactive in reporting suspicious activities. CPHA does promote the local neighborhood watch program at Parkview and encourages all of the scattered site housing residents to participate in their neighborhood programs. The police department does provide a monthly statement of activity of all CPHA owned properties.

# 9. Pets

See attached AZ038e03

#### 10. Civil Rights Certification See attached AZ038h03

#### 11. Fiscal Year Audit

The 2009 FYE Audit noted 5 deficiencies pertaining to Section 8 client files. The files reviewed were completed by prior management company citing late re-exams, late inspections, missing rent reasonableness and lack of utility allowance and income support. New management by Housing Authority of Maricopa County took place in October of 2008 and set about auditing each file, implementing stringent policies and quality control. procedures to insure timeliness and accuracy of certifications. Utility allowances were updated and rent reasonableness procedures implemented.

|     | <ul> <li>12. Asset Management Asset management compliance has been implemented. Updated budgets and cost allocation plans were approved by board resolution and implemented. Changes are on-going in an effort to conform with the new PHAS scoring system and asset management review procedures. 13. Violence Against Women Act (VAWA) CPHA does maintain a resource list of agencies and organizations that provide services to victims of domestic violence. This resource list available to all participants. <u>SECTION 8</u> CPHA has a written policy pertaining to victims of domestic violence, dating violence, sexual assault or stalking. Notification of rights under the law are included in the Administrative Policy, the Participant Handbook, the Landlord Handbook, and newsletters. CPHA will terminate HAP contracts when necessary and move victim families to more secure housing, even to using portability to remove them from the situation, whenever a victim alleges victimization under this statute, and with proper certification.</li></ul>  |
|-----|---|
|     | <u>PUBLIC HOUSING</u><br>All public housing residents are made aware of the rights outlined in the Violence Against Women Act by signing a lease addendum. (See attachment AZ038f03)  |
|     | (b) Copies of the Annual Plan can be viewed/obtained at the following locations:<br>CPHA office at 10950 N. 87 <sup>th</sup> Ave., Peoria, AZ.  |
| 7.0 | Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership<br>Programs, and Project-based Vouchers. Include statements related to these programs as applicable. As stated in the goals the housing authority<br>will be looking to merge with the Housing Authority of Maricopa County. Upon the occurrence of merging the housing authority will be<br>eliminating the public housing units and program vouchers and reassigning the units and vouchers to the larger PHA.  |
| 8.0 | Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.   |
| 8.1 | Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report,</i> form HUD-50075.1, for each current and open CFP grant and CFFP financing. See attached AZ038i03, az038n03 & az038n03   |
| 8.2 | Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund</i><br><i>Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year<br>for a five year period). Large capital items must be included in the Five-Year Action Plan.<br>See attached AZ038j03   |
| 8.3 | Capital Fund Financing Program (CFFP). Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. n/a  |
| 9.0 | Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. CPHA does not foresee opening the Section 8 waiting list during the upcoming year due to the current length of the existing wait list. However, Section 8 does promote the program to new landlords throughout the jurisdiction. This includes mailings, telephone calls, briefings and site visits to promote the program. Limited public housing units have long waiting lists with over 50% in the extremely low income range. |
| 9.1 | Strategy for Addressing Housing 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. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.<br>CPHA will continue to administer its current programs which provide safe, decent, and sanitary housing for low to extremely low income families. We will work in partnership local agencies to further our mission. We will seek opportunities that will increase the housing meets the needs of our clientele. We will administer our programs to ensure applicants on the waiting lists are served as soon as possible. We will also closely monitor utilization of the Section 8 HCVP to ensure that when funds are available we can promptly serve the wait list applicants. We will continue to review and update policies as needed to comply with HUD requirements, create policies that are fair and beneficial to the participants and provide benefit to the program overall.     |

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|------|---|--|--|--|
|      | Additional Information. Describe the following, as well as any additional information HUD has requested.  |  |  |  |
| 10.0 | <ul> <li>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</li> <li>Previously the CPHA planned to implement a homeownership program. Due to the current market conditions and glut of foreclosed homes in the area, the homeownership program plans were not implemented. CPHA improved SEMAP and REAC scoring. Improved the housing stock by implementing an energy saving program by installing such items as energy star appliances, adding additional insulation and putting in CFL bulbs.</li> </ul>  |  |  |  |
|      | <ul> <li>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"<br/>Implementation of a policy that may financially impact the residents and clients of the housing authority.</li> </ul>   |  |  |  |
|      |   |  |  |  |
| 11.0 | <ul> <li>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</li> <li>(a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only) NOT APPLICABLE</li> <li>(e) Form SF-LLL, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)</li> <li>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (See attached AZ038g02 and az038m02 and az038p03)</li> <li>(g) Challenged Elements - none</li> <li>(h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)</li> <li>(a) Form HUD-50075.2, Capital Fund AZ038I03</li> </ul> |  |  |  |

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

# Instructions form HUD-50075

**Applicability**. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

# 1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

## 2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

## 3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

## 4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

## 5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

**5.1 Mission**. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

**5.2 Goals and Objectives**. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

- **6.0 PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:
  - (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
  - (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central off ice of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

#### PHA Plan Elements. (24 CFR 903.7)

 Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures. Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

- 2. Financial Resources. A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
- **3. Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
- 4. Operation and Management. A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
- **5. Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
- 6. Designated Housing for Elderly and Disabled Families. With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: 1) development name and number; 2) designation type; 3) application status; 4) date the designation was approved, submitted, or planned for submission, and; 5) the number of units affected.
- 7. Community Service and Self-Sufficiency. A description of: (1) Any programs relating to services and amenities provided or offered to assisted families; (2) Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; (3) How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. (Note: applies to only public housing).
- 8. Safety and Crime Prevention. For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

- 9. Pets. A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
- 10. Civil Rights Certification. A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
- 11. Fiscal Year Audit. The results of the most recent fiscal year audit for the PHA.
- 12. Asset Management. A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
- 13. Violence Against Women Act (VAWA). A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

#### Hope VI, Mixed Finance Modernization or Development, 7.0 Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

Hope VI or Mixed Finance Modernization or Development. (a) 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm

(b) Demolition and/or Disposition. With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at:

http://www.hud.gov/offices/pih/centers/sac/demo\_dispo/index.c fm

Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.

Conversion of Public Housing. With respect to public (c) housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at:

http://www.hud.gov/offices/pih/centers/sac/conversion.cfm

- (d) Homeownership. A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) Project-based Vouchers. If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.
- Capital Improvements. This section provides information on a PHA's 8.0 Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.
  - 8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the Capital Fund Program Annual Statement/Performance and Evaluation Report (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:
    - (a) To submit the initial budget for a new grant or CFFP;
    - To report on the Performance and Evaluation Report progress **(b)** on any open grants previously funded or CFFP; and
    - To record a budget revision on a previously approved open (c) grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the Capital Fund Program Annual Statement/Performance and Evaluation (form HUD-50075.1), at the following times:

- At the end of the program year; until the program is 1. completed or all funds are expended;
- When revisions to the Annual Statement are made, 2. which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
- 3. Upon completion or termination of the activities funded in a specific capital fund program year.

## 8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the Capital Fund Program Five-Year Action Plan (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm

- **9.0 Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. (**Note:** Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).
  - 9.1 Strategy for Addressing Housing Needs. Provide a 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. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).
- **10.0 Additional Information.** Describe the following, as well as any additional information requested by HUD:
  - (a) Progress in Meeting Mission and Goals. PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).
  - (b) Significant Amendment and Substantial Deviation/Modification. PHA must provide the definition of "significant amendment" and "substantial deviation/modification". (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. (Note: Standard and Troubled PHAs complete annually).
- **11.0 Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.
  - (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations
  - (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
  - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
  - (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only)
  - (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only)
  - (f) Resident Advisory Board (RAB) comments.
  - (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
  - (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only). See instructions in 8.1.
  - (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (Must be attached electronically for PHAs receiving CFP grants only). See instructions in 8.2.

Item 6.1Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.

Section 8

CPHA will accept applications only from families whose head or spouse is at least 18 years of age or an emancipated minor.

To be eligible for participation in the Housing Choice Voucher Housing Assistance Program, an applicant must meet the following criteria established by HUD:

An applicant must be a "family"

An applicant must be within the applicable Income Limits

An applicant must furnish Social Security Numbers for all family members

An applicant must furnish Declaration of Citizenship or Eligible Immigrant Status and at least one member of the applicant family must be either a U.S. citizen or have eligible immigration status.

# PLACEMENT ON WAITING LIST

The Family's initial eligibility for placement on the waiting list will be made in accordance with the eligibility factors identified above. However, eligibility factors will not be verified before the family is placed on the waiting list. Placement on the waiting list will be based solely on the household's certification.

Reasons for denial of placement on the waiting list or denial of admission are addressed in the "Denial or Termination of Assistance" further in this Administrative Policy. These reasons for denial constitute additional admission criteria.

## Qualifying household [24 CFR 982.201 (c)]

The applicant must qualify as a family as follows:

1. A *family with or without children*. Such a family is defined as a group of people that lives together in a family relationship.

a. Children temporarily absent from the home due to placement in foster care are considered family members.

b. Unborn children and children in the process of being adopted are considered family members for purposes of determining bedroom size, but are not considered family members for determining income limit.

2. An *elderly family*, which is a family whose head, spouse, or sole member is a person who is at least 62 years of age; two or more persons who are at least 62 years of age living together; or One or more persons who are at least 62 years of age living with one or more live-in aides

3. A *near-elderly family*, which is a family whose head, spouse, or sole member is a person who is at least 50 years of age but below 62 years of age; two or more persons who are at least 50 years of age but below the age of 62 and living together; or 0ne or more persons who are at least 50 years of age but below the age of 62 and living with one or more live-in aides.

4. A *disabled family*, which is a family whose head, spouse, or sole member is a person with disabilities; two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides.
5. A *displaced family* is a family in which each member, or whose sole member, has been displaced by government action, or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.

6. A *remaining member of a tenant family*. Such remaining household members must have been listed on the most recent HUD 50058 and lease, must be of legal age and must be able to carry out the terms of the lease and family obligations

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

8. A *live-in aid* is not a remaining family member.

(A household member for whom a subsidy was not paid because the household member did not have eligible citizenship status will not be considered a remaining household member).

#### HOUSEHOLD COMPOSITION

Head of household

The head of household: is the adult member of the household who is designated by the family as "head", is wholly or partly responsible for paying the rent, and has the legal capacity to enter into a lease under State/local law.

Co-head: The co-head of the household is any adult individual designated by the household, who is equally responsible for the lease with the Head of Household. A family may have a spouse or co-head, but not both. A co-head never qualifies as a dependent.

Live-in attendants : A Family may include a live-in aide provided that such live-in aide:

Is determined by CPHA to be essential to the care and well being of an elderly person, a near elderly person, or a person with disabilities,

Is not obligated for the support of the person(s), and would not be living in the unit except to provide care for the person(s).

The following distinct provisions apply to a live-in aide:

Income of the live-in aide will not be counted for purposes of determining eligibility or amount of housing assistance.

Live-in aides must meet citizenship or eligible immigration requirements.

Live-in aides are not considered as a remaining member of the participant family and are therefore not entitled to any continued housing assistance if the household member they were aiding no longer participates in the program.

Relatives are not automatically excluded from being live-in aides, but they must meet all of the requirements in the live-in aide definition described above.

A Live-in Aide may only reside in the unit with the approval of the PHA. Written verification will be required from a medical provider with knowledge of the family member's needs. The verification provided must certify that a live-in aide is needed for the care of the family member as described above. Verification must include the hours the care will be provided.

At any time, the PHA will refuse to approve a particular person as a live-in aide or may withdraw such approval if:

The person commits fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program;

The person commits drug-related criminal activity or violent criminal activity; or

The person currently owes rent or other amounts to the CPHA or to another PHA in connection with Housing Choice Voucher or public housing assistance under the 1937 Act.

# Split Households Prior to Voucher Issuance

When a family on the waiting list splits into two otherwise eligible families due to divorce or legal separation, and the new families both claim the same placement on the waiting list, and there is no court determination, CPHA will determine the family unit that retains the children as the applicant family. If there are no children, CPHA will require the applicants to jointly agree in writing as to who is the continued applicant or solicit a court decision.

Documentation of these factors is the responsibility of the applicant families. If either or both of the families do not provide appropriate documentation, they will be denied continued placement on the waiting list for failure to supply information requested by the PHA.

#### Multi-generational Families

Families applying for assistance, which consist of two or more generations living together, (such as a mother, and a daughter with her own children), will be treated as a single family unit and will be entitled to only one housing voucher for assistance.

#### Joint Custody of Children

Children who are subject to a joint custody agreement but live with one parent at least 51% of the time will be considered members of the household. "51% of the time" is defined as 183 days of the year, which do not have to run consecutively. Legal documentation must be provided by families who claim joint custody or temporary guardianship. **INCOME LIMITS [24 CFR 982.201(B), 982.353]** 

The following income limits apply to applicants for admission to the Housing Choice Voucher Housing Assistance Program:

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An applicant must be a very low-income family, which is defined as a family whose annual income does not exceed 50% of the area median income.

Applicants in excess of the very low-income limits but within the low income limits (80% of the area median income) will only be admitted based on the following criteria:

A low-income family that is continuously assisted under the 1937 Housing Act. An applicant is continuously assisted if the family has received assistance under any 1937 Housing Act program within 120 days of voucher issuance.

A low-income family displaced by rental rehabilitation activity under 24CFR part 511.

A low-income non-purchasing family residing in a project subject to homeownership program under 24CFR 248.173.

A low-income or moderate-income family that is displaced as a result of a prepayment of a mortgage or voluntary termination of mortgage insurance contracts under 24 CFR 248.165.

A low-income family that qualifies for voucher assistance as a non-purchasing family residing in a project subject to a resident home ownership program.

To determine if the family is income-eligible, CPHA will compare the Annual Income of the family to the applicable income limit for the family's size.

Families whose Annual Income exceeds the income limit will be denied admission and offered an informal review. Families using portability must be within CPHA's applicable income limits if this will be family's initial lease up under the Housing Choice Voucher Program.

75% of all newly admitted applicants must fall within 30% of the area median income.

# MANDATORY SOCIAL SECURITY NUMBERS [24 CFR 5.216, 5.218]

Families are required to provide verification of Social Security Numbers for all family members prior to admission, if the Social Security Administration has issued them a number. This requirement also applies to persons joining the family after admission to the program. Failure to furnish verification of social security numbers is grounds for denial or termination of assistance.

Persons who have not been issued a Social Security Number must sign a certification that they have never been issued a Social Security Number.

Persons who disclose their Social Security Number but cannot provide verification must sign a certification and provide verification within 60 days. Elderly persons must provide verification within 120 days.

#### CITIZENSHIP/ELIGIBLE IMMIGRATION STATUS [24 CFR Part 5, Subpart E]

In order to receive assistance, a family member must be a U.S. citizen or eligible immigrant. Eligible immigrants are persons who are in one of the immigrant categories as specified by HUD. The status of each member of the family is considered individually before the family's status is defined as follows:

**Mixed Families** - A family is eligible for assistance as long as at least one member is a citizen or eligible immigrant. Families that include eligible and ineligible individuals are called "mixed." Assistance to such applicant families will be prorated and applicants will be notified accordingly.

**All Members Ineligible** - Applicant families that include no eligible members are not eligible for assistance. Such families will be denied admission.

Non-citizen Students- Defined by HUD in the non-citizen regulations and not eligible for assistance.

Applicants are entitled to an informal hearing for denial of placement on the waiting list or denial of assistance if such denial is based on the immigration status criteria described above.

# OTHER CRITERIA FOR ADMISSIONS [24 CFR 982.552(b)]

CPHA will apply the following additional criteria for admission to the program. Violation of any of the following will result in denial of admission.

The family must not have violated any family obligation during a previous participation in the Housing Choice Voucher Program for three years prior to final eligibility determination.

No family member has committed fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program within the last three years for the first offence prior to final eligibility determination.

The family must pay any outstanding debt owed to CPHA or another PHA in connection with Housing Choice Voucher or Public Housing assistance under the 1937 Act within 15 working days of CPHA's notice to repay.

No member of the family may have engaged in drug related or violent criminal activity for three years prior to final eligibility determination.

To determine whether this has occurred, the CPHA will check criminal history for all adults in the household to determine whether any member of the family has been arrested and/or convicted of violent or drug-related criminal activity within three years prior to final eligibility determination.

No family member may have been evicted from public housing for any reason during the last three years prior to final eligibility determination.

No family member may have engaged in or threatened abusive or violent behavior toward HA personnel for three years prior to final eligibility determination.

Persons evicted from other federally assisted housing because of an arrest and/or conviction for drug-related criminal activity are ineligible for admission to Housing Choice Voucher Programs for a three year period from the date of such eviction. After the three-year period, the person must certify they are no longer engaging in a drug-related criminal activity and demonstrate successful completion of a rehabilitation program approved by CPHA.

The applicant may not misrepresent the information on which eligibility or tenant rent is established. In addition to denial of admission, CPHA may refer the family file/record to the proper authorities for appropriate disposition.

## SCREENING FOR TENANCY SUITABILITY [24 CFR 982.307)]

CPHA will not screen the applicant household for family behavior or suitability of tenancy. At or before CPHA's approval of the tenancy, CPHA will inform the owner that screening and selection for tenancy is the responsibility of the owner. The owner is responsible for screening families based on their tenancy histories.

CPHA will advise and assist families if they feel that the screening criteria applied by an owner violates any basic Fair Housing Rights of the family. CPHA will make referrals to the local Fair Housing Agency and/or the appropriate HUD office.

# CHANGES IN ELIGIBILITY PRIOR TO EFFECTIVE DATE OF THE CONTRACT

Admission to the Housing Choice Voucher Program occurs at the time that an initial Housing Assistance Payments contract is executed with an owner for an eligible unit. Prior to that time, a family is considered an applicant. After execution of the HAP contract, a family is considered a participant. Therefore, changes that occur during the period between issuance of a voucher and lease up may affect the family's eligibility.

#### **INELIGIBLE FAMILIES**

Families who are determined to be ineligible will be notified in writing of the reason for this determination and given an opportunity to request an informal review (or an informal hearing if they were denied due to non-citizen status) as discussed further in this Administrative Policy.

The policy of CPHA is to ensure that all families who express an interest in housing assistance are given an equal opportunity to apply, and are treated in a fair and consistent manner. This Chapter describes the policies and procedures for completing an initial application for assistance, placement and denial of placement on the waiting list, and limitations on who may apply. The primary purpose of the intake function is to gather information about the family, but CPHA will also utilize this process to provide information to the family so that an accurate and timely decision of eligibility can be made. Applicants will be pulled from the waiting list in accordance with this Plan.

#### **Opening and Closing the Waiting List**

The City of Peoria Housing Authority will open the waiting list at periodic intervals as determined based on need to assure that an adequate pool of applicants is available to maintain full program utilization and assist the maximum number of families based on available program funding.

When CPHA determines that the waiting list should be opened, a notice will be published in a local newspaper of general circulation and in any other suitable media. The notice will state the limitations on who may apply for any available slots and provide information on where, when and how families may apply for the program.

The PHA may choose to open the waiting list for a specific time period or to accept applications on certain days and times. The public notice will specify the time period in which applications will be accepted. Under no circumstances will applications be accepted when the waiting list is closed unless the public notice indicates that CPHA will continuously accept applications for specific identified preferences.

# LOCAL PREFERENCES [CFR982.207]

The City of Peoria Housing Authority has the following local preferences for waiting list placement and selection. All preferences should be prioritized as follows.

1. City of Peoria Residency: Applicant or family that is living, working, going to school or has been notified that they have been hired to work in CPHA's operational jurisdiction. Proof in the form of a letter extending an offer of employment will be required. Registration for school will be required.

## 2. Involuntarily Displaced

3. Elderly or Disabled families: where the Head, Spouse or Co-head are at least 62 years of age or disabled.

Waiting list selection will be based on date and time of the application and then the preference(s) will be scored.

Priority weight for the local preferences will be as follows: Top Priority will be given to" City of Peoria Residents" applicants; Second Priority to "Involuntary Displaced" applicants"; Third Priority "Victims of Domestic Violence". This ranking corresponds to the information in the CPHA Annual Plan.

## PREFERENCE PRIORITY RANKING

The CPHA will aggregate the local preferences in order to determine which applicants will receive priority admission to its Section 8 Housing Choice Voucher Program. The CPHA will utilize a point system for determining priority. The applicant with the highest point total will receive the highest priority. If more than one applicant has the same point total, the applicant with the oldest dated application will receive the highest priority. One point (a single point) will be assigned for each eligible local preference.

All assignment of points will be documented with the required certifications and verifications required by this policy and in the forms prescribed by the regulations.

All families in Preference Number 1 will be offered housing assistance before any families in Preferences Numbers 2 and 3; all Preference Number 2 families will be offered housing assistance before any families in Preferences Numbers 3.

Applicants who do not have any preferences will not be admitted over those who verify that they qualify for one or more preferences. Notwithstanding the above, families who are elderly or disabled will be offered housing assistance before any other single persons.

## APPLICATION PROCESS

Applicants will be placed on the waiting list based solely on the information provided in the application form. The application, including preference selection, will be completed and submitted to the CPHA and time/date stamped. A receipt will be sent along with a request for any further information required for verifications purposes.

#### APPLICANT STATUS WHILE ON WAITING LIST [CFR 982.204]

If an applicant is determined to be ineligible based on the information provided on the pre-application, CPHA will notify the family in writing (in an accessible format upon request as a reasonable accommodation), state the reason(s), and inform them of their right to an informal review.

Applicants are required to inform CPHA in writing of changes in address. Applicants are also required to respond to requests from CPHA to update information on their application and to determine their continued interest in assistance.

### TIMIMG OF SELECTION [24 CFR 982.204]

As vouchers are available, families will be selected from the waiting list strictly in the order of preferences as described above. At that time, any preference claimed by the applicant shall be verified.

Once the program reaches full utilization, CPHA will establish a group of applicants that will be selected from the waiting list to form a final eligibility "pool." Selection from the pool will be based on completion of verifications and vouchers will be issued to applicants who have completed the verification process first.

## REQUIREMENT TO ATTEND ELIGIBILITY INTERVIEW

CPHA will require the applicant household to attend an interview once they have been pulled from the waiting list. CPHA utilizes the full application interview to discuss the family's circumstances in detail, to clarify information, which has been provided by the family, and to ensure that the information is complete. The interview is also used as a vehicle to meet the informational needs of the family by providing information about the application and verification process, as well as to advise the family of other PHA services or programs, which may be available.

All adult family members are required to attend the interview and sign the housing application. Exceptions may be made for students attending school out of state or for members for whom attendance would be a hardship unless such members are the head, spouse or co-head of the household.

Applicants who fail to appear and want to reschedule a missed appointment must make the request to reschedule no later than ten (10) days from the original appointment date. The request must be made to the staff person who scheduled the appointment. Failure to do so will result in rejection of the application.

Reasonable accommodation will be made for persons with a disability who require an advocate or accessible offices. A designee will be allowed to participate in the interview process, but only with permission of the person with a disability.

If an application is denied due to failure to attend the full application interview, the applicant will be notified in writing and offered an opportunity to request an informal review.

All adult household members must sign the HUD Form 9886, Release of Information; the application form; the declarations and consents related to citizenship/immigration status; and any other documents required by CPHA. Applicants will be required to sign specific verification forms for information that is not covered by the HUD form 9886. Failure to sign any consent forms will be cause for denial of the application for failure to provide necessary certifications and release as required by the PHA.

If the PHA determines at or after the interview that additional information or document(s) are needed, the PHA will request the document(s) or information in writing. The family will be given ten (10) days to supply the information. If the information is not supplied in this time period, the PHA will provide the family a notification of denial for assistance.

VERIFICATION OF ELIGIBILITY [24 CFR 982.201(e)]

Information provided by the applicant will be verified, using the verification procedures found further in this Plan. Family composition, income, allowances and deductions, assets, full-time student status, eligibility and rent calculation factors, and other pertinent information will be verified. Verifications may not be more than 60 days old at the time of issuance of the Voucher.

FINAL DETERMINATION AND NOTIFICATION OF ELIGIBILITY [24 CFR 982.201]

After the verification process is completed, the PHA will make a final determination of eligibility. This decision is based upon information provided by the family, the verification completed by the PHA, and the current eligibility criteria in effect. If the family is determined to be eligible, the PHA will mail a notification of eligibility. A briefing will be scheduled for the issuance of a voucher and the family's orientation to the housing program.

If the family is determined ineligible, the family will be notified in writing of the reason for the determination and given an opportunity to request an informal review (or an informal hearing if they were denied due to non-citizen status), per this Administrative Policy.

Admission from the Waiting List: It is CPHA's objective to ensure that families are selected from the waiting list for admission to its programs, in accordance with the policies in this Administrative Policy.

Waiting List [24 CFR 982.204]

Organization of the Waiting List: For each applicant, the following information will be collected and maintained. Applicant name, address and other contact information;

Family unit size (number of bedrooms family qualifies for under PHA subsidy standards); Date and time of application;

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Qualification for any local preference; Racial or ethnic designation of the head of household; Annual household income; Classification of Elderly/Disabled, if applicable; and Any other admission criteria needed to determine eligibility for special programs. The PHA does not currently administer any type of targeted funding.

# **REGULAR HCV FUNDING:**

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided with this Plan.

#### **Income Targeting**

Income targeting, in accordance with the Quality Housing and Work Responsibility Act of 1998, will ensure CPHA reserves a minimum of seventy-five percent (75%) of its Housing Choice Voucher Program new admissions for "extremely low income" households, whose income does not exceed 30 percent (30%) of the area median income. Removal from Waiting List and Purging [24 CFR 982.204(c)]

The waiting list will be purged at least once a year to ensure that it remains current and accurate. A notice of continued interest will be mailed to all applicants requesting a response within 10 business days.

If an applicant fails to respond to a mailing, the applicant will be sent a second written notification and given ten (10) business days to contact the PHA. If they fail to respond within ten (10) business days, they will be removed from the waiting list.

If a letter is returned by the Post Office without a forwarding address, the applicant will be removed without further notice, and the envelope and letter will be maintained in the file.

If a letter is returned by the Post Office with a forwarding address, the application will be re-mailed, via Regular Mail, with a notice to respond within ten (10) business days. If there is still no response from an applicant this will result in the applicant's removal from the waiting list without further notice.

However, if the applicant did not respond to CPHA's request for information updates because of a family member's disability, CPHA will reinstate the applicant in the family's former position on the waiting list.

Neither family size, nor family unit size, will be a basis by which the applicant will be placed on the waiting list. Further, if there are not sufficient funds to admit a large family unit to the program, a smaller size family unit will not skip to the top of the waiting list. Instead, the family at the top of the waiting list will be admitted when sufficient funds are available. Item 6.1Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.

# Public Housing:

It is the PHA's policy to admit qualified applicants only. An applicant is qualified if he or she meets the following criteria:

- Is a family as defined below
- Heads a household where at least one member of the household is either a citizen or eligible non-citizen. (24 CFR Part 5, Subpart E)
- The Household income at the time of admission that does not exceed the low-income limits for occupancy established by HUD and posted separately in the PHA offices.
- Provides a Social Security number for all family members, age 6 or older, or will provide written certification that they do not have Social
   Security numbers
- Meets or exceeds the Tenant Selection and Suitability Criteria as set forth in this policy
- Family member(s) pass a criminal background check

## Definition of Family

The applicant must qualify as a Family. A Family may be a single person or a group of persons who live in a stable relationship. Discrimination on the basis of familial status is prohibited, and a group of persons may not be denied solely on the basis that they are not related by blood, marriage, or operation of law.

A group of persons is defined by the PHA as two or more persons who intend to share residency whose income and resources are available to meet the family's needs, and will live together in PHA housing.

The temporary absence of a child from the home due to placement in foster care shall not be considered in determining the family composition and family size.

In order to provide an increased sense of security for public housing residents the PHA may allow public housing units to be occupied by police officers.

The head of household is the adult member of the household who is designated by the family as head, is wholly or partly responsible for paying the rent, and has the legal capacity to enter into a lease under State/local law.

A family may designate an elderly or disabled family member as head of household solely to qualify the family as an Elderly Family, provided that the person either meets the age requirement to be considered elderly or, if disabled, is at least eighteen (18) years old and partially responsible for paying the rent.

#### Spouse of Head

Spouse means the husband or wife of the head. The definition of spouse is: the marriage partner who, in order to dissolve the relationship, would have to be divorced. The term "spouse" does not apply to boyfriends, girlfriends, significant others, or co-heads.

A Family may include a live-in aide provided that such live-in aide:

- 1. Is determined by the PHA to be essential to the care and well being of an elderly person, a near-elderly person, or a person with disabilities.
- 2. Is not obligated for the support of the person(s), and
- 3. Would not be living in the unit except to provide care for the person(s).

A live-in aide is not considered to be an assisted family member and has no rights or benefits under the program. Income of the live-in aide will not be counted for purposes of determining eligibility or level of benefits. Live-in aides are not subject to Non-Citizen Rule requirements. Live-in aides may not be considered as a remaining member of the tenant family. Relatives are not automatically excluded from being live-in aides, but they must meet all of the elements required for the care of the resident. Family members of a live-in attendant may also reside in the unit, providing that doing so does not increase the subsidy by the cost of an additional bedroom and that the presence of the family member(s) does not overcrowd the unit. A Live-in Aide may only reside in the unit with the approval of the PHA. Written verification will be required from a reliable, knowledgeable professional, such as a doctor, social worker, or caseworker. The verification provider must certify that a live-in aide is needed for the care of the family member who is elderly, near-elderly (50-61) or disabled. Verification of the need for a live-in aide must include the hours the care will be provided.

After the PHA approves the addition of a live-in aide on behalf of a resident, the resident must submit a specific live-in aide's name and information for approval by the PHA within 30 calendar days of the PHA's notification. If the 30 calendar days expire, the resident will have to resubmit an application for approval of a live-in aide. A specific live-in aide may only reside in the unit with the approval of the PHA. The PHA shall make the live-in aide subject to the agency's normal screening criteria.

The PHA will require the live-in aide to execute a lease rider agreeing to abide by the terms and conditions of occupancy set forth in the lease agreement. If the live-in aide violates provisions of the lease rider, the PHA may take action against the live-in aide separate from action against the assisted family. If the live-in aide or their family members participate in drug-related or criminal activity, the PHA will rescind the aide's right to occupy the unit. When the agency takes such action against the live-in aide, the aide is not entitled to the grievance hearing process of the agency.

The PHA has the right to disapprove a request for a live-in aide based on the "Other Eligibility Criteria" (where applicable) described later.

Families are required to provide verification of Social Security Numbers for all family members. This requirement also applies to persons joining the family after admission to the program. Failure to furnish verification of social security numbers is grounds for denial of admission or termination of tenancy.

In order to receive assistance, a family member must be a U.S. citizen or eligible immigrant. Individuals who are neither may elect not to contend their status. Eligible immigrants are persons who are in one of the six immigrant categories as specified by HUD.

For the Citizenship/Eligible Immigration requirement, the status of each member of the family is considered individually before the family's status is defined.

A family is eligible for assistance as long as at least one member is a citizen or eligible immigrant. Families that include eligible and ineligible individuals are called "mixed". Such applicant families will be given notice that their income-based assistance (TTP) will be pro-rated and that they may request a hearing if they contest this determination. If such a family chooses flat rent, the flat rent will not be pro-rated if the flat rent is greater than the Public Housing Maximum Rent. If the Public Housing Maximum Rent is greater than the flat rent, and the families that include no eligible members will be ineligible for assistance. Such families will be denied admission and offered an opportunity for a hearing.

Non-citizen students defined by HUD in the non-citizen regulations are not eligible for assistance.

The PHA will establish and verify eligibility no later than the date of the family's annual re-examination following October 21, 1998. No individual or family applying for financial assistance may receive such financial assistance prior to the affirmative establishment and verification of eligibility of at least one individual or family member.

All applicants will be processed in accordance with HUD's regulations (24 CFR Part 960) and sound management practices. Applicants will be required to demonstrate ability to comply with essential provisions of the lease as summarized below.

- All applicants must demonstrate through an assessment of current and past behavior the ability:
- 1. to pay rent and other charges required by the lease in a timely manner
- 2. to care for and avoid damaging the unit and common areas
- 3. to use facilities, appliances and equipment in a reasonable way
- 4. to create no health or safety hazards, and to report maintenance needs in a timely manner
- 5. not to interfere with the rights and peaceful enjoyment of others and to avoid damaging the property of others
- 6. not to engage in criminal activity or alcohol abuse that threatens the health, safety or right to peaceful enjoyment of other residents or staff and not to engage in drug-related criminal activity on or off the PHA premises
- not to have ever been convicted of manufacturing or producing methamphetamine, also known as "speed" on the premises of assisted housing
- 8. not to contain a household member subject to a lifetime sex offender registration requirement under a State Sex offender registration program
- 9. to comply with necessary and reasonable rules and program requirements of HUD and the PHA
- 10. to comply with local health and safety codes.

Previous outstanding debts to this PHA or any PHA resulting from a previous tenancy in an assisted housing must be paid in full prior to admission. No Payment Agreement will be accepted.

At the time of initial application, the applicant must pay any previous debt to a PHA prior to being housed and may remain on the waiting list for a period of six (6) months from the date that the applicant was initially notified that the debt must be repaid.

All adults of the household are responsible for the entire debt incurred as a previous PHA tenant. Minor children of the head or spouse who had incurred a debt to the PHA will not be held responsible for the parent's previous debt.

It is the intention of the City of Peoria Housing Authority to fully endorse and implement a policy, which is designed to:

- Help create and maintain a safe and drug-free community
- · Keep our program participants free from threats to their personal and family safety
- · Help maintain an environment where children can live safely, learn and grow to be productive citizens
- Assist families in their vocational/educational goals in the pursuit of self-sufficiency

All screening procedures shall be administered fairly and in such a way as not to discriminate on the basis of race, color, nationality, religion, gender, familial status, disability or against other legally protected groups, and not to violate right to privacy. To the maximum extent possible, the PHA will involve other community and governmental entities in the promotion and enforcement of this policy. This policy will be posted and copies made readily available to applicants and tenants upon request.

In an effort to prevent drug related and other criminal activity, as well as other patterns of behavior that pose a threat to the health, safety or the right to peaceful enjoyment of the premises by other residents, the PHA will endeavor to screen applicants as thoroughly and fairly as possible. If in the past the PHA initiated a lease termination, which may or may not have resulted in eviction for any reason cited under the Screening and Eviction for Drug Abuse and Other Criminal Activity Notice, for a family, as a prior resident of public housing, the PHA shall have the discretion to consider all circumstances of the case regarding the extent of participation by non-involved family members. If, as a result of the standardized inquiry, or the receipt of a verifiable referral, there is indication that the family or any family member was/is engaged in drug-related criminal or violent criminal activity, the PHA will conduct closer inquiry to determine whether the family should be denied admission.

If the screening indicated that any family member has been arrested or convicted within the prior three (3) years for drug-related or a history of criminal activity involving crimes of violence to persons or property and other criminal acts which would adversely affect the health, safety or welfare of other tenants, the PHA shall obtain verification through police/court records.

A criminal background check is conducted on all applicants, 18 years of age and older, who have applied for the Public Housing waiting list. In addition any and all persons 18 years of age and older, wanting to move into a Public Housing unit MUST have a background criminal check done on them BEFORE they would be able to move into the household. This process is conducted after the Head of Household has submitted a request to the Housing Authority to add them to their household. As to all of the above, the criminal background check will look for the following:

#### Persons currently engaged in illegal drug activity;

Fugitive felons, parole violators and person fleeing to avoid prosecution or custody or confinement after conviction, for a crime, or attempt to commit a crime, that is a felony under the laws of the place from which the individual flees;

Persons convicted for producing Methamphetamine on a federally assisted- housing property;

Sex offenders who are required by law to maintain permanent/lifetime registration with a State Program;

Persons whom a PHA determines it has reasonable cause to believe the household member's illegal drug or alcohol abuse threatens the health, safety, or interferes with the peaceful enjoyment of the premises by other residents; and

Person evicted from federally assisted housing for drug related criminal activities less than three (3) years ago, unless the tenant successfully completes a rehabilitation program approved by the PHA or the circumstances for the eviction no longer exist.

Currently all applicants and prospective applicants, age 18 years and older, have a background check done by checking through the Supreme Court System, the County Court System, including the Court Minutes and the U.S. Department of Justice – National Sex Offender Public Registry.

If there is no listing for the applicant, participant or prospective participant, the file will be documented, that the criminal checks were completed and that no criminal evidence was discovered.

If there is a listing of criminal activity for the applicant, participant or prospective participant, the file will be given to the Programs Manager for review.

In reviewing the criminal report, the Programs Manager will review and make a determination based on the above criteria before denying admission to the program. If there are no criteria to the above, the applicant will be admitted to the program and the file document as to the date the criminal check and review was completed.

If there is criminal activity, the applicant or prospective applicant will be denied admission to the program. The household will be notified of the proposed action based on the criminal action. The applicant or prospective applicant will be provided an opportunity to dispute the accuracy and relevance of the record.

The PHA will document in the family's file that the family was denied admission or the tenancy was terminated due to findings in the Criminal History Report. The PHA will ensure that any criminal record received is managed in accordance with 24CFR 5.903(g):

- 1. Maintained confidentially in a secured cabinet in the Programs Manager's office;
- 2. Not misused or improperly disseminated; and
- 3. Destroyed, once the purpose(s) for which the record was requested has been accomplished, including expiration of the period for filing a challenge to the Housing Authority's action without institution of a challenge or final disposition of any such litigation
  - a. Destruction of the criminal record shall mean shredded.
  - b. Shredding will occur within 15 days after the expiration period for which a claimant may file a challenge.
  - c. Shredding shall be completed by the Programs Manager or a designee.
  - d. A log will be maintained showing the applicant name, date shredded and name of designated person that completed the shredding.

In addition, the PHA will handle any information obtained from other records in accordance with applicable State and Federal privacy laws and with the provisions of consent forms signed by the applicant/tenant. Any criminal record information obtained will be provided to the subject of the record.

Persons evicted from any assisted housing program because of drug-related criminal activity are ineligible for admission to Public Housing for a three-year period beginning on the date of such eviction.

No member of the applicant's family may have engaged in drug related or criminal activity as defined above within the past three (3) years.

The PHA will deny participation in the program to applicants where the PHA determines there is reasonable cause to believe that the person is illegally using a controlled substance or engages in drug-related or other criminal activity. The same will apply if it is determined that the person abuses alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents. This includes cases where the PHA determines that there is a pattern of illegal use of controlled substances or a pattern of alcohol abuse.

The PHA will consider the use of a controlled substance or alcohol to be a pattern if there is more than one incident during the previous 12 (twelve) months. "Engaged in or engaging in or recent history of" drug-related criminal activity means any act within the past three (3) years by applicants or participants, household members, or guests which involved drug-related criminal activity including, without limitation, drug-related criminal activity, possession and/or use of narcotic paraphernalia, which did or did not result in the arrest and/or conviction of the applicant or participant, household members, or guest.

"Engaged in or engaging in or recent history of" criminal activity means any act within the past three (3) years by applicants or participants, household members, or guests which involved criminal activity that would threaten the health, safety or right to peaceful enjoyment of the public housing premises by other residents or employees of the PHA, which did or did not result in the arrest and/or conviction of the applicant or participant, household members, or guests.

In evaluating evidence of negative past behavior, the PHA will give fair consideration to the seriousness of the activity with respect to how it would affect other residents, and/or likelihood of favorable conduct in the future which could be supported by evidence of rehabilitation.

The PHA will waive the requirement regarding drug-related criminal activity if:

- 1. The person demonstrates successful completion of a credible rehabilitation program approved by the PHA; or
- 2. The person demonstrates consistent participation in professional rehabilitation for two of the past three years, or
- 3. The individual involved in drug-related criminal activity is no longer in the household because the person has died or is imprisoned.

The PHA will permanently deny admission to persons convicted of manufacturing or producing methamphetamine on the premises of the assisted housing project in violation of any Federal or State law. "Premises" is defined as the building or complex in which the dwelling unit is located, including common areas and grounds. The PHA will not waive this requirement.

Applicants and/or their household members who have been convicted of criminal sexual conduct, including but not limited to sexual assault, incest, statutory sexual seduction, open and gross lewdness, or child abuse, and are required by law to register as a sex offender will be prohibited from participation in the public housing program. This provision will not be waived. The PHA shall perform necessary criminal history background checks in the State where the housing is located and in any other States where household members are known to have resided.

Lifetime Sex Offender (Arizona Revised Statutes A.R.S. 12-3821 through 13-3827) registration is required for individuals who have been convicted of a "crime against a child" and:

- Have been declared to be a sexually violent predator
- · Have been convicted of one or more sexually violent offenses
- Have two or more sexual offenses against persons less than 18 years of age
- Have two or more crimes against a child

Lifetime sex offenders may petition the court for release from the registration requirement after a fifteen (15) year "offense free" period.

"Other criminal activity" means a history of criminal activity involving crimes of actual or threatened violence to persons or property, or a history of other criminal acts, conduct or behavior which would adversely affect the health, safety, or welfare of other residents.

For the purposes of this policy, this is construed to mean that a member of the current family has been arrested and/or convicted of any criminal or drug-related criminal activity within the past three (3) years.

HUD defines violent criminal activity as any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against a person or property, and any family member is engaging in the activity.

No family member may have engaged in or threatened abusive or violent behavior toward PHA personnel at any time.

No family member may have committed fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program at any time.

The PHA must have evidence of the violation. "Preponderance of evidence" is defined as evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact sought to be proved is more probable than not. The intent is not to prove criminal liability, but to establish that the act(s) occurred. Preponderance of evidence is not to be determined by the number of witnesses, but by the greater weight of all evidence.

"Credible evidence" may be obtained from police and/or court records. Testimony from neighbors, when combined with other factual evidence can be considered credible evidence. Other credible evidence includes documentation of drug raids or arrest warrants, evidence gathered by PHA inspectors and/or investigators, and evidence gathered from the PHA Fraud/Program Abuse Hot Line.

The PHA may pursue fact-finding efforts as needed to obtain credible evidence.

The written consent form shall authorize the PHA to receive information from the drug abuse treatment facility stating only whether the facility has reasonable cause to believe that the applicant is currently engaging in the illegal use of a controlled substance or is abusing alcohol. The authorization will be sent to the drug/alcohol abuse treatment facility with a PHA postage paid return addressed envelope.

The PHA will maintain such information received from a drug abuse treatment facility in a manner that respects its confidentiality.

Such confidential information will be reviewed by the Programs Manager or designee who will make a decision as to the outcome of the review. Any and all information, which would lead one to determine the nature and/or severity of a person's treatment must be kept in a separate folder and marked "confidential." The personal information in this folder must not be released except on an "as needed" basis. All requests for access and granting of accommodations based on this information, must be approved by the Programs Manager or other person(s) designated by the Executive Director.

If the application is denied, the information will be destroyed (shredded) within the statute of limitations for commencement of a civil action from the applicant based upon the denial of admission has expired.

Before the PHA takes any adverse action based on a criminal conviction record, the applicant and subject of record will be provided with a copy of the criminal record and an opportunity to dispute the record. Applicants will be provided an opportunity to dispute the record at an informal hearing. Tenants may contest such records at the grievance hearing or court hearing in the case of evictions.

If information is revealed that would cause the PHA to deny admission to the household and the person disputes the information, s/he shall be given an opportunity for an informal hearing according to the PHA's hearing procedures outlined in the Chapter on Complaints, Grievances, and Appeals.

It is the policy of the PHA to deny admission to applicants whose habits and practices may reasonably be expected to have a detrimental effect on the operations of the development or neighborhood, or on the quality of life for its residents.

The PHA will conduct a detailed interview of all applicants. The interview form will contain questions designed to evaluate the qualifications of applicants to meet the essential requirements of tenancy. Answers will be subject to third party verification.

An applicant's misrepresentation of any information related to eligibility, award of preference for admission, housing history, allowances, family composition or rent may result in denial of admission.

Applicants must be able to demonstrate the ability and willingness to comply with the terms of the lease, either all or with assistance, which they can demonstrate that they have or will have at the time of admission. (24 CFR 8.3, Definition: Qualified Individual with Handicaps). The availability of assistance is subject to verification by the PHA.

The PHA does not permit a parent or legal guardian to co-sign the lease on the applicant's behalf if the head of household is under 18 and, under State/local law, does not have the legal capacity to enter into a legally binding contract. As a part of the final eligibility determination, the PHA will screen each applicant household to assess their suitability as renters.

The PHA will complete a rental history check on all applicants.

The PHA shall rely upon sources of information which may include, but not be limited to, PHA records, personal interviews with the applicant or tenant, interviews with previous landlords, employers, family social workers, parole officers, criminal, court records, police departments, and home visits for persons who have had negative landlord reference(s) for poor housekeeping habits.

This will be done in order to determine whether the individual attributes, prior conduct, and behavior of a particular applicant is likely to interfere with other tenants in such a manner as to diminish their enjoyment of the premises by adversely affecting their health, safety or welfare.

The PHA may complete a home visit at the current residence of all applicants who have had landlord verifications returned to the PHA with unfavorable comments concerning their housekeeping habits. Factors to be considered in the screening are housekeeping habits, rent paying habits, prior history as a tenant, criminal records, the ability of the applicant to maintain the responsibilities of tenancy, and whether the conduct of the applicant in present or prior housing has been such that admission to the program would adversely affect the health, safety or welfare of other residents, or the physical environment, or the financial stability of the project.

The PHA's examination of relevant information pertaining to past and current habits or practices will include, but is not limited to, an assessment of:

- 1. The applicant's past performance in meeting financial obligations, especially rent
- Eviction or a record of disturbance reports from neighbors sufficient to warrant a police call, destruction of property, or living or housekeeping habits at present or prior residences which may adversely affect the health, safety, or welfare of other tenants or neighbors.
- 3. Any history of criminal activity on the part of any applicant family member involving criminal acts, including drug-related criminal activity.
- 4. Any history or evidence of repeated acts of violence on the part of an individual, or a pattern of conduct constituting a danger to peaceful occupancy by neighbors.
- Any history of initiating threats or behaving in a manner that indicates an intent to assault employees or other tenants.
- Any history of alcohol or substance abuse that would threaten the health, welfare, or right to peaceful enjoyment of the premises by other residents.

The ability and willingness of an applicant to comply with the essential lease requirements will be verified and documented by the PHA. The information to be considered in the screening process shall be reasonable related to assessing the conduct of the applicant and other family members listed on the application in present and prior housing.

The history of applicant conduct and behavior must demonstrate that the applicant family can reasonable be expected not to:

- 1. Interfere with other residents in such a manner as to diminish their peaceful enjoyment of the premises by adversely affecting their health, safety, or welfare. [24CFR 960.203(c)]
- 2. Adversely affect the physical environment or financial stability of the project. [24CFR 960.203(c)]
- 3. Violate the terms and conditions of the lease. [24CFR 960.203(c)].
- 4. Require services from PHA staff that would alter the fundamental nature of the PHA's program. [24CFR 8.3]

The PHA will examine any Housing Authority records from a prior tenancy, and will request written references from the applicant's current landlord and may request written references from former landlords.

Based upon these verifications, the PHA will determine if the applicant was chronically late with rent payments, was evicted at any time during the past five (5) years for nonpayment of rent, or had other legal action initiated against him/her debts owed. Any of these circumstances could be grounds for an ineligibility determination, depending on the amount of control the applicant had over the situation.

The PHA will undertake a balancing test that will consider: (1) amount of former rent; (2) loss of employment; (3) death or divorce from primary support; (4) illness or other circumstances beyond applicant's control. Any of these circumstances could be grounds for an ineligibility determination, depending on the amount of control the applicant had over the situation.

Mitigating circumstances are facts relating to the applicant's record of unsuitable rental history or behavior, which, when verified would indicate both:

- 1. The reason for the unsuitable rental history and/or behavior;
- That the reason for the unsuitable rental history and behavior is no longer in effect or is under control, and the applicant's prospect for lease compliance is an acceptable one, justifying admission.

If unfavorable information is received about an applicant, consideration shall be given to the time, nature, and extent of the applicant's conduct and to factors that might indicate a reasonable probability of favorable future conduct. In order to be factored into the PHA's screening assessment of the applicant, mitigating circumstances must be verifiable.

If the mitigating circumstances claimed by the applicant relate to a change in disability, medical condition or course of treatment, the PHA shall have the right to refer such information to persons who are qualified and knowledgeable to evaluate the evidence and to verify the mitigating circumstance. The PHA shall also have the right to request further information reasonably needed to verify the mitigating circumstance, even if such information is of a medically confidential nature. Such inquiries will be limited to the information necessary to verify the mitigating circumstances or, in the case of a person with disabilities, to verify a reasonable accommodation.

Examples of Mitigating Circumstances

1. Evidence of successful rehabilitation

- 2. Evidence of the applicant family's participation in and completion of social service or other appropriate counseling service approved by the PHA
- 3. Evidence of successful and sustained modification of previous disqualifying behavior

Consideration of mitigating circumstances does not guarantee that the applicant will qualify for admission. The PHA will consider such circumstances in light of:

- 1. The applicant's ability to substantiate through verification the claim of mitigating circumstances and his/her prospects for improved future behavior; and
- 2. The applicant's overall performance with respect to all the screening requirements.

#### Qualified and Unqualified Applicants

Information which has been verified by the PHA will be analyzed and a determination will be made with respect to:

- 1. The eligibility of the applicant as a family
- 2. The eligibility of the applicant with respect to income limits for admission
- 3. The eligibility of the applicant with respect to citizenship or eligible immigration status
- 4. Any local preference (if any) to which the family is entitled

Assistance to a family may not be delayed, denied or terminated on the basis of the family's ineligible immigration status unless and until the family completes all the verification and appeals processes to which they are entitled under both INS and PHA procedures, except for a pending PHA hearing.

Applicants who are determined to be unqualified for admission will be promptly notified with a Notice of Denial of Admission stating the reason for the denial. The PHA shall provide applicants an opportunity for an informal hearing (see Chapter titled "Complaints, Grievances, and Appeals").

The PHA will make every effort to accurately estimate an approximate date of occupancy. However, the date given by the PHA does not mean that applicants should expect to be housed by that date. The availability of a suitable unit to offer a family is contingent upon factors not directly controlled by the PHA, such as turnover rates, and market demands as they affect bedroom sizes and property location.

An authorized representative of the PHA shall document any pertinent information received relative to the following:

- 1. Criminal Activity includes the activities listed in the definition of criminal activity in this Chapter.
- 2. Pattern of Violent Behavior includes evidence of repeated acts of violence on the part of an individual, or a pattern of conduct constituting a danger to peaceful occupancy of neighbors
- 3. Pattern of Drug Use includes a determination by the PHA that the applicant has exhibited a pattern of illegal use of a controlled substance which might interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents
- 4. Drug Related Criminal Activity includes a determination by the PHA that the applicant has been involved in the illegal manufacture, sales, distribution, use or possession of a controlled substance
- 5. Pattern of Alcohol Abuse includes a determination by the PHA that the applicant's pattern of alcohol abuse might interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents
- 6. Initiating Threats or behaving in a manner that indicates intent to assault employees or other tenants
- 7. Abandonment of a Public Housing Unit without advising PHA officials so that staff may secure the unit and protect its property from vandalism
- 8. Non-Payment of Rightful Obligations including rent and/or utilities and other charges owed to the PHA or any other PHA
- 9. Intentionally Falsifying an Application for Leasing including uttering or otherwise providing false information about family income an size, using an alias on the application for housing, or making any other material false statement or omission intended to mislead
- 10. Record of Serious Disturbances of Neighbors/Destruction of Property or Other Disruptive or Dangerous Behavior consists of patterns of behavior which endanger the life, safety, or welfare of other persons by physical violence, gross negligence, or irresponsibility; which damage the equipment or premises in which the applicant resides, or which are seriously disturbing to neighbors or disrupt sound family and community life, indicating the applicant's inability to adapt to living in a multi-family setting. Includes judicial termination of tenancy in previous housing on the grounds of nuisance or objectionable conduct, or frequent loud parties, which have resulted in serious disturbances of neighbors.
- 11. Grossly Unsanitary or Hazardous Housekeeping includes the creation of a fire hazard through acts such as hoarding rags, papers or other materials; severe damages to premises and equipment, if it is established that the family is responsible for the condition; seriously affecting neighbors by causing infestation, foul odors, depositing garbage in halls, or serious neglect of the premises. This category does not include families whose housekeeping is found to be superficially unclean or due to lack of orderliness, where such conditions do not create a problem for neighbors.
- 12. Destruction of Property from previous rentals
- 13. Whether Applicant or Tenant is Capable of Maintaining the Responsibilities of Tenancy In the case of applicants for admission, the person's present living arrangements and a statement obtained from applicant's physician, social worker, or other health professional will be among factors considered in making this determination. The availability of a live-in attendant will be considered in making this determination.

In the event of the receipt of unfavorable information with respect to an applicant, consideration shall be given to the time, nature, and extent of the applicant's conduct and to factors that might indicate a reasonable probability of favorable future conduct or financial prospects.

The PHA may waive the policies prohibiting admission in these circumstances if the person demonstrates to the PHA's satisfaction that the person is no longer engaging in illegal use of a controlled substance or abuse of alcohol and has successfully completed a supervised drug or alcohol rehabilitation program.

Applicants will NOT be rejected because they:

1. Have no income

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- 2. Are not employed
- 3. Do not participate in a job training program
- 4. Will not apply for various welfare or benefit programs
- 5. Have children
- 6. Have children born out of wedlock
- 7. Are on welfare
- 8. Are students

If information is revealed that would cause the PHA to deny admission to the household and the person disputes the information, s/he shall be given an opportunity for an informal hearing according to the PHA's hearing procedures.

Families who wish to apply for any of the PHA's program must complete an application form in the following format: Hand or type written, or by internet when available.

Applications will be made available in an accessible format upon request from a person with a disability. Persons with disabilities may contact the PHA to make other arrangements to complete their application.

Applications will be accepted at the Housing authority Office located at: 10950 N. 87th Ave., Peoria, AZ 85345

The application process will involve two phases:

- The first is the "application for admission". This first phase is to determine the family's eligibility for, and placement on, the waiting list. The application will be dated, time-stamped, and referred to the PHA's office where tenant selection and assignment is processed.
- The second phase is the "final determination of suitability for admission". When the family reaches the top of the waiting list, the PHA ensures that verification of all HUD and PHA eligibility factors is current in order to determine the family's eligibility for an offer of a suitable unit.

The application is taken in person or by mail and the data is entered into the computer. The purpose of the application is to permit the PHA to preliminarily assess family eligibility or ineligibility and to determine placement on the waiting list.

The application will contain questions designed to obtain the following information:

- 1. Names of head and spouse
- 2. Names and ages of all members
- 3. Number of family members (used to estimate bedroom size needed)
- 4. Citizenship status
- 5. Street address and phone numbers
- 6. Mailing address (If PO Box or other permanent address)
- 7. Annual income
- 8. Source(s) of income received by household members to determine preference qualification
- 9. Information regarding request for reasonable accommodation or for accessible unit
- 10. Social Security Numbers
- 11. Race/ethnicity
- 12. Questions regarding previous participation in HUD programs
- 13. Arrest or convictions for drug-related and/or violent criminal acts

Submission of waiting list applications will not require interviews. Information on the application, except A.V.T.A. and criminal background, will not be verified until the applicant has been selected for final eligibility determination.

Applicants must inform the PHA in writing, within ten (10) business days, of changes in family composition, income, and address. Applicants are also required to respond to requests from the PHA to update information on their application, or to determine their continued interest in assistance.

Failure to provide information or to respond to mailings (CPHA is not responsible for lost or misdirected mail) within 10 working days will result in the applicant being removed from the waiting list.

If after a review of the application the family is determined to be preliminarily eligible, they will be notified in writing (in an accessible format upon request, as a reasonable accommodation).

This written notification of preliminary eligibility will be mailed to the applicant by first class mail or distributed to the applicant in the manner requested as a specific accommodation.

If the family is determined to be ineligible based on the information provided in the application, the PHA will notify the family in writing (in an accessible format upon request as a reasonable accommodation), state the reason(s), and inform them of their right to an informal hearing. Persons with disabilities may request to have an advocate attend the informal hearing as an accommodation. See Chapter on "Complaints, Grievances and Appeals".

The PHA utilizes the eligibility interview to discuss the family's circumstances in greater detail, to clarify information which has been provided by the family, and to ensure that the information is complete. The interview is also used as a vehicle to meet the informational needs of the family by providing information about the application and verification process, as well as to advise the family of other PHA services or programs which may be available.

The head of household and the spouse/co-head will be strongly encouraged to attend the interview together. However, either the head of household or the spouse/co-head may attend the interview on behalf of the family. Verification of information pertaining to adult members of the household not present at the interview will not begin until signed release forms are returned to the PHA. Exceptions may be made for students attending school out of state/or member for whom attendance would be a hardship.

If an applicant fails to appear for their interview without prior approval of the PHA, a second interview will then be scheduled. If an applicant fails to appear for a rescheduled appointment, the application will be denied unless they can provide acceptable documentation to the PHA that an emergency prevented them from calling.

Reasonable accommodation will be made for persons with a disability who require an advocate or accessible offices. A designee will be allowed to provide some information, but only with permission of the person with a disability.

If an application is denied due to failure to attend the interview, the applicant will be notified in writing and offered an opportunity to request an informal hearing.

All household members (at least 18 years of age) and older, must sign form HUD-9886, "Release of Information", the declarations and consents related to citizenship/immigration status and any other documents required by the PHA. Applicants will be required to sign specific verification forms for information that are not covered by the HUD-9886. Failure to do so will be cause for denial of the application for failure to provide necessary certifications and releases as required by the PHA. Information provided by the applicant will be verified, including information related to family composition, income, allowances and deductions, assets, eligible immigration status, full time student status and other factors related to preferences, eligibility and rent calculation.

If the PHA determines at or after the interview that additional information or document(s) are needed, the PHA will request the document(s) or information in writing. The family will be given ten (10) business days to supply the information. If the information is not supplied in this time period, the PHA will provide the family a notification of denial for assistance.

The following items may be verified to determine qualification for waitlist placement to the PHA's housing:

- 1. Annual Income
- 2. Debt to another assisted housing program
- 3. Citizenship or eligible immigration status
- 4. Criminal History Report

The following items will be verified to determine qualification for admission to the PHA's housing:

- 1. Family composition and type (elderly/non/elderly)
- 2. Annual Income
- 3. Assets and Asset Income
- 4. Deductions from Annual Income
- 5. Social Security Numbers of all family members
- 6. Information used in applicant screening
- 7. Citizenship or eligible immigration status
- 8. Criminal History Report

After the verification process is completed, the PHA will make a final determination of eligibility. This decision is based upon information provided by the family, the verification completed by the PHA, and the tenant suitability determination (see Chapter on Eligibility for Admission).

Because HUD can make changes in rules or regulations and family circumstances may have changed during the review process that affect an applicant's eligibility, it is necessary to make final eligibility determination.

The household is not actually eligible for a unit offer until a final determination has been made, even though they may have been preliminarily determined eligible and may have been listed on the waiting list.

Any time after final eligibility determination, applicants must report changes, in writing, within ten (10) business days of the change. If the family did not report the change within the required time frame, the family may be determined ineligible and offered an opportunity for informal hearing.

The PHA will administer its waiting list as required by 24 CFR Part 945 and Part 960, Subparts A and B. The waiting list will be maintained in accordance with the following guidelines:

- 1. The application will be a permanent file.
- 2. All applicants in the pool will be maintained by date, time sequence, preferences and bedroom size.
- 3. All applicants must meet applicable income eligibility requirements as established by HUD.

The PHA, at its discretion, may restrict application intake, suspend application intake, and close waiting lists in whole or in part. The PHA may open or close the list by local preference category. The decision to close the waiting list will be based on the number of applications available for a particular size and type of unit and the ability of the PHA to house an applicant in an appropriate unit within a reasonable period of time.

When the PHA opens the waiting list, the PHA will advertise through public notice in the local Peoria newspapers, minority publications and media entities location(s), and program(s) for which applications are being accepted in the local paper of record, "minority" newspapers, and other media and organizations. The notice will contain:

- The dates, times, and the locations where families may apply
- The name of the program(s) for which applications will be taken
- Limitations, if any, on who may apply

The notices will be made in an accessible format if requested. They will provide potential applicants with information that includes the PHA address and telephone number, and referral to resources to obtain information concerning how to submit an application, information on eligibility requirements and the availability of local preferences.

Upon request from a person with a disability, additional time will be given as an accommodation for submission of an application after the closing deadline.

When Application Taking is Suspended

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The PHA may suspend the acceptance of applications if there are enough local preference holders to fill anticipated openings for the next twelve (12) months.

The waiting list may not be closed if it would have a discriminatory effect inconsistent with applicable civil rights laws.

During the period when the waiting list is closed, the PHA will not maintain a list of individuals who wish to be notified when the waiting list is open.

The open period shall be long enough to achieve a waiting list adequate to cover projected turnover over the next twelve (12) months. When the period for accepting applications is over, the PHA will add the new applicants to the list where they will be separated into groups by unit size and ranked within each group by preference, and date and time of application. The PHA will update the waiting list at least annually by removing the names of those families who are no longer interested, no longer qualify for housing, or cannot be reached by mail. At the time of initial intake, the PHA will advise families of their responsibility to notify the PHA when mailing address or telephone numbers change.

#### Multiple Families in Same Household

When families apply that consist of two families living together (such as mother and father, and a daughter with her own husband or children), if they apply as a family unit, they will be treated as a family unit.

A preference does not guarantee admission to the program. Preferences are used to establish the order of placement on the waiting list. Every applicant must meet the PHA's Selection Criteria as defined in this policy.

The PHA's preference system will work in combination with requirements to match the characteristics for the family to the type of unit available, including units with targeted populations, and further de-concentration of poverty in public housing. When such matching is required or permitted by current law, the PHA will give preference to qualified families.

Families who reach the top of the waiting list will be contacted by the PHA to verify their preference. Among applicants with equal preference status, the waiting list will be organized by date and time.

If an applicant makes a false statement in order to qualify for a Local preference, the PHA will remove preference and allow admission to the program for the family based on verified information.

#### Local Preferences

Local preferences will be used to select among applicants on the waiting list. Public notice with opportunity for public comment will be held before the PHA adopts any local preference.

The PHA used the following Local Preferences:

- 1. City of Peoria resident
- Involuntary Displacement. Displaced person(s): individuals or families displaced by disaster, Government Action, Action of Housing Owner, Inaccessibility, or Property Disposition."
- 3. "Working families and those unable to work because of age or disability"
- 4. "Victims of Domestic Violence"
- 5. "Those enrolled currently in educational, training, or mobility programs"

1. City of Peoria Residency: Applicant or family that is living, working, going to school or has been notified that they have been hired to work in CPHA's operational jurisdiction. Proof in the form of a letter extending an offer of employment will be required. Registration for school will be requited.

2. **Involuntary Displacement:** This preference is available to applicants that are involuntarily displaced and are not living in standard, permanent replacement housing or will be involuntarily displaced within no more than six months from the date of preference.

**Disaster:** This preference is available to applicants whose unit is uninhabitable because of a disaster, such as a fire, flood, hurricane or earthquake. **Government Action:** This preference is available to applicants displaced due to an activity carried out by an agency of the United States or by any State or local governmental body or agency in connection with code enforcement or a public improvement or development program.

Action of Housing Owner: This preference is available to applicants where action by a housing owner forces the applicant to vacate its unit because (a) The family cannot control or prevent the owner's action; (b) The owners action occurs although the family met all previously imposed conditions of occupancy; and (c) the action taken by the owner is other than a rent increase. To qualify, a family having to vacate a housing unit includes, but is not limited to, conversion of a family's unit to non-rental or nonresidential use; closing of the unit for rehabilitation or for any other reason; or notice that the owner wants the unit for the owner's personal or family use or occupancy; sale of a unit which an applicant resides under an agreement that the unit shall be vacant when possession is transferred; or any other legally authorized act that results or will result in the withdrawal by the owner of the unit or structure from the rental market.

Reasons do not include the vacating of a unit by an applicant because they refuse to: (a) Comply with HUD program policies and procedures for the occupancy of under occupied or overcrowded units; or (b) To accept a transfer to another housing unit in accordance with a court decree or in accordance with policies and procedures under a HUD approved desegregation plan.

**Inaccessibility:** This preference is available to applicants that have mobility or other impairments that make the person unable to use critical elements of the unit; and the owner is not legally obligated to make the changes to the unit that would make critical elements accessible to the disabled person as a reasonable accommodation.

Property Disposition: This preference is available to applicants who are displaced because of disposition of a multi-family rental housing project by HUD under Section 203 of the Housing and Community Development Amendments of 1978.

# 3. Working Families and Those Unable to Work Because of Age or Disability.

This preference is available for applicants with at least one member who is employed and works a minimum of 20 hours a week. The PHA will require a statement from the employer. The PHA will also give the benefit of this preference to families where the head of household or spouse is age 62 or older and to families where the head of household or spouse meets the disability definition in CFR 5.403.

# 4. Victims of Domestic Violence.

This preference is available to applicants who are either actually or threatened physical violence including dating violence, or stalking directed against one or more members of the family by a spouse or other member of the applicant's household. (a) To qualify CPHA shall determine that the domestic violence occurred recently or is of a continuing nature; and (b) the applicant shall certify that the person who engaged in such violence will not reside with the applicant family unless the CPHA has given advance written approval. If the family is admitted, CPHA may deny or terminate assistance to the family for breach of this certification.

## 5. Those Enrolled Currently in Educational, Training or Upward Mobility Programs.

This preference is available to applicants who are graduates of, or participants in educational or training programs designed to prepare the individual for the job market.

The PHA's method for selecting applicants from a preference category leaves a clear audit trail that can be used to verify that each applicant has been selected in accordance with the method specified in the ACOP.

Local preferences will be used to select families from the waiting list.

The PHA has selected the following system to apply local preferences.

- City of Peoria residency will be weighted as priority one (1) and will be organized by date and time as established by the date of the application.
- All other preferences will be weighted as priority two (2) and will be organized by date and time as established by the date of the
  application.

The Family may be placed on the waiting list upon their certification that they qualify for a preference. When the family is selected from the waiting list for the final determination of eligibility, their preference will be verified.

If the preference verification indicates that an applicant does not qualify for the preference, the applicant will be returned to the waiting list and ranked without the Local Preference and given an opportunity for a review.

If at the time the family applied, the preference claim was the only reason for placement of the family on the waiting list and the family cannot verify their eligibility for the preference, as of the date of application, the family will be removed from the list.

#### Change in Circumstances

Changes in an applicant's circumstances while on the waiting list may affect the family's entitlement to a preference. Applicants are required to notify the PHA in writing when their circumstance changes. When an applicant claims a different preference, s/he will be placed on the waiting list in the proper order of their newly claimed preference.

If the PHA denies a preference, the applicant will be placed on the waiting list without benefit of the preference.

The PHA will notify the applicant in writing of the reasons why the preference was denied and offer the applicant an opportunity for an informal meeting. The applicant will have ten (10) business days to request the meeting in writing. If the preference denial is upheld as a result of the meeting, or the applicant does not request a meeting, the applicant will be placed on the waiting list without benefit of the preference. Applicants may exercise other rights if they believe they have been discriminated against.

Any applicant who falsifies documents in order to qualify for any preference will be removed from the waiting list with notification to the family.

#### INCOME TARGETING

The PHA will monitor its admissions to ensure that at least 40 percent (40%) of families admitted to public housing in each fiscal year shall have incomes that do not exceed thirty percent (30%) of area median income of the PHA's jurisdiction. Hereafter, families whose incomes do not exceed 30% of area median income will be referred to as "extremely low income families".

The PHA shall have the discretion, at least annually, to exercise the "fungibility" provision of the QHWRA by admitting less than 40 percent of "extremely low income families" to public housing in a fiscal year, to the extent that admissions of extremely low income families to the PHA's voucher program during a PHA fiscal year exceeds the 75 percent minimum targeting requirement for the PHA's Section 8 Voucher Program. This fungibility provision discretion by the PHA is also reflected in the PHA's Administrative Plan.

The fungibility credits will be used to drop the annual requirement below 40 percent of admissions to public housing for extremely low income families by the lowest of the following amounts:

- 1. The number of units equal to 10 percent (10%) of the number of newly available vouchers in the fiscal year; or
- 2. The number of public housing units that 1) are in public housing projects located in census tracts having a poverty rate of 30% or more, and 2) are made available for occupancy by and actually occupied in that year by, families other than extremely low-income families.

## The Fungibility Floor

Regardless of the above two amounts, in a fiscal year, at least 30% of the PHA's admissions to public housing will be to extremely low-income families. The fungibility floor is the number of units that cause the PHA's overall requirement for housing extremely low-income families to drop to 30% of its newly available units.

Fungibility shall only be utilized if the PHA is anticipated to fall short of its 40% goal for new admissions to public housing.

Low Income Family Admissions

Once the PHA has met the 40% targeted income requirement for new admissions of extremely low-income families, the PHA will fill the remainder of its new admission units with families whose incomes do not exceed 80% of the HUD approved area median income.

Beyond the basic requirement of nondiscrimination, PHA shall affirmatively further fair housing to reduce racial and national origin concentrations. The PHA shall not require any specific income or racial quotas for any development or developments. A PHA shall not assign persons to a particular section of a community or to a development or building based on race, color, religion, gender,

disability, familial status or national origin for purposes of segregating populations.

The waiting list will be updated by mail as needed to ensure that all applicants and applicant information is current and timely. The mailing will also be used as a confirmation of continued interest.

If an applicant fails to respond within ten (10) business days s/he will be removed from the waiting list. If a letter is returned by the Post Office without a forwarding address, the applicant will be removed without further notice and the sealed envelope and letter will be maintained in the file. If a letter is returned with a forwarding address, it will be re-mailed to the address indicated.

If an applicant is removed from the waiting list for failure to respond, they will not be entitled to reinstatement unless a person with a disability requests a reasonable accommodation for being unable to reply with the proscribed period; or the failure to respond was due to a medical emergency, death in the family, or a natural disaster.

Notices will be made available in accessible format upon the request of a person with a disability. An extension to reply to the purge notification will be considered as an accommodation if requested by a person with a disability.

Applicants are notified with confirmation of the PHA's receipt of their application that they are responsible for notifying the PHA within ten (10) business days, if they have a change of address.

The PHA has units designed for persons with mobility, sight and hearing impairments, referred to as accessible units.

No non-mobility impaired families will be offered these units until all eligible mobility-impaired applicants have been considered.

Before offering a vacant accessible unit to a non-disabled applicant, the PHA will offer such units:

First, to a current occupant of another unit of the same development, or other public housing developments under the PHA's control, who has a disability that requires the special features of the vacant unit.

Second, to an eligible qualified applicant on the waiting list having a disability that requires the special features of the vacant unit.

When offering an accessible/adaptable unit to a non-disabled applicant, the PHA will require the applicant to agree to move to an available nonaccessible unit within thirty (30) business days when either a current resident or an applicant needs the features of the unit and there is another unit available for the applicant. This requirement will be a provision of the lease agreement.

The PHA plan for selection of applicants and assignment of dwelling units to assure equal opportunity and non-discrimination on grounds of race, color, gender, religion, or national origin is:

The first qualified applicant in sequence on the waiting list will be made an offer of a unit of the appropriate size. If more than one unit of the appropriate type and size is available, the first unit to be offered will be the first unit that is ready for occupancy. If the offer is rejected, the applicant will be offered the next suitable unit that becomes available, whether it is at the same location as the first offer or at another location.

The PHA will maintain a record of units offered, including location, date and circumstances of each offer, each acceptance or rejection, including the reason for the rejection.

The applicant may not reject the one unit offer without good cause, and remain on the waiting list. (See Section M for Applicants Unable to take Occupancy).

Changes that occur during the period between removal from the waiting list and an offer of a suitable unit may affect the family's eligibility or Total Tenant Payment. The family will be notified in writing of changes in their eligibility or level of benefits and offered their right to an informal hearing when applicable (See Chapter on Complaints, Grievances and Appeals).

When an applicant rejects (2) unit offers, the PHA will relocate the applicant's name to the bottom of the waiting list or withdraw at applicant request.

Applicants must accept (within 48 hours) a unit when offered or risk losing the unit to another applicant.

#### Applicants Unable to Take Occupancy

If an applicant is willing to accept the unit offered, but is unable to take occupancy at the time of the offer for "good cause", the applicant will retain their status.

Refusals due to the location of the unit alone are not considered to be good cause. Examples of "good cause" reasons for the refusal to take occupancy of a housing unit include, but are not limited to:

- 1. An elderly or disabled family makes the decision not to occupy or accept occupancy in designated housing. [24 CFR 945.303(d)]
- A qualified, knowledgeable, health professional verifies the temporary hospitalization or recovery from illness of the principal household member, other household members, or a live-in aide necessary to care for the principal household member.

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3. The unit is inappropriate for the applicant's disabilities.

#### Applicants with a Change in Family Size or Status

Changes in family composition, status, or income between the time of the interview and the offer of a unit will be processed. The PHA may lease a unit to a family whose occupancy will overcrowd or under-utilize the unit.

The family will take the appropriate place according to bedroom size on the waiting list according to the date they first applied.

If the unit offered is inappropriate for the applicant's disabilities, the family will retain their position on the waiting list.

If the unit offered is refused for other reasons, the PHA will follow the applicable policy as listed in the "Plan for Unit Offers" section and the "Applicant Status After Unit Offer" section.

## DETERMINING UNIT SIZE

The PHA does not determine who shares a bedroom/sleeping room, but there must be at least one person per bedroom. The PHA's Occupancy Guidelines standards for determining unit size shall be applied in a manner consistent with Fair Housing guidelines.

For occupancy standards, an adult is a person 18 years or older.

All guidelines in this section relate to the number of bedrooms in the unit. Dwelling units will be so assigned that:

Generally the PHA will assign units so that it will not be required for persons of different generations or of the opposite gender (other than spouses (including significant others)), or otherwise unrelated adults to occupy the same bedroom. Children of the opposite gender under five (5) years of age may occupy the same bedroom.

Foster children will be included in determining unit size only if they will be in the unit for more than six (6) months.

Live-in attendants will generally be provided a separate bedroom. No additional bedrooms are provided for the attendant's family.

Space will not be provided for a family member who will be absent 6 months or more per year and is not a student.

Single person families shall be allocated to a one bedroom.

## **GUIDELINES FOR DETERMINING BEDROOM SIZE**

| Bedroom Size | Persons in Household:<br>(Minimum #) | Persons in Household:<br>(Maximum #) |
|--------------|--------------------------------------|--------------------------------------|
| 1 Bedroom    | 1                                    | 2                                    |
| 2 Bedrooms   | CPHA does not have 2 bedroom units   |                                      |
| 3 Bedrooms   | 3                                    | 6                                    |
| 4 Bedrooms   | 4                                    | 8                                    |

#### EXCEPTIONS TO OCCUPANCY STANDARDS

The PHA may grant exceptions from the guidelines in cases where it is the family's request or the PHA determines the exceptions are justified by the relationship, age, sex, health or disability of family members, or other individual circumstances, and there is a vacant unit available. If an applicant requests to be listed on a smaller or larger bedroom size waiting list, the following guidelines will apply:

Applicants may request to be placed on the waiting list for a unit size smaller than designated by the occupancy guidelines. The family must agree not to request a change in bedroom size on the waiting list until their family composition changes. At the PHA's discretion the family may be offered a unit smaller than the preferred unit size, based on the PHA's occupancy standards, if in doing so the family has an opportunity to be housed earlier.

In cases such as those above, a family that voluntarily accepts a unit that is smaller than what the family is eligible for will be required to sign a statement stating that unless there is an increase in family size the family agrees that they are not eligible for transfer to a larger unit for at least one (1) year.

The PHA may offer a family a unit that is larger than required by the PHA's occupancy standards, if the waiting list is short of families large enough to fill the vacancy or the PHA determines that the common area for the project is insufficient for accommodating any additional large families.

In all cases, where the family requests an exception to the general occupancy standards, the PHA will evaluate the relationship and ages of all family members and the overall size of the unit.

The family may request to be placed on a larger bedroom size waiting list than indicated by the PHA's occupancy guidelines. The request must explain the need or justification for a larger bedroom size, and must be verified by the PHA before the family is placed on the larger bedroom size list. The PHA will consider these requests:

- 1. Person with Disability: The PHA will grant an exception upon request as a reasonable accommodation for persons with disabilities if the need is appropriately verified and meets requirements in the "Service and Accommodations Policy" section of Chapter 1.
- 2. Other Circumstances: Circumstances may dictate a larger size than the occupancy standards permit when:

Persons cannot share a bedroom because of a need for medical equipment due to its size and/or function. Requests for a larger bedroom due to medical equipment must be verified by a doctor.

Requests based on health related reasons must be verified by a knowledgeable licensed professional or a social service professional.

The PHA will not assign a larger bedroom size due to additions of family members other than by birth, adoption, or court-awarded custody.

An exception will be granted if the family has submitted a "Self-Certification of Physical Custody of Minor Child/Children" or an "Appointment of Temporary Guardian" to the PHA. If either of these forms has been submitted the PHA will also require that the family has initiated legal proceedings for guardianship or legal custody.

All members of the family residing in the unit must be approved by the PHA. The family must obtain approval of any additional family member before the person occupies the unit except for additions by birth, adoption, or court-awarded custody, in which case the family must inform the PHA within ten (10) business days.

To avoid vacancies, the PHA may provide a family with a larger unit than the occupancy standards permit. The family must agree to move to a suitable, smaller unit when another family qualifies for the larger unit and there is a suitable smaller unit available. This requirement is a provision of the lease.

#### ACCESSIBLE UNITS

The PHA has units designed for persons with mobility, sight and hearing impairments. These units were designed and constructed specifically to meet the needs of persons requiring the use of wheelchairs and persons requiring other modifications.

Preference for occupancy of these units will be given to families with disabled family members who require the modifications or facilities provided in the units.

No non-mobility-impaired families will be offered these units until all eligible mobility-impaired applicants have been considered.

Accessible units will be offered and accepted by non-mobility impaired applicants only with the understanding that such applicants must accept a transfer to a non-accessible unit at a later date if a person with a mobility impairment requiring the unit applies for housing and is determined eligible.

#### FAMILY MOVES

When a change in the circumstances of a tenant family requires another unit size, the family's move depends upon the availability of a suitable size and type of unit. If the unit is not available at the time it is requested the family will be placed on the Transfer List.

The unit considerations in this section should be used as a guide to determine whether and when the bedroom size should be changed. If an unusual situation occurs, which is not currently covered in this policy, the case should be taken to the Programs Manager who will make a determination after review of the situation, the individual circumstances, and the verification provided.

The PHA will respond promptly to all complaints. Each complaint regarding physical condition of the units may be reported by phone to the Program Manager. Anonymous complaints are checked whenever possible. The PHA does require that complaints be put in writing. Anonymous complaints will be checked whenever possible.

Applicants who are determined ineligible, who do not meet the PHA's admission standards, or where the PHA does not have an appropriate size and type of unit in its inventory will be given written notification promptly, including the reason for the determination.

Ineligible applicants will be promptly provided with a letter detailing their individual status, stating the reason for their ineligibility, and offering them an opportunity for an informal review.

Applicants must submit their request for an informal review in writing to the PHA within ten (10) business days from the date of the notification of their ineligibility. If the applicant requests an informal review, the PHA will provide an informal review within ten (10) business days of receiving the request. The PHA will notify the applicant of the place, date, and time.

An informal review will be conducted by an impartial review officer. The person who is designated as the review officer cannot be the person who made the determination of ineligibility or a subordinate of that person.

The applicant may bring to the hearing any documentation or evidence s/he wishes and the evidence along with the data compiled by the PHA will be considered by the review officer. The review officer will make a determination based upon the merits of the evidence presented by both sides. Within thirty (30) calendar days of the date of the review, the review officer will mail a written decision to the applicant and place a copy of the decision in the applicant's file.

The grievance procedures for Public Housing residents do not apply to PHA determinations that affect applicants.

Grievances or appeals concerning the obligations of the tenant or the PHA under the provisions of the lease shall be processed and resolved in accordance with the Grievance Procedure of the PHA, which is in effect at the time such grievance or appeal arises.

Assistance to a family may not be delayed, denied or terminated on the basis of immigration status at any time prior to the receipt of the decision on the INS appeal. Assistance to a family may not be terminated or denied while the PHA review is pending but assistance to an applicant may be delayed pending the PHA review.

If a family member claims to be an eligible immigrant and the INS SAVE system and manual search do not verify the claim, the PHA will notify the applicant or tenant within ten (10) business days of their right to appeal to the INS within thirty (30) calendar days or to request an informal review with the PHA either in lieu of or subsequent to the INS appeal. If the family appeals to the INS, they must give the PHA a copy of the appeal and proof of mailing or the PHA may proceed to deny or terminate. The time period to request an appeal may be extended by the PHA for good cause.

The request for a PHA review must be made within fourteen (14) calendar days of receipt of the notice offering the review or, if an appeal was made to the INS, within fourteen (14) calendar days of receipt of that notice. After receipt of a request for an informal review, the review is conducted as described in the "Grievance Procedures" section of this chapter for both applicants and participants. If the review officer decides that the individual is not eligible, and there are no other eligible family members the PHA will:

1. Deny the applicant family

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# 2. Terminate the participant

If there are eligible members in the family, the PHA will offer to prorate assistance or give the family the option to remove the ineligible members. All other complaints related to eligible citizen/immigrant status will be processed as follows:

- 1. If any family member fails to provide documentation or certification as required by the regulation, that member is treated as ineligible. If all family members fail to provide, the family will be denied or terminated for failure to provide.
- 2. Participants whose assistance is pro-rated (either based on their statement that some members are ineligible or due to failure to verify eligible immigration status for some members after exercising their appeal and hearing rights described above) are entitled to a hearing based on the right to a hearing regarding determinations of Tenant Rent and Total Tenant Payment.

Families denied or terminated for fraud in connection with the non-citizens rule are entitled to a review or hearing in the same way as terminations for any other type of fraud.

# GRIEVANCE PROCEDURES:

This Grievance Procedure applies to all individual grievances between the tenant and the PHA, except any grievance concerning a termination of tenancy or eviction that involves:

- Any activity, not just criminal activity, that threatens the health, safety, or right to peaceful enjoyment of the premises of other residents or PHA employees, or
- Any drug-related criminal activity on or near such premises.

The PHA grievance procedure shall not be applicable to disputes between tenants not involving the PHA or to class grievances. The grievance procedure is not intended as a forum for initiating or negotiating policy changes between a group or groups of tenants and the PHA's Board of Commissioners.

# Informal Settlement of Grievance

1. Any grievance must be presented orally or in writing to the PHA office or to the housing management office that sent the notice on which the grievance is based, so that the grievance may be discussed informally and settled without a hearing. A summary of such discussion shall be prepared within five (5) business days, and will be sent to the tenant by a PHA representative. One copy will be filed in the tenant's file.

The summary will include names of participants, date of meeting, nature of the proposed disposition and the specific reasons for the disposition. The summary will also specify the steps by which a Formal Hearing can be obtained if the tenant is not satisfied.

If the tenant is dissatisfied with the proposed disposition of the grievance, s/he shall submit a written request for a Formal Hearing within ten (10) business days of the date of the summary of the informal conference.

The request for a Formal Hearing must be presented to the PHA's Programs Manager specifying the reason for the grievance request and the relief sought.

If the tenant does not request a Formal Hearing within ten (10) business days, s/he waives his/her right to a Formal Hearing, and the PHA's proposed disposition of the grievance will become final. This section in no way constitutes a waiver of the tenant's right to contest the PHA's disposition in an appropriate judicial proceeding.

After exhausting the informal conference procedures outlined above, and the tenant does request a Formal Hearing before a hearing officer.

The tenant (head of household) or other adult household member(s) must attend the hearing.

If rescheduling of the hearing is necessary by the tenant, the hearing must be rescheduled at least four (4) hours in advance of the scheduled hearing time or the tenant waives their right to the hearing.

If the tenant fails to appear within twenty (20) minutes of the scheduled hearing time, the tenant waives their right to the hearing.

The PHA will provide reasonable accommodation for persons with disabilities to participate in the hearing. The PHA must be notified within twenty-four (24) hours of the scheduled time if special accommodations are required.

A grievance hearing shall be conducted by an impartial person or persons appointed by the PHA other than the person who made or approved the PHA action under review, or a subordinate of such person.

All grievances must be personally presented orally or in writing pursuant to the informal Settlement of Grievance procedure as a prerequisite to the Formal Hearing.

The hearing officer may waive the prerequisite informal conference if, and only if, the tenant can show good cause why s/he failed to proceed informally.

Before a hearing is scheduled in any grievance involving an amount of rent the PHA claims is due, the tenant shall pay to the PHA all rent due and payable as of the month preceding the month in which the act or failure to act took place.

The tenant shall thereafter deposit the same amount of the monthly rent in an escrow account each month until the grievance is resolved by decision of the hearing officer or panel.

The PHA must waive these escrow deposit requirements for grievances concerning imputed welfare benefits and minimum rents. Unless so waived, failure to make the required escrow payments shall result in termination of the grievance procedure. Failure to make such payments does not constitute a waiver of any right the tenant may have to contest the PHA's disposition of the grievance in any appropriate judicial proceeding.

If the tenant complies with the procedures outlined above, a Formal Hearing shall be scheduled by the hearing officer within ten (10) business days at a time and place reasonable convenient to the tenant and the PHA.

A written notification of the date, time, place, and procedures governing the hearing shall be delivered to the tenant and the appropriate PHA official.

The hearing shall be held before a hearing officer or hearing panel. The tenant shall be afforded a fair hearing and be provided the basic safeguards of due process to include:

- 1. The opportunity to examine and to copy before the hearing, at the expense of the tenant, all documents, records and regulations of the PHA that are relevant to the hearing with at least a twenty-four (24) hour notice to CPHA prior to the hearing, and any document not so made available after request by the tenant may not be relied upon by the PHA at the hearing
- 2. The PHA shall also have the opportunity to examine and to copy at the expense of the PHA all documents, records and statements that the family plans to submit during the hearing to refute the PHA's inaction or proposed action, and any documents not so made available to the PHA may not be relied upon at the hearing
- 3. The right to a private hearing unless otherwise requested by the tenant
- 4. The right to be represented by counsel or other person chosen as a representative and make statements on the tenant's behalf.
- 5. The right to present evidence and arguments in support of the tenant's, to controvert evidence presented by the PHA, and to confront and cross-examine all witnesses upon whose testimony or

information the PHA relies, limited to the issues for which the tenant has received the opportunity for a formal hearing

6. The right to a decision based solely and exclusively upon the facts presented at the hearing

If the hearing officer determines that the issue has been previously decided in another proceeding, a decision may be rendered without proceeding with the hearing.

If the tenant or PHA fail to appear at the scheduled hearing, the hearing officer may make a determination that the party has waived his/her right to a hearing. Such a determination in no way waives the tenant's right to appropriate judicial proceedings in another forum.

At the hearing, the tenant must first make a showing of an entitlement to the relief sought and thereafter the PHA must sustain the burden of justifying the PHA action or failure to act against which the complaint is directed.

The hearing shall be conducted informally by the hearing officer or panel and oral and documentary evidence pertinent to the facts and issues raised by the complaint may be received without regard to admissibility under the rules of evidence applicable to judicial proceedings;

The hearing officer shall require the PHA, tenant, counsel, and other participants and spectators to conduct themselves in an orderly manner. The failure to comply with the directions of the hearing officer/panel to maintain order will result in the exclusion from the proceedings, or a decision adverse to the interests of the disorderly party and granting or denial of the relief sought, as appropriate.

The PHA must provide reasonable accommodations for persons with disabilities to participate in the hearing. Reasonable accommodations may include qualified sign language interpreters, readers, accessible locations, or attendant.

The hearing officer shall give the PHA and the tenant a written decision, including the reasons for the decision, within ten (10) calendar days following the hearing. The written decision will be sent to the address provided at the hearing. The PHA will place one copy in the tenant file.

The decision of the hearing officer shall be binding on the PHA, which shall take all actions necessary to carry out the decision.

A decision by the hearing officer/panel in favor of the PHA or which denies the relief requested by the tenant in whole or part shall not constitute a waiver of, nor affect in any manner whatever, the rights of the tenant to a trial or judicial review in any proceedings which may thereafter by brought in the matter.

If a tenant has requested a hearing in accordance with these duly adopted Grievance Procedures on a complaint involving a PHA notice of termination of tenancy, and the hearing officer upholds the PHA action, the PHA shall not commence an eviction action unless it has previously served or until it has served a notice of intent to terminate the lease on the tenant.

The tenant may be required to pay court costs and attorney fees.

Item 6.7– Community Service & Self-Sufficiency -- A description of: (1) any programs relating to services and amenities provided or offered to assisted families; (2) Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency or assisted families, including programs under Section 3 and FSS. (3) **How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements.** 

# CPHA has adopted the following Community Service Requirement and Policy:

# 15-I.A. OVERVIEW

HUD regulations pertaining to the community service requirement are contained in 24 CFR 960 Subpart F (960.600 through 960.609). CPHA and residents must comply with the community service requirement, effective with CPHA fiscal years that commenced on or after October 1, 2000. Per 903.7(I) (1) (iii), CPHA Plan must contain a statement of the how CPHA will comply with the community service requirement, including any cooperative agreement that CPHA has entered into or plans to enter into.

Community service is the performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community service is not employment and may not include political activities [24 CFR 960.601(b)].

In administering community service requirements, CPHA must comply with all non-discrimination and equal opportunity requirements [24 CFR 960.605(c) (5)].

# 15-I.B. REQUIREMENTS

Each adult resident of CPHA, who is not exempt, must [24 CFR 960.603(a)]:

- Contribute 8 hours per month of community service; or
- Participate in an economic self-sufficiency program (as defined in the regulations) for 8 hours per month; or
- Perform 8 hours per month of combined activities (community service and economic selfsufficiency programs).

An individual may not skip a month and then double up the following month, unless special circumstances warrant it. CPHA will make the determination of whether to permit a deviation from the schedule.

Individuals who have special circumstances which they believe will prevent them from completing the required community service hours for a given month, must notify CPHA in writing immediately. CPHA will review the request and notify the individual, in writing, of its determination within 10 calendar days. CPHA may require those individuals to provide documentation to support their claim.

# Definitions

# Exempt Individual [24 CFR 960.601(b)]

An *exempt individual* is an adult who:

- Is age 62 years or older;
- Is blind or disabled (as defined under section 216[i][l] or 1614 of the Social Security Act), and who certifies that because of this disability they are unable to comply with the service provisions;
- Is a primary caretaker of such an individual;

Is engaged in work activities;

CPHA will consider 25 hours per week as the minimum number of hours needed to qualify for a work activity exemption.

- Meets the requirements for being exempted from having to engage in a work activity under the State Program funded under part A of title IV of the Social Security Act, or under any other welfare program of the State in which the PHA is located, including a Stateadministered welfare-to-work program; or
- Is a member of a family receiving assistance, benefits or services under a State Program funded under part A of title IV of the Social Security Act, or under any other welfare program of the State in which the PHA is located, including a State-administered Welfare-To-Work Program, and has not been found by the State or other administering entity to be in noncompliance with such program.
- Is raising young (pre-school) children at home when spouse is working

# Community Service [PH Occ. GB, p. 174]

Community service is volunteer work which includes, but is not limited to:

- Work at a local institution including but not limited to: school, child care center, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, indigent feeding program, cooperative food bank, etc.
- Work with a nonprofit organization that serves CPHA residents or their children such as: Boy Scouts, Girl Scouts, Boys or Girls Clubs, 4-H programs, PAL, Garden Center, community clean-up programs, beautification programs, other youth or senior organizations
- Work at CPHA to help improve physical conditions
- Work at CPHA to help with children's programs
- Work at CPHA to help with senior programs
- Helping neighborhood groups with special projects
- Working through a resident organization to help other residents with problems, serving as an
  officer in a resident organization, serving on the resident advisory board

NOTE: Political activity is excluded for purposes of eligible community service activities.

# Economic Self-Sufficiency Program [24 CFR 5.603(b)]

For purposes of satisfying the community service requirement, an *economic self-sufficiency program* is defined by HUD as: Any program designed to encourage, assist, train, or facilitate economic independence of assisted families or to provide work for such families.

These economic self-sufficiency programs can include job training, employment counseling, work placement, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeships (formal or informal), or any other program necessary to ready a participant to work (such as substance abuse or mental health treatment).

# Work Activities [42 U.S.C. 607(d)]

As it relates to an exemption from the community service requirement, work activities means:

- Unsubsidized employment
- Subsidized private sector employment
- Subsidized public sector employment
- Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available
- On-the-job training
- Job search and job readiness assistance
- Community service programs
- Vocational educational training (not to exceed 12 months with respect to any individual)
- Job skills training directly related to employment
- Education directly related to employment, in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency
- Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate

# Notification Requirements [24 CFR 960.605(c)(2)]

CPHA must give each family a written description of the community service requirement, the process for claiming status as an exempt person, and the process for CPHA verification of exempt status. CPHA must also notify the family of its determination identifying the family members who are subject to the service requirement, and the family members who are exempt.

CPHA will provide the family with a copy of the Community Service Policy found in Exhibit 15 - 1 of this chapter, at lease-up, lease renewal, when a family member is determined to be subject to the community service requirement during the lease term, and at any time upon the family's request.

On an annual basis, approximately 60 days prior to the lease renewal, CPHA will notify the head of household in writing of the family members who have failed to meet their community service obligations. If the family is in the first year of the community service requirement CPHA will offer the family an opportunity to meet their obligation. If the family is in the second year of the community service requirement the notice will be a termination of the lease.

# 15-I.C. DETERMINATION OF EXEMPTION STATUS AND COMPLIANCE [24 CFR 960.605(c)(3)]

CPHA must review and verify family compliance with service requirements at least before the end of each month. The policy for documentation and verification of compliance with community service requirements may be found at Section 15 - I.D., Documentation and Verification.

Where the lease term does not coincide with the effective date of the annual recertification, CPHA will change the effective date of the annual re-certification to coincide with the lease term. In making this change, CPHA will ensure that the annual recertification is conducted within 12 months of the last annual re-certification.

## **Annual Determination**

## **Determination of Exemption Status**

An exempt individual is excused from the community service requirement [24 CFR 960.603(a)].

At least ninety (90) days prior to lease renewal, CPHA will review and verify the exemption status of all adult family members. This verification will only be done on an annual basis unless the family reports a change or CPHA has reason to believe that an individual's exemption status has changed. For individuals who are exempt because they are 62 years of age and older, verification of exemption status will be done only at the initial examination.

Upon completion of the verification process, CPHA will notify the family of its determination in accordance with the policy in Section 15 - I.B., Notification Requirements.

# Determination of Compliance

CPHA must review resident family compliance with service requirements at least ninety (90) days before the end of the twelve month lease term [24 CFR 960.605(c)(3)]. As part of this review, CPHA must verify that any family member that is not exempt from the community service requirement has met their service obligation.

Approximately ninety (90) days prior to the end of the lease term, CPHA will provide written notice informing the head of any documentation needed to verify family members who have complied with the service requirement. The family will have ten (10) calendar days to submit CPHA required documentation form(s).

If the family fails to submit the required documentation within the required timeframe, or CPHA approved extension, the subject family members will be considered noncompliant with community service requirements, and notices of noncompliance will be issued pursuant to the policies in Section 15 - I.E., Noncompliance.

## **Change in Status Between Annual Determinations**

Exempt to Non-Exempt Status

If an exempt individual becomes non-exempt during the twelve (12) month lease term, it is the family's responsibility to report this change to CPHA immediately.

CPHA will provide written notice of the effective date of the requirement and a documentation form on which the family member may record the activities performed and number of hours contributed.

The effective date of the community service requirement will be the first of the month following thirty (30) days notice.

#### Non-Exempt to Exempt Status

If a non-exempt person becomes exempt during the twelve (12) month lease term, it is the family's responsibility to report this change to CPHA immediately. Any claim of exemption will be verified by CPHA in accordance with the policy at 15 - I.D., Documentation and Verification of Exemption Status.

CPHA will provide the family written notice that the family member is no longer subject to the community service requirement, if CPHA is able to verify the exemption.

The exemption will be effective immediately.

## 15-I.D. DOCUMENTATION AND VERIFICATION [24 CFR 960.605(c)(4)]

CPHA must retain reasonable documentation of service requirement performance or exemption in participant files.

## **Documentation and Verification of Exemption Status**

All family members who claim they are exempt from the community service requirement will be required to sign the community service exemption certification form found in Exhibit 15 - 3. CPHA will provide a completed copy to the family and will keep a copy in the tenant file.

CPHA will verify that an individual is exempt from the community service requirement by following the verification hierarchy and documentation requirements in Chapter 7.

CPHA makes the final determination whether or not to grant an exemption from the community service requirement. If a resident does not agree with CPHA's determination, they can dispute the decision through CPHA's grievance procedures (see Chapter 12).

## **Documentation and Verification of Compliance**

If qualifying community service activities are administered by an organization other than CPHA, a family member who is required to perform community service must provide CPHA with a signed certification completed by the organization stating that the family member has performed the qualifying activities [24 CFR 960.607].

If anyone in the family is subject to the community service requirement, CPHA may provide the family with a community service timesheet at time of admission or when a family member becomes subject to the community service requirement during the lease term, or upon request by the family.

Each individual who is subject to the requirement will be required to return a completed timesheet or other third party documentation for their community service or self-sufficiency activities and the number of hours contributed monthly. The timesheet will also include places for signatures and phone numbers of supervisors, instructors, and counselors certifying to the number of hours contributed.

If CPHA has reasonable cause to believe that the timesheet provided by the family is false or fraudulent, CPHA has the right to require third-party verification.

CPHA will randomly verify family's community service obligations.

# **15-I.E. NONCOMPLIANCE**

## **Initial Noncompliance**

The lease specifies it is renewed automatically for all purposes, unless the family fails to comply with the community service requirement. Violation of the community service requirement is grounds for non-renewal of the lease at the end of the twelve (12) month lease term, but not for termination of tenancy during the course of the twelve (12) month lease term [24 CFR 960.603(b)].

If the tenant or another family member has violated the community service requirement, CPHA may not renew the lease upon expiration of the twelve (12) month term of the lease, unless the tenant and any other non-compliant family member enter into a written agreement with CPHA. Under this agreement the tenant or non-compliant family member must agree to cure the non-compliance by completing the additional hours of community service or economic self-sufficiency needed to make up the total number of hours required, over the twelve (12) month term of the new lease. In addition, all other members of the family who are subject to the community service requirement must be currently complying with the community service requirement or must no longer be residing in the unit [24 CFR 960.607(c)].

# Notice of Initial Non-compliance [24 CFR 960.607(b)]

If CPHA determines that there is a family member who is required to perform community service requirement, but who has failed to comply with this obligation (non-compliant resident), CPHA must notify the tenant of this determination.

The notice to the tenant must briefly describe the non-compliance. The notice must state that CPHA will not renew the lease at the end of the twelve (12) month lease term unless the tenant, and any other non-compliant resident, enter into a written agreement with CPHA to cure the non-compliance, or the family provides written assurance satisfactory to CPHA that the tenant or other non-compliant resident no longer resides in the unit.

The notice must also state that the tenant may request a grievance hearing on CPHA's determination, in accordance with CPHA's grievance procedures, and that the tenant may exercise any available judicial remedy to seek timely redress for CPHA's non-renewal of the lease because of CPHA's determination.

The notice of initial non-compliance will be sent at least ninety (90) days prior to the end of the lease term.

The family will have ten (10) calendar days from the date of the notice of non-compliance to enter into a written agreement to cure the non-compliance over the twelve (12) month term of the new lease, provide documentation that the non-compliant resident no longer resides in the unit, or to request a grievance hearing.

If the family reports that a non-compliant family member is no longer residing in the unit, the family must provide documentation that the family member has actually vacated the unit before CPHA will agree to continued occupancy of the family. Documentation must consist of a certification signed by the head of household as well as evidence of the current address of the family member that previously resided with them.

If the family does not request a grievance hearing, or does not take either corrective action required by the notice of non-compliance within the required ten (10) calendar day timeframe, CPHA will terminate tenancy in accordance with the policies in Chapter 12.

## Continued Non-compliance [24 CFR 960.607(b)]

If, after the twelve (12) month cure period, the family member is still not compliant, CPHA must terminate tenancy of the entire family, according to CPHA's lease, unless the family provides documentation that the non-compliant resident no longer resides in the unit.

Notices of continued non-compliance will be sent at least ninety (90) days prior to the end of the lease term and will also serve as the family's termination notice. The notice will meet the requirements for termination notices described in Chapter 12.

The family will have ten (10) calendar days from the date of the notice of non-compliance to provide documentation that the non-compliant resident no longer resides in the unit, or to request a grievance hearing.

If the family reports that a non-compliant family member is no longer residing in the unit, the family must provide documentation that the family member has actually vacated the unit before CPHA will agree to continued occupancy of the family. Documentation must consist of a certification signed by the head of household as well as evidence of the current address of the non-compliant family member that previously resided with them.

If the family does not request a grievance hearing, or provide such documentation within the required ten (10) calendar day timeframe, the family's lease and tenancy will automatically terminate at the end of the current lease term without further notice.

## PART II: IMPLEMENTATION OF COMMUNITY SERVICE

## 15-II.A. OVERVIEW

CPHA must develop a policy for administration of the community service and economic selfsufficiency requirements for public housing. It is in CPHA's best interests to develop a viable, effective community service program, to provide residents the opportunity to engage in the community and to develop competencies.

#### **CPHA Implementation of Community Service**

CPHA may not substitute any community service or self-sufficiency activities performed by residents for work ordinarily performed by CPHA employees, or replace a job at any location where residents perform activities to satisfy the service requirement [24 CFR 960.609].

CPHA will notify its insurance company if residents will be performing community service at CPHA. In addition, CPHA will ensure that the conditions under which the work is to be performed are not hazardous.

If a disabled resident certifies that they are able to perform community service, CPHA will ensure that requests for reasonable accommodation are handled in accordance with the policies in Chapter 1 Section C.

# **CPHA Program Design**

CPHA may administer qualifying community service or economic self-sufficiency activities directly, or may make community service activities available through a contractor, or through partnerships with qualified organizations, including resident organizations, and community agencies or institutions [24 CFR 960.605(b)].

CPHA will attempt to provide the broadest choice possible to residents as they choose community service activities.

CPHA's goal is to design a service program that gives residents viable opportunities to become involved in the community and to gain competencies and skills. CPHA will work with resident organizations and community organizations to design, implement, assess and recalibrate its community service program.

CPHA will make every effort to identify volunteer opportunities throughout the community, especially those in proximity to public housing developments. To the greatest extent possible, CPHA will provide names and contacts at agencies that can provide opportunities for residents, including persons with disabilities, to fulfill their community service obligations.

Any written agreements or partnerships with contractors and/or qualified organizations, including resident organizations, are described in CPHA Plan.

CPHA will provide in-house opportunities for volunteer work or self-sufficiency programs when possible.

## EXHIBIT 15 - 1: COMMUNITY SERVICE AND SELF-SUFFICIENCY POLICY & LEASE ADDENDUM

## A. Background

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt (see definitions) public housing adult residents (18 or older) contribute eight (8) hours per month of community service (volunteer work) or participate in eight (8) hours of training, counseling, classes or other activities that help an individual toward self-sufficiency and economic independence. This is a requirement of the public housing lease.

# B. Definitions

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

- Work at a local institution, including but not limited to: school, child care center, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, indigent feeding program, cooperative food bank, etc.
- Work with a nonprofit organization such as: Parks and Recreation, United Way, Red Cross, Volunteers of America, Boy Scouts, Girl Scouts, Boys or Girls Clubs, 4-H Program, PAL, Garden Center, community clean-up programs, beautification programs, other counseling, aid, youth or senior organizations
- Work at the housing authority to help with litter control
- Work at the housing authority to help with children's programs
- Work at the housing authority to help with senior programs
- Helping neighborhood groups with special projects
- Working through a resident organization to help other residents with problems
- Serving as an officer in a resident organization

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Serving on the Resident Advisory Board

**NOTE:** Political activity is excluded.

Self-Sufficiency Activities - activities that include, but are not limited to:

- Job readiness programs
- Job training programs
- GED classes
- Substance abuse or mental health counseling
- English proficiency or literacy (reading) classes
- Apprenticeships
- Budgeting and credit counseling
- Any kind of class that helps a person toward economic independence
- · Student status at any school, college or vocation school

**Exempt Adult** – an adult member of the family who meets any of the following criteria:

- Is 62 years of age or older
- Is blind or a person with disabilities (as defined under section 216[i][I] or 1614 of the Social Security Act), and who certifies that because of this disability he or she is unable to comply with the service provisions, or is the primary caretaker of such an individuals
- Is working at least 25 hours per week
- Meets the requirements for being exempted from having to engage in a work activity under TANF or any other State welfare program including a State-administered welfare-to-work program
- Is a member of a family receiving assistance, benefits or services under TANF or any other State welfare program and has not been found to be in noncompliance with such program
- · Is raising young (pre-school) children at home when spouse is working

# C. Requirements of the Program

- 1. The eight (8) hours per month may be either volunteer work or self-sufficiency program activity, or a combination of the two.
- 2. At least eight (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration. The housing authority will make the determination of whether to allow or disallow a deviation from the schedule based on a family's written request.
- 3. Family obligation:
  - At lease execution, all adult members (18 or older) of a public housing resident family must:
    - Sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the community service requirement will result in a nonrenewal of their lease; and
    - Declare if they are exempt. If exempt, they must complete the Exemption Form (Exhibit 11-3) and provide documentation of the exemption.
  - Upon written notice from the PHA, non-exempt family members must present

complete documentation of activities performed during the applicable lease term. This documentation will include places for signatures of supervisors, instructors, or counselors, certifying to the number of hours contributed.

- If a family member is found to be noncompliant at the end of the 12-month lease term, he or she, and the head of household, will be required to sign an agreement with the housing authority to make up the deficient hours over the next twelve (12) month period, as a condition of continued occupancy.
- 4. Change in exempt status:
  - If, during the twelve (12) month lease period, a non-exempt person becomes exempt, it is his or her responsibility to report this to the PHA and provide documentation of exempt status.
  - If, during the twelve (12) month lease period, an exempt person becomes nonexempt, it is his or her responsibility to report this to the PHA. Upon receipt of this information the PHA will provide the person with the appropriate documentation form(s) and a list of agencies in the community that provide volunteer and/or training opportunities.

# D. Authority Obligation

- 1. To the greatest extent possible and practicable, the CPHA will:
  - Provide names and contacts at agencies that can provide opportunities for residents, including residents with disabilities, to fulfill their community service obligations.
  - · Provide in-house opportunities for volunteer work or self-sufficiency activities.
- 2. CPHA will provide the family with a copy of this policy, and all applicable exemption verification forms and community service timesheet forms, at lease-up or when a family member becomes subject to the community service requirement during the lease term, and at any time upon the family's request.
- 3. Although exempt family members will be required to submit documentation to support their exemption, CPHA will verify the exemption status in accordance with its verification policies. CPHA will make the final determination as to whether or not a family member is exempt from the community service requirement. Residents may use the CPHA's grievance procedure if they disagree with the CPHA's determination.
- 4. Noncompliance of family member:
  - At least ninety (90) days prior to the end of the twelve (12) month lease term, CPHA will begin reviewing the exempt or non-exempt status and compliance of family members;
  - If, at the end of the initial twelve (12) month lease term under which a family member is subject to the community service requirement, CPHA finds the family member to be noncompliant, CPHA will not renew the lease unless:
    - The head of household and any other noncompliant resident enter into a written agreement with CPHA, to make up the deficient hours over the next twelve (12) month period; or
    - The family provides written documentation satisfactory to the CPHA that the noncompliant family member no longer resides in the unit.
  - If, at the end of the next twelve (12) month lease term, the family member is still not compliant, a thirty (30) day notice to terminate the lease will be issued and the entire family will have to vacate, unless the family provides written documentation satisfactory to CPHA that the noncompliant family member no longer resides in the unit;

The family may use CPHA's grievance procedure to dispute the lease termination. •

\_\_\_\_

\_\_\_\_

All adult family members must sign and date below, certifying that they have read and received a copy of this Community Service and Self-Sufficiency Policy.

| Resident   | Date |
|------------|------|
| Resident   | Date |
| Resident   | Date |
| Resident   | Date |
| CPHA Staff | Date |

#### EXHIBIT 15 - 2: DEFINITION OF A PERSON WITH A DISABILITY UNDER SOCIAL SECURITY ACTS 216(i)(I) and Section 1416(excerpt) FOR PURPOSES OF EXEMPTION FROM COMMUNITY SERVICE

## Social Security Act:

**216(i)(1):** Except for purposes of sections 202(d), 202(e), 202(f), 223, and 225, the term "disability" means (A) inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months, or (B) blindness; and the term "blindness" means central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for purposes of this paragraph as having a central visual acuity of 20/200 or less.

# Section 1416 (excerpt):

SEC. 1614. [42 U.S.C. 1382c] (a)(1) For purposes of this title, the term "aged, blind, or disabled individual" means an individual who—

(A) is 65 years of age or older, is blind (as determined under paragraph (2)), or is disabled (as determined under paragraph (3)), and

(B)(i) is a resident of the United States, and is either (I) a citizen or (II) an alien lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (including any alien who is lawfully present in the United States as a result of the application of the provisions of section 212(d)(5) of the Immigration and Nationality Act), or

(ii) is a child who is a citizen of the United States and, who is living with a parent of the child who is a member of the Armed Forces of the United States assigned to permanent duty ashore outside the United States.

(2) An individual shall be considered to be blind for purposes of this title if he has central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for purposes of the first sentence of this subsection as having a central visual acuity of 20/200 or less. An individual shall also be considered to be blind for purposes of this title if he is blind as defined under a State plan approved under title X or XVI as in effect for October 1972 and received aid under such plan (on the basis of blindness) for December 1973, so long as he is continuously blind as so defined.

(3)(A) Except as provided in subparagraph (C), an individual shall be considered to be disabled for purposes of this title if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve months.

# **EXHIBIT 15-3:DETERMINATION OF EXEMPTION FOR COMMUNITY SERVICE**

# Housing Authority of Maricopa County

| Pul      | blic Housing Office – 2024 North 7 <sup>th</sup> Street, Phoenix, Arizona 85006  |
|----------|--|
| Family:  |  |
| Adult fa | amily member:  |
|          | lult family member meets the requirements for being exempted from CPHA's community requirement for the following reason:   |
|          | 62 years of age or older; (Documentation of age in file)   |
|          | Is a person with disabilities and self-certifies below that he or she is unable to comply with the community service requirement. ( <i>Documentation of HUD definition of disability in file</i> )                         |
|          | <b>Tenant certification:</b> I am a person with disabilities and am unable to comply with the community service requirement.   |
|          | Signature of Family Member         Date  |
|          | Is the primary caretaker of such an individual in the above category; (Documentation in file)  |
|          | Is working at least 25 hours per week; (Employment verification in file)   |
|          | Is raising young (pre-school) children at home when spouse is working; (Employment verification in file)   |
|          | Is participating in a welfare-to-work program; (Documentation in file).  |
|          | Meets the requirements for being exempted from having to engage in a work activity under TANF or any other State welfare program, including a State-administered welfare-to-work program; ( <i>Documentation in file</i> ) |
|          | Is a member of a family receiving assistance, benefits or services under TANF or any other State welfare program and has not been found to be in noncompliance with such program. (Documentation in file)                  |
|          | Signature of Family Member Date  |

Signature of PHA Official

Date

# 9. Pets

Pet deposits will not be applied to animals that assist, support, or provide service to persons with disabilities. This exclusion applies to both service animals and companion animals as reasonable accommodation for persons with disabilities. This exclusion applies to such animals that reside in public housing and that visit these developments.

To be excluded from the pet policy, the resident/pet owner must certify:

- That there is a person with disabilities in the household
- That the animal has been trained to assist with the specified disability
- That the animal actually assists the person with the disability

All pets must be approved in advance by the PHA management and the pet owner must submit and enter into a Pet Agreement with the PHA.

The PHA may not refuse to register a pet based on the determination that the pet owner is financially unable to care for the pet. If the PHA refuses to register a pet, a written notification will be sent to the pet owner stating the reason for denial and shall be served in accordance with HUD Notice requirements.

The PHA will refuse to register a pet if:

- The pet is not a common household pet
- Keeping the pet would violate any House Pet Rules
- The pet owner fails to provide complete pet registration information, or fails to update the registration annually.
- The PHA reasonably determines that the pet owner is unable to keep the pet in compliance with the pet rules and other lease obligations. The pet's temperament and behavior may be considered as a factor in determining the pet owner's ability to comply with provisions of the lease

The notice of refusal may be combined with a notice of a pet violation.

If an approved pet gives birth to a litter, the resident must remove all pets from the premises, except one, within ninety (90) days. In any case, notification must be given to management of additional pets.

Tenants are permitted to have only one (1) pet-with the exception of fish, birds, or rodents with prior PHA approval.

The following are NOT considered "common household pets":

- Animals who would be allowed to produce offspring for sale.
- Wild, feral, or any other animals that are not amenable to routine human handling.
- Any poisonous animals of any kind.
- Non-human primates.
- Animals whose climatological needs cannot be met in the unaltered environment of the individual dwelling unit.
- Pot-bellied pigs.
- Ferrets or other animals whose natural protective mechanisms pose a risk of serious bites and/or lacerations to small children.
- Hedgehogs or other animals whose protective instincts and natural body armor produce a risk of serious puncture injuries to children
- Chicks or other animals that pose a significant risk of salmonella infection to those who handle them.

- Pigeons, doves, mynahs and birds of other species that are hosts to the organisms that cause psittacosis in humans.
- Snakes or other kinds of reptiles.

Residents who have been approved to have a pet must enter into a Pet Agreement with the PHA. Thee Resident will certify, by signing the Pet Agreement that the Resident will adhere to the following rules:

- Agree that the resident is responsible and liable for all damages caused by their pet(s).
- All complaints of cruelty and all dog bites will be referred to animal control or applicable agency for investigation and enforcement.
- All common household pets are to be fed inside the apartment. Feeding is not allowed on porches, sidewalks, patios or other outside areas.
- Residents shall not feed any stray animals: doing so, or keeping stray or unregistered animals, will be considered having a pet without permission.
- No animals may be tethered or chained outside or inside the dwelling unit.
- When outside the dwelling unit, all pets must be on a leash or in an animal transport enclosure and under the control of a responsible individual.
- All fecal matter deposited by the pet(s) must be promptly and completely removed from any common area. Failure to do so will result in a Pet Waste Removal charge of \$25.00. All animal waste or the litter from litter boxes shall be picked up immediately by the pet owner, disposed of in sealed plastic trash bags and placed in a trash bin. Litter shall not be disposed of by being flushed through a toilet.
- The pet owner shall take precautions to ensure that the pet does not urinate on Authority buildings. Where the Authority has determined that such deposits pose a health hazard or detract from the appearance of the buildings, the pet owner will either be responsible for the related cleanup or receive a bill for the direct cost thereof.
- Litter boxes shall be stored inside the resident's dwelling unit or in animal enclosures maintained within dwelling units AND must be removed and/or replaced regularly. Failure to do so will result in a Pet Waste Removal charge.
- The Resident/Pet Owner shall be responsible for the removal of waste from any animal or pet exercise area by placing it in a sealed plastic bag and disposing of it in an outside trash bin immediately. The resident/pet owner shall take adequate precautions to eliminate any animal or pet odors within or around the unit and to maintain the unit in a sanitary condition at all times.
- The right of management to enter dwelling unit when there is evidence that an animal left alone is in danger or distress or is creating a nuisance.
- The right of management to seek impoundment and sheltering of an animal found to be maintained in violation of housing rules, pending resolution of any dispute regarding such violation, at owner's expense. The resident shall be responsible for any impoundment fees, and the PHA accepts no responsibility for pets so removed.
- That failure to abide by any animal-related requirement or restriction constitutes a violation of the "Resident Obligations" in the resident's Lease Agreement.
- Residents will prevent disturbances by their pets that interfere with the quiet enjoyment of the premises of other residents in their units or in common areas. This includes, but is not limited to, loud or continuous barking, howling, whining, biting, scratching, chirping or other such activities.
- Residents/pet owners shall not alter their unit, patio, premises or common areas to create an enclosure for any animal. Installation of pet doors is prohibited.

Pets that are not owned by a tenant will not be allowed. (This rule excludes service animals, which are assisting visiting persons with disabilities.)

State or local laws governing pets temporarily in dwelling accommodations shall prevail.

The resident/pet owner shall be required to pay a refundable deposit of one hundred dollars (\$100) for the purpose of defraying all reasonable costs directly attributable to the presence of a pet. The PHA reserves the right to change or increase the required deposit by amendment to these rules.

The pet deposit will be refunded when the resident either moves out or no longer has a pet on the premises, whichever occurs first.

All residents/pet owners shall be responsible for adequate care, nutrition, exercise and medical attention for his/her pet.

Residents/pet owners must recognize that other residents may have chemical sensitivities or allergies related to pets, or may be easily frightened or disoriented by animals. Pet owners must agree to exercise courtesy with respect to other residents.

If a determination is made that a resident/pet owner has violated the Pet Rule Policy, written notice will be served. The Notice will contain a brief statement of the factual basis for the determination and the pet rule(s) that were violated. The notice will also state:

- 1. That the resident/pet owner has ten (10) business days from the effective date of the service of notice to correct the violation or make written request for a meeting to discuss the violation;
- 2. That the resident/pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.

If the pet owner requests a meeting within the ten (10) business day period, the meeting will be scheduled within five (5) business days, unless the pet owner agrees to a later date in writing. If the resident/pet owner and the PHA are unable to resolve the violation at the meeting or the pet owner fails to correct the violation in the time period allotted by the PHA, the PHA may serve notice to remove the pet.

The Notice shall contain:

- 1. A brief statement of the factual basis for the PHA's determination of the Pet Rule that has been violated.
- 2. The requirement that the resident/pet owner must remove the pet within ten (10) business days of the notice; and
- 3. A statement that failure to remove the pet may result in the initiation of termination of tenancy procedures.

The PHA may initiate procedures for termination of tenancy based on a pet rule violation if:

- 1. The pet owner has failed to remove the pet or correct a pet rule violation within the time period specified; and
- 2. The pet rule violation is sufficient to begin procedures to terminate tenancy under terms of the lease.

The PHA will take all necessary steps to insure that pets that become vicious, display symptoms of severe illness, or demonstrate behavior that constitutes an immediate threat to the health of safety of others, are referred to the appropriate State or local entity authorized to remove such animals.

If it is necessary for the PHA to place the pet in a shelter facility, the cost will be the responsibility of the tenant/pet owner.

# AZ038f03

Item 8 – Violence Against Women Act

All public housing residents are made aware of the rights outlined in the Violence Against Women Act by signing the following lease addendum:

## LEASE ADDENDUM VIOLENCE AGAINST WOMEN ACT

In January of 2006, a law was passed known as the Violence Against Women Act. The purpose of this addendum is to incorporate the provisions of this act regarding domestic violence, dating violence, and stalking, as hereinafter defined.

- An incident of actual or threatened domestic violence, dating violence, or stalking, shall not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence. Additionally, criminal activity directly relating to domestic violence, dating violence, or stalking engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of the tenancy or occupancy rights, if and only if, the tenant or immediate member of the tenant's family is a victim of that domestic violence, dating violence, or stalking.
- 2. Not withstanding Section 1, or any Federal, State, or local law to the contrary, the Housing Authority may split a lease or remove a household member from a lease without regard to whether a household member is a signatory to a lease in order to evict, remove, or terminate occupancy rights of any individual who is a tenant or lawful occupant and who engaged in criminal acts of physical violence against family members or others without evicting, removing, or terminating occupancy rights or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant. Such eviction or removal of occupancy rights shall be effected in accordance with the procedures prescribed by Federal, State and local law.
- 3. Nothing in this section:
  - a. limits the Housing Authority from honoring court orders addressing rights of access or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members in cases where a family breaks up;
  - b. limits the Housing Authority from evicting a tenant for any violation of a lease not premised on the act or acts of violence in question against the tenant or a member of the tenant's household, provided that the Housing Authority does not subject an individual who is or has been a victim of domestic violence, dating violence, or stalking to a more demanding standard than other tenants in determining whether to evict;
  - c. limits the Housing authority to terminate the tenancy of any tenant if the Housing Authority can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant is not evicted;
  - d. supercedes any provision of any Federal, State, or local law that provides greater protection than this section for victims of domestic violence, dating violence, or stalking.
- 4. All information the Housing Authority may request to confirm domestic violence, dating violence or stalking victim status, pursuant to Federal law, shall be retained in confidence by the Housing Authority, and shall neither be entered into any shared database nor provided to any related entity, except to the extent that disclosure is:
  - a) requested or consented to by the individual in writing,
  - b) required for use in an eviction proceeding; or
  - c) otherwise required by applicable law.
- 5. For the purpose of this amendment, the following definitions apply:
  - a. "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 cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under domestic or family violence laws, or by an other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws.

- b. "dating violence" is defined as violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim; and where the existence of such relationship shall be determined based on a consideration of the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship;
- c. "stalking" is defined as following, pursuing, or repeatedly committing acts with the intent to kill, injure, harass, or intimidate another person; or placing under surveillance with the intent to kill injure, harass, or intimidate another person; and, in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, placing a person in reasonable fear of the death of, or serious bodily injury to, or causing substantial emotional harm to that person; a member of the immediate family of that person; or the spouse or intimate partner of that person.
- d. "immediate family member", with respect to a person, is identified as a spouse, parent, brother or sister, or a child of that person, or an individual to whom that person is legally responsible for; or any other person living in the household of that person and related to that person by blood or marriage.

Tenant Signature

**Tenant Signature** 

Date

Date

In February 2, 2010, an open resident meeting was held in addition to a meeting with the resident advisory board. 13 participants attended the meeting.

Staff members attending: MaryEllen Williams Jenese Bojorquez John Bubar

Resident Advisory Board Members attending:

Angela Lower Patricia Smith Marion Dawson Melissa Thompson

Staff informed the board that there were minor changes to the Admin Plan. No concerns were voiced to the changes. The purpose and background on the annual and 5-year plans were explained to the board. A review of the proposed plans was held.

Suggestions for improvements received were: Covered Parking Assigned Parking Spaces Trees and Shrubs More Lighting and better lighting in the alcoves and by the laundry rooms New flooring in the bathrooms Ceiling fans in laundry rooms Spray for mosquitoes in the summer Landscaping (more rock) in the front yard.

Comments and concerns received in the general meeting included the following: Some people are not parking in the ADA unit parking space Better landscaping and lighting at the houses Skylights need to be cleaned Some residents are over watering and flooding the sidewalk New tree planted to replace one taken out

Parkview residents were informed about the upcoming rehabilitation of the bathrooms. The improvements include replacing all toilets, light switches, bathroom fans, medicine cabinets and bathtub spigots.

Meeting was adjourned.

# **Civil Rights Certification**

# **Civil Rights Certification**

# Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

City of Peoria Public Housing Authority

AZ038

PHA Name

PHA Number/HA Code

| I hereby certify that all the information stated herein, as well<br>prosecute false claims and statements. Conviction may result | as any information pro<br>in criminal and/or civil | vided in the accompaniment herewith, i<br>penalties. (18 U.S.C. 1001, 1010, 1012 | s true and accurate. Warning: HUD will<br>2; 31 U.S.C. 3729, 3802) |
|--|--|--|--|
| Name of Authorized Official  | Carin Imig   | Title  | Interim Executive Director   |
| Signature Carin Amig   |  | Date 04/12/2010  |  |

| Amual<br>Capital<br>Capital            | Amual Statement/Performance and Evaluation Report<br>Capital Fund Program, Capital Fund Program Replacement Housing<br>Capital Fund Financing Program | lousing Factor and |  | U.S. Department of H.<br>Offic            | U.S. Department of Housing and Urban Development<br>Office of Public and Indian Housing<br>OMB No. 2577-0236 |
|--|---|--------------------|--|---|--|
| Part I:                                | Part I: Summary   |                    |  |   | Expires 4/30/2011  |
| PEORIA Houe                            | PHA Name:<br>Grant Type and Number<br>Capital Fund Program Grant No: AZ20P03850110<br>Replacement Housing Factor Grant No:<br>Den-of-Creme.           | 850110             |  |   | EFY of Grant: 2010<br>FFY of Grant Approval: 2010  |
| Type of (<br>Origin<br>Perfor          | Type of Grant<br>Configural Annual Statement Creative for Disasters/Emergencies<br>Performance and Evaluation Report for Period Ending:               |                    | Revised Annual Statement (revision no: | (<br>;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;; |  |
| Ling                                   | Summary by Development Account  | Tots               | Total Estimated Cret                   |   |  |
| -                                      |   | Original           | Revised <sup>2</sup>                   | Ohligsted 100                             | 1001 ACTUAL Cost   |
| -   -                                  | 10tat non-UFP Funds   | 0                  |  | trace finance                             |  |
| 7                                      | 1400 Operations (may not exceed 20% of line 21) <sup>3</sup>  | 0                  |  |   |  |
| יחי                                    | 1408 Management Improvements  | \$ 4,000.00        |  |   |  |
| 4                                      | 1410 Administration (may not exceed 10% of line 21)   |                    |  |   |  |
| 0                                      | 1411 Audit  | 0                  |  |   |  |
| 9                                      | 1415 Liquidated Damages   | 0                  |  |   |  |
|  | 1430 Fees and Costs   | 0                  |  |   |  |
| <b>~</b>                               | 1440 Site Acquisition   | 0                  |  |   |  |
| 6                                      | 1450 Site Improvement   | \$ 10.000.00       |  |   |  |
| 2                                      | 1460 Dwelling Structures  |                    |  |   |  |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 1405.1 Dwelling Equipment—Nonexpendable   | \$ 3,500.00        |  |   |  |
| 71                                     | 14/0 Non-dwelling Structures  | 0                  |  |   |  |
| 2                                      | 14/2 Non-dwelling Equipment   | \$ 1,000.00        |  |   |  |
| ±   •                                  | 1485 Demolition   | 0                  |  |   |  |
|  | 1492 Moving to Work Demonstration   | 0                  |  |   |  |
| 9                                      | 1495.1 Relocation Costs   | 0                  |  |   |  |
| 11                                     | 1499 Development Activities 4   | 0                  |  |   |  |
|  |   |                    |  |   |  |
|  | <sup>1</sup> To be completed for the Performance and Evaluation Report  |                    |  |   |  |

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

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| U.S. Department of Housing and Urban Development<br>Office of Public and Indian Housing<br>OMB No. 2577-0226<br>Evening Attanyord                               |                 | FFY of Grant.2010<br>FFY of Grant Approval: 2010   |               | Revised Apputal Statement (revision no: )                         | 🗌 Final Performance and Evaluation Report            | 1                              | Revised <sup>2</sup> Obligated Expended |  |  |         |   |  |   |   |  |   |   | Signature of Public Housing Director Date |
|---|-----------------|--|---------------|---|--|--------------------------------|---|--|--|---------|---|--|---|---|--|---|---|---|
| Factor and  |                 |  |               | nergeocies  |  | Total Estimated Cost           | Original                                | 0  | 0  |         | 0   | \$ 100.670.00                                  | 0   | . 0   | 0  | 0   | \$ 46,890.00  |   |
| Amual StatementPerformance and Evaluation Report<br>Capital Fund Program, Capital Fund Program Replacement Housing Factor and<br>Capital Fund Financing Program | lary            | Grant Type and Number<br>Capital Fund Program Grant No: AZ20P03850109<br>Replacement Housing Factor Grant No:<br>Date of CFFP- |               | 💢 Original Annual Statement 🖂 🖂 Reserve for Disasters/Emergeocies | Performance and Evaluation Report for Period Ending: | Summary by Development Account |   | 1501 Coltateralization or Debt Scrvice paid by the PHA | 9000 Collateralization or Debt Scrvice paid Via System of Direct | Payment | 1502 Contingency (may not exceed 8% of line 20) | Amount of Annual Grant:: (sum of lines 2 + 19) | Amount of line 20 Related to LBP Activities | Amount of line 20 Related to Section 504 Activities | Amount of line 20 Related to Security - Soft Costs | Arnount of line 20 Related to Security • Hard Costs | Amount of line 20 Related to Energy Conservation Measures | Signapure of Executive Director           |
| Annual Statel<br>Capital Fund<br>Capital Fund   | Part I: Summary | PHA Name:<br>Peoria Housing<br>Authority   | Type of Graat | Original A  | Performan  | Line Sun                       |   | 18a 150  | 18ba 9000  |         | 19 150  | 20 Amk   | 21 Am                                       | 22 Amc  | 23 Amo   | 24 Amc  | 25 Am   | Signature of                              |

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

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| Part III: Implementation Schedule for Capital Fund Financing Program | dule for Capital Fund              | Financing Program                           | 1                                |   |                                  |
|--|------------------------------------|---|----------------------------------|---|----------------------------------|
| PHA Name: Peoria Hous  | Peoria Housing Authority           |   |                                  |   | Federal FFY of Grant: 2010       |
| Development Number<br>Name/PHA-Wide<br>Activities                    | All Fund<br>(Quarter E             | All Fund Obligated<br>(Quarter Ending Date) | All Fund:<br>(Quarter E          | All Funds Expended<br>(Quarter Ending Date) | Reasons for Revised Target Dates |
|  | Original<br>Obligation End<br>Date | Actual Obligation<br>End Date               | Original Expenditure<br>End Date | Actual Expenditure End<br>Date              |                                  |
| Amp.1  | 7/1/2012                           |   |                                  |   |                                  |
| PHA Wide   | 7/1/2012                           |   |                                  |   |                                  |
|  |                                    |   |                                  |   |                                  |
|  |                                    |   |                                  |   |                                  |
|  |                                    | ~ }   |                                  |   |                                  |
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|  |                                    |   |                                  |   |                                  |
|  |                                    |   |                                  |   |                                  |
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|  |                                    |   |                                  |   |                                  |
|  |                                    |   |                                  |   |                                  |
|  |                                    |   |                                  |   |                                  |
|  |                                    |   |                                  |   |                                  |

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

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

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

| Part II: Supporting Pages                         | 8   |   |   |                      |                      |                                       |                                |                |
|---|---|---|---|----------------------|----------------------|---------------------------------------|--------------------------------|----------------|
| PHA Name:<br>Peoria Housing Authority             |   | Grant Type and Number<br>Capital Fund Program Grant No: AZ20P03850110<br>CFFP (Yes/ No): No<br>Replacement Housing Factor Grant No: | e<br>int No: AZ20P038501<br>for Grant No: | 10                   | Federal              | Federal FFY of Grant: 2010            |                                |                |
| Development Number<br>Name/PHA-Wide<br>Activities | General Description of Major Work<br>Categories | fork Development Account No.  | t Quantity                                | Total Estimated Cost | d Cast               | Total Actual Cost                     |                                | Status of Work |
| AMP. 1-Parkview<br>Estates                        |   |   |   | Original             | Revised <sup>1</sup> | Funds Fu<br>Obligated <sup>2</sup> Ex | Funds<br>Expended <sup>2</sup> |                |
| Amp. 1  | Appliances                                      | 1465.1  | 12-Total                                  | \$ 3,500.00          |                      |                                       |                                |                |
| PHA Wide  | Maint. Equipment,                               | 1475  | Total                                     | \$1,000.00           |                      |                                       |                                |                |
| PHA Wide  | Site Work                                       | 1450  |   | \$ 10,000.00         |                      |                                       |                                |                |
| PHA Wide  | Consulting, Training, Tech Salary               | 1406  | Total                                     | \$ 4,000.00          |                      |                                       |                                |                |
| PHA Wide  | Administrative Fees                             | 1410  | Total                                     | \$8,000.00           |                      |                                       |                                |                |
|   |   |   |   |                      |                      |                                       |                                |                |
|   |   |   |   |                      |                      |                                       |                                |                |
|   |   |   | Total                                     | \$100,670.00         |                      |                                       |                                |                |
|   |   |   |   |                      |                      | _                                     |                                |                |

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

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

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

| Part II: Supporting Pages                         | 22  |   |                             |                      |          |                                 |                                |                |
|---|---|---|-----------------------------|----------------------|----------|---------------------------------|--------------------------------|----------------|
| PHA Name:<br>Peoria Rousing Authority             |   | Grant Type and Number<br>Capital Fund Program Grant No: AZ20P03850110<br>CFFP (Yes/ No): No<br>Replacement Housing Factor Grant No: | 0: AZ20P038501<br>Jrant No: | 9                    | Federal  | Federal FFY of Grant: 2010      | 2                              |                |
| Development Number<br>Name/PHA-Wide<br>Activities | General Description of Major Work<br>Categories | Vork Development<br>Account No.   | Quantity                    | Total Estimated Cost | ted Cost | Total Actual Cost               | ost                            | Status of Work |
| AMP. 1-Parkview<br>Estates                        |   |   | <u>.</u>                    | Original             | Revised  | Funds<br>Obligated <sup>2</sup> | Funds<br>Expended <sup>2</sup> |                |
| Атр. 1  | Kitchens & Baths                                | 1460  | 3 Units                     | \$ 8,000.00          |          |                                 |                                |                |
| Amp. 1  | Roofing   | 1460  | 2 Units                     | \$10,200.00          |          |                                 |                                |                |
| Amp. 1  | Doors Exterior & Interior                       | 1460  | 15 Doors                    | \$ 2,000.00          |          |                                 |                                |                |
| Amp. 1  | Duct Work, Insulation                           | 1460  | 7                           | \$ 4,500.00          |          |                                 |                                |                |
| Amp. I  | Windows   | 1460  | 2 Units                     | \$ 5,200.00          |          |                                 |                                |                |
| Amp. 1  | Heat Pumps / Gas Packs                          | 1460  | 7                           | \$37,190.00          |          |                                 |                                |                |
| Amp. I  | Water Heaters                                   | 1460  | 9                           | \$ 1,550.00          |          |                                 |                                |                |
| Amp. 1  | Electrical                                      | 1460  | 3                           | \$ 1,000.00          |          |                                 |                                |                |
| Amp. I  | Vacancy Rehab                                   | 1460  | 4                           | \$ 4,530.00          |          |                                 |                                |                |
|   |   | 1460  | Total                       | \$74,170.00          |          |                                 |                                |                |
| -   |   |   |                             |                      |          |                                 |                                |                |

 $^1$  To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  $^2$  To be completed for the Performance and Evaluation Report

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| Part | Part I: Summary                        |                         |                                       |                                       |                                       |                                       |
|------|--|-------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Peor | Peoria Housing Authority AZ20P03850110 | 903850110               | Peoria, Mario                         | Peoria, Maricopa, Arizona.            | x Original 5-Year Plan                | Revision No:                          |
| >    | Development Number and                 | Work Statement          | Work Statement for Year 2<br>EEV 2011 | Work Statement for Year 3<br>FEV 2012 | Work Statement for Year 4<br>FFY 2013 | Work Statement for Year 5<br>FFY 2014 |
| А.   | Natile                                 | FFY2010                 | 11 1 2011                             |                                       |                                       |                                       |
| B.   | Physical Improvements                  | /Adducted Static big by | \$ 85,000.00                          | \$ 85,000.00                          | \$ 85,000.00                          | \$ 85,000.00                          |
|      | Subtotal                               |                         |                                       |                                       |                                       |                                       |
| 0    | Management Improvements                |                         | \$ 3,000.00                           | \$ 4,000.00                           | \$ 3,000.00                           | \$ 4,500.00                           |
| D.   | PHA-Wide Non-dwelling                  |                         | \$ 2,500.00                           | \$ 2,500.00                           | \$ 3,500.00                           | \$ 2,500.00                           |
|      | Structures and Equipment               |                         |                                       |                                       |                                       |                                       |
| E.   | Administration                         |                         | \$ 10,000.00                          | \$ 10,000.00                          | \$ 10,000.00                          | \$ 10,000.00                          |
| F.   | Other                                  |                         |                                       |                                       |                                       |                                       |
| G.   | Operations                             |                         | \$ 1,000.00                           | \$ 1,000.00                           | \$ 1,000.00                           | \$ 1,000.00                           |
| H.   | Demolition                             |                         | 0                                     | 0                                     | 0                                     | 0                                     |
|      | Development                            |                         | 0                                     | 0                                     | 0                                     | 0                                     |
| J.   | Capital Fund Financing –               |                         | 0                                     | 0                                     | 0                                     | 0                                     |
|      | Debt Service                           |                         |                                       |                                       |                                       |                                       |
| K.   | Total CFP Funds                        |                         | \$101,500.00                          | \$102.500.00                          | \$102,500.00                          | \$103,000.00                          |
| L.   | Total Non-CFP Funds                    |                         |                                       |                                       |                                       |                                       |
| M.   | Grand Total                            |                         | \$101,500.00                          | \$102.500.00                          | \$102,500.00                          | \$103,000.00                          |

| \$ 81,200.00   | Subtotal of Estimated Cost           | Sub  | \$ 81,200.00   | Subtotal of Estimated Cost     | Subt   |                       |
|----------------|--------------------------------------|--|----------------|--------------------------------|--|-----------------------|
|                |                                      |  |                |                                |  |                       |
|                |                                      |  |                |                                |  |                       |
|                |                                      |  |                |                                |  |                       |
|                |                                      |  |                |                                |  |                       |
| \$ 5,200.00    | 1 unit                               | Amp 1 - Roofs  | \$ 5,200.00    | 1 unit                         | Amp 1 - Roofs  |                       |
| \$ 3,000.00    | 2 Units                              | Amp. 1 – Site Work   | \$ 3,000.00    | 2 Units                        | Amp. 1 – Site Work   |                       |
| \$22,000.00    | 4 Units                              | Amp. 1 Kitchens &<br>Baths                                     | \$22,000.00    | 4 Units                        | Amp. 1 Kitchens &<br>Baths                                     |                       |
| \$30,000.00    | 10 Units                             | Amp.1 Exterior Painting  | \$30,000.00    | 10 Units                       | Amp.1 Exterior Painting  |                       |
| \$3,500.00     | 10 Doors                             | Amp. 1 Exterior Doors  | \$3,500.00     | 10 Doors                       | Amp. 1 Exterior Doors  |                       |
| \$3,000.00     | 30 Doors                             | Amp. 1 Interior Doors  | \$5,000.00     | 30 Doors                       | Amp. 1 Interior Doors  |                       |
| <del>)</del>   | 5                                    | WIIIdows   |                |                                | Windows  | Statement //          |
| \$12,500.00    | 5 Units                              | Amp. 1 Replace   | \$12,500.00    | 5 Units                        | Amp.1 – Replace  |                       |
|                |                                      |  |                |                                | 6  |                       |
|                |                                      | Number/Name<br>General Description of<br>Major Work Categories |                |                                | Number/Name<br>General Description of<br>Major Work Categories | 2010                  |
| Estimated Cost | Quantity                             | Development  | Estimated Cost | Quantity                       | Development  | Year 1 FFY            |
|                | Work Statement for Year:<br>FFY 2012 |  |                | Work Statement for YearFFY2011 | Work Stat<br>FFY   | Work<br>Statement for |
|                |                                      |  |                |                                | 7 11 2 11 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2                        | CHC III CHC           |

| Subtotal of Estimated Cost             |  |  |  |  |  |  | 2 Amp. 1 – Site Work 2 | Amp. 1 Kitchens & 51<br>Baths | Amp. 1 Heat Pumps 7 | Amp.1 – Replace 51<br>Windows | Number/Name<br>General Description of<br>Major Work Categories | Development             | Statement for Statement for FFY2013 |                         |
|--|--|--|--|--|--|--|------------------------|-------------------------------|---------------------|-------------------------------|--|-------------------------|-------------------------------------|-------------------------|
| imated Cost \$84,000.00                |  |  |  |  |  |  | Units \$ 3,000.00      | 5 Units \$26,500.00           | 7 Units \$42,000.00 | 5 Units \$12,500.00           |  | Quantity Estimated Cost |                                     | Voor                    |
| Subtotal of                            |  |  |  |  |  |  | Amp. 1 – Site Work     | Amp. 1 Kitchens &<br>Baths    | Amp. 1 Heat Pumps   | Amp. 1 Replace<br>Windows     | General Description of<br>Major Work Categories                | Development             | FFY                                 | Work Statement for Vear |
| Subtotal of Estimated Cost \$84,000.00 |  |  |  |  |  |  | 2 Units \$ 3,000.00    | 5 Units \$26,500.00           | 7 Units \$42,000.00 | 5 Units \$12,500.00           |  | Quantity Estimated Cost | 2014                                | t for Vear              |

Page 3 of 5

|                            |  |  |  |  |  |  |  |  |                            | ///Statestatest | ////X0000X////                       | _2010  | Year 1 FFY              | Statement for | Work                     | Part III: Sup   |
|----------------------------|--|--|--|--|--|--|--|--|----------------------------|-----------------|--------------------------------------|--|-------------------------|---------------|--------------------------|---|
| Subtotal of Estimated Cost |  |  |  |  |  |  |  |  | Amp.1- Administration Fees |                 | Amp.1 Training / Consulting          | General Description of Major Work Categories | Development Number/Name | FFY 2011      | Work Statement for Year  | Part III: Supporting Pages – Management Needs Work Statement(s) |
| \$ 13,000.00               |  |  |  |  |  |  |  |  | \$10,000.00                |                 | \$3,000.00                           |  | Estimated Cost          |               |                          | c Statement(s)  |
| Subtotal of Estimated Cost |  |  |  |  |  |  |  |  | Amp.1- Administration Fees |                 | Amp.1 Training / Consulting/Software | General Description of Major Work Categories | Development Number/Name | FFY 2012      | Work Statement for Year: |   |
| \$ 14,000.00               |  |  |  |  |  |  |  |  | \$10,000.00                | +               | \$ 4,000.00                          |  | Estimated Cost          |               |                          |   |

|                            |  |  |  |  |  |  |  |  |                            | <u>   \$464666644   </u> | ////XXXXXX/////                       |   |  | Vear 1 FEV               | Statement for | Work                     | Part III: Su  |
|----------------------------|--|--|--|--|--|--|--|--|----------------------------|--------------------------|---------------------------------------|---|--|--------------------------|---------------|--------------------------|---|
| Subtotal of Estimated Cost |  |  |  |  |  |  |  |  | Amp.1- Administration Fees |                          | Amp.1 Training / Consulting/ Software |   | General Description of Major Work Categories | Development Niimher/Name | FFY 2013      | Work Statement for Year  | Part III: Supporting Pages – Management Needs Work Statement(s) |
| \$ 13,000.00               |  |  |  |  |  |  |  |  | \$10,000.00                |                          | \$3,000.00                            |   |  | Estimated Cost           |               |                          | k Statement(s)  |
| Subtotal of Estimated Cost |  |  |  |  |  |  |  |  | Amp.1- Administration Fees | 1                        | Amp.1 Training / Consulting/Software  |   | General Description of Major Work Categories | Development Number/Name  | FFY 2014      | Work Statement for Year: |   |
| \$ 14,500.00               |  |  |  |  |  |  |  |  | \$10,000.00                | 200000                   | \$ 4,500.00                           | • |  | Estimated Cost           |               |                          |   |

# Certification for a Drug-Free Workplace

| Applicant Name                                   |
|--|
| City of Peoria Housing Authority                 |
| Program/Activity Receiving Federal Grant Funding |

#### Capital Fund Program (CFP)

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

City of Peoria Housing Authority 10950 N. 87th Ave. Peoria, Maricopa, Arizona 85345

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

| Name of Authorized Official | Title                      |
|-----------------------------|----------------------------|
| Carin Imig                  | Interim Executive Director |
| Signature                   | Date                       |
| × Carin Amig                | May 19, 2010               |
|                             | form HUD-50070 (3/98)      |

ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

# PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the  $\underline{\times}$  5-Year and/or  $\underline{\times}$  Annual PHA Plan for the PHA fiscal year beginning July 1, 2010 \_\_\_\_\_, hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

- 1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
- 2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
- 3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
- 4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
- 5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
- 6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
- 7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
- 8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a
    pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
- 9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
- 10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
- 11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
- 12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

- 13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
- 14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
- 15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
- 16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
- 17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
- The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
- 19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
- 20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
- 21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
- 22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

| City of I | Peoria Public Housing Authority                              | AZ038              |
|-----------|--|--------------------|
| PHA N     | Jame   | PHA Number/HA Code |
| x         | 5-Year PHA Plan for Fiscal Years $20_{}^{10}$ - $20_{}^{14}$ | _                  |
| X         | Annual PHA Plan for Fiscal Years $20^{10}_{} - 20^{11}_{}$   | _                  |

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

| Name of Authorized Official | Title                      |
|-----------------------------|----------------------------|
| Carin Imig                  | Interim Executive Director |
| Signature<br>Caren Amig     | Date<br>4/12/10            |

| DISCLOSURE OF LC<br>Complete this form to disclose lobbyin   | g activities pursuan   | t to 31 U.S.C. 1352          | Approved by OMB<br>0348-0046                     |  |  |  |  |
|--|--|------------------------------|--|--|--|--|--|
| (See reverse for pu  |  |                              |  |  |  |  |  |
| 1. Type of Federal Action: 2. Status of Federal  | al Action:   | 3. Report Type:              |  |  |  |  |  |
| a. contract a. bid/c   | offer/application  | a. initial filing            |  |  |  |  |  |
| b. grant b. grant  | l award  | b. material change           |  |  |  |  |  |
| c. cooperative agreement c. post-  | -award   | For Material Change          |  |  |  |  |  |
| d. loan  |  | year qu                      |  |  |  |  |  |
| e. loan guarantee  |  | date of last report          |  |  |  |  |  |
| f. loan insurance  |  |                              |  |  |  |  |  |
| 4. Name and Address of Reporting Entity:   | 5 If Poporting E   | ntity in No. 4 is a Subaward | loo Entor Nome                                   |  |  |  |  |
|  | and Address of   |                              | ee, Enter Name                                   |  |  |  |  |
|  | and Address of   | r Prime:                     |  |  |  |  |  |
| Tier, if known:  | 1  |                              |  |  |  |  |  |
|  |  |                              |  |  |  |  |  |
|  |  |                              |  |  |  |  |  |
|  | · · · .  |                              |  |  |  |  |  |
|  | 2 2 3 1  |                              |  |  |  |  |  |
| Congressional District, if known: 4c   | Congressional  | District, if known:          |  |  |  |  |  |
| 6. Federal Department/Agency:  | 7. Federal Program Name/Description:   |                              |  |  |  |  |  |
| $\wedge \wedge \wedge$   |  | if applicable:               |  |  |  |  |  |
| 8. Federal Action Number, if known:  | 9. Award Amoun   | t, if known:                 |  |  |  |  |  |
|  | \$   |                              |  |  |  |  |  |
| 10. a. Name and Address of Lobbying Registrant   | <ul> <li>An example of the second s</li></ul> | rforming Services (including | g address if                                     |  |  |  |  |
| ( if individual, last name, first name, MI):   | different from I   | Vo. 10a)                     |  |  |  |  |  |
|  | (last name, firs   | t name, MI):                 |  |  |  |  |  |
|  |  |                              |  |  |  |  |  |
|  |  |                              |  |  |  |  |  |
|  |  |                              |  |  |  |  |  |
|  |  |                              |  |  |  |  |  |
| 11. Information requested through this form is authorized by title 31 U.S.C. section<br>1352. This disclosure of lobbying activities is a material representation of fact      | Signature  |                              |  |  |  |  |  |
| 1352. This disclosure of lobbying activities is a material representation of fact<br>upon which reliance was placed by the tier above when this transaction was made           | Signature:   |                              |  |  |  |  |  |
| or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This  | Print Name:  |                              |  |  |  |  |  |
| information will be available for public inspection. Any person who fails to file the<br>required disclosure shall be subject to a civil penalty of not less than \$10,000 and | Title:   |                              |  |  |  |  |  |
| not more than \$100,000 for each such failure.   | and the second second second   |                              |  |  |  |  |  |
|  | Telephone No.:   |                              | Date:  |  |  |  |  |
| Federal Use Only:  | h s  |                              | d for Local Reproduction<br>Form LLL (Rev. 7-97) |  |  |  |  |

# HOUSING ADVISORY BOARD RESOLUTION 2010-02

THE CITY OF PEORIA HOUSING ADVISORY BOARD DOES HEREBY CERTIFY THAT A REGULAR MEETING OF THE COUNCIL NOT-FOR-PROFIT REVIEW AND HOUSING SUB-COMMITTEE WAS HELD IN ACCORDANCE WITH ARIZONA OPEN MEETING LAW AT WHICH A QUORUM OF THE HOUSING ADVISORY BOARD WERE PRESENT AND THE FOLLOWING ACTION ITEM WAS DULY AND LEGALLY APPROVED.

NOW, THEREFORE, BE IT RESOLVED by the Housing Advisory Board that the City of Peoria Housing Authority is hereby authorized to submit and implement the 2010 Annual Agency Plan and the 2010 – 2014 Five Year Plan and accompanying certifications, if any. Submission of the Plan and certifications will be made to the U.S. Department of Housing and Urban Development (HUD).

PASSED by the Council Not-For-Profit Review and Housing Sub-Committee of the City of Peoria, Maricopa County, Arizona this 12th day of April, 2010.

Hunt for Bob Barreto

Bob Barrett, Chairman

Date Signed 4-12-10

# HOUSING ADVISORY BOARD RESOLUTION 2010-04

THE CITY OF PEORIA HOUSING ADVISORY BOARD DOES HEREBY CERTIFY THAT A REGULAR MEETING OF THE COUNCIL NOT-FOR-PROFIT REVIEW AND HOUSING SUB-COMMITTEE WAS HELD IN ACCORDANCE WITH ARIZONA OPEN MEETING LAW AT WHICH A QUORUM OF THE HOUSING ADVISORY BOARD WERE PRESENT AND THE FOLLOWING ACTION ITEM WAS DULY AND LEGALLY APPROVED.

NOW, THEREFORE, BE IT RESOLVED by the Housing Advisory Board that the City of Peoria Housing Authority is hereby authorized to submit and implement the Capital Fund Five Year Action Plan including work statements for the years 2010 through 2014. Submission of the Plan will be made to the U.S. Department of Housing and Urban Development (HUD).

PASSED by the Council Not-For-Profit Review and Housing Sub-Committee of the City of Peoria, Maricopa County, Arizona this 12th day of April, 2010.

Hunt for Bat Barreto

Bob Barrett, Chairman Date Signed\_\_\_\_\_4-12-10

# HOUSING ADVISORY BOARD RESOLUTION 2010-03

THE CITY OF PEORIA HOUSING ADVISORY BOARD DOES HEREBY CERTIFY THAT A REGULAR MEETING OF THE COUNCIL NOT-FOR-PROFIT REVIEW AND HOUSING SUB-COMMITTEE WAS HELD IN ACCORDANCE WITH ARIZONA OPEN MEETING LAW AT WHICH A QUORUM OF THE HOUSING ADVISORY BOARD WERE PRESENT AND THE FOLLOWING ACTION ITEM WAS DULY AND LEGALLY APPROVED.

NOW, THEREFORE, BE IT RESOLVED by the Housing Advisory Board that the City of Peoria Housing Authority is hereby authorized to submit and implement the 2010 Capital Fund Annual Statement and Annual Contributions Contract. Submission of the Statement and Contract will be made to the U.S. Department of Housing and Urban Development (HUD).

PASSED by the Council Not-For-Profit Review and Housing Sub-Committee of the City of Peoria, Maricopa County, Arizona this 12th day of April, 2010.

Nih: Hent for Bol Barrett Bob Barrett, Chairman

Date Signed 4-12-10

# **Resident Advisory Board Meeting**

May 18, 2010 9:00 a.m.

Staff members: MaryEllen Williams, Housing Programs Manager

Resident Advisory Board Members:

Luella Golden Melissa Thompson Patricia Smith Marian Dawson

Board Member, Angela Lower, did not attend meeting. She is in the process to move out of Public Housing on May 31, 2010. She has just purchased a home.

Staff informed the board that HUD did not approve of the Five year plan and Annual Public Housing Agency Plan Submission. It was explained that the Board could make significant amendments or modifications to the plan. The plan was reviewed, no concerns were voiced.

Suggestions/Comments/Concerns/Ideas:

It was voted that the Board would like to go every three months for our Board meetings to see if they want to continue on the Board. Some stated that they were concerned about their health and or age.

It was suggested that we get with our landscape company to have them trim shrubs more often. It was again talked about for more landscaping, better and bigger rock, to add more trees and shrubs. More and better lighting was again addressed. I informed them that this was expensive and we are working on it. They would also like to have the area sprayed for mosquitoes.

I suggested that we should send out a letter to all Parkview residents thanking them for their patience on the bathroom rehabs as well as the curb appeal that some are taking for beautifying there patios. This was voted as a definite yes.

I also explained that I am in the process of contacting City Of Peoria Police Dept. to have an officer come and talk to them about safety and their concerns for the area.

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

| .            |   |  |          |                             |                                 |             | Expires 4/30/2011         |
|--------------|---|--|----------|-----------------------------|---------------------------------|-------------|---------------------------|
| Part I: S    | Part I: Summary   |  |          |                             |                                 |             |                           |
| PHA Name     |   | Grant Type and Number  |          |                             |                                 |             | FFY of Grant: 2008        |
| Peoría Ho    | Peoria Housing Authority                                      | Capital Fund Program Grant No: AZ20P03850108<br>Replacement Housing Factor Grant No: | 850108   |                             |                                 |             | EFI OL GIAN ADDIANI: 2000 |
|              |   | Date of CFFP:  |          |                             |                                 |             |                           |
| Type of Gran | frant   |  |          |                             |                                 |             |                           |
|              | <b>Original Annual Statement</b>                              | Reserve for Disasters/Emergencies  |          | 🛛 Revised Annu              | nnual Statement (revision no: 2 | 9f1 no: 2 ) |                           |
| 🛛 Perfor     | Performance and Evaluation Report for Period Ending: 06/30/10 | rt for Period Ending: 06/30/10   |          | 🗌 Final Perfi               |                                 | n Report    |                           |
| Line         | Summary by Development Account                                | Account  |          | <b>Total Estimated Cost</b> |                                 |             | Fotal Actual Cost         |
|              | :   |  | Original | Revised <sup>2</sup>        |                                 | Obligated   | Expended                  |
| 1            | Total non-CFP Funds   |  | 0        |                             |                                 |             |                           |
| 2            | 1406 Operations (may  | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup>                         | 0        |                             |                                 |             |                           |
| 3            | 1408 Management Improvements                                  | provements   | 0        | 0                           |                                 |             |                           |
| 4            | 1410 Administration (1  | 1410 Administration (may not exceed 10% of line 21)                                  | Ş        |                             |                                 |             |                           |
| 2            | 1411 Audit  |  | 0        |                             |                                 |             |                           |
| 9            | 1415 Liquidated Damages                                       | 1ges   | 0        |                             |                                 |             |                           |
| 7            | 1430 Fees and Costs   |  | 0        |                             |                                 |             |                           |
| 8            | 1440 Site Acquisition   |  | 0        |                             |                                 |             |                           |
| 9            | 1450 Site Improvement   | It   | 25226.00 | 20889.48                    | ~                               | 20889.48    | 20889.48                  |
| 10           | 1460 Dwelling Structures                                      | ures   | 66536.00 | 73372.51                    |                                 | 42610.22    | 42610.22                  |
| 11           | 1465.1 Dwelling Equip   | 1465.1 Dwelling Equipment—Nonexpendable  | 2500.00  | 0                           |                                 |             |                           |
| 12           | 1470 Non-dwelling Structures                                  | nuctures   | 1500.00  | 1500.00                     |                                 | 1500.00     | 1500.00                   |
| 13           | 1475 Non-dwelling Equipment                                   | luipment   | 2000.00  | 6500.00                     |                                 | 6500.00     | 6500.00                   |
| 14           | 1485 Demolition   |  |          |                             |                                 |             |                           |
| 15           | 1492 Moving to Work Demonstration                             | Demonstration  | 0        |                             |                                 |             |                           |
| 16           | 1495.1 Relocation Costs                                       | 212  | 0        |                             |                                 |             |                           |
| 17           | 1499 Development Activities <sup>4</sup>                      | xivities <sup>4</sup>  | 0        |                             |                                 |             |                           |

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

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

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

| Part I: Summary<br>PHA Name: | -11  |               |                             |                      | FFY of Grant:2008                      |   | Expires 4/30/2011 |
|------------------------------|--|---------------|-----------------------------|----------------------|--|---|-------------------|
| Peoria Housing<br>Authority  | Grant Type and Number<br>Capital Fund Program Grant No: AZ20P03850108<br>Replacement Housing Factor Grant No:<br>Date of CFFP: |               |                             |                      | FFY of Grant Approval: 2008            | oval: 2008                              |                   |
| Type of Grant                |  |               |                             |                      |  |   |                   |
| 🛛 Original Annual Statement  | al Statement 🔲 Reserve for Disasters/Emergencies   | rgencies      |                             | 🗌 Revi               | Revised Annual Statement (revision no: | ent (revision no:                       | •                 |
| Performance a                | X Performance and Evaluation Report for Period Ending;   |               |                             |                      | Performance and                        | Final Performance and Evaluation Report |                   |
| Lipe Summa                   | Summary by Development Account   | • •           | <b>Total Estimated Cost</b> | ed Cost              |  | Total                                   | Total Actual Cost |
|                              |  | Original      |                             | Revised <sup>1</sup> |  | Obligated                               |                   |
| 18a 1501 Co                  | 1501 Collateralization or Debt Service paid by the PHA   | 0             |                             |                      |  |   |                   |
| 18ba 9000 Cc                 | 9000 Collateralization or Debt Service paid Via System of Direct<br>Payment  | 0             |                             |                      |  |   |                   |
|                              |  |               |                             |                      |  |   |                   |
|                              | 1502 Contingency (may not exceed 8% of line 20)  | 0             |                             |                      |  |   |                   |
| 20 Amount                    | Arrount of Annual Grant:: (sum of lines 2 - 19)  | \$ 102,262.00 |                             |                      |  |   |                   |
| 21 Amount                    | Amount of line 20 Related to LBP Activities  | 0             |                             |                      |  |   |                   |
| 22 Amount                    | Amount of line 20 Related to Section 504 Activities  | 0             |                             |                      |  |   |                   |
| 23 Amount                    | Amount of line 20 Related to Security - Soft Costs   | 0             |                             |                      |  |   |                   |
| 24 Amount                    | Amount of line 20 Related to Security - Hard Costs   | 0             |                             |                      |  |   |                   |
| 25 Amount                    | Amount of line 20 Related to Energy Conservation Measures  | \$ 29000.00   | 4                           | 4520.00              |  |   | •                 |
| Signatupe of Ex              | tor  | Date          | Signature of Public         |                      | Housing Director                       |   |                   |
| arra                         | Then   | 19 2010       |                             |                      |  |   |                   |
|                              | 0  | •             |                             |                      |  |   |                   |

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

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

| PHA Name:<br>Peoria Housing Authority |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: AZ20P03850108<br>CFFP (Yes/ No): No<br>Replacement Housing Factor Grant No: | o: AZ20P0385010<br>Brant No: | 8                    | Federal I | Federal FFY of Grant: 2008 | 8                     |                               |
|---------------------------------------|---|--|------------------------------|----------------------|-----------|----------------------------|-----------------------|-------------------------------|
| Development Number<br>Name/PHA-Wide   | General Description of Major Work<br>Categories | Development<br>Account No.   | Quantity                     | Total Estimated Cost | ted Cost  | Total Actual Cost          | ost                   | Status of Work                |
| AMP. 1-Parkview                       |   |  |                              | Original             | Revised 1 | Funds                      | Funds                 |                               |
| Estates                               |   |  |                              |                      |           | Obligated <sup>4</sup>     | Expended <sup>4</sup> |                               |
| Amp. 1                                | Bath tubs/Surrounds                             | 1460   | 3 Units                      |                      |           | 3985.00                    | 3985.00               | Complete                      |
| Amp. 1                                | Doors Exterior & Interior                       | 1460   | 8                            |                      |           | 5127.64                    | 5127.64               | Complete                      |
| Amp. 1                                | Roofing   | 1460   | 1 Units                      |                      |           | 2710.00                    | 2710.00               | Complete                      |
| Amp. 1                                | Interior/Exterior Locks                         | 1460   | 63 units                     |                      |           | 5221.80                    | 5221.80               | Complete                      |
| Amp. 1                                | Heat Pumps / Gas Packs                          | 1460   | 1                            |                      |           | 4520.00                    | 4520.00               | Complete                      |
| Amp. 1                                | Painting Exterior                               | 1460   | 3                            |                      |           | 4552.37                    | 4552.37               | Complete                      |
| Amp. 1                                | Electrical Upgrade                              | 1460   | 2                            |                      |           | 826.54                     | 826.54                | Complete                      |
| Amp. 1                                | Vacancy Rehab                                   | 1460   | 19                           |                      |           | 22181.85                   | 22181.85              |                               |
|                                       | Subtotal 1460                                   |  |                              | 66536.00             | 73372.51  | 49125.20                   | 49125.20              | Pending bids<br>will complete |
|                                       |   |  |                              |                      |           |                            |                       | obligation                    |
|                                       |   |  |                              |                      |           |                            |                       |                               |
|                                       |   |  |                              |                      |           |                            |                       |                               |
|                                       |   |  |                              |                      |           |                            |                       |                               |
| -                                     |   |  |                              |                      |           |                            |                       |                               |
|                                       |   |  |                              |                      |           |                            |                       |                               |
|                                       |   |  |                              | -                    |           |                            |                       |                               |
|                                       |   |  |                              |                      |           |                            |                       |                               |

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

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

| PHA Name:                                |   | Grant Type and Number<br>Canital Fund Program Grant No: A720P013850108                               | ~· • • 77)0001850 | 178                  | Federal 3            | Federal FFY of Grant: 2008 | 800                   |                |
|--|---|--|-------------------|----------------------|----------------------|----------------------------|-----------------------|----------------|
| Peoria Housing Authority                 | CFFP (Y<br>Replace                              | Capital Fund Frightin Orlan, No. A2207<br>CFFP (Yes/ No): No<br>Replacement Housing Factor Grant No: | brant No:         | 8                    |                      |                            |                       |                |
| Development Number<br>Name/PHA-Wide      | General Description of Major Work<br>Categories | Development<br>Account No.   | Quantity          | Total Estimated Cost | d Cost               | Total Actual Cost          | Cost                  | Status of Work |
| AMP. 1-Parkview                          |   |  |                   | Original             | Revised <sup>1</sup> | Funds                      | Funds                 |                |
| Estates                                  |   |  |                   |                      |                      | Obligated <sup>4</sup>     | Expended <sup>4</sup> |                |
| Scattered Sides                          | Landscape upgrades                              | 1450   | 12                |                      |                      | 7289.12                    | 7289.12               | Complete       |
| Park View                                | Parking Lot Repair & Seal                       | 1450   | 1                 |                      |                      | 6789.92                    | 3789.92               | Complete       |
| Scattered sites                          | Fencing   | 1450   | ε.                |                      |                      | 6810.44                    | 6810.44               | Complete       |
| an a | Sub total 1450                                  |  |                   | 20889.48             |                      |                            |                       |                |
| HA Wide                                  | Office remodel                                  | 1470   | ••                |                      |                      | 1500.00                    | 1500.00               | Complete       |
|  | Subtotal 1470                                   |  |                   | 1500.00              |                      | :                          |                       |                |
|  | 1<br>   |  | `<br>`            |                      |                      |                            |                       | )<br>-         |
| -  | Maintenance Tools & Fourin                      | 1475   | •                 |                      |                      | 508 21                     | 508 21                | Complete       |
|  | Computer Equipment                              | 1475   |                   |                      |                      | 1419.45                    | 1419.45               | Complete       |
|  | Subtotal 1475                                   |  |                   | 6500.00              |                      |                            |                       |                |
|  |   |  |                   |                      |                      |                            |                       |                |
|  |   |  |                   |                      |                      |                            |                       |                |
|  |   |  |                   |                      |                      |                            |                       |                |
|  |   |  |                   |                      |                      |                            |                       |                |
|  |   |  |                   |                      |                      |                            |                       |                |

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

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

| Part III: Implementation Schedule for Capital Fund Financing Program | edule for Capital Fund             | Financing Program                           |                                  |   |   |
|--|------------------------------------|---|----------------------------------|---|---|
| PHA Name: Peoria Hou   | Peoria Housing Authority           |   |                                  |   | Federal FFY of Grant: 2008                    |
| Development Number<br>Name/PHA-Wide<br>Activities                    | All Fund<br>(Quarter E             | All Fund Obligated<br>(Quarter Ending Date) | All Fund<br>(Quarter I           | All Funds Expended<br>(Quarter Ending Date) | Reasons for Revised Target Dates <sup>1</sup> |
|  | Original<br>Obligation End<br>Date | Actual Obligation<br>End Date               | Original Expenditure<br>End Date | Actual Expenditure End<br>Date              |   |
| Amn 1  | 06/12/10                           |   |                                  |   |   |
|  |                                    |   |                                  |   |   |
| PHA Wide   | 06/12/10                           |   |                                  | *<br>•                                      |   |
|  |                                    |   |                                  |   |   |
|  |                                    |   |                                  |   |   |
|  |                                    |   |                                  |   |   |
|  |                                    |   |                                  |   |   |
|  |                                    |   |                                  |   |   |
|  |                                    |   |                                  |   |   |
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|  |                                    |   |                                  |   |   |
|  |                                    |   |                                  |   |   |
|  |                                    |   |                                  |   |   |
|  |                                    |   |                                  |   |   |
|  |                                    |   |                                  |   |   |

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

| I Fund Financing Program | Capital Fund Program. Capital Fund Program Replacement Housing Factor and | Annual Statement/Performance and Evaluation Report |
|--------------------------|---|--|
|--------------------------|---|--|

| Part I: 1               | Part I: Summary   |  |              |   | :             |                                | TIO7///CH-Salidya                                 |
|-------------------------|---|--|--------------|---|---------------|--------------------------------|---|
| PHA Name:<br>Peoria Hou | PHA Name:<br>Peoria Housing Authority                         | Grant Type and Number<br>Capital Fund Program Grant No: AZ20P03850109<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | 850109       |   |               | FFY                            | FFY of Grant: 2009<br>FFY of Grant Approval: 2009 |
| Type of Grant           | pe of Grant<br>Original Annual Statement                      | Reserve for Disasters/Emergencies  |              | Berized Annual Statement (revision no.  | novieina an-  | -                              |   |
| 🛛 Perfo                 | Performance and Evaluation Report for Period Ending: 05/30/10 | for Period Ending: 05/30/10  |              | Final Performance and Evaluation Report | uation Report | Ì                              |   |
| Line                    | Summary by Development Account                                | Account  | Tota         | Total Estimated Cost                    |               | Total Actual Cost <sup>3</sup> | Lal Cost 3  |
|                         |   |  | Original     | Revised <sup>2</sup>                    | Obligated     |                                | Expended  |
| -                       | Total non-CFP Funds   |  | 0            |   |               |                                | -   |
| 2                       | 1406 Operations (may n  | 1406 Operations (may not exceed 20% of line 21) $^3$   | \$ 4,000.00  |   |               |                                |   |
| ω                       | 1408 Management Improvements                                  | ovements   | \$ 2,500.00  |   | 0             |                                |   |
| 4                       | 1410 Administration (m  | 1410 Administration (may not exceed 10% of line 21)  | \$ 5,880.00  |   | 0             |                                |   |
| UN                      | 1411 Audit  |  | 0            |   |               |                                |   |
| 9                       | 1415 Liquidated Damages                                       | jes .  | 0            |   |               |                                |   |
| 7                       | 1430 Fees and Costs   |  | 0            |   |               |                                |   |
| 80                      | 1440 Site Acquisition   |  | 0            |   |               |                                |   |
| 9                       | 1450 Site Improvement   |  | \$ 9,000.00  |   | 0             |                                |   |
| 10                      | 1460 Dwelling Structures                                      | 35   | \$ 53,762.00 |   | 0             |                                |   |
| Ξ                       | 1465.1 Dwelling Equipment-Nonexpendable                       | nent-Nonexpendable   | \$ 4,000.00  |   | 0             |                                |   |
| 12                      | 1470 Non-dwelling Structures                                  | Ictures  | 0            |   | 0             |                                |   |
| 13                      | 1475 Non-dwelling Equipment                                   | ipment   | \$ 21,000.00 |   | 0             |                                |   |
| 14                      | 1485 Demolition   |  | 0            |   |               |                                | 2   |
| 15                      | 1492 Moving to Work Demonstration                             | Demonstration  | 0            |   |               |                                |   |
| 16                      | 1495.1 Relocation Costs                                       |  | 0            |   |               |                                |   |
| 17                      | 1499 Development Activities *                                 | vities <sup>4</sup>  | 0            |   |               |                                |   |

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

|  |   |               |                          |  |   | Expires 4/30/2011                     |
|--|---|---------------|--------------------------|--|---|---------------------------------------|
| Part I: Summary                          | DITIALTY  |               |                          |  |   |                                       |
| PHA Name:<br>Peoria Housing<br>Authority | Ing<br>Grant Type and Number<br>Capital Fund Program Grant No: AZ20P03850109<br>Replacement Housing Factor Grant No:<br>Date of CFFP: |               |                          | FFY of Grant 2009<br>FFY of Grant Approval: 2009 | uval: 2009                              |                                       |
| Type of Grant                            | nt  |               |                          |  |   |                                       |
| Origina                                  | Original Annual Statement   | cies          | Revis                    | Revised Annual Statement (revision no:           | ent (revision no:                       | , , , , , , , , , , , , , , , , , , , |
| 🛛 Perform                                | X Performance and Evaluation Report for Period Ending:  |               | - Final                  | Performance and                                  | Final Performance and Evaluation Report |                                       |
| Line                                     | Summary by Development Account  |               | Total Estimated Cost     | ſ  | Total A                                 | Total Actual Cost <sup>1</sup>        |
|  |   | Original      | Revised <sup>2</sup>     |  | Obligated                               | Expended                              |
| 18a                                      | 1501 Collateralization or Debt Service paid by the PHA  | 0             |                          |  |   |                                       |
| 1864                                     | 9000 Collateralization or Debt Service paid Via System of Direct<br>Payment   | 0             |                          |  |   |                                       |
| 19                                       | 1502 Contingency (may not exceed 8% of line 20)   | 0             |                          | -  |   |                                       |
| 20                                       | Amount of Annual Grant:: (sum of lines 2 - 19)  | \$ 100,142.00 |                          | 0  |   |                                       |
|  | Amount of line 20 Related to LBP Activities   | 0             |                          |  |   |                                       |
| 22                                       | Amount of line 20 Related to Section 504 Activities   | 0             |                          |  |   |                                       |
| 23                                       | Amount of line 20 Related to Security - Soft Costs  | 0             |                          |  |   |                                       |
| 24                                       | Amount of line 20 Related to Security - Hard Costs  | 0             |                          |  |   |                                       |
| 25                                       | Amount of line 20 Related to Energy Conservation Measures   | \$ 26,750.00  |                          | 0  |   |                                       |
| Signature                                |   |               | Signature of Public Hous | Housing Director                                 |   | Date                                  |
|  | are tries than 19, 2010   | 000           |                          |  |   |                                       |

Source

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

| Part II: Supporting Pages                         |   |   | me and Number  |                           |              | - Rederal K          | TEV of Crant: 20                | 8                              |                |
|---|---|---|--|---------------------------|--------------|----------------------|---------------------------------|--------------------------------|----------------|
| PHA Name:<br>Peoria Housing Authority             |   | <b>Grant Ty</b><br>Capital Fu<br>CFFP (Ye<br>Replacem | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: AZ20P03850109<br>CFFP (Yes/ No): No<br>Replacement Housing Factor Grant No: | : AZ20P0385010<br>ant No: | ų            | Federal F            | Federal FFY of Grant: 2009      | 3                              |                |
| Development Number<br>Name/PHA-Wide<br>Activities | General Description of Major Work<br>Categories | Vork  | Development<br>Account No.   | Quantity                  | Total Estima | Estimated Cost       | Total Actual Cost               | Cost                           | Status of Work |
| AMP. 1-Parkview                                   |   |   |  |                           | Original     | Revised <sup>1</sup> | Funds<br>Ohlioated <sup>2</sup> | Funds<br>Exmended <sup>2</sup> |                |
| Estates   |   |   |  |                           |              |                      | Constitue                       | турспаса                       |                |
| Amp. 1  | Kitchens & Baths                                |   | 1460   | 5 Units                   | \$13,100.00  |                      | 0                               |                                |                |
| Amp. 1  | Roofing   |   | 1460   | 2 Units                   | \$10,200.00  |                      | 0                               |                                |                |
| Amp. 1  | Doors Exterior & Interior                       |   | 1460   | 25 Doors                  | \$ 3,400.00  |                      | 0                               |                                |                |
| Amp. 1  | Duct Work, Insulation                           |   | 1460   | 2                         | \$ 4,500.00  |                      | 0                               |                                |                |
| Amp. 1  | Windows   |   | 1460   | 2 Units                   | \$ 5,200.00  |                      | 0                               |                                |                |
| Amp. 1  | Heat Pumps / Gas Packs                          |   | 1460   | 2                         | \$ 9,000.00  |                      | 0                               |                                |                |
| Amp, 1  | Water Heaters                                   |   | 1460   | 7                         | \$ 2,350.00  |                      | 0                               |                                |                |
| Атр. 1  | Electrical                                      |   | 1460   | 2                         | \$ 1,500.00  |                      | 0                               |                                |                |
| Amp. 1  | Vacancy Rehab                                   |   | 1460   | 4                         | \$ 4,512.00  |                      | 0                               |                                |                |
|   |   |   | 1460   | Total                     | \$53,762.00  |                      | 0                               |                                |                |

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

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

| PHA Name:<br>Peorta Housing Authority |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: AZ20P03850109<br>CFFP (Yes/ No): No | <b>i Number</b><br>ogram Grant No<br>No | ): AZ20P038501 | 8                    | Federal F            | Federal FFY of Grant: 2009 | S                     |                |
|---------------------------------------|---|--|---|----------------|----------------------|----------------------|----------------------------|-----------------------|----------------|
|                                       |   | Replacement Housing Factor Grant No:   | using Factor G                          | rant No:       |                      |                      |                            |                       |                |
| Development Number<br>Name/PHA-Wide   | General Description of Major Work<br>Categories |  | Development<br>Account No.              | Quantity       | Total Estimated Cost | 1 Cost               | Total Actual Cost          | Jost                  | Status of Work |
| AMP. 1-Parkview                       |   |  |   |                | Original             | Revised <sup>1</sup> | Funds                      | Funds                 |                |
| Estates                               |   |  |   |                |                      |                      | Obligated <sup>*</sup>     | Expended <sup>+</sup> |                |
| Amp. 1                                | Appliances                                      | 1465.1   | 5.1                                     | 12-Total       | \$ 4,000.00          |                      | 0                          |                       |                |
| PHA Wide                              | Maint. Equipment, Vechicle                      | 1475   | 0.                                      | Total          | \$21,000.00          |                      | 0                          |                       |                |
|                                       |   |  |   |                |                      |                      |                            |                       |                |
| PHA Wide                              | Site Work                                       | 1450   |   |                | \$ 9,000.00          |                      | 0                          |                       |                |
| PHA Wide                              | Operations                                      | 1406   |   | Total          | \$ 4,000.00          |                      | 0                          |                       |                |
| PHA Wide                              | Administrative Fees                             | 1410   |   | Total          | \$10,000.00          |                      | 0                          |                       |                |
| PHA WIDE                              | Consulting, Training, Tech Salary               | 1408   |   | Total          | \$ 5,880.00          |                      | 0                          |                       |                |
|                                       |   |  |   |                |                      |                      |                            |                       |                |
|                                       |   |  |   |                |                      |                      |                            |                       |                |
|                                       |   |  |   | Total          | \$100,142.00         |                      | 0                          |                       |                |

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

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

Amp.] PHA Wide PHA Name: Part III: Implementation Schedule for Capital Fund Financing Program Development Number Name/PHA-Wide Activities **Peoria Housing Authority** Original Obligation End Date 9/1/2011 9/1/2011 (Quarter Ending Date) All Fund Obligated Actual Obligation End Date **Original Expenditure End Date** (Quarter Ending Date) All Funds Expended Actual Expenditure End Date Federal FFY of Grant: 2009 **Reasons for Revised Target Dates** 

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

## **Resident Advisory Board Meeting**

August 23, 2010 9:00 a.m.

Staff Member: MaryEllen Williams, Housing Programs Manager

Resident Advisory Board Members: Melissa Thompson Marian Dawson Luella Golden

Board member, Patricia Smith, unable to attend meeting.

First business addressed was to review the revised Five Year Plan. Answered any questions, no concerns voiced.

Also, addressed today was the concern of bed bugs which is getting a lot of media lately. We need to get the word out to fellow residents to be careful buying at Goodwill and other such stores. We also have a few residents that take things out of the dumpsters. Need to educate about these bugs.

No other concerns were voiced.

Meeting adjourned.

## HOUSING ADVISORY BOARD RESOLUTION 2010-10

THE CITY OF PEORIA HOUSING ADVISORY BOARD DOES HEREBY CERTIFY THAT A REGULAR MEETING OF THE COUNCIL NOT-FOR-PROFIT REVIEW AND HOUSING SUB-COMMITTEE WAS HELD IN ACCORDANCE WITH ARIZONA OPEN MEETING LAW AT WHICH A QUORUM OF THE HOUSING ADVISORY BOARD WERE PRESENT AND THE FOLLOWING ACTION ITEM WAS DULY AND LEGALLY APPROVED.

NOW, THEREFORE, BE IT RESOLVED by the Housing Advisory Board that the City of Peoria Housing Authority is hereby authorized to submit and implement the revised 2010 Annual Agency Plan and 2010 - 2014 Five Year Plan and accompanying certifications, if any. Submission of the revised Plan and certifications will be made to the U.S. Department of Housing and Urban Development (HUD),

PASSED by the Council Not-For-Profit Review and Housing Sub-Committee of the City of Peoria, Maricopa County, Arizona this 31st day of August, 2010.

for Bob Barrett, Chairman

Date Signed <u>8 - 3/- //)</u>