

# 0PHA 5-Year and Annual Plan

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

OMB No. 2577-0226  
Expires 4/30/2011

|            |   |          |                                      |                               |                              |
|------------|---|----------|--------------------------------------|-------------------------------|------------------------------|
| <b>1.0</b> | <b>PHA Information</b><br>PHA Name: <u>FAIRFIELD METROPOLITAN HOUSING AUTHORITY</u> PHA Code: <u>OH070</u><br>PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8)<br>PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2010</u>   |          |                                      |                               |                              |
| <b>2.0</b> | <b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above)<br>Number of PH units: <u>96</u> Number of HCV units: <u>899</u>   |          |                                      |                               |                              |
| <b>3.0</b> | <b>Submission Type</b><br><input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only  |          |                                      |                               |                              |
| <b>4.0</b> | <b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)   |          |                                      |                               |                              |
|            | Participating PHAs  | PHA Code | Program(s) Included in the Consortia | Programs Not in the Consortia | No. of Units in Each Program |
|            | PHA 1:  |          |                                      |                               | PH      HCV                  |
|            | PHA 2:  |          |                                      |                               |                              |
|            | PHA 3:  |          |                                      |                               |                              |
| <b>5.0</b> | <b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.  |          |                                      |                               |                              |
| <b>5.1</b> | <b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:<br><br>The Fairfield Metropolitan Housing Authority is dedicated to serving the needs of low and moderate income families in Fairfield County and to:<br><br><ul style="list-style-type: none"> <li>• increase the availability of decent, safe, sanitary, and affordable housing in our community;</li> <li>• ensure equal opportunity in housing;</li> <li>• promote self-sufficiency and asset development of families; and,</li> <li>• improve community-wide quality of life and economic vitality in cooperation with other agencies, developers, and individuals.</li> </ul>  |          |                                      |                               |                              |
| <b>5.2</b> | <b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.<br><br>Within the structure of the Housing Choice Voucher and Public Housing programs, FMHA strategies are designed to improve the lives of those residents in it's jurisdiction by:<br><ul style="list-style-type: none"> <li>• Expanding the supply of assisted affordable housing</li> <li>• Improving the quality of assisted affordable housing</li> <li>• Increasing the assisted affordable housing choices</li> <li>• Improving the living environment of assisted affordable housing</li> <li>• Promoting self-sufficiency through increased income and asset development</li> <li>• Ensure equal opportunity and further fair housing practices</li> </ul><br>The specific goals and objectives are:<br><br><b>1. Goal: Expand the supply of assisted housing</b><br>Objectives:<br>A. Apply for additional rental vouchers<br><ul style="list-style-type: none"> <li>i. Shelter Plus Care</li> <li>ii. Family Unification Vouchers</li> </ul> |          |                                      |                               |                              |

- iii. Mainstream Vouchers/Money Follows the Person
- iv. We have identified a need for vouchers for those with disabilities
- B. Leverage private or other public funds to create additional housing opportunities
  - i. Section 811 Supportive Housing for Persons with Disabilities and Section 202 Supportive Housing for the Elderly
  - ii. Develop a partnership with Habitat for Humanity to build homes for Homeownership participants, which may include donating property for building sites
- C. Acquire or build units or developments
  - i. Use non-profit to purchase and rehab foreclosed properties for Homeownership program
  - ii. Build units on current FMHA-owned properties – Shallow Ridge, Fairfield/Champion, Spring
  - iii. Develop new “green” and “accessible” construction insuring new projects would contain environmentally friendly products and the basic three features of zero step entrance, 32-inch doors/36-inch hallways, and accessible first floor bathroom making them accessible for any tenant
- D. Other
  - i. Use CBDG funds in conjunction with bank loans to purchase and rehab units
  - ii. FMHA will determine alternative use for Community Building, 1648 Hanover Court, which may include health services, drug and alcohol recovery, or remodel for additional units
  - iii. FMHA will cooperate with Low Income Housing Tax Credit projects as they become available

**2. Goal: Improve the quality of assisted housing**

Objectives:

- A. Improve Public Housing Management: PHAS score 62. Lower score was due to a late audit submission by our accounting firm. A protocol has since been developed to assure this does not happen again.
- B. Increase customer satisfaction
  - i. Continue to offer TTY phone services to the public
  - ii. Continue to expand the use of comment/question cards and surveys to customers for feedback
  - iii. Review and update Customer Service Plan
  - iv. Continue to expand the use of Benefit Bank to the public
  - v. Website upgrade
  - vi. Offer refresher “Tenant Accountability” classes for HCV participants who struggle meeting their voucher obligations
- C. Concentrate on efforts to improve specific management functions
  - i. Review Quality Control procedures for Maintenance, Public Housing and Section 8 administration
  - ii. Additional financial training for management staff
  - iii. Increase staff Training budget for 2010
  - iv. Develop “Desk Guides” for each position
- D. Renovate or modernize Public Housing units
  - i. Continue making Capital Improvements, including “accessible” features
  - ii. Incorporate “green” improvements
- E. Other
  - i. Create construction company
  - ii. FMHA will purchase or build Maintenance Shop

**3. Goal: Increase assisted housing choices**

Objectives:

- A. Provide voucher mobility information for participants at admission, recertification and when indicating interest in portability
- B. Provide refresher portability to staff, i.e. administrative policies, CFS's, system processes, and timelines
- C. Conduct outreach efforts to potential voucher landlords
  - i. Continue "Landlord Appreciation Night"
  - ii. Continue to be founding member and key stakeholder in the Fairfield County Landlord Association
  - iii. Provide information to landlords on the FMHA website
  - iv. Provide informational display at all public functions
  - v. Provide information flyer with all landlord briefing packets encouraging increased interest and participation
  - vi. Continue to provide FMHA newsletter specific to landlords – LINK
- D. Homeownership Program
  - i. Continue providing the Section 8 Homeownership Program
  - ii. PH residents will receive Homeownership opportunities
  - iii. Seek "HUD Certified" designation for Housing Counseling Agency
  - iv. "The Annual American Dream Homeownership Expo"
- E. Other
  - i. We will apply for Resident Opportunities Supportive Services grant through the NOFA
  - ii. We will explore grant/tax credit opportunities

**4. Goal: Improve the living environment of assisted affordable housing**

Objectives:

- A. Implement Public Housing Security Improvements
  - i. Continue to work with the Lancaster Police Department
    - a. request neighborhood police reports
    - b. cooperate with inquiries and requests
  - ii. Continue to screen applicants to eliminate ineligible and unsuitable Public Housing tenants
- B. Public Housing Residents
  - i. Continue to conduct group briefings sessions for residents to include terms of their lease agreement and to provide guidance for peaceful living in Public Housing neighborhoods and to reduce incidences related to improper behaviors, illegal activities, and disturbing the peace.
  - ii. Continue to offer employment when applicable
  - iii. Continue to refer tenants to known community programs as appropriate
  - iv. Continue to refer tenants to HEAP and other energy assistance programs
  - v. Continue Spring Flower Sale
  - vi. Work with our local Community Action Agency to provide weatherization improvements for our units
- C. Housing Choice Voucher Participants
  - i. Refer landlords and tenants to any available weatherization or home rehabilitation programs
  - ii. Continue to refer tenants to known community programs as appropriate
  - iii. Continue to refer tenants to HEAP and other energy assistance programs
- D. Staff
  - i. Continue to follow the Preventive Maintenance Plan
  - ii. Continue to maintain "curb appeal"

- iii. Continue to address the needs of clients with disabilities
- iv. Continue to promote Fair Housing
- v. Identify affordable training on inspection process and provide refresher training to staff
- vi. Refresher training on Lead-Based Compliance policies and procedures
- vii. Maintain communication with the Public Health Department as required on identified environmental intervention blood level findings in children under 6 years of age

**5. Goal: Promote Self-Sufficiency through increased income and asset development of assisted households**

Objectives:

- A. Increase the number and percentage of employed person in assisted families
  - i. Provide all families with information on services provided at the local employment Worknet (JFS) at approval and recertification
  - ii. Increase contacts for recipients involved in the Family Self-Sufficiency Program
- B. Provide or attract supportive services to improve participants' employability
  - i. Coordination of goals and services for all families being served by both FMHA and Fairfield County Job and Family Services
  - ii. Work with other agencies to identify other resources for supportive services
- C. Provide or attract supportive services to increase independence for the elderly or families with disabilities
  - i. Provide information regarding Meals on Wheels and Olivedale
  - ii. Refer to Adult Protective Services as deemed appropriate
  - iii. Provide referrals and contact information to other assistance and services available with the community as appropriate by:
    - a) Responding to individual inquiries
    - b) Providing informational brochures
- D. Other
  - i. Promote various local Homeownership programs (e.g. Habitat for Humanity) for Public Housing and HCV households
  - ii. Provide Homeownership opportunities for Public Housing and Housing Choice Voucher participants
  - iii. Establish local partnerships to collaborate on programming for employment including adults and youth
  - iv. Research funding for supportive services for employment
  - v. Establish FMHA's non-profit as a Housing Counseling Agency and expand services
  - vi. Pursue funding for establishing resident Individual Development Accounts
  - vii. Promote better resident understanding of Earned Income Disallowance and other asset-building opportunities
  - viii. Direct clients to the wide variety of services offered in Fairfield County through direct customer contact, brochures, and the Information and Referral Agency
  - ix. Review and update the Family Self-Sufficiency Program Action Plan for Housing Choice Voucher and Public Housing

**6. Goal: Ensure Equal Opportunity in Housing for all Americans**

Objectives:

- A. Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability

- i. Provide staff with annual mandatory training on civil rights and discrimination
  - ii. Provide staff with annual mandatory training on cultural awareness and diversity
  - iii. FMHA actively partners with other agencies to promote fair housing
  - iv. We provide materials and/or speakers who explain and promote equal access to our housing assistance programs
- B. Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability
- i. Fair Housing information located in the FMHA lobby is readily available to the public
  - ii. Refer all complaints to responsible local entity
  - iii. Ensure all applicants and recipients receive information regarding their rights at approval and recertification
  - iv. Increase landlord education
  - v. Maintain listing of accessibility units
  - vi. Continue to partner with Southeastern Ohio Center for Independent Living (SOCIL) for assistance with persons with disabilities in locating housing
  - vii. Continue to monitor and review Limited English Proficiency (LEP) access
  - viii. Encourage Public Housing residents and Voucher participants to take part in the voting process to protect their rights

**7. Other FMHA Goals and Objectives**

- A. Coordinate activities of Fairfield Housing, Incorporated, the FMHA non-profit, to provide services to low/moderate-income persons and families
- B. Maintain fiscally responsible and responsive PHA
- C. Responsibly manage the assets and liabilities of FMHA
- D. Continue to actively pursue collection of past bad debts
- E. Seek formal and informal joint ventures and/or partnerships with private sector, public agencies, and non-profits.

Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

**FMHA’s progress in meeting the goals and objectives described in the previous 5-year Plan.**

The six goals are basically the same from the previous 5-year plan. Additional objectives have been added to improve performance and more effectively meet the needs of our target population.

**1. Goal: Expand the supply of assisted housing**

FMHA received a Shelter Plus Care grant for 12 vouchers. We have applied for and received 50 Family Unification Vouchers. We would like to apply for an additional 20 Mainstream Vouchers, if HUD makes them available.

We continue to work with Habitat for Humanity and to date, two of our assisted families have received Habitat homes.

Our initial efforts in “green” activities include thermal heating/air conditioning pumps in several of our Public Housing units and tankless water heaters.

We focused this last year on meeting ADA compliance in our Public Housing units.

See attached Transition Plan.

We collaborated with Buckeye Hope Foundation in a tax credit application to Ohio Housing Finance Agency (OHFA). The project is a 60-unit elderly ranch-style with attached garages. Although we were not awarded the project, FMHA benefited from the experience.

**2. Goal: Improve the quality of assisted housing**

HUD determined that Housing Authorities would not submit data for PHAS scores this year. Our current score remains the same.

Our 2008 SEMAP score was 135, which makes our HCV program a "High Performer" once more.

We continue to offer TTY phone service to our clients and to the public.

We review and update our Customer Service Plan annually.

Our staff received Ohio Benefit Bank training, which identifies possible resources for our clients, such as childcare subsidies, food stamps, health insurance, home energy, and income tax assistance. FMHA is a Certified Ohio Benefit Bank site with the State of Ohio.

We installed a new drop box, which is "accessible" to all clients.

Our website was updated including interactive forms, the ability to apply for the Waiting List online, links to other agencies, virtual tour of Public Housing units, instant "chat" with staff, direct deposit capability, page dedicated to Public Housing residents and Landlords, and other customer-friendly features.

**3. Goal: Increase assisted housing choices**

FMHA educates our participants on the availability of voucher portability and either absorbs or manages those who port to this jurisdiction, as regulations require. There is regular activity in this area, both leaving and entering our county.

FMHA continues to offer "Landlord Appreciation Nights" to all property owners in our county. Since 2002, we have provided information on a variety of topics. The Fairfield County Landlord Association was the result of a direct invitation to landlords attending these events to create an organization solely for their benefit. FMHA has been an active partner and remains a reliable source of information and support for landlords and this organization. FMHA continues to provide a newsletter to our landlords keeping them informed about FMHA news and events. The big "pay off" for all of these efforts has been more landlord participation in our Voucher program providing more and better choices for our participants.

With the addition of a Public Housing FSS Coordinator, homeownership opportunities will now be available to our Public Housing residents. HCV continues to operate their Homeownership program with successful first-time homebuyers.

FMHA holds an annual event called "The American Dream Homeownership Expo". This street-fair type event is held in June to celebrate "National Homeownership Month". The public is invited to visit over 30 vendors to learn more about homeownership opportunities.

FMHA has applied for certification for its Housing Counseling program.

**4. Goal: Improve the living environment of assisted affordable housing**

In screening for our Public Housing program, we started using a company called FABCO, which provides more thorough background checks giving us more information in the PH eligibility process

We revised and updated our Pre-Occupancy Class materials and presentation teaching residents how to be good neighbors.

Public Housing residents have the opportunity to participate in our Spring Flower Sale. We collaborated with a local greenhouse to sell flowers to our residents at a reduced rate. Those who take part have the option to pay for those flowers over a three-month period.

FMHA routinely makes referrals for energy assistance, weatherization, and similar programs. Our maintenance staff performs inspections to keep units at appropriate standards and consistently educates tenants on their responsibilities. We are currently working with our Community Action Agency to provide additional weatherization techniques and products to our Public Housing units. Not only will these improvements save energy, our residents should experience lower energy costs.

**5. Goal: Promote Self-Sufficiency through increased income and asset development of assisted households**

FMHA received a grant this year for Public Housing Family Self-Sufficiency. We met the HUD-required number of family participants and expect the program to be successful.

About 60% of our HCV-FSS families are employed. We have increased that number since last year.

FMHA reviews its FSS Action Plan to identify areas that need change and improvement. The Plan encourages employment and identifies community partners who support the participant’s goals.

**6. Goal: Ensure Equal Opportunity in Housing for all Americans**

FMHA conducts mandatory training on civil rights, cultural awareness, and discrimination for staff. The hearing policies and procedures are reviewed and our staff is trained on the hearing process and tenant’s rights.

**7. Other FMHA Goals and Objectives**

FMHA uses FABCO, a company that provides collection services which has increased our ability to collect bad debts.

Fairfield Housing, Incorporated is a non-profit instrumentality of FMHA. FMHA staff and community partners have devoted considerable time and effort in revitalizing the organization.

|     |   |
|-----|---|
| 6.0 | <p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p>Section 8 Administrative Plan<br/>Admissions and Continued Occupancy Plan</p> |
|-----|---|

Interim Redetermination of Rent  
 HCV Utility Allowance  
 Cost Allocation Plan  
 Violence Against Women Act  
 Procurement Policy  
 Personnel Policy Manual  
 Pet Policy  
 Preferences for Eligible Applicants  
 Child Care Costs  
 Medical Deduction Policy  
 Termination of HCV Participation

(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.

The PHA Plan, attachments, and supportive documents are available for public inspection at the FMHA office, 315 North Columbus Street, Lancaster, OH 43130.

7.0

**Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.** *Include statements related to these programs as applicable.*

In 2009, FMHA received a ROSS grant for a Public Housing Family Self-Sufficiency Coordinator. We currently are serving 29 participants. FSS assists participants in:

- Obtaining a high school diploma /GED
- Obtaining a first job
- Obtaining higher education degree/certifications
- Obtaining a higher-paying job
- Budgeting skills
- Obtaining a mortgage through a bank / mortgage lender
- Securing finances for education
- Accomplishing goals that will achieving economic independence

The FSS Coordinator provides referrals to supportive services such as:

- Job training
- Employment Counseling
- Educational Services
- Credit Counseling
- Child Care
- Transportation
- Homeownership Counseling

FMHA makes every effort to direct employment and other economic opportunities to the greatest extent possible toward low and very low income persons who are recipients of the Public Housing program. Employment opportunities are placed in our monthly newsletter which is distributed to all residents. We also invite participants to bid on any projects. We also encourage our residents to participate in our local AmeriCorps program.

FMHA has several vacant properties (land) and may choose to dispose them.

We anticipate offering Homeownership opportunities to our Public housing residents as the program develops.

We would like to offer Section 8 HCV vouchers as project-based vouchers in tax-credit projects.



| 8.0          | <b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.  |                     |                |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
|--------------|---|---------------------|----------------|-------------|----------------|-------|----|----|----|-------|----|---|----|----------|---|---|---|-------|---|---|---|--------------|---------------|---------------------|---|---------|----|---|-----------|----|---|-----------|----|---|---------|----|-----------|---------|---|--------------|---------------|---------------------|---|------|---|---|--------|----|---|--------|----|---|--------|----|-----------|-------|---|--------------|---------------|---------------------|
| 8.1          | <b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> 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.  |                     |                |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
| 8.2          | <b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund 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 for a five year period). Large capital items must be included in the Five-Year Action Plan.  |                     |                |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
| 8.3          | <b>Capital Fund Financing Program (CFFP).</b><br><input type="checkbox"/> 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.   |                     |                |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
| 9.0          | <p><b>Housing Needs.</b> 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.</p> <p><b>I. General Jurisdiction Statement</b><br/> The 2008 estimated population for Fairfield County is 142,223 and is part of the Columbus Metropolitan Statistical Area. The county seat is Lancaster and is the county's largest city. According to the U.S. Census Bureau, the county has a total area of 509 square miles. Approximately 506 square miles is made up of land and the remaining 3 square miles is water. While the northern portion of the county is fairly flat, as you travel south along U.S. 33, you can easily recognize the foothills of a mountainous region beginning around the village of Carroll. Although not officially part of the state or federal definition of Appalachia, certain areas of Fairfield County, particularly south of U.S. 22, bear a distinctly Appalachian feel in both physical geography and demographics.</p> <p><b>II. State, County and Waiting List Population by Ethnicity (2007)</b></p> <table border="1" data-bbox="293 999 1468 1171"> <thead> <tr> <th>Race</th> <th>Ohio %</th> <th>Fairfield %</th> <th>Waiting List %</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>85</td> <td>92</td> <td>84</td> </tr> <tr> <td>Black</td> <td>12</td> <td>6</td> <td>14</td> </tr> <tr> <td>Hispanic</td> <td>2</td> <td>1</td> <td>1</td> </tr> <tr> <td>Other</td> <td>1</td> <td>1</td> <td>1</td> </tr> </tbody> </table> <p><b>III. State, County, and Waiting List Population Demographics - Tables</b></p> <p><b>Characteristics by Bedroom Size - Ohio</b></p> <table border="1" data-bbox="293 1331 1468 1535"> <thead> <tr> <th>Bedroom Size</th> <th># of Families</th> <th>% of Total Families</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>531,141</td> <td>11</td> </tr> <tr> <td>2</td> <td>1,355,846</td> <td>26</td> </tr> <tr> <td>3</td> <td>2,156,089</td> <td>43</td> </tr> <tr> <td>4</td> <td>843,709</td> <td>17</td> </tr> <tr> <td>5 or more</td> <td>151,869</td> <td>3</td> </tr> </tbody> </table> <p><b>Characteristics by Bedroom Size - Fairfield County</b></p> <table border="1" data-bbox="293 1598 1468 1801"> <thead> <tr> <th>Bedroom Size</th> <th># of Families</th> <th>% of Total Families</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>3934</td> <td>7</td> </tr> <tr> <td>2</td> <td>12,368</td> <td>22</td> </tr> <tr> <td>3</td> <td>24,853</td> <td>45</td> </tr> <tr> <td>4</td> <td>12,873</td> <td>23</td> </tr> <tr> <td>5 or more</td> <td>1,349</td> <td>3</td> </tr> </tbody> </table> <p><b>Characteristics by Bedroom Size - FMHA Waiting List</b></p> <table border="1" data-bbox="293 1864 1468 1896"> <thead> <tr> <th>Bedroom Size</th> <th># of Families</th> <th>% of Total Families</th> </tr> </thead> <tbody> </tbody> </table> | Race                | Ohio %         | Fairfield % | Waiting List % | White | 85 | 92 | 84 | Black | 12 | 6 | 14 | Hispanic | 2 | 1 | 1 | Other | 1 | 1 | 1 | Bedroom Size | # of Families | % of Total Families | 1 | 531,141 | 11 | 2 | 1,355,846 | 26 | 3 | 2,156,089 | 43 | 4 | 843,709 | 17 | 5 or more | 151,869 | 3 | Bedroom Size | # of Families | % of Total Families | 1 | 3934 | 7 | 2 | 12,368 | 22 | 3 | 24,853 | 45 | 4 | 12,873 | 23 | 5 or more | 1,349 | 3 | Bedroom Size | # of Families | % of Total Families |
| Race         | Ohio %  | Fairfield %         | Waiting List % |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
| White        | 85  | 92                  | 84             |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
| Black        | 12  | 6                   | 14             |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
| Hispanic     | 2   | 1                   | 1              |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
| Other        | 1   | 1                   | 1              |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
| Bedroom Size | # of Families   | % of Total Families |                |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
| 1            | 531,141   | 11                  |                |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
| 2            | 1,355,846   | 26                  |                |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
| 3            | 2,156,089   | 43                  |                |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
| 4            | 843,709   | 17                  |                |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
| 5 or more    | 151,869   | 3                   |                |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
| Bedroom Size | # of Families   | % of Total Families |                |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
| 1            | 3934  | 7                   |                |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
| 2            | 12,368  | 22                  |                |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
| 3            | 24,853  | 45                  |                |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
| 4            | 12,873  | 23                  |                |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
| 5 or more    | 1,349   | 3                   |                |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |
| Bedroom Size | # of Families   | % of Total Families |                |             |                |       |    |    |    |       |    |   |    |          |   |   |   |       |   |   |   |              |               |                     |   |         |    |   |           |    |   |           |    |   |         |    |           |         |   |              |               |                     |   |      |   |   |        |    |   |        |    |   |        |    |           |       |   |              |               |                     |

|           |     |    |
|-----------|-----|----|
| 1         | 285 | 30 |
| 2         | 409 | 43 |
| 3         | 236 | 25 |
| 4         | 26  | 1  |
| 5 or more | 4   | 1  |

**IV. General Housing Unit Inventory/Households and Families (2007)**

According to the U.S. Census Bureau, there were 51,000 households in Fairfield County. The average household size is 2.7 people.

Families made up 75 percent of the households. This figure includes both married couple families (61%) and other families (14%). The remaining 25 percent was made up of nonfamily households who were people living alone, but some were composed of people living in households in which no one was related to the head of house.

Fairfield County has a total of 51,000 occupied housing units – 39,000 (77%) owner occupied and 12,000 (23%) renter occupied. The monthly housing costs for renters was \$691, furthermore 38% percent of renters spent 30 percent or more of household income on housing.

**Tenant Rental Cost**

| Rent Amount      | Fairfield County | HCV | PH |
|------------------|------------------|-----|----|
| Less than \$200  | 398              | 0   | 26 |
| \$200 - \$299    | 315              | 8   | 13 |
| \$300 - \$499    | 1,375            | 478 | 10 |
| \$500 - \$749    | 4,689            | 390 | 18 |
| \$750 - \$999    | 3,000            | 22  | 0  |
| \$1000 - \$1,499 | 1,143            | 0   | 0  |
| No cash rent     | 564              | 0   | 27 |

**Per the U.S. Census Bureau American Factfinder 2005-2007**

- 79.6% of the total housing units available in the County are 1-unit detached
- Mobile homes make up 2.5% of the County’s available units
- 3 or 4 units in a structure provide 3.4% of the available units
- 5 to 9 units in a structure provide 4.1%
- 20 or more units in a structure provide 2.5% of the available units, tying with the number of mobile homes
- The rental vacancy rate is estimated to be 8.2% of available units

**V. Quality of Units**

Based on the available data, the percentage of units with significant issues making them unsuitable or undesirable for use was small although the majority of units are aging and maintenance could cause availability to decrease long-term. Per the 2005-2007 U.S. Census American Factfinder estimates are:

- .1% of the occupied units lacked complete plumbing facilities
- .4% lacked complete kitchen facilities
- 3.8% lacked telephone service

The majority of homes use utility gas and electric as a heat source, however there are still a number of homes using less conventional methods to heat their homes.

|                         |        |       |
|-------------------------|--------|-------|
| Utility Gas             | 30,647 | 60.0% |
| Bottled tank, or LP gas | 4,794  | 9.4%  |
| Electricity             | 12,142 | 23.8% |

|                      |       |      |
|----------------------|-------|------|
| Fuel Oil or Kerosene | 1,944 | 3.8% |
| Coal or Coke         | 35    | 0.1% |
| Wood                 | 1,124 | 2.2% |
| Solar Energy         | 0     | 0.0% |
| Other Fuel           | 301   | 0.6% |
| No fuel used         | 82    | 0.2% |

Over 55% of all homes were built before 1979.

**VI. Affordability Concerns**

(Information obtained by FY 2008-FY2012 Consolidated Housing and Community Development Plan City of Lancaster, Ohio)

*The overall affordable housing needs of renters and owners based on family size and relative cost burden indicate that the very low income small and large renter families with cost burdens greater than 30 percent were determined to have the highest priority affordable housing needs of non-homeless families. Homeowner households with incomes less than 50 percent of the median income with housing in need of major rehabilitation was also determined to have a high priority housing need.*

*The housing needs of low and moderate income households and individuals can be viewed in terms of three related issues. The issues are availability, adequacy, and affordability.*

*The following principles have served to help target limited resources in addressing these housing issues and in identifying the housing needs of the community.*

- Housing resources and services should be targeted to those in the community most in need of assistance.*
- Housing resources should be targeted to meet the needs of homeless families and individuals, those at risk of homelessness and homeless persons with special needs.*
- Programs should be targeted to help preserve and repair the existing homeowner housing stock within the Community.*
- Programs should continue to promote equal housing opportunity and expand housing choice through fair housing compliance and community education and awareness.*
- Resources should be directed to help meet the growing housing needs of single parent households, especially female-headed households.*
- Resources should be targeted to ensure an adequate supply of decent, safe, and sanitary housing which is affordable to very low and lower income families and individuals.*
- The city should encourage the development of affordable housing and expanded housing choice throughout the community consistent with sound land use planning and development standards.*

From 2005-2007, 9 percent of people were in poverty. Eleven percent of related children under 18 were below the poverty level, compared with 7 percent of people 65 years old and over. Six percent of all families and 22 percent of families with a female head of house and no husband present had incomes below the poverty level.

**VII. Affordable Housing Resources**

(Information obtained by FY 2008-FY2012 Consolidated Housing and Community Development Plan City of Lancaster, Ohio)

*Existing resources to assist in providing affordable housing within the community include the following:*

- 96 three bedroom scattered site public housing units (FMHA)
- Lancaster homeowner housing rehabilitation program (Lancaster CDBG)
- 899 Section 8 housing vouchers (FMHA)
- 662 privately owned assisted housing units
- Home energy assistance program (LFCAA)
- Emergency housing repair program (LFCAA)
- Emergency rent/mortgage/utilities payment program (LFCAA)
- Lancaster homebuyer acquisition program (Lancaster CDBG)
- Emergency food and shelter program (LFCAA)
- Homeless prevention counseling program (LFCAA)
- Transitional homeless prevention services program (LSS)
- Emergency rental assistance (New Horizons)
- Housing assistance program (New Horizons & FMHA)
- 5 adult foster care homes (New Horizons)
- 23 units of assisted housing\chronically mentally ill persons (New Horizons)
- 7 single family homes for MRDD clients (Fairfield Affordable Housing)
- 8 housing units owned and managed by FMHA
- 14 bed shelter facility for homeless adults
- 20 unit single room occupancy housing facility for single adults
- Fairfield County Emergency Shelter (LFCAA)
- Lighthouse Domestic Violence Emergency Shelter
- The Foundation Men's Shelter
- The Foundation Women's Shelter
- Fair housing program (Lancaster CDBG)
- Lead based paint hazard reduction program (Lancaster CDBG)
- Housing architectural barrier removal program (Lancaster CDBG)
- 4 unit transitional housing for women ex-offenders (Grace Haven)
- 5 unit transitional housing for youth (Reality House)

*Many if not all of the above listed programs have extremely limited funding and future funding levels are uncertain.*

**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.**

### **Strategies for Addressing Housing Needs**

The FMHA Public Housing Program operates at full capacity to maximize the number of applicants that receive subsidized housing through FMHA. The Public Housing Waiting List remains open and we pull from that list as housing becomes available. Our strategies include keeping turnover time and vacancies to a minimum.

9.1

Although the Section 8 Housing Choice Voucher Program leases 100% of its allotted vouchers annually, the number of vouchers available does not meet the need in Fairfield County. The HCV Waiting List closed in January 2008 for the first time with over 3000 families waiting for housing.

FMHA is an active partner in the Fairfield County Housing Coalition, which maintains the Continuum of Care Plan and the 10-Year Plan to End Homelessness. FMHA staff participates on a number of boards and committees to address housing issues in our county.

**Need: Shortage of affordable housing for all eligible populations**

1. Maximize the number of affordable units available to FMHA within its current resources by:
  - A. Employ effective maintenance and management policies to minimize the number of public housing units off-line
  - B. Keep turnover time for vacated Public Housing units
  - C. Keep time to renovate Public Housing units short
  - D. Undertake measures to ensure access to affordable housing among families assisted by FMHA
  - E. Continue to increase Section 8 lease up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
  - F. Maintain or increase Section 8 lease-up rates by effectively providing Landlord Packet information to Section 8 applicants to increase owner acceptance of program
  - G. Continue to participate in the Consolidated Plan development process to ensure coordination with broader community strategies
  - H. Market Public Housing units in the Lancaster community, particularly to working families using our Local Working Family preference.
  - I. Increase property monitoring by all staff to keep damages and noncompliance low
  
2. Increase the number of affordable housing units by:
  - A. Apply for additional Section 8 vouchers should they become available
  - B. Pursue housing resources other than public housing or Section 8 tenant-based assistance
  - C. Apply for additional Family Unification Vouchers should they become available
  - D. Apply for additional Mainstream Vouchers should they become available
  - E. Apply for additional Shelter Plus Care vouchers
  - F. Pursue partnerships for alternative housing programs for special subpopulations, i.e., persons with mental illness, persons with disabilities, victims of domestic violence, persons likely to become homeless such as young people "aging out" of foster care, persons participating in drug recovery programs, and veterans
  - G. Develop local homeownership opportunities utilizing HOME and CBDG funds, Federal Home Loan Bank funds
  - H. Purchase and rehabilitate properties for rent and/or future homeownership
  - I. Implement energy conservation programs to reduce utility expenses for low-income households
  - J. Explore forming a Community Housing Development Organization (CHDO)

**NEED: Specific Family Types: Families at or below 30% of AMI**

**NOTE: All of our Public Housing Units are 3-bedroom.**

1. Target available assistance to families at or below 30% of AMI
  - A. Adopt rent policies to support and encourage work, i.e. SOP 2-32 Interim Redetermination Policy – HCV
  - B. Develop an Individual Development Account (IDA) program to assist Public Housing and HCV families in building assets
  - C. Increase focus on Family Self-Sufficiency strategies

**NEED: Specific Family Types: Families at or below 50% of AMI**

1. Target available assistance to families at or below 50% of AMI
  - A. The Public Housing Program employs admissions preferences aimed at families

- who are working
- B. Adopt rent policies and encourage work, i.e. SOP 2-32 Interim Redetermination Policy – HCV
- C. Develop an Individual Development Account (IDA) program to assist Public Housing and HCV families in building assets
- D. Increase focus on Family Self-Sufficiency strategies

**NEED: Specific Family Types: the Elderly**

1. Target Available Assistance to the Elderly
  - A. Apply for special purpose vouchers targeted to the elderly, should they become available
  - B. Seek out development opportunities for Elderly Housing

**NEED: Specific Family Types: Families with Disabilities**

1. Target available assistance to Families with Disabilities
  - A. Carry out the modifications needed in Public Housing based on the section 504 Needs Assessment for Public Housing
  - B. Apply for special-purpose vouchers targeted to families with disabilities, should they become available, such as 4,000 vouchers for non-elderly person with disabilities recently announced in a Proposed NOFA.
  - C. Affirmatively market to local non-profit agencies that assist families with disabilities
  - D. Continue HCV Preference for families with Disabled Household member
  - E. Increase focus on Family Self-Sufficiency strategies

**NEED: Specific Family Types: Races or ethnicities with disproportionate housing needs**

1. Increase awareness of FMHA resources among families of races and ethnicities with disproportionate needs
  - A. Affirmatively market to races/ethnicities shown to have disproportionate housing needs
2. Conduct activities to affirmatively further fair housing
  - A. Counsel Section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units.
  - B. Market the Section 8 program to owners outside of areas of poverty/minority concentrations

**Reasons for Selecting Strategies**

FMHA's strategies were determined by the following factors:

- Funding constraints
- Staffing constraints
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to FMHA
- Influence of the housing market on FMHA programs
- Community priorities regarding housing assistance
- Results of consultations with local government
- Results of consultations with residents and the Resident Advisory Board
- Results of consultations with advocacy groups
- Desire to assist low-income working families in building family assets and achieving family self-sufficiency

**Additional Information.** Describe the following, as well as any additional information HUD has requested.

(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.

The Fairfield Metropolitan Housing Authority continues to make significant progress toward accomplishing its stated mission of providing housing assistance and affordable housing opportunities to lower income families in a manner that is fiscally sound and in a way that supports families, neighborhoods, and economic self-sufficiency.

Some of the significant accomplishments of the past year include establishing Fairfield Housing, Inc. (FHI) as a nonprofit instrumentality of the Housing Authority. FHI and Buckeye Hope Foundation completed a tax-credit application for a 60-unit elderly project.

HUD has rated the FMHA Section 8 program administration as a high-performing PHA through the Section Eight Management Assessment Program (SEMAP) scoring fiscal years 2001-2008 or since HUD has implemented SEMAP scoring. FMHA continues to work to improve the quality of the tenant-based program by focusing on the management indicators provided in the SEMAP scoring.

Housing Solutions, headed by a HUD Certified Housing Counselor, opened its doors in January offering Housing Counseling to the public.

New grants this year include 12 Shelter Plus Care Vouchers, 50 Family Unification Vouchers and a new Public Housing Family Self-Sufficiency Coordinator.

Outreach projects to the community include our annual Homeownership Expo and annual Supply Our Students (SOS) for school supplies.

Our HCV Family Self-Sufficiency and Homeownership programs continue to grow and link current participants with community resources.

Our new Public Housing Family Self-Sufficiency Program has fulfilled its allotted number of participants within a two-month period.

The restructuring of our Public Housing department has produced a more effective and efficient program. REAC scores reflect the hard work and dedication of the staff.

These accomplishments were completed with solid year-end financial position despite continued cuts from Congress.

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

In accordance with 24 CFR 903.21 the FMHA may amend or modify an annual or 5-year plan after it has been sent to HUD for approval.

The Housing Authority must adopt a policy which defines a **substantial deviation** in accordance with 903.7(2) which states, "A PHA must identify the basic criteria the PHA will use for determining: i) a substantial deviation from its 5-yr plan; and ii) A significant amendment or modification to its 5-yr plan and annual plan."

The PHA plan outlines the mission and the goals of the FMHA. Those plan and goals may need to change from year to year based on the needs of the community and the Authority's financial condition. The Commission of the Authority reserves the right to make changes to policies without HUD approval as deemed necessary for the housing authority to be successful in meeting the needs of the community as well as planning for the attainment of future goals on a month-to-month basis. For that reason, changes to

10.0

the Admissions and Occupancy Policy and the Administrative Policy are considered "working documents" which may require frequent changes to stay current with regulations and their application while serving the needs of the community.

For the purpose of this policy, the FMHA determines that a substantial deviation from its 5-Year Plan is any major shift in the operating of the Housing Authority that will have an adverse affect on the community which may include, but is not limited to:

- Decreasing the number of vouchers FMHA will administer
- Decreasing the number of Public Housing units available for occupancy
- Changes in the HCV Administrative Plan, the PH Admissions and Continued Occupancy Plan, the HCV Homeownership Plan regarding admissions, waiting lists, flat rents
- Development of additional low-income housing
- Acquisition activities
- Demolition or disposition of PH units
- Significant change in the use of Capital Funds
- Discontinuing a program

For the purpose of the policy, the FMHA determines that a significant amendment or modification to its 5-yr plan and Annual Plan will be defined as any change in a policy that will result in a substantial deviation from its 5-year plan.

In accordance with 24 CFR 903.21 the FMHA may amend or modify an annual or 5-year plan after it has been sent to HUD for approval and will conduct those modifications in the following manor:

1. The Director of the agency will submit proposed changes to the Board of the Fairfield Metropolitan Housing Authority for review, approval and a public hearing;
2. The Public Hearing notice will be placed within the local newspaper not less than 45 days prior to the hearing date;
3. The Fairfield Metropolitan Housing Authority will conduct a public hearing on the modifications;
4. After the public hearing the proposed changes, if any, will be presented to the Board of Commissioners of the Fairfield Metropolitan Housing Authority for final approval;
5. Changes reviewed by Public Hearing and approved by the Board will then be submitted to HUD for approval;
6. Upon HUD approval those changes will be implemented.

Concerning all other changes to the Housing Choice Voucher Administrative Plan, which have been board approved, copies will be e-mailed to the appropriate HUD official for review and retention as requested by the Department of Housing and Urban Development Field Office.

Concerning changes to the Family Self-Sufficiency & Homeownership Action Plans, which remain as inclusions in the Housing Choice Voucher Administrative Plan, HUD requests that these changes be reviewed and approved by HUD prior to Board Approval and implementation.

Concerning changes to the Admissions and Continued Occupancy Plan, after board approval, copies will be submitted to the appropriate HUD official.



|                    |   |
|--------------------|---|
| <p><b>11.0</b></p> | <p><b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> <li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (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.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</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 office 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)

1. **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.

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

- (a) **Hope VI or Mixed Finance Modernization or Development.** 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.cfm](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm)  
**Note:** This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public 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.

**8.0 Capital Improvements.** This section provides information on a PHA's 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;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open 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:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, 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 5-year 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.

# **VAWA Statement**

## **For Fiscal Year 2010 Annual PHA Plan Fairfield Metropolitan Housing Authority – OH070**

The Fairfield Metropolitan Housing Authority (FMHA) is acting in full accordance with the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA) to extend the rights and protections it affords to qualified Housing Choice Voucher/Public Housing assisted tenants and members of their households who are victims of criminal domestic violence, dating violence, sexual assault, and stalking.

FMHA provided notification of the provisions of VAWA to all HCV/PH participants and to property owners with active HCV tenants. Detailed information regarding VAWA is also posted on our website at [www.fairfieldmha.org](http://www.fairfieldmha.org).

FMHA staff has received training about the protections afforded by VAWA and are alert to the various circumstances in which participants may need to be reminded of their possible VAWA protections.

# Standard Operating Policy # 2-01

## Re: Violence Against Women Act

**Policy Reference: Public Law 109-162 1/5/06**  
**SEOLS notices per the Law**  
**PIH Notice 2006-23**  
**PIH Notice 2006-42**  
**PIH Notice 2007-5**  
**Federal Register Part III “The Violence Against Women and Department of Justice Reauthorization Act of 2005; Applicability to HUD Programs; Notice issued 3/16/2007**  
**HUDs Violence Against Women Act Conforming Amendments effective 12/29/08**

**Approved by:** Board of Commissioners

**Effective Date: 1/5/2006**  
**retroactively**

Resolution: 619-06; revised 10/06;

Revised 2/07; Revised 6/2007;

Revised 682-07; Revised 9/2007;

Revised 10/26/2008; Revised 5/27/2009

The Violence Against Women Act was passed into law to protect the rights of those victims of domestic violence, dating violence, sexual assault and stalking. The rights of those victims to obtain housing, retain housing and to relocate for protection purposes is essential in providing a safe environment.

The Fairfield Metropolitan Housing Authority will make every effort to assist those victims and their families by adherence to the law, notification of victim rights, assistance to relocate and guidance concerning what services are available within the county to make their transition to independent living possible and successful.

Listed are the steps taken by the FMHA to meet the goals for which the law was enacted:

### **Notification of rights:**

The FMHA developed and retains a brochure to explain Applicant and Tenant rights, under the law, for those wishing to use or are using housing assistance. Brochures will be maintained in the FMHA lobby and placed in briefing, leasing and add-on packets. Brochures will also be placed in landlord informational packets and landlords will receive a copy of the brochure upon signing a lease with a Housing Choice Voucher Program tenant. Applicants or participants under termination, eviction or denial will receive a copy of the VAWA brochure with all letters or notices concerning these actions.

Upon disclosure from a victim of domestic violence, dating violence, sexual assault or stalking a brochure will be supplied and reviewed with the individual and, if applicable, the individual's family.

### **Notification of available services:**

The FMHA retains a listing of services available within the county to assist those victims of violence or stalking. This listing of services will be maintained in the FMHA lobby and placed in briefing & leasing packets.

Upon learning of a victim of domestic violence, dating violence, sexual assault or stalking, a brochure will be supplied and reviewed with the individual and, if applicable, the individual's family.

**Customer service:**

The FMHA will meet, individually, with a victim prior to taking action against the abuser. At that time, the individual is notified of rights and available services, they will be advised of the requirements to take action against (terminate or evict) the abuser. The individual does have the right to make their own decision to have the authority take action on their behalf or, if they so desire, to remain with their abuser by withdrawing from the Housing Choice Voucher Program or by giving notice to vacate from their Public Housing Unit.

When meeting with the family concerning the domestic violence issue staff will:

- a. Separate them (if both the victim and the abuser appears) and will take the appropriate safety precautions including taking, an additional staff member with them when meeting with the abuser.
- b. Prior history will be researched prior to the appointment time.
- c. The staff will determine if the victim is in fear of violence, etc. and call the Lighthouse for the victim.
- d. The staff will document what has been discussed, what has been done and the final outcome.
- e. The staff will report to the proper authorities if they feel a child/elderly person is being abused (Child Services or Adult Protective Services).

To terminate an abuser on the **Housing Choice Voucher Program**, the Housing Authority will:

1. Require the victim fill out the appropriate HUD certification, or self-certify concerning victim status. Any self-certification must include: (a) that the individual is a victim of abuse; (b) that the incidences of abuse are bona fide; (c) and must include the perpetrator's name and any other statutorily required information. Certification of victim status may also include:
  - Documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking or the effects of the abuse in which the professional attests, under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident, or incidents, in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.
  - Federal, state, tribal, territorial, or local police or court record.
2. Complete the reduction process as required of all applicants/tenants.

3. Send the appropriate termination papers (via certified and regular mail) to the abuser. (If no forwarding address has been provided, or is unknown, the termination notices will be mailed to the last known address).
4. Mark the applicants/tenants file "disbarred" with the name of the abuser to ensure that the abuser, in the future, is not re-admitted to the existing voucher.
5. Place the abuser's name on the appropriate tracking system, based upon PHA policies, using the date of termination including an asterisk, name of the abuser, name of victim in parenthesis, and initials of the case manager.

The Housing Choice Voucher Program exercises its authority under Sec. 982.522(c)(2)(ii) to terminate voucher assistance for the abuser while permitting other members of a participant family to continue receiving assistance provided that the culpable family member will no longer reside in the unit.

To terminate an abuser on the **Public Housing Program** the Housing Authority will:

1. Require the victim fill out the appropriate HUD certification or self certify concerning victim status. Any self certification must include: (a) that the individual is a victim of abuse; (b) that the incidences of abuse are bona fide; (c) and must include the perpetrator's name and any other statutorily required information. Certification of victim status may also include:
  - Documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking or the effects of the abuse in which the professional attests, under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident, or incidents, in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.
  - Federal, state, tribal, territorial, or local police or court record.
2. Complete the reduction process as required of all applicants/tenants.
3. If a Public Housing Tenant abuser does not vacate, of their' own accord, then the Housing Authority will begin the eviction process.
4. Mark the applicants/tenants file "disbarred" with the name of the abuser to ensure that the abuser, in the future, in not readmitted to the lease.
5. Place the abuser's name on the appropriate tracking system, based upon PHA policies, using the date of termination, including an asterisk, name of the abuser, name of victim in parenthesis, and initials of the case manager.



The Public Housing Program exercises its authority to remove the abuser from the unit, while permitting other members of a participant family to continue residing in the rental unit, provided that the culpable family member will no longer live in the unit with the remaining family members.

The HUD certification form. (Form HUD-90066), or any self-certification, must be received by the Authority, within 14 business days of tenant's **receipt** of the certification form. If the victim does not provide the certification, or documentation, within 14 days as required, the PHA has the authority to evict, or terminate assistance, if an individual has committed violations of the lease. The PHA may extend the 14-day deadline at their discretion.

Any individual who violated the rules and regulations governing either the Housing Choice Voucher Program, or the Public Housing Program, by fleeing without notice will be re-housed (with the next available Public Housing unit in accordance with the Transfer Policy) or relocated with a new Voucher (portability only applies to the HCV Program), using the above listed forms of certification. Their type of re-admission housing is based upon the program that they were participating on at the time.

The Housing Authority may still evict, or terminate assistance, for serious or repeated violations of a lease that are unrelated to the domestic violence, dating violence, sexual abuse or stalking incidents and will not hold a tenant to a more demanding set of rules than apply to tenant's who are not victims of the criminal activity mentioned within this policy.

Criminal activity directly relating to abuse, 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 assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.

Provisions protecting victims of domestic violence, dating violence, or stalking, engaged in by a member of the household, may not be construed to limit the PHA from honoring various court orders issued to either protect the victim, or address the distribution of property in case a family breaks up. And may not be construed to limit the authority of the PHA to terminate assistance, or terminate occupancy rights, for individuals who engage in criminal acts of physical violence, against family members or others.

***Victim status is kept completely confidential, including any addresses of a victim of domestic violence, dating violence, sexual abuse or stalking (per the law). However, the victim has the right to release such information by placing that request in writing. The FMHA also must disclose any information the court system may demand and the Public Housing Department may use any information needed in eviction cases (per the law).***

FAIRFIELD  
METROPOLITAN  
HOUSING  
AUTHORITY



EQUAL HOUSING  
OPPORTUNITY

*Serving Our Community  
with Safe and Affordable  
Housing*

*Bruce Burns, Executive  
Director*

*Jackie Keller, P.H. Manager*

**Jackie Keller**  
**Public Housing Manager**

315 North Columbus St.  
Suite 200

Lancaster, OH 43130

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Website: [www.fairfieldmha.org](http://www.fairfieldmha.org)

All weapons, including handguns or other firearms, concealed or not, are prohibited on FMHA premises, including all parking areas.

It is the policy of the FMHA to make reasonable accommodations for customers with a disability when appropriate and to work with those customers to find mutually acceptable solutions to problems.

**RAB BOARD COMMENTS FOR ANNUAL PLAN**

The Public Housing Department scheduled their quarterly RAB meeting, to allow all Public Housing Residents the ability to comment on the annual plan and 5 year Capital Fund portion of the annual plan. The meeting was scheduled for Weds. September 30, 2009 at 12:00 pm at the FMHA office.

Attached you will find a copy of the notices sent to all Public Housing Tenants to invite them to the RAB Meeting.

The agenda was as follows:

- Welcome and Sign in
- Review the Survey Final Results
- Viewing of the Annual Plan and comments (forms provided)
- FSS information
- Open discussion

Unfortunately, none of our Public Housing Residents attended our meeting, therefore; there was not any comments given to the FMHA regarding the 2010 annual plan, although the attempt was made.

Sincerely,

Jackie Keller  
Public Housing Manager

## Annual Plan Comments from the RAB Board

Thank you for taking the time to review Fairfield Metropolitan Housing Authorities 2010 annual plan. FMHA believes in the importance of resident feedback and suggestions to ensure better customer service, housing options, and safe and affordable housing for Fairfield County.

I have reviewed a draft of the annual plan for Fairfield Metropolitan Housing Authority and have the following comments and suggestions:

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OR

I have attended the RAB meeting on September 30, 2009 held at the Fairfield Metropolitan Housing Authority office and do not wish to comment on the annual plan.

PH Resident Signature: \_\_\_\_\_

Date viewed and signed: \_\_\_\_\_

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*Serving Our Community  
with Safe and Affordable  
Housing*

Jackie Keller-PH Manager

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Jackie Keller-PH Manager

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## **SURVEY RESULTS FROM RESIDENTS FOR ANNUAL PLAN 2010**

95 Surveys were sent out to all Public Housing Residents and FMHA received 4 back which is 4.5% of our residents responded. There were no reasonable accommodation or modification requested on this year's survey.

### **SUGGESTIONS FOR CAPITAL FUND PROJECTS FOR THE COMING YEAR(S):**

- Screen Door replacement
- Removal of more trees and bushes
- Lawn Improvement (weed kill)
- Picnic tables for the playground
- Basketball court for kids
- Ceiling fans in units
- Update appliances
- Floor replacement

### **SUGGESTIONS FOR MAINTENANCE IMPROVEMENTS:**

- Better Maintenance tips/information in newsletter
- Better upkeep of common areas
- Use back door when front door is locked

### **SUGGESTIONS FOR PUBLIC HOUSING STAFF:**

- Friendlier Service
- Return phone calls faster
- Hold more tenant meetings with staff
- Community based meetings-BBQ's, yard sales, etc
- Family activities planned after 6 pm so more people can attend
- Never had a problem

The Public Housing Staff reviews all the tenant survey's and decides within our Capital Fund budget what is feasible to achieve in that year. Tenant survey's are an important part of FMHA's planning strategy for the Capital Fund portion of the Annual plan, and we appreciate the residents feed back.

## **NARRATIVE FOR SURVEY RESULTS**

Each year we send our clients a survey with various questions on improving Public Housing and the use of our Capital Funds Grant(s), there are 96 clients in Public Housing and we receive a minimal percentage back, however the surveys we do receive are tallied and suggestions are used for our Annual Plan as well as to help improve Customer Service.

Not all suggestions are used for the Capital Funds for various reasons such as; area not available, maintenance upkeep, etc. The suggestions that are feasible are implemented in the plan and used as funding is available.

Jackie Keller  
Public Housing Manager

The Community Development Plan include the following objectives in relevancy to the City of Lancaster's Community Development Block Grant Entitlement Program.

There is a need to provide adequate assisted housing coupled with necessary supportive services for special needs populations, particularly severely mentally disabled, handicapped, and developmentally disabled persons.

There is a need to provide emergency and transitional housing and supportive services for homeless individuals and families, including emergency respite services for individuals with special needs, including the severely mentally ill, developmentally and physically disabled persons, and victims of domestic violence.

There is need of more affordable housing to meet the needs of very low income persons.

There is a need for programs to assist lower income homeowners to maintain and rehabilitate substandard and deteriorated owner-occupied, single-family dwellings throughout the city.

There is a need to assist low-and moderate-income households to participate in homeownership.

There is a need for a variety of supportive housing services in conjunction with transitional and emergency housing to meet the housing needs of homeless families and individuals.

There is a need for supportive housing services for the elderly, particularly those services which will enable elderly persons to remain in their homes.

There is a needs for homeless prevention programs for families and individuals "at risk" of homelessness.

The need exists to reduce the hazards associated with lead-based paint in residential structures and to prevent and treat childhood lead poisoning.

There is a need to continue to affirmatively further equal housing opportunity through compliance with fair housing laws, fair housing education and community outreach activities, and continuing to identify and assess barriers to fair housing and housing choice.

There is a need to further neighborhood preservation and eliminate conditions of blight and neighborhood deterioration.

There is a need for the construction, reconstruction, repair, and

replacement of deteriorated or inadequate public infrastructure and public facilities within low-and moderate-income areas.

Assist in the provision of health and public services to benefit low-and very low-income individuals.

There is a need for economic development which will result in the expansion of employment opportunities for lower income persons.

Provide for neighborhood recreational facilities within specific LMI areas with a demonstrated lack of suitable facilities, as well as community facilities and services, health services, transit, services, parks, police, and fire protection.

Provide for the efficient administration and provision of adequate housing and community development planning, program design, and implementation of Lancaster's Community Development Block Grant Program.

#### Affordable Housing Priorities

The following priority housing needs have been identified:

1. There is a priority housing need for adequate assisted housing, coupled with necessary supportive services for special needs populations, particularly severely mentally disabled, handicapped, and developmentally disabled persons.
2. A priority housing need exists to provide emergency and transitional housing and supportive services for homeless individuals and families, including emergency respite housing for the homeless mentally ill and victims of domestic violence.
3. There is a priority housing need for efficiency rental housing to meet the needs of very low income single adults.
4. There is a priority need for additional affordable housing the meet the needs of low and very low income female headed households with children through public housing and rental assistance.
5. There is a priority need for continued assistance for low, very low, and moderate income homeowners for repair and rehabilitation of single family owner occupied housing units.
6. There is a priority need for a variety of supportive housing services in conjunction with transitional and emergency housing to provide a

“continuum of care” to meet the housing needs of homeless families and individuals, including persons with severe mental illness and victims of domestic violence.

7. There is a need for additional supportive housing services for the elderly, particularly those services which will enable elderly persons to remain in their homes.

8. There is a priority need for additional housing with appropriate supervision and supportive services for mentally ill persons.

9. There is a priority need for additional homeless prevention programs for families and individuals “at risk” of homelessness.

10. There is a priority need to provide weatherization and home heating assistance to low and moderate income homeowners and renters.

11. The need exists to assist low and moderate income households to participate in homeownership.

12. There is a need to implement programs to reduce the hazards associated with lead based paint in residential structures and to prevent childhood lead poisoning.

FMHA’s Plan is consistent with all the above objectives and participated in defining those objectives. These priorities and goals are also noted in the Continuum of Care Plan through the Fairfield County Housing Coalition.

**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 X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 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.
18. 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.

Fairfield MHA  
PHA Name

04070  
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 10 - 20 14

Annual PHA Plan for Fiscal Years 20 10 - 20 10

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                                 |
| <u>Linda Sheridan</u>       | <u>Chairman, Bd. of Commissioners</u> |
| Signature                   | Date                                  |
| <u>Linda Sheridan</u>       | <u>10/19/09</u>                       |

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

FAIRFIELD METROPOLITAN HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

## SECTION 8 HOUSING CHOICE VOUCHER/PUBLIC HOUSING

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 Federal agency 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 drug-free 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.)

315 NORTH COLUMBUS STREET  
LANCASTER, OH 43130

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

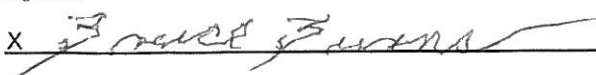
I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**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

BRUCE BURNS

Signature

X 

Title

EXECUTIVE DIRECTOR

Date

SEPTEMBER 23, 2009

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

Approved by OMB  
0348-0046

|   |   |  |
|---|---|--|
| <b>1. Type of Federal Action:</b><br><input checked="" type="checkbox"/> a. contract<br><input type="checkbox"/> b. grant<br><input type="checkbox"/> c. cooperative agreement<br><input type="checkbox"/> d. loan<br><input type="checkbox"/> e. loan guarantee<br><input type="checkbox"/> f. loan insurance  | <b>2. Status of Federal Action:</b><br><input type="checkbox"/> a. bid/offer/application<br><input type="checkbox"/> b. initial award<br><input type="checkbox"/> c. post-award   | <b>3. Report Type:</b><br><input type="checkbox"/> a. initial filing<br><input type="checkbox"/> b. material change<br><b>For Material Change Only:</b><br>year _____ quarter _____<br>date of last report _____ |
| <b>4. Name and Address of Reporting Entity:</b><br><input type="checkbox"/> Prime <input type="checkbox"/> Subawardee<br>Tier _____, if known:<br><br>Congressional District, if known: 4c  | <b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b><br>315 NORTH COLUMBUS STREET, LANCASTER, OH 43130<br><br>Congressional District, if known:   |  |
| <b>6. Federal Department/Agency:</b><br>DEPT OF HOUSING AND URBAN DEVELOPMENT   | <b>7. Federal Program Name/Description:</b><br><br>CFDA Number, if applicable: _____  |  |
| <b>8. Federal Action Number, if known:</b>  | <b>9. Award Amount, if known:</b><br>\$   |  |
| <b>10. a. Name and Address of Lobbying Registrant</b><br>(if individual, last name, first name, MI):  | <b>b. Individuals Performing Services</b> (including address if different from No. 10a)<br>(last name, first name, MI):   |  |
| <b>11.</b> Information requested through this form is authorized by title 31 U.S.C section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | Signature: <u></u><br>Print Name: <u>BRUCE BURNS</u><br>Title: <u>EXECUTIVE DIRECTOR</u><br>Telephone No.: <u>740-653-6618</u> Date: <u>9/23/2009</u> |  |
| <b>Federal Use Only:</b>  |   | Authorized for Local Reproduction<br>Standard Form LLL (Rev. 7-97)   |

**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

Approved by OMB  
0348-0046

Reporting Entity: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

**Certification of Payments  
to Influence Federal Transactions**

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

Applicant Name

FAIRFIELD METROPOLITAN HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

SECTION 8 HOUSING CHOICE VOUCHER/PUBLIC HOUSING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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)

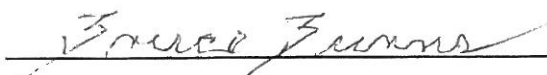
Name of Authorized Official

BRUCE BURNS

Title

EXECUTIVE DIRECTOR

Signature



Date (mm/dd/yyyy)

10/19/09

**Civil Rights Certification**

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/2011

**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.

FAIRFIELD METROPOLITAN HOUSING AUTHORITY

OH070

\_\_\_\_\_  
PHA Name\_\_\_\_\_  
PHA Number/HA Code

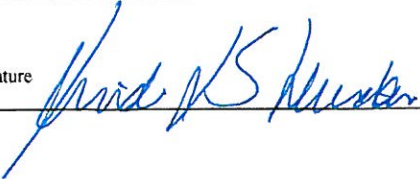
I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729,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

Name of Authorized Official

LINDA SHERIDAN

Title CHAIRMAN, BOARD OF COMMISSIONERS

Signature



Date

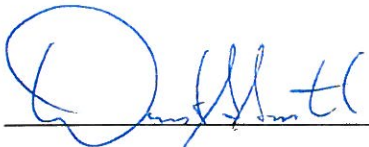
10/16/09

**Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011**

**Certification by State or Local Official of PHA Plans Consistency with the  
Consolidated Plan**

I, David Smith the Mayor certify that the Five Year and  
Annual PHA Plan of the Fairfield MHA is consistent with the Consolidated Plan of  
City of Lancaster prepared pursuant to 24 CFR Part 91.

 8-17-09

Signed / Dated by Appropriate State or Local Official

Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

**Certification by State or Local Official of PHA Plans Consistency with the  
Consolidated Plan**

I, Judy Shupe the President certify that the Five Year and  
Annual PHA Plan of the Fairfield MHA is consistent with the Consolidated Plan of  
Fairfield County prepared pursuant to 24 CFR Part 91.



Signed / Dated by Appropriate State or Local Official



**Certification by State or Local Official of PHA Plans Consistency with  
the Ohio Consolidated Plan**

I, Michael A. Hiler, Chief, OHCP, Ohio Department of Development certify  
that the 2010-2014 Five-Year Plan and 2010 Annual PHA Plan of  
the Fairfield Metropolitan Housing Authority is consistent with the Consolidated Plan  
of the State of Ohio prepared pursuant to 24 CFR Part 91.



Date: September 18, 2009

Michael A. Hiler, Chief  
Office of Housing and Community Partnerships  
Ohio Department of Development

|   |   |
|---|---|
| <b>Part I: Summary</b>  |   |
| <b>PHA Name: Fairfield Metropolitan Housing Authority</b>       | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: OH16S07050109<br>Replacement Housing Factor Grant No:<br>Date of CFFP: |
| <b>FFY of Grant: 2009</b><br><b>FFY of Grant Approval: 2009</b> |   |

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:01 )  
 Performance and Evaluation Report for Period Ending:       Final Performance and Evaluation Report

| Line | Summary by Development Account                               | Total Estimated Cost |                      | Total Actual Cost <sup>1</sup> |          |
|------|--|----------------------|----------------------|--------------------------------|----------|
|      |  | Original             | Revised <sup>2</sup> | Obligated                      | Expended |
| 1    | Total non-CFP Funds  |                      |                      |                                |          |
| 2    | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup> | 0                    |                      |                                |          |
| 3    | 1408 Management Improvements                                 | 0                    |                      |                                |          |
| 4    | 1410 Administration (may not exceed 10% of line 21)          | 0                    | 20,000               |                                |          |
| 5    | 1411 Audit   | 0                    |                      |                                |          |
| 6    | 1415 Liquidated Damages                                      | 0                    |                      |                                |          |
| 7    | 1430 Fees and Costs  | 0                    |                      |                                |          |
| 8    | 1440 Site Acquisition  | 0                    |                      |                                |          |
| 9    | 1450 Site Improvement  | 5,000                | 2,000                |                                |          |
| 10   | 1460 Dwelling Structures                                     | 194,598              | 197,598              |                                |          |
| 11   | 1465.1 Dwelling Equipment—Nonexpendable                      | 10,000               | 10,000               |                                |          |
| 12   | 1470 Non-dwelling Structures                                 | 0                    |                      |                                |          |
| 13   | 1475 Non-dwelling Equipment                                  | 20,000               | 0                    |                                |          |
| 14   | 1485 Demolition  | 0                    |                      |                                |          |
| 15   | 1492 Moving to Work Demonstration                            | 0                    |                      |                                |          |
| 16   | 1495.1 Relocation Costs                                      | 0                    |                      |                                |          |
| 17   | 1499 Development Activities <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.

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

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

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

| <b>Part I: Summary</b>  |  |   |                      |   |          |
|---|--|---|----------------------|---|----------|
| <b>PHA Name:</b><br>Fairfield<br>Metropolitan<br>Housing Authority            |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: OH16S07050109<br>Replacement Housing Factor Grant No:<br>Date of CFFP: |                      | <b>FFY of Grant:2009</b><br><b>FFY of Grant Approval: 2009</b>    |          |
| <b>Type of Grant</b>  |  |   |                      |   |          |
| <input checked="" type="checkbox"/> Original Annual Statement                 |  | <input type="checkbox"/> Reserve for Disasters/Emergencies  |                      | <input type="checkbox"/> Revised Annual Statement (revision no: ) |          |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: |  | <input type="checkbox"/> Final Performance and Evaluation Report  |                      |   |          |
| Line  | Summary by Development Account   | Total Estimated Cost  |                      | Total Actual Cost <sup>1</sup>                                    |          |
|   |  | Original  | Revised <sup>2</sup> | Obligated   | Expended |
| 18a   | 1501 Collateralization or Debt Service paid by the PHA                   | 0   |                      |   |          |
| 18ba  | 9000 Collateralization or Debt Service paid Via System of Direct Payment | 0   |                      |   |          |
| 19  | 1502 Contingency (may not exceed 8% of line 20)                          | 0   |                      |   |          |
| 20  | Amount of Annual Grant:: (sum of lines 2 - 19)                           | 229,598   | 229,598              |   |          |
| 21  | Amount of line 20 Related to LBP Activities                              | 0   |                      |   |          |
| 22  | Amount of line 20 Related to Section 504 Activities                      | 25,000  | 2,000                |   |          |
| 23  | Amount of line 20 Related to Security - Soft Costs                       |   |                      |   |          |
| 24  | Amount of line 20 Related to Security - Hard Costs                       |   |                      |   |          |
| 25  | Amount of line 20 Related to Energy Conservation Measures                | 110,000   | 117,598              |   |          |
| <b>Signature of Executive Director</b>  |  | <b>Date</b>   |                      | <b>Signature of Public Housing Director</b>                       |          |
|   |  |   |                      | <b>Date</b>   |          |

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

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

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

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









**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/2011

| <b>Part I: Summary</b>                         |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Fairfield Metropolitan Housing Authority/OH070 |  | Lancaster/Fairfield, Ohio                    |  |  | <input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: |  |
| A.   | Development Number and Name                    | Work Statement for Year 1<br>FFY <u>2010</u> | Work Statement for Year 2<br>FFY <u>2011</u> | Work Statement for Year 3<br>FFY <u>2012</u> | Work Statement for Year 4<br>FFY <u>2013</u>   | Work Statement for Year 5<br>FFY <u>2014</u> |
| B.   | Physical Improvements Subtotal                 | <b>\$461,030</b>                             | <b>\$402,960</b>                             | <b>\$373,290</b>                             | <b>\$399,070</b>   | <b>\$447,950</b>                             |
| C.   | Management Improvements                        | <b>0</b>                                     | <b>0</b>                                     | <b>0</b>                                     | <b>0</b>   | <b>0</b>                                     |
| D.   | PHA-Wide Non-dwelling Structures and Equipment | <b>\$80,000</b>                              | <b>\$10,000</b>                              | <b>\$28,000</b>                              | <b>\$45,000</b>  | <b>\$0</b>                                   |
| E.   | Administration                                 | <b>\$10,000</b>                              | <b>\$10,000</b>                              | <b>\$10,000</b>                              | <b>\$10,000</b>  | <b>\$10,000</b>                              |
| F.   | Other  | <b>\$87,100</b>                              | <b>\$12,100</b>                              | <b>\$40,200</b>                              | <b>\$22,500</b>  | <b>\$27,500</b>                              |
| G.   | Operations                                     | <b>\$25,000</b>                              | <b>\$25,000</b>                              | <b>\$25,000</b>                              | <b>\$25,000</b>  | <b>\$27,500</b>                              |
| H.   | Demolition                                     | <b>0</b>                                     | <b>0</b>                                     | <b>0</b>                                     | <b>0</b>   | <b>0</b>                                     |
| I.   | Development                                    | <b>0</b>                                     | <b>0</b>                                     | <b>0</b>                                     | <b>0</b>   | <b>0</b>                                     |
| J.   | Capital Fund Financing – Debt Service          | <b>0</b>                                     | <b>0</b>                                     | <b>0</b>                                     | <b>0</b>   | <b>0</b>                                     |
| K.   | Total CFP Funds                                | <b>\$663,130</b>                             | <b>\$460,060</b>                             | <b>\$476,490</b>                             | <b>\$501,570</b>   | <b>\$512,950</b>                             |
| L.   | Total Non-CFP Funds                            | <b>0</b>                                     | <b>0</b>                                     | <b>0</b>                                     | <b>0</b>   | <b>0</b>                                     |
| M.   | Grand Total                                    | <b>\$663,130</b>                             | <b>\$1,123,190</b>                           | <b>\$1,599,680</b>                           | <b>\$2,101,250</b>   | <b>\$2,614,200</b>                           |



| <b>Part I: Summary (Continuation)</b>                           |                             |  |  |  |  |  |
|---|-----------------------------|--|--|--|--|--|
| PHA Name/Number: Fairfield Metropolitan Housing Authority/OH070 |                             | Lancaster/Fairfield, Ohio                    |  |  | <input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: |  |
| A.  | Development Number and Name | Work Statement for Year 1<br>FFY <u>2010</u> | Work Statement for Year 2<br>FFY <u>2011</u> | Work Statement for Year 3<br>FFY <u>2012</u> | Work Statement for Year 4<br>FFY <u>2013</u>   | Work Statement for Year 5<br>FFY <u>2014</u> |
|   |                             |  |  |  |  |  |
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| <b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b> |   |          |                  |   |          |                  |
|---|---|----------|------------------|---|----------|------------------|
| Work Statement for Year 1 FFY <u>2010</u>                           | Work Statement for Year <u>2</u><br>FFY <u>2011</u>                     |          |                  | Work Statement for Year: <u>3</u><br>FFY <u>2012</u>                    |          |                  |
|   | Development Number/Name<br>General Description of Major Work Categories | Quantity | Estimated Cost   | Development Number/Name<br>General Description of Major Work Categories | Quantity | Estimated Cost   |
| <b>See</b>  | <b>LANE STREET</b>  |          |                  | <b>LANE STREET</b>  |          |                  |
| <b>Annual Statement</b>   | Landscaping/Gutters   | 8 units  | 680.00           | Landscaping/Gutters   | 8 units  | 720.00           |
|   | Security Lighting/Visibility  | 2 lights | 12,000           | Exterior and Screen Doors   | 8 units  | 4,000            |
|   | Interior Doors  | 8 units  | 15,200           | Purchase land to build a playground                                     | 1        | 20,000           |
|   |   |          |                  | Playground Equipment  | 1        | 20,000           |
|   |   |          |                  | Remodel Kitchens  | 7 units  | 140,000          |
|   | <b>SUBTOTAL:</b>  |          | <b>\$27,880</b>  | <b>SUBTOTAL:</b>  |          | <b>\$184,720</b> |
|   | <b>SPRING STREET</b>  |          |                  | <b>SPRING STREET</b>  |          |                  |
|   | Landscaping/Gutters   | 10 units | 850.00           | Landscaping/Gutters   | 10 units | 900.00           |
|   | 504 Comp-Interior Door  | 1 unit   | 1,900            |   |          |                  |
|   | <b>SUBTOTAL:</b>  |          | <b>\$2,750</b>   | <b>SUBTOTAL:</b>  |          | <b>\$900.00</b>  |
|   | <b>AMHERST PLACE</b>  |          |                  | <b>AMHERST PLACE</b>  |          |                  |
|   | Landscaping/Gutters   | 14 units | 1,190            | Landscaping/ Gutters  | 14 units | 1,260            |
|   | Exterior & Screen Doors   | 18 units | 7,000            |   |          |                  |
|   | <b>SUBTOTAL:</b>  |          | <b>\$8,190</b>   | <b>SUBTOTAL:</b>  |          | <b>\$1,260</b>   |
|   | <b>HANOVER COURT</b>  |          |                  | <b>HANOVER COURT</b>  |          |                  |
|   | Landscaping/Gutters   | 20 units | 1,700            | Landscaping/Gutters   | 20 units | 1,800            |
|   | Exterior & Screen Doors   | 10 units | 5,000            | Interior Doors  | 10 units | 54,000           |
|   | Remodel Kitchens  | 10 units | 150,000          |   |          |                  |
|   | <b>SUBTOTAL:</b>  |          | <b>\$156,700</b> | <b>SUBTOTAL:</b>  |          | <b>\$55,800</b>  |
|   |   |          |                  |   |          |                  |
|   |   |          |                  |   |          |                  |
|   |   |          |                  |   |          |                  |

**Capital Fund Program—Five-Year Action Plan**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011**

|  |                            |    |                            |    |
|--|----------------------------|----|----------------------------|----|
|  | Subtotal of Estimated Cost | \$ | Subtotal of Estimated Cost | \$ |
|--|----------------------------|----|----------------------------|----|

| <b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b> |   |          |                        |   |          |                        |
|---|---|----------|------------------------|---|----------|------------------------|
| Work Statement for Year 1 FFY _____                                 | Work Statement for Year <u>2</u><br>FFY <u>2011</u>                     |          |                        | Work Statement for Year: <u>3</u><br>FFY <u>2012</u>                    |          |                        |
|   | Development Number/Name<br>General Description of Major Work Categories | Quantity | Estimated Cost         | Development Number/Name<br>General Description of Major Work Categories | Quantity | Estimated Cost         |
| <b>See</b>  | <b><i>EAST WALNUT ST.</i></b>   |          |                        | <b><i>EAST WALNUT ST.</i></b>   |          |                        |
| <b>Annual</b>   | Landscaping/Gutters   | 18 units | 1,530                  | Landscaping/Gutters   | 18 units | 1,620                  |
| <b>Statement</b>  | <b><u>SUBTOTAL:</u></b>   |          | <b><u>\$1,530</u></b>  | <b><u>SUBTOTAL:</u></b>   |          | <b><u>\$1,620</u></b>  |
|   | <b><i>WEST CHESTNUT ST.</i></b>   |          |                        | <b><i>WEST CHESTNUT ST.</i></b>   |          |                        |
|   | Landscaping/Gutters   | 10 units | 850.00                 | Landscaping/Gutters   | 10 units | 900.00                 |
|   |   |          |                        | Exterior doors/Screen Doors   | 10 units | 5,000                  |
|   | <b><u>SUBTOTAL:</u></b>   |          | <b><u>\$850.00</u></b> | <b><u>SUBTOTAL:</u></b>   |          | <b><u>\$5,900</u></b>  |
|   | <b><i>SHALLOW RIDGE PLACE</i></b>                                       |          |                        | <b><i>SHALLOW RIDGE PLACE</i></b>                                       |          |                        |
|   | Landscaping/Gutters   | 16 units | 1,360                  | Landscaping/Gutters   | 16 units | 1,440                  |
|   | 504 comp. tubs, cabinets, sinks, laundry rooms                          | 2 units  | 20,000                 | 504 comp. tubs, cabinets, sinks, laundry rooms                          | 1 unit   | 10,000                 |
|   | Interior Doors  | 16 units | 48,800                 |   |          |                        |
|   | <b><u>SUBTOTAL:</u></b>   |          | <b><u>\$70,160</u></b> | <b><u>SUBTOTAL:</u></b>   |          | <b><u>\$11,440</u></b> |
|   | <b><i>PHA WIDE</i></b>  |          |                        |   |          |                        |
|   | Steps/Porch repair  |          | 3,000                  | Steps/Porch repair  |          | 3,000                  |
|   | Sidewalk Repair   |          | 3,000                  | Sidewalk Repair   |          | 3,000                  |
|   | Gates/Fence Replacement   |          | 2,500                  | Gates/Fence Replacement   |          | 3,000                  |
|   | Powerwashing units  | All      | 14,400                 | Powerwashing units  | All      | 14,400                 |
|   | Remodel Bath  | 10       | 50,000                 | Remodel Bath  | 10       | 60,000                 |
|   | Replace Floor   | 10       | 27,500                 | Replace Floor   | 10       | 30,000                 |
|   | HWT-Updated   | 5        | 2,500                  | HWT-Updated   | 5        | 3,250                  |
|   | Replacement of Heat Pumps/Furnaces                                      | 10       | 23,000                 | Replacement of Heat Pumps/Furnaces                                      | 10       | 25,000                 |
|   |   |          |                        | New Copier 40% split  |          | 8,000                  |

**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/2011

|  |                            |    |                         |                            |    |                         |
|--|----------------------------|----|-------------------------|----------------------------|----|-------------------------|
|  | Mower/Trimmer              |    | 10,000                  | Refrigerators              | 10 | 5,000                   |
|  | Refrigerators              | 10 | 4,500                   | Ranges                     | 10 | 5,000                   |
|  | Ranges                     | 10 | 4,500                   | Operations                 |    | 25,000                  |
|  | Operations                 |    | 25,000                  | Management Improvements    |    | 0                       |
|  | Management Improvements    |    | 0                       | Administration             |    | 10,000                  |
|  | Administration             |    | 10,000                  | Audit Costs                |    | 2,200                   |
|  | Audit Costs                |    | 2,100                   | Fees & Costs               |    | 18,000                  |
|  | Fees & Costs               |    | 10,000                  |                            |    |                         |
|  | <b><u>SUBTOTAL:</u></b>    |    | <b><u>\$192,000</u></b> | <b><u>SUBTOTAL:</u></b>    |    | <b><u>\$214,850</u></b> |
|  |                            |    |                         |                            |    |                         |
|  |                            |    |                         |                            |    |                         |
|  | Subtotal of Estimated Cost |    | <b><u>\$460,060</u></b> | Subtotal of Estimated Cost |    | <b><u>\$476,490</u></b> |

| <b>Part III: Supporting Pages – Management Needs Work Statement(s)</b> |   |                 |   |                 |
|--|---|-----------------|---|-----------------|
| Work Statement for Year 1 FFY _____                                    | Work Statement for Year <u>3</u><br>FFY <u>2013</u>                     |                 | Work Statement for Year: <u>4</u><br>FFY <u>2014</u>                    |                 |
|  | Development Number/Name<br>General Description of Major Work Categories | Estimated Cost  | Development Number/Name<br>General Description of Major Work Categories | Estimated Cost  |
| <b>See</b>   | <b>LANE STREET</b>  |                 | <b>LANE STREET</b>  |                 |
| <b>Annual Statement</b>  | Landscaping/Gutters   | 760             | Landscaping   | 800             |
|  |   |                 | Replacement Gutters/Downspout   | 2,800           |
|  | <b>SUBTOTAL:</b>  | <b>\$760</b>    | <b>SUBTOTAL:</b>  | <b>\$3,600</b>  |
|  | <b>SPRING STREET</b>  |                 | <b>SPRING STREET</b>  |                 |
|  | Landscaping/Gutters   | 950             | Landscaping   | 1,000           |
|  |   |                 | Replacement Gutters/Downspout   | 3,500           |
|  |   |                 | Exterior Doors/Screen Doors   | 5,500           |
|  | <b>SUBTOTAL:</b>  | <b>\$950</b>    | <b>SUBTOTAL:</b>  | <b>\$10,000</b> |
|  | <b>AMHERST PLACE</b>  |                 | <b>AMHERST PLACE</b>  |                 |
|  | Landscaping/Gutters   | 1,330           | Landscaping/Gutters   | 1,400           |
|  |   |                 | Replacement Gutters/Downspouts  | 4,900           |
|  | <b>SUBTOTAL:</b>  | <b>\$1,330</b>  | <b>SUBTOTAL:</b>  | <b>\$6,300</b>  |
|  | <b>HANOVER COURT</b>  |                 | <b>HANOVER COURT</b>  |                 |
|  | Landscaping/Gutters   | 1,900           | Landscaping   | 2,000           |
|  | Interior Doors  | 56,000          | Replacement Gutters/Downspout   | 7,700           |
|  | <b>SUBTOTAL:</b>  | <b>\$57,900</b> | <b>SUBTOTAL:</b>  | <b>\$9,700</b>  |
|  | Subtotal of Estimated Cost  | \$              | Subtotal of Estimated Cost  | \$              |

| <b>Part III: Supporting Pages – Management Needs Work Statement(s)</b> |   |                         |   |                         |
|--|---|-------------------------|---|-------------------------|
| Work Statement for Year 1 FFY _____                                    | Work Statement for Year <u>3</u><br>FFY <u>2013</u>                     |                         | Work Statement for Year: <u>4</u><br>FFY <u>2014</u>                    |                         |
|  | Development Number/Name<br>General Description of Major Work Categories | Estimated Cost          | Development Number/Name<br>General Description of Major Work Categories | Estimated Cost          |
| <b>See</b>   | <b><i>EAST WALNUT STREET</i></b>  |                         | <b><i>EAST WALNUT STREET</i></b>  |                         |
| <b>Annual Statement</b>  | Landscaping/Gutters   | 1,710                   | Landscaping   | 1,800                   |
|  |   |                         | Replacement Gutters/Downspout   | 6,300                   |
|  | <b><u>SUBTOTAL:</u></b>   | <b><u>\$1,710</u></b>   | <b><u>SUBTOTAL:</u></b>   | <b><u>\$8,100</u></b>   |
|  | <b><i>WEST CHESTNUT STREET</i></b>                                      |                         | <b><i>WEST CHESTNUT STREET</i></b>                                      |                         |
|  | Landscaping/Gutters   | 950                     | Landscaping   | 1,000                   |
|  |   |                         | Replacement Gutters/Downspout   | 3,500                   |
|  |   |                         | Interior Doors  | 33,250                  |
|  |   |                         | Remodel Kitchens  | 250,000                 |
|  | <b><u>SUBTOTAL:</u></b>   | <b><u>\$950</u></b>     | <b><u>SUBTOTAL:</u></b>   | <b><u>\$287,750</u></b> |
|  | <b><i>SHALLOW RIDGE PLACE</i></b>                                       |                         | <b><i>SHALLOW RIDGE PLACE</i></b>                                       |                         |
|  | Landscaping/Gutters   | 1,520                   | Landscaping   | 1,600                   |
|  | Exterior & Screen Doors   | 8,800                   | Replacement Gutters/Downspout   | 5,600                   |
|  | Remodel Kitchens  | 160,000                 |   |                         |
|  | <b><u>SUBTOTAL:</u></b>   | <b><u>\$170,320</u></b> | <b><u>SUBTOTAL:</u></b>   | <b><u>\$7,200</u></b>   |
|  | <b><i>PHA WIDE</i></b>  |                         | <b><i>PHA WIDE</i></b>  |                         |
|  | Steps/Porch Repair  | 3,000                   | Steps/Porch Repair  | 3,000                   |
|  | Sidewalk Repair   | 3,500                   | Sidewalk Repair   | 3,500                   |
|  | Gates/Fence Replacement   | 3,000                   | Gates/Fence Replacement   | 3,500                   |
|  | Powerwashing units  | 14,400                  | Powerwashing units  | 16,800                  |
|  | Remodel Baths   | 65,000                  | Remodel Baths   | 40,000                  |
|  | Replace Floors  | 31,000                  | HWT-Updated   | 3,500                   |
|  | HWT-Updated   | 3,250                   | Replacement of Heat Pumps/Furnaces                                      | 30,000                  |
|  | Replacement of Heat Pumps/Furnaces                                      | 27,000                  | Refrigerators   | 7,500                   |
|  | New Maintenance Truck   | 45,000                  | Ranges  | 7,500                   |
|  | Refrigerators   | 7,500                   | Operations  | 27,500                  |
|  | Ranges  | 7,500                   | Management Improvements   | 0                       |
|  | Operations  | 25,000                  | Administration  | 10,000                  |
|  | Management Improvements   | 0                       | Audit   | 2,500                   |
|  | Administration  | 10,000                  | Fees and Costs  | 25,000                  |
|  | Audit Costs   | 2,500                   |   |                         |

**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/2011

|  |                            |                         |                            |                         |
|--|----------------------------|-------------------------|----------------------------|-------------------------|
|  | Fees and Costs             | 20,000                  |                            |                         |
|  |                            |                         |                            |                         |
|  | <b><u>SUBTOTAL:</u></b>    | <b><u>\$267,650</u></b> | <b><u>SUBTOTAL:</u></b>    | <b><u>\$180,300</u></b> |
|  |                            |                         |                            |                         |
|  | Subtotal of Estimated Cost | <b><u>\$501,570</u></b> | Subtotal of Estimated Cost | <b><u>\$512,950</u></b> |



## Name of Policy: Preferences for Eligible Applicants

CFR Number: 982.207; ORC 3735.42

Board Approved: 8/26/2009

Resolution: 770-09

### Addendum to Administrative Plan & Admissions and Continued Occupancy

*Applicants for the FMHA's assisted housing programs will be entered on any open waiting list for which they may be eligible to participate, upon submission of a pre-application waiting list form.*

*An applicant will be placed in a preference category, if they appear to qualify for that category, with verification of the preference being obtained once chosen from the waiting list. Households which qualify for a preference will be assisted before households without a preference. Recorded changes in an applicant's preference status may change their place on a waiting list.*

*A computerized "lottery" program will be used. The computer system will randomly choose, within a preference, which applicants will be chosen from the waiting list to be offered rental assistance benefits, if they so qualify. The selected applicant must still have the preference, which allowed them to be pulled from the waiting list, at the time of selection and continue to maintain that preference through voucher issuance or until housed in Public Housing.*

**RANKING ORDER FOR PREFERENCES:** The ranking order for preferences (in order of importance) is: Resident; Disaster Assistance; Veteran or Emancipated from Foster Care; Homeless; Working Family (PH)/Disabled Family (HCV). Each of the ranking preferences has a different value. Families with more than one preference could be housed before a family with only one preference – depending on the value of the ranking of the preference(s).

### **PREFERENCE DEFINITIONS:**

**RESIDENT:** Residents of Fairfield County; **OR** a household member is working, or has been notified that they have been hired to work, in Fairfield County. This preference does not deny or delay admission to the program based on race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family.

**DISASTER PROGRAMS:** Approved to participate on, or participating in a HUD approved and operated disaster assistance program.

**VETERAN:** A household that contains a person who served in the active military of the United States and was discharged under conditions other than dishonorable; **OR** a household that contains a person serving in the active military of the United States.

Each applicant for financial assistance, under the Veteran definition, shall be a **veteran, as defined above, or active-duty member**; or **dependent spouse, surviving spouse, dependent parent, minor child, or ward** of a Veteran or deceased Veteran, as defined above, or deceased persons who were so serving at the time of death, or an active-duty member.

**EMANCIPATED FROM FOSTER CARE:** The applicant(s) must be ages 18-22, have been in foster care and have been referred from Fairfield County Child Protective Services.

**HOMELESS:** The applicant must be participating in a Fairfield County Transitional Housing Program and has been participating for a consecutive period of not less than 6 months; **OR** is a resident of an Emergency Shelter.

**WORKING FAMILY: (Public Housing Program only)** The head of household or spouse is employed, working an average of 20 hours a week for a period of 6 weeks consecutively (active pay status), **OR** if the head of household AND spouse are age 62 or older **OR** if the head of household AND spouse are persons with disabilities.

**DISABLED: (Housing Choice Voucher Program only):** A household that includes a person with a disability.

# FMHA Policy

2-31 Page 2

Name of Policy: Preferences - Continued

CFR Number: 982-207

Effective Date:

**RANKING LOCAL PREFERENCES**  
**HOUSING CHOICE VOUCHER**  
**PUBLIC HOUSING**

1/1/97; REVISED 3/1/99, REVISED 8/7/00, REVISED 6/2002, REVISED 8/2003, REVISED 8/2005; REVISED 10/07

| RESIDENT | DISASTER PROGRAMS | VETERAN or Emancipated Foster Child | HOMELESS | Working/ Disabled |
|----------|-------------------|-------------------------------------|----------|-------------------|
| X        | X                 | X                                   | X        | X                 |
| X        | X                 | X                                   | X        |                   |
| X        | X                 | X                                   |          |                   |
| X        | X                 |                                     |          |                   |
| X        | X                 |                                     |          |                   |
| X        |                   | X                                   |          |                   |
| X        |                   |                                     | X        |                   |
| X        |                   |                                     |          | X                 |
|          | X                 | X                                   | X        | X                 |
|          | X                 | X                                   | X        |                   |
|          | X                 | X                                   |          |                   |
|          | X                 |                                     |          |                   |
|          | X                 |                                     |          |                   |
|          |                   | X                                   |          |                   |
|          |                   |                                     | X        |                   |
|          |                   |                                     |          | X                 |

**FAIRFIELD  
METROPOLITAN  
HOUSING AUTHORITY**

**PERSONNEL POLICY  
MANUAL**

**4/2009**

## **INTRODUCTION**

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## **Introduction/Disclaimer**

The mission of the Fairfield Metropolitan Housing Authority is to assist low-income families, including those who are elderly or disabled, with safe, adequate, and affordable housing opportunities as those families strive to achieve self-sufficiency and improve the quality of their lives. The Housing Authority is committed to providing professional services in a caring, efficient, and ethical manner, and in developing and maintaining working partnerships with its clients and other community agencies in order to accomplish its mission.

Employment with the Fairfield Metropolitan Housing Authority is “employment-at-will,” and can be terminated by either party at any time for any reason or no reason at all.

### **About this Manual**

The policies contained in this manual are subject to change from time to time, without notice, at the discretion of management. This manual is not intended to be, nor should it be construed to constitute, either an expressed or implied contract of employment. Rather, this manual is presented for informational purposes, and to assist management in maintaining a workplace in compliance with federal nondiscrimination requirements.

No representative of the Housing Authority has the authority to offer any verbal contract of employment, nor can they offer promises of employment.

Duty to Report: Any employee who becomes aware of any violation of law or policy involving the Housing Authority is under a duty to immediately report it to his/her supervisor. If the problem involves the supervisor, the employee must report the violation to the Executive Director.

Whenever any employee feels that he/she has been adversely affected by any misinterpretation or misapplication of this policy manual, he/she may bring the matter to the attention of his/her supervisor or the Executive Director in a timely manner.

This manual applies to all employees of the Fairfield Metropolitan Housing Authority.

In the event that an employee has a written contract of employment approved by the Board, this manual shall be applied so as not to conflict with the terms of that contract.

These policies supersede and replace any prior policies, whether written or unwritten, and supersede any past policies.

This manual does not apply to independent contractors who are paid pursuant to an invoice or purchase order.

These policies have been adopted by the Board and may be amended at any time with or without notice. Any amendments will be distributed to all staff, typically via electronic mail.

All non-supervisory employees shall be provided with an orientation of the manual which shall include an abbreviated explanation of the policies herein that apply directly to such employees. Employees shall also be notified of their right of access to this manual, should they wish to examine a specific policy herein. All employees shall familiarize themselves with the policies herein. The manual is available to all employees on the Agency's computer server.

All supervisory personnel will receive a copy of the manual that shall be kept at their department office. Supervisory personnel are responsible for administering the policies herein and shall ensure that subordinate personnel comply with all policies and procedures adopted by the Housing Authority.

This manual shall remain the exclusive property of the Employer and shall be surrendered upon request. Unauthorized reproduction is prohibited.



Employees will be required to sign an acknowledgment form attesting to the fact that an orientation was provided and that access opportunities were discussed.

Both the Executive Director and the Chief Financial Officer have employment contracts with the Board. Where those contracts conflict with these policies, the contract shall govern.

## **Non Discrimination**

- A. The Housing Authority is an equal opportunity employer. No personnel decisions concerning any term or condition of employment shall be unlawfully based upon an individual's race, color, religion, sex, national origin, age, or disability.
  
- B. The Deputy Director is the Housing Authority's EEO/ADA Coordinator. The EEO/ADA Coordinator is responsible for providing information regarding antidiscrimination employment laws to employees and applicants, and for reviewing and resolving complaints involving alleged discrimination.
  
- C. No inquiry shall be made prior to employment regarding the applicant's race, color, age, religion, sex, national origin, or disability, except as necessary to gather equal employment opportunity or other statistics that, when compiled, will not identify any specific individual. Disclosure of this information is a voluntary action on the applicant's part.

## **Americans with Disabilities Act**

- A. Employment: The Housing Authority supports the intent and purposes of the Americans with Disabilities Act (ADA) and will not discriminate against qualified individuals with disabilities because of the disability of such individual in regard to job application procedures, hiring, advancement, discharge, compensation, job training, and other terms, conditions, and privileges of employment.
  
- B. Fundamental Alteration/Undue Burden: Notwithstanding the above commitments to accessibility, taking action to achieve accessibility is not required when it would result in a fundamental alteration in the nature of a service, program, or activity, or cause undue financial or administrative hardships.
  
- C. EEO/ADA Coordinator: The EEO/ADA Coordinator shall be responsible for:
  - 1. providing information about the ADA to employees and others; and
  - 2. receiving and resolving complaints involving non-accessibility of services, programs, or facilities and alleged discrimination against disabled individuals.
  
- D. Any employee who is a qualified individual with a disability, and who is in need of a reasonable accommodation in order to perform the essential functions of his/her job, must identify that need to the Executive Director at the earliest possible time.

Upon receipt of such request, the Executive Director will meet with the employee to discuss the expressed need, and will then determine whether the employee, with a reasonable accommodation, if necessary, would be able to perform the essential functions of the job, including regular and punctual attendance.

If the accommodation is reasonable, and does not pose an undue hardship on the Housing Authority, and will enable the employee to perform all of his/her essential

functions, including regular and punctual attendance, the Employer will make that accommodation.

If no reasonable accommodation can be made, the employee will be offered any lesser available vacant position provided the employee can perform the essential functions of said position with a reasonable accommodation, if necessary.

If no accommodation can be made, the Executive Director will discuss with the employee those options that may be available, including, but not limited to:

1. use of available paid leave
2. PERS disability retirement
3. disability separation

## **Discriminatory Harassment**

It is the policy of the Fairfield Metropolitan Housing Authority that all employees should be able to enjoy a work environment and a job site free from all forms of discrimination, including gender-based discrimination due to sexual harassment.

- A. Discriminatory harassment is a form of misconduct. No employee shall be subjected to any type of harassing conduct based upon the employee's race, color, sex, religion, ethnic/national origin, age, disability, or protected activity.
  
- B.
  - 1. Sexual harassment is a specific type of discriminatory harassment. Sexual harassment refers to behavior which is not welcome, which is personally offensive, and which therefore interferes with work effectiveness.
  
  - 2. Sexual harassment, whether committed by supervisory or non-supervisory personnel, is a form of sex discrimination. Sexual harassment may include, but is not limited to:
    - a. Repeated offensive sexual flirtations, advances, or propositions.
  
    - b. Continued or repeated verbal abuse of a sexual nature.
  
    - c. Graphic or degrading verbal comments about an individual or the individual's appearance.
  
    - d. The display of sexually suggestive objects or pictures.
  
    - e. Any offensive or abusive physical contact.
  
  - 3. No employee of the Fairfield Metropolitan Housing Authority shall imply or threaten that an applicant or an employee's "cooperation" of a sexual nature

(or refusal thereof) will have any effect on the individual's employment, assignment, compensation, advancement, career development, or any other condition of employment.

C. It is the policy of the Fairfield Metropolitan Housing Authority to discipline, up to and including discharge, any employee found to have engaged in any type of discriminatory treatment, including sexual harassment.

D. Responsibility

1. It is the responsibility of all employees to aid the Employer in maintaining a work environment free from discrimination, including sexual harassment. Therefore, it is the responsibility of each employee, including supervisors and managers, to immediately report any instances of discriminatory harassment to the proper authority. Any employee who observes any conduct that may constitute discriminatory harassment of a co-worker, but fails to report same, may be subject to disciplinary action.

E. Complaint Procedure

1. Employees who believe they have been the subject of discriminatory harassment should report the alleged act immediately. All information disclosed will only be revealed on a need-to-know basis in order to investigate and resolve the matter.

Step 1: Employees who believe they have been the subject of discriminatory harassment should report the alleged act immediately to their immediate supervisor. If the immediate supervisor is the subject of the complaint, or if the employee is uncomfortable reporting the act to her supervisor, the employee

may report the act to the Executive Director or any other member of management.

## **EMPLOYMENT**

### **Employment Status**

- A. Employees shall be categorized in one of the following hourly categories:
1. Full-time: an employee who works at least 40 hours per week on a regularly scheduled basis, or who works a standard “full-time” workweek.
  2. Part-time: an employee who regularly works less than the number of hours necessary to be considered full-time.
  3. Intermittent: an employee who works on an irregular schedule that is determined by the fluctuating demands of the job, or who is scheduled by the Employer on an “as-needed” basis.
  4. Contract Employees: either the Executive Director or the Chief Financial Officer. Where these policies conflict with the terms of those contracts, the terms of the contracts shall govern. Regardless of the number of hours they work, they are considered full-time for the purpose of benefits and protections. They are not Independent Contractors as defined below.
- B. Employees shall also be categorized into one of the following categories, based upon the duration of the appointment:
1. Regular: an at-will employee whose appointment has no preset duration or foreseeable term.
  2. Temporary: an employee who is hired into a position which may be full-time, part-time, or intermittent, wherein the position is not expected to exist for more than six (6) months.



3. Seasonal: an employee who works during a recurring position of the year (e.g., summer, mowing season, etc.). This appointment may be on a full-time, part-time, or intermittent basis.
  4. Interim: An employee who is hired into a position for an indefinite period due to the sickness, disability, or approved leave status of an absent worker.
  5. Student: An employee who is a student at an educational institution and who is employed in cooperation with the institution as part of an educational or experimental program.
- C. Independent contractors are those persons or entities over whom the Housing Authority exercises no direction or control, except to contract in writing for an end result. Such persons or entities are not considered employees of the Housing Authority.
- D. Contract employee refers to a *bona fide* employment relationship wherein the compensation, terms, and conditions of employment are spelled out in a written contract with the Housing Authority.

## **Job Descriptions and Vacancies**

- A. The Executive Director shall, on behalf of the Housing Authority, maintain and administer the Job Description Plan covering all Housing Authority employees. Each job description shall contain the qualifications, essential functions, other duties, equipment operated, required licenses or certifications, and the requisite knowledge, skills, and abilities for each job.
  
- B. The Fairfield Metropolitan Housing Authority is an equal opportunity employer. Therefore, available vacancies, which the Board intends to fill, will be posted and awarded to the best qualified candidates without unlawful consideration of such individuals' race, color, religion, sex, ethnic/national origin, age, or disability.
  
- C. Notices of such vacancies shall specify the job title, nature of the duties, required qualifications, essential functions, range of compensation; and shall display the deadline and/or location for making application. The Executive Director may determine to simultaneously post vacancies both internally and externally.
  
- D. Requirements for a position with the agency may be waived by the Executive Director if, in his/her opinion, lack of such requirements in an applicant are offset by other characteristics and experience of the applicant, and such waiver is reported to the Board of Commissioners.

## **Instructional Period**

- A. Newly Appointed Employees: Each employee shall serve an instructional period beginning at the commencement of employment. The purpose of this period is to orient the employee to his/her new job and to determine the employee's suitability for the appointed position.
  
- B. Promoted Employees: Promoted employees shall also serve an instructional period to orient the employee to his/her promoted position and to determine the employee's suitability for the position.
  
- C. Compensation: Employees shall be compensated during the instructional period at the rate approved by the Board for newly hired or promoted employees.
  
- D. Length of Instructional Period: The instructional period for non-supervisory positions will be one hundred twenty (120) calendar days. The instructional period for supervisory and management positions will be one hundred eighty (180) calendar days. Part-time employees shall have their instructional period determined based on a like number of days even though the part-time employee may work fewer hours each day.
  
- E. Completion of the instructional period does not establish any additional rights to continued employment, and such employee may be removed at any time as determined by the Executive Director.
  
- F. A newly hired employee's performance should be closely evaluated during the instructional period. If the employee's performance during the instructional period is found to be unsatisfactory or the employee is found to be otherwise unsuitable for the position, the employee may be removed by the Executive Director.

## **Employee Medical Evaluations and Drug & Alcohol Testing**

- A. Fitness for Duty Examination: Whenever the Employer, or any supervisor, notes any inexplicable behavior on the part of any employee, a fitness for duty examination can be required.

Such examinations will be conducted by licensed practitioners who will review the employee's job description, the essential functions of the job, and any other relevant material.

- B. Alcohol and Drug Testing:

1. Post Offer Pre-Employment Testing : The employee may require applicants in certain positions/classifications to undergo post-offer pre-employment testing. If a position/classification is selected for testing, all persons hired into that position will be tested following a conditional offer of employment.
2. Reasonable Suspicion Testing: Whenever any supervisor or management level employee has reasonable suspicion to believe that an employee has any detectable quantity of alcohol or controlled substance in his/her system, the employee may be ordered to undergo immediate testing or to be taken home.
3. Post-Accident Testing: Whenever any employee is involved in any accident or incident that results in:
  - property damage of any kind,
  - personal injury requiring first aid or lost time,
  - the filing of an OSHA report,

such employee shall immediately be offered the opportunity to undergo drug and alcohol testing to determine if there was any detectable quantity of

controlled substance or alcohol in their blood, breath, or urine. If the supervisor or manager has a reasonable suspicion the employee has any detectable quantity of alcohol or controlled substance in his/her system, the employee shall be ordered to undergo immediate testing.

- C. Duty to Undergo Tests: Whenever ordered to do so, an employee must report for testing in the manner and at the time and place designated by the Employer. Failure to do so will result in immediate termination.

At the testing facility the employee must cooperate fully with those conducting the testing. Failure to do so will result in immediate termination.

If, after one (1) hour, an employee fails to produce a testable specimen, the employee will be regarded as having failed to cooperate, which may result in termination of employment.

- D. Testing on Paid Time: All such tests shall be conducted on paid time.
- E. Protocol for Testing: The testing procedure shall be as designated by the laboratory, medical facility, or collection site conducting the test. Such procedure must, at a minimum, provide for split sample testing, if requested and paid for by the employee.

## **Reductions in Force/Reductions in Payroll Cost**

- A. When: Whenever the Executive Director feels that it is appropriate to reduce payroll costs, or the workforce, this procedure shall apply.
  
- B. Reduction in Payroll Cost: Whenever the Executive Director deems it appropriate to save payroll costs he/she may order an across-the-board reduction in the length of the workweek for all employees. In no event shall the workweek be reduced below 30 hours.
  
- C. Reduction in Force: The Executive Director shall determine the number of positions to be affected and the classification(s) in which the reduction will occur.
  - 1. Reduction within a classification shall be by retention points, with the employee having the least number of points being the first affected. One (1) retention point shall be given for each month of continuous service with the Housing Authority. To that shall be added the total number of points earned by the employee in his most recent performance evaluation. The sum of the two shall constitute an employee's retention points.
  
  - 2. There is no bumping or displacement.
  
- D. Notice: Employees shall be notified in writing at least ten (10) working days in advance of the effective date of the reduction in force.

## **Resignation**

- A. Employees may voluntarily resign and remain eligible for future employment by submitting a written letter of resignation to the Executive Director. At least two (2) weeks advance notification is normally requested; however, the Executive Director is authorized to approve an immediate resignation when he deems such to be appropriate. The letter of resignation shall indicate the desire to resign, the effective date of separation, and be signed and dated by the employee. Stating the reason for resignation is optional. Failure to give proper, timely notification may render the employee ineligible for reemployment with the Housing Authority.

## Personnel Records

- A. The Housing Authority is responsible for maintaining personnel records concerning employees. Personnel records contain personal information about an employee as defined in ORC 1347.01(E), and may include such information as the employee's name, home address, phone number and other contact information, beneficiaries, date of birth, resume and job application, job description and rates of pay, employee evaluations and employee responses thereto, disciplinary actions and other relevant information. They shall not contain irrelevant or illegal-to-collect information. As such, the *Ohio Revised Code* confers a duty upon the employer to keep certain information in the employees' personnel records confidential. The employee should know that not all of his or her personnel records are confidential, however. In fact, of those items listed above, only one's home address and phone number and other contact information are confidential.
  
- B. The Housing Authority shall only use the information in the personnel records system in a manner consistent with the system and in accordance with ORC Section 1347.01, ORC Section 149.43, or as otherwise required by law or court order.
  
- C. It is the responsibility of each employee to keep the Housing Authority apprised of any changes in personal information or address. Such changes must be reported within three (3) calendar days of such change. However, no disciplinary action will result from an employee's failure to meet the 3-day limit on notification.



## References

- A. All requests for references shall be referred to the Deputy Director. It is the Board's policy to provide only the following information to individuals outside the Housing Authority in response to requests for employment references or verification regarding employees:
1. employment dates
  2. employee's job title and description
  3. beginning and ending pay rates
  4. employee's reason for resigning as stated in the letter of resignation, if applicable
- B. In regard to request for other information contained in the employee's personnel files, the Employer will comply with the Ohio Public Records Act.

## **Compensation and Hours of Work**

### **Compensation**

- A. Compensation for each position is established in the Position Description for that position. Both must be approved by the Board of Commissioners.
- B. Each position is also subject to a defined step increase system, the chart of which must also be approved by the Board of Commissioners.
- C. The Executive Director may approve step increases after notifying the Board, in Executive Session, of his or her intent to do so. The Executive Director shall assure the Board that funds are available to provide any and all step increases and further explain the justification for each. It is assumed that such increases would be based on merit but there may be other reasons that step increases are warranted. No such increases may be given or promised unless and until the Executive Director justifies them to the Board.
- D. The Executive Director may, at his or her discretion and working within a budget approved in advance by the Board, grant across-the-board, cost-of-living percentage increases as provided in the budget. It is assumed that every employee who has passed his or her one-year anniversary, except the Executive Director and the Chief Financial Officer whose compensation is set directly by contract with the Board of Commissioners, will receive the same percentage increase. Deviations from this general practice may occur based on a poor annual evaluation. Savings from this practice shall not be distributed to other employees but rather returned to the budget of the agency. Should the Executive Director, in consultation with the Chief Financial Officer, come to the conclusion that circumstances have changed since the budget was passed by the Board, provide lower or no percentage increases. In this event the Executive Director shall promptly notify the Board of his decision, and when no employee receives a cost-of-living percentage increase, the Executive Director shall also not receive any increase in his or her compensation. However, the Chief Financial Officer is exempt from this latter provision.

E. On occasion, there may be awarded across-the-board performance awards based on the success of the whole agency. These are not guaranteed and no employee shall count on them. If, in the unlikely event they are awarded, they shall be awarded on a percentage basis with every employee, having at least 6 months of service, receiving the same percentage of his or her compensation. In no case shall the Executive Director be eligible for the performance award as the Executive Director's compensation is set by the Board. However, the Chief Financial Officer is exempt from this policy regarding the Executive Director. In addition, no employee who has resigned prior to the award of performance awards shall be eligible, nor shall any employee on long-term leave of any type.

## **Pay Period/Pay Checks**

- A. The biweekly pay period for employees begins at 12:01 a.m. Sunday and ends at 12:00 midnight the second succeeding Saturday.
  
- B. Payday will be the Friday following the pay period. If a payday occurs on a holiday, paychecks will be issued on the previous workday.
  
- C. All employees shall have one (1) week's pay held back. However, they shall be paid for all monies due at the time of separation from employment with the Housing Authority. Such final payment shall be made during the pay period following the employee's separation.
  
- D. Only the employee or a person previously authorized in writing by the employee, with proper identification, may obtain an employee's paycheck. Employees must inform the Financial Department, in advance, of the identity of any person authorized to obtain the employee's check on the employee's behalf. This is important because an employee who becomes totally disabled or dies may have his or her last paycheck held for a Probate Court order or designation of an Executor, when his or her family needs the paycheck immediately.

## Hours of Work/Overtime

- A. Standard Workweek: The standard workweek shall consist of 168 hours (seven [7] 24-hour days). The standard workweek shall run from 12:01 a.m. Sunday until 12:00 midnight the following Saturday.
  
- B. Hours of Work: The workday for administrative staff shall begin at 8:00 a.m. and continue until 4:30 p.m., Monday through Friday, with 30 minutes off for lunch, which shall be unpaid.

The workday for Maintenance and Inspection personnel shall run from 7:30 a.m. to 4:00 p.m., with 30 minutes off for lunch unpaid.

Employees may work a four day, ten-hour per day schedule with the Executive Director's approval.

The listing of hours of work, however, does not guarantee any minimum number of hours or employment in any week above the 30 hour minimum stated above, and any employee's schedule can be changed, lengthened, or shortened by a supervisor or the Executive Director.

Neither lunch period nor breaks may interfere with service to clients.

Employees who smoke shall not be afforded any different work break privileges than employees who do not smoke.

- D. Overtime:
  - 1. Any employee may be required to work in excess of the normal workday or workweek in order to meet the operational needs of the Housing Authority.

2. Overtime eligible employees will earn *compensatory* time at one and one-half (1.5) hours for all hours worked in excess of 40 during the standard workweek.
  3. Overtime is generally discouraged and cannot be self-scheduled, except in emergency circumstances, without the advance written permission of a manager, supervisor or the Executive Director. The Executive Director or supervisor shall closely examine any overtime request not approved in advance.
  5. The Housing Authority reserves the right to flex an employee's schedule within any workweek so as to prevent the accumulation of overtime.
- E. Overtime Exempt Employees: Salaried employees determined to be exempt from the overtime provisions of the Fair Labor Standard Act, shall not be eligible for overtime or compensatory time. Such a salaried employee shall suffer no loss of pay for absences of less than one (1) day; however, any absence of one (1) full day shall be deducted from the employee's accumulated leave (sick leave, vacation, or other paid leave). Hourly exempt employees shall not be so compensated.
- F. Call-Out: Any overtime eligible employee may be called out to work outside of regular hours or on their day off at the discretion of the Executive Director or supervisor. Any employee called out in this manner shall be entitled to receive one (1) hour's pay including commuting time.
- G. Compensatory Time: Restrictions
1. Employees may accumulate up to a maximum of thirty (30) hours of compensatory time in their bank. Upon use of compensatory time, the bank shall be reduced by the amount of compensatory time taken off and the employee is entitled to earn more compensatory time up to the thirty (30) hour

limit. Compensatory time may be taken in a minimum of one (1) hour increments.

2. Compensatory time earned in excess of the thirty (30) hours bank will be paid out in cash at a rate of one and one-half (1.5) times the employee's regular hourly rate.
3. All compensatory time must be used within one hundred eighty (180) days of the time the compensatory time is earned or it will be paid out to the employee. All requests for compensatory time off must be made at least one (1) week in advance.
4. Compensatory time off may be denied if the use of compensatory time would unduly disrupt business operations.

## **Payroll Records**

All employees are required to record all hours actually worked, including all times that the employee commenced work, stopped work, or took unpaid lunch periods.

Failure to adhere to this reporting requirement may lead to disciplinary action.



## **EMPLOYEE BENEFITS**

### **Sick Leave**

- A. Accrual: All employees accrue .0461 hour of sick leave for each hour in active pay status. Employees who are eligible for sick leave may accrue and carry over all sick leave earned, but not used, from year to year without any maximum limit.
- B. Usage: Sick leave is a benefit which has been granted by the Employer to be used only for the purposes specified herein. Abuse of this benefit will not be tolerated. Sick leave may be used upon approval for the following reasons:
1. illness, injury, pregnancy- or childbirth-related conditions of the employee, or of a member of the employee's immediate family living in the same household where the employee's presence is reasonably necessary;
  2. if recommended by a health care provider in writing, exposure of an employee or a member of the employee's immediate family to a contagious disease which would have the potential of jeopardizing the health of the employee or the health of others if the employee reported to work. Employees are to use their own judgment as to their possible contagion. The recommendation of a health care provider is not necessary where, in the opinion of the employee, the employee may risk the spread of contagion among the staff and clients of the agency;
  3. death of a member of the employee's immediate family as specified in the Funeral Leave section herein; and
  4. medical, psychological, dental, or optical examinations or treatment of employee by a licensed practitioner, or of a member of the employee's immediate family when the employee's attendance is reasonably necessary and

when such examination or treatment cannot be scheduled during non-work hours. Employees shall make every reasonable effort to schedule appointments at times which cause the least disruption to their work responsibilities.

- C. Sick leave may only be used on a day which the employee was otherwise scheduled to work. Sick leave which may be used during the current pay period shall be limited to the accumulated balance at the beginning of the current pay period.
- D. Immediate Family: For purposes of this policy, "immediate family" is defined as the employee's: spouse, parent, stepparent, child, stepchild, foster child, brother, sister, grandparent, grandchild, mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law, legal guardian, or other person who stands in the place of a parent.
- E. Charging Sick Leave: Employees absent on approved sick leave shall be paid at their applicable hourly or salaried rate. If requested sick leave is denied and as a result an employee is overpaid, such overpayment shall be deducted from the employee's next paycheck. Sick leave shall be charged in minimum increments of one quarter (.25) hour.

Employees must notify the supervisor as soon as possible of the need for sick leave. If prior notice is not possible, the employee must contact his/her supervisor no later than the employee's regular start time.

Employees request use of sick leave by completing the form prior to the next regular date for payroll submission. The supervisor will approve or deny the request.

If the employee visits a healthcare provider during sick leave or has been required to submit medical proof of the need for sick leave the employee must provide the statement with the sick leave request form.

Employees who show a pattern of sick leave use (including but not limited to Mondays, Fridays, before or after holidays, vacation or pay days) or who show excessive use, may be disciplined and/or denied the use of sick leave.

## **Sick Leave Conversion**

- A. Payment of accrued but unused sick leave will be made to each employee upon disability or service retirement under OPERS from active service with the Housing Authority with at least ten (10) years of service. Such payment shall be made only once to any employee. The amount of such payment shall be equal to 25% of the value of the employee's accrued but unused sick leave up to a maximum payment for 60 days.
  
- B. Payment shall be based on the employee's rate of pay at the time of retirement. Payment under this policy shall be considered to eliminate all sick leave credit accrued by the employee at the time of payment. Employees are cautioned that, if they intend to take another public employment position, they may be eligible to retain all of their accrued sick leave with the new employer. However, under this paragraph, it appears that the FMHA would have to report no sick leave credit remains. Employees should consult with a lawyer before taking such payment.
  
- C. Beneficiaries, as designated by the employee before the employee's death as indicated above, of a deceased employee shall be eligible for the sick leave conversion benefits for which the employee would have otherwise qualified hereunder upon presentation of an order from the Probate Court or a death certificate. If no beneficiaries have been designated prior to death by the employee, only the executor of the employee's estate, as designated by the Probate Court, may receive this payment.

## Vacation Leave

- A. Eligibility: All full-time employees are eligible for vacation leave on January 1 of each calendar year based on the number of non-overtime hours worked in the previous calendar year. All other employees shall not be eligible for paid vacation, unless provided by contract.
- B. Accrual: Full-time employees earn paid vacation leave according to the following schedule:

| <b>Years of Service Completed</b> | <b>Accrual Rate Per Hour</b> | <b>Maximum Accrual</b> |
|-----------------------------------|------------------------------|------------------------|
| First year of employment          | .0385                        | 80 hours               |
| 1, but less than 9                | .0385                        | 80 hours               |
| 9, but less than 15               | .0577                        | 120 hours              |
| 15 or more                        | .0769                        | 160 hours              |

Employees' vacation leave shall be proportionately reduced for any period the employee was not in active pay status.

- C. Usage: Accrued vacation may be taken in minimum units of one quarter (.25) hour. Vacation leave shall normally be taken during the calendar year in which it was credited to the employee. Up to one (1) week (40 hours) of vacation not used by the end of the current calendar year may be paid to the employee on the condition that the vacation pay-out is consistent with the last Board resolution whether it be in suspension or in effect. Up to one (1) week (40 hours) of unused vacation may be carried over for a maximum of one (1) calendar year. All other unused vacation will be eliminated from the employee's balance unless, in the opinion of the Executive Director, an employee's taking of vacation time so as not to lose it will negatively affect the operations of the Housing Authority. In that event, the taking of an employee's unused balance may be extended for up to six months by a written

notation by the Executive Director for the employee's file. However, employees are encouraged to fully use their vacation time in the year earned and not put it off until it becomes a "use it or lose it" situation.

- D. Payment at Separation: Employees with one (1) or more year(s) of service with the Housing Authority shall be paid for all earned but unused vacation leave as of the date of separation. The employee shall be paid for such vacation at the employee's rate of pay in effect on the date of separation. In the event of the death of an employee such payment shall be made to the employee's estate in accordance with Ohio law.
  
- E. Employees shall request vacation leave in writing on a Request For Leave Form. Requests for vacation leave of one (1) day or less must be requested at least 24 hours in advance. Requests for leave of more than one (1) day shall be made at least one (1) week in advance unless otherwise approved by the Department Manager or Executive Director.
  
- F. To be eligible to transfer years of service for determination of vacation benefits to Fairfield Metropolitan Housing Authority from prior employment inside the State of Ohio:
  - 1. Employees will only be eligible to transfer years of service from a public agency as defined by State law.
  - 2. The amount of years of service that can be transferred is unlimited.
  - 3. The Employee is responsible for obtaining official documentation from previous public agencies in order to receive an adjustment of benefits.

An employee who has retired under PERS, PFDPF, or any other state retirement plan and who is hired after June 24, 1987, shall not have any prior service with the Housing Authority, the State, or any political subdivision thereof counted for computing vacation leave.

## Holidays

A. Eligibility: All full-time and regular part-time employees are entitled to the holidays listed herein which occur during the period of their employment. To be eligible for holiday pay, an employee must work the last regular workday immediately preceding the holiday and the next regular workday following the holiday unless leave is approved in advance by the Department Manager.

B. Holidays: Eligible employees are entitled to the following holidays:

New Year's Day (January 1)

Martin Luther King Day (third Monday in January)\*

President's Day (third Monday in February)\*

Memorial Day (fourth Monday in May)

Independence Day (July 4)

Labor Day (first Monday in September)

Columbus Day (second Monday in October)\*

Veteran's Day (Nov. 11)

Thanksgiving Day (fourth Thursday in November)

Friday following Thanksgiving Day\*

December 25

If a holiday falls on a Sunday, it will be observed on the following Monday; if it falls on Saturday, it will be observed on the preceding Friday.

C. Holiday Pay: Holiday pay shall be an employee's regular straight time hourly rate of pay times the employee's normal daily work hours.

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\*Indicates a floating holiday that can be taken on the scheduled date or taken at another time upon approval of the Department Manager. Floating holidays shall be paid at the employee's regular straight time daily rate.

- D. Work On Holiday: Any eligible nonexempt employee required to work on a recognized non-floating holiday shall be paid for all hours actually worked at the employee's applicable hourly rate, plus shall be eligible for holiday pay. The applicable hourly rate will be at one and one-half (1.5) times the employee's regular rate only for those hours in excess of 40 hours within the workweek. An overtime exempt employee required to work on a recognized non-floating holiday may schedule another day off at a later date.
- E. Part-Time Employees: Regular part-time employees who are normally scheduled to work on a day being observed as a non-floating holiday shall receive holiday pay for those hours they normally would have worked. The Executive Director is exempt from this provision as his contract language shall prevail.
- F. Employees On Vacation or Sick Leave: If a holiday occurs while an employee is on approved vacation or sick leave, the holiday will not be charged against the employee's vacation or sick leave balance.



## **Funeral Leave**

- A. Eligibility: In the event of the death of an immediate family member as defined in the Sick Leave Policy, employees shall, upon approval of the Executive Director, be granted up to three (3) workdays of paid funeral leave. One (1) workday of paid funeral leave shall be permitted where the death involves other family members not defined as “immediate family” in Sick Leave.
  
- B. Usage: Funeral leave may be used to attend the funeral, make funeral arrangements, or attend to other matters directly related to the funeral. Funeral leave shall not be granted for any days following the date of the funeral unless approved in advance by the Executive Director.
  
- C. Notification/Approval: An employee must notify the Executive Director, or in his/her absence, the Department Manager, as soon as possible when they know they will be absent from work due to a death in the immediate family. Upon return to work the employee requesting Funeral Leave must complete a Request For Leave Form and submit the request to the Executive Director for approval.

## **Court Leave**

- A. Eligibility: Full-time employees shall be entitled to court leave when subpoenaed for a court appearance or summoned for jury duty by any state, federal, or municipal court of record during regular working hours, unless such court appearance is in connection with the employee's personal business (e.g., traffic court, divorce proceedings, etc.). This section shall not apply to employees who appear in court on behalf of the Housing Authority as part of their employment. Such appearances shall be compensated as hours worked. Employees not eligible for paid court leave may be granted an unpaid leave of absence for court appearances, with the approval of the Executive Director.
  
- B. Payment: Full-time employees on court leave shall either keep the payment earned for such duty and forfeit their normal wages, or submit the payment received from the court to the Housing Authority and be paid their applicable hourly rate for all time on court leave. Such choice shall be made by the employee when requesting the leave. If any employee is called to appear in court or is called for jury duty, outside of the employee's regularly scheduled working hours or while on other authorized paid leave, all monies received as compensation for such court service shall be retained by the employee.
  
- C. Return to Work: An employee shall report for work following jury or court duty if a reasonable amount of time (two [2] hours or more) remains during the scheduled workday, unless the employee has elected to have the time off charged against other appropriate leave.
  
- D. Request/Approval: Employees shall complete a Request For Leave Form, select the desired payment option, attach thereto a copy of the subpoena or summons, and submit the completed form to the Executive Director for approval.

## **Military Leave**

The Fairfield Metropolitan Housing Authority complies with all State of Ohio and Federal laws regarding military leave and reinstatement after military service. An employee who has been called for active duty must submit a copy of his/her orders with the request for leave.

It may be the opinion of the Board of Commissioners that the limits of compensation required under Ohio and Federal law are insufficient to maintain the financial stability of the employee who has been called to active military service and his or her family. In such cases the Board may vote to provide additional compensation up to but not exceeding the employee's regular pay when combined with his or her other regular sources of income. This benefit shall be at the sole discretion of the Board of Commissioners upon a recommendation of the Executive Director after consultation with the employee's supervisor and the Chief Financial Officer as to whether the FMHA can afford the additional benefit.

## **Family Medical Leave Act**

- A. In 1993, the Federal government enacted the Family and Medical Leave Act (FMLA) to provide eligible employees with up to 12 work weeks of unpaid leave during a 12 month period without loss of health insurance coverage for a variety of reasons.
  
- B. While the record-keeping requirements of the act apply to most public sector jurisdictions, the act precludes the use of such leave to employees unless there are 50 employees of the Employer within a 75 mile radius. Since FMHA employees do not meet this requirement, no FMHA employee is eligible for FMLA leave. Please see sections regarding leaves of absence.

## **Unpaid Leave of Absence**

- A. Long-Term Leave of Absence: Any employee may request an unpaid long-term leave of absence for personal reasons, including educational pursuits that are non-job-related. The granting of such leave is wholly discretionary on the part of Employer and may be granted for a period not to exceed six (6) months. During unpaid leave the employee may continue health insurance under the Employer's policy by exercising his/her rights under COBRA.
  
- B. Leave Without Pay/Absence Without Leave: Any absence by an employee must be covered by some form of approved leave; and, if it is not, it will be considered "absence without leave" (AWOL), which can lead to discipline or discharge.

The Housing Authority does not recognize, nor can any *supervisor, not including the Executive Director*, ever authorize, a "leave without pay" other than the long-term leave of absence mentioned in (A), above. The Executive Director may grant leaves without pay under the assorted leaves (funeral, court, etc.) provided herein without prior Board approval.

## **Tuition Reimbursement**

### **(Tuition Reimbursement has been Suspended by Resolution 554-05 of the Board)**

- A. Each employee is responsible for maintaining the knowledge, skills, and abilities necessary to effectively perform the duties of his/her position with the Housing Authority, and for upgrading these skills as necessary to meet changes in technology or professional best practices. In recognition of this requirement, the Housing Authority has established this tuition reimbursement policy.
  
- B. Full-time employees shall be eligible for tuition reimbursement after completion of one (1) full calendar year of employment with the Fairfield Metropolitan Housing Authority.
  
- C. Courses eligible for reimbursement under this policy shall be at an accredited college or university and must be sufficiently work-related to improve the employee's work efficiency or job performance. The Executive Director shall have exclusive authority to determine which courses meet the above criteria. Employees are encouraged to check with the Executive Director in advance to determine if a course qualifies for the tuition reimbursement program.
  
- D. Employees will be reimbursed for 50% of the tuition cost up to a maximum payment of \$800.00 per year following completion of any qualifying course, provided the employee receives a final grade point average of 2.5 or higher. Books and all other costs shall not be subject to reimbursement.
  
- E. Employees shall submit their final course grade, GPA, and a copy of the tuition invoice for classes taken to the Executive Director for approval. Employees will be reimbursed during the next pay period following the Executive Director's approval of the reimbursement.

## **Group Health Insurance**

- A. Eligibility: Subject to the other provisions herein, employees who work at least 35 hours per week on a regularly-scheduled basis throughout the calendar year are eligible to participate in the Housing Authority's health insurance program. The insurance carrier reserves the right to determine the eligibility of any employee and the Housing Authority shall not be liable for the rejection of any employee for coverage.
  
- B. Election: Eligible employees shall elect coverage or sign a waiver of insurance within the first 20 working days following their date of hire. The employee may apply for coverage at a later date by showing evidence of insurability; subject to restriction or rejection by the insurance carrier.
  
- C. Coverage: The Executive Director shall select the insurance carrier and determine the type of coverage provided, subject to approval by the Board.
  
- D. Payment: The Fairfield Metropolitan Housing Authority will pay an amount as determined by the Board toward the cost of all eligible employees' health insurance coverage, which shall be re-evaluated on an annual basis. The employee shall be responsible for payment of any amount not paid by the Board. The Board may elect to pay a *pro rata* share of the cost of insurance for those eligible employees working less than 35 hours per week.
  
- E. Paid Leave: The Employer will continue to pay its share of the health insurance premium for employees during any paid leave of absence.
  
- F. Unpaid Leave of Absence/Separation of Employment: The Housing Authority shall not pay any insurance premiums for employees who are not in active pay status, unless such employee is receiving short-term disability insurance benefits.

## **Life Insurance and Other Insurance Plans**

- A. Life Insurance: The Housing Authority shall provide a \$15,000 group term life insurance policy covering each employee of the Housing Authority who works at least 35 hours per week on a regularly scheduled basis throughout the calendar year. The insurance carrier reserves the right to determine eligibility of any employee for life insurance coverage and the Housing Authority shall not be liable for the rejection of any employee for coverage. The Housing Authority shall pay the full cost of this group term life insurance plan for each eligible employee.
- B. Disability Insurance: The Housing Authority also provides long-term disability insurance for employees who work at least 35 hours per week. These plans provide employees protection against lost wages when employees are unable to work due to a non-occupational sickness or injury. Work-related illnesses or injuries are covered by Workers' Compensation.

New employees become eligible for coverage the first day of the month following their date of hire as an employee. The Employer pays all costs for disability insurance coverage.

Each employee shall be provided with a description of coverage provided by the long-term disability insurance plans.

- C. Additional Insurance: The Housing Authority also offers employees the opportunity to purchase cancer, dental, and heart attack/stroke insurance; additional life insurance; and long-term care insurance at group rates through payroll deduction. The employee is solely responsible for the cost of such insurance and the Housing Authority shall not be liable if the respective insurance company determines any employee is not eligible for coverage.



- D. Paid Leave: The Housing Authority will continue to pay the life insurance and disability insurance premiums for employees during an approved paid leave of absence (e.g., vacation, sick leave), or during any period the employee is receiving disability insurance benefits.
  
- E. Unpaid Leave of Absence/Separation of Employment: The Employer shall not pay any life insurance premiums for employees not in active pay status or who are receiving long-term disability insurance benefits.
  
- F. Beneficiary: Each eligible employee shall designate a beneficiary using the standard form provided by the insurance carrier. A copy of such form shall be maintained in the employee's personnel file.

## **Ohio Public Employee Retirement System**

- A. Most employees of the Housing Authority are required by law to participate in the Ohio Public Employees Retirement System (OPERS). Both the employee and the Housing Authority are required to contribute to OPERS, in amounts set by State law. The employee's contribution is collected through payroll deduction.
- B. Questions: Employees' questions regarding OPERS should be directed to:

Ohio Public Employees Retirement System  
277 E. Town Street  
Columbus, Ohio 43215  
(614) 466-2085

The employee's social security number should be included with any correspondence to the OPERS.

## **Early Retirement Incentive Plan**

### **Plan Name**

The Fairfield Metropolitan Housing Authority (FMHA) Retirement Incentive Plan hereinafter referred to as the Plan.

### **Enabling Resolution and Governing Law**

This Plan was approved by the FMHA Board of Commissioners and is based on the provisions of Section 145.297 and/or Section 145.298, *Ohio Revised Code*, and Administrative Rule 145-5-42.

### **Plan Period**

The plan shall begin on 4/1/2009 and terminate on 4/1/2029. The Plan Period is the length of time this document is in effect. This does not mean that during this period employees may take advantage of its early retirement incentive at any time during those twenty years. Enrollment in an early retirement incentive plan is governed by the terms below.

### **Terms**

(A) The Plan shall be the only retirement incentive plan in effect for eligible employees of FMHA.

(B) Participation in the Plan shall be available to 100 percent of employees of FMHA who are employed at their office and are members of OPERS on 4/1/2009. Employees who have established more total service credit of record in the Ohio Public Employees Retirement System pursuant to applicable service credit provision of Chapter 145, *Ohio Revised Code*, have the right to elect to participate in the Plan before employees having less total service credit established in OPERS.

(C) Pursuant to the terms of the Plan, service credit for each participating employee shall be purchased by FMHA in an amount equal to the lesser of the following:

1. Thirty-six months of service credit, or
2. An amount of service credit equal to one-fifth of the total service credit of record credited to the participating employee in the Ohio Public Employment Retirement System, exclusive of the service credit purchased under the Plan.
3. The amount of service credit necessary to bring the employee up to 30 years of service credit.

### **Eligibility Requirements**

Any employee of FMHA eligible to participate in the Plan shall meet the following criteria:

(A) The employee is or will be eligible to retire under the Section 145.32, 145.34, 145.37, or 145.33(A), *Ohio Revised Code*, on or before the date of termination of the Plan. Service credit to be purchased for the employee under the Plan shall be included in making this determination for eligibility.

(B) The employee agrees to retire under Section 145.32, 145.34, 145.37, or 145.33(A) *Ohio Revised Code*, within 90 days after receiving notice from the Ohio Public Employees Retirement System that service credit has been purchased, or an agreement has been entered into for the purchase of service credit, for the employee pursuant to the Plan.

**Notice**

The Plan shall be in effect for a minimum of one year. All employees and the Ohio Public Employees Retirement System will receive written notice 30 days in advance of the proposed termination date of the plan. The FMHA Board of Commissioners shall determine annually if it wishes to continue the Plan for another year.

After the first year the Early Retirement Plan is in effect, the Plan may be suspended by the Executive Director. The Plan may be suspended by the Executive Director or the Chief Financial Officer whenever it is determined that funding is not sufficient to permit the Plan to be implemented.

**Grievance Procedure**

The FMHA Executive Director shall resolve any grievance issues. In the event the Executive Director requests resolution for a grievance, the FMHA Board of Commissioners will address those issues.

## **Deferred Compensation**

- A. Employees of the Housing Authority are eligible to enroll in the State of Ohio's Deferred Compensation Program which allows employees to invest a portion of their wages on a tax-deferred basis.
  
- B. Employees interested in the Deferred Compensation Program should contact the Financial Assistant who will provide the employee with additional information regarding the program. Employees will be permitted, with the advance approval of their supervisor, to meet with a representative of the Deferred Compensation Program during regular working hours to enroll in the program.

## **Unemployment Compensation**

- A. Most employees of the Housing Authority are covered by unemployment compensation subject to the regulations established by State law and the Ohio Department of Job and Family Services.
- B. In the event of a reduction in force as provided herein, the affected employees may apply for unemployment benefits by contacting the local office of the Ohio Department of Job and Family Services.
- C. The Housing Authority reserves the right to file an appeal with the Ohio Bureau of Unemployment Compensation if it believes the employee does not meet the regulations of the Ohio Department of Job and Family Services for unemployment benefits.

## **Workers' Compensation Insurance**

- A. Employees of the Housing Authority are covered by Workers' Compensation Insurance subject to the applicable state regulations.
  
- B. A job-related injury must be reported within 24 hours of the accident in accordance herein. If the injury qualifies for Workers' Compensation benefits, the employee shall obtain the forms from the Financial Manager's office necessary for filing a claim.
  
- C. Sick leave may be used in lieu of filing a claim for lost wages under the Workers' Compensation procedures. However, employees are prohibited from receiving sick leave and Workers' Compensation payments for the same period of absence.
  
- D. Employees shall not be eligible for other benefits as provided herein while absent from work and being compensated for lost time by Workers' Compensation.
  
- E. The Housing Authority reserves the right to appeal a decision made on behalf of an employee by the Ohio Bureau of Workers' Compensation if it believes that the employee is not entitled to Workers' Compensation benefits and to present evidence to the Ohio Bureau of Workers' Compensation in support of its position.

## **Performance Evaluation**

- A. Instructional/Training Period Evaluation: Each newly hired employee will be evaluated at the mid-point and at the end of the instructional period or other applicable training period.
  
- B. Annual Evaluation: Each employee will be evaluated annually by his/her supervisor. While the purpose of this evaluation is to provide a vehicle for personal development, supervisory feedback, and maturation within the job, it is also an important component to be considered in the event of any reduction in force, and may be utilized to determine merit wage increases when the Board has authorized such in the annual budget.
  
- C. Supervisory Evaluation: Supervisors and management level employees will be evaluated annually by the Executive Director or his/her designee. One factor to be considered in this evaluation is the degree to which the supervisor has been timely in evaluating his/her staff during the preceding year.
  
- D. Performance evaluations will be conducted during three (3) separate periods throughout the year based on employees' anniversary dates as follows:

| <u>Evaluation Period</u> | <u>Employee's Anniversary Date</u>     |
|--------------------------|--|
| April                    | January, February, March, April        |
| June                     | May, June, July, August                |
| September                | September, October, November, December |



## **Travel and Reimbursement**

A. Generally: Employees shall be reimbursed for reasonable and necessary expenses incurred while traveling on approved official Housing Authority business. Additional cost incurred for an employee's spouse or children shall not be reimbursed.

Employees may estimate expenses and receive a travel advance, however, actual receipts must be presented upon the employee's return from work and only those expenses supported by a receipt will be allowed. The remaining travel advance will be reimbursed to the Housing Authority.

B. Meetings, Conferences, and Conventions: Upon prior written authorization of the Executive Director, employees may attend meetings, conferences, and conventions related to the employee's position. The Housing Authority will reimburse employees for necessary and reasonable expenses (as defined herein) incurred to attend such authorized meetings, conferences, and conventions. The Housing Authority may prepay registration fees when such prepayment is required. Employees will not be reimbursed for unattended meetings, conferences, or conventions.

C. Mileage, Parking, and Tolls:

1. The Executive Director will either assign a Housing Authority vehicle for travel to and from meetings, conferences, and conventions, or authorize the employee to drive his/her personal vehicle and be reimbursed at the current rate approved by the Internal Revenue Service for the actual miles driven to and from the approved destination. Such payment is considered to be total reimbursement for all vehicle-related expenses (e.g., gas, oil, depreciation, insurance, etc.).

Mileage reimbursement is only payable to one (1) employee on the same trip unless otherwise authorized in advance by the Executive Director. Rental of a

vehicle is not reimbursable without prior written approval of the Executive Director.

2. Charges incurred for parking at the destination and any highway tolls are reimbursable at the actual amount for business purposes only. Valet parking will only be reimbursed if other parking is not available within a reasonable distance. Valet Parking is considered a reasonable accommodation for employees who have a disability.
3. No expense reimbursement is paid for travel between home and work.
4. Receipts for parking costs, highway tolls, vehicle rentals, or taxi services are required.

D. Meals: Upon prior written authorization of the Executive Director, expenses incurred for meals while on official Housing Authority business outside of Fairfield County will be reimbursed at the actual cost of the meal, or the Federal *per diem* rate, whichever is lower. If meals are included in registration fees, duplicate meals shall not be reimbursable. The Executive Director may approve an advance, at the applicable Federal *per diem* rate, for the cost of meals expected to be consumed while the employee is on official Housing Authority business outside of Fairfield County. In this event, receipts for the actual cost of all meals shall be submitted to the Finance Department, along with any refund due the agency. In no case shall an employee accept the payment of the cost of a meal by a person not associated with the Housing Authority.

E. Lodging: Upon prior written authorization of the Executive Director, the actual cost of a motel room (single room rate for one [1] employee, double room rate for two [2] employees who share a room) will be reimbursed in full when an employee travels on official Housing Authority business and such travel requires an overnight stay.

- F. Telephone Calls: Employees shall be reimbursed for telephone expenses for business-related calls only unless other calls are authorized by the Executive Director.
- G. Non-reimbursable Items: The following items or services are not reimbursable:
1. tips in excess of 20%
  2. alcoholic beverages
  3. entertainment
  4. laundry and dry cleaning
  5. room service charges
  6. expenses of spouse or other family member traveling with employee
  7. movies or games (in room or otherwise)
  8. traffic violations
  9. any allowable expense where no receipt is provided
  10. Internet access unless approved by the Executive Director
- H. Receipts: Receipts for all reimbursable expenses must be kept by employees and submitted with requests for reimbursements.
- I. Any employee who desires to attend a meeting, conference, convention, or otherwise incur expenses on official Housing Authority business shall make written application in advance on a Request to Incur Expenses Form. The form shall be submitted to the Executive Director for approval prior to incurring the expense.
- J. Following an employee's return from any meeting, conference, convention, or other official Housing Authority function wherein reimbursable expenses have been incurred, an employee shall submit an Expense Reimbursement Report Form with a copy of the previously approved Request to Incur Expenses Form and all original receipts and other documentation to the Deputy Director. The Deputy Director shall review the documentation and determine if such reimbursement was previously authorized for payment before forwarding to Financial Department.

## **Vehicles**

- A. Vehicles purchased or leased by the Housing Authority shall be subject to regulation by the Board.
- B. Vehicles may be provided for those employees who require transportation in the course of their duties. Employer-owned/leased vehicles are not to be used for employee travel to and from work unless authorized by the Board. In the event of such authorization, employer-owned/leased vehicles are not to be parked on the street overnight.

The Executive Director may also assign an Employer-owned vehicle to employees attending training, seminars, conferences, or similar programs approved in advance by the Executive Director.

- C. Employer-owned/leased vehicles shall be used by employees whenever possible on approved Housing Authority business.
- D. Qualifications For Using Employer Vehicles or Personal Vehicles on Housing Authority Business:
  - 1. All operators of Employer-owned/leased vehicles or employees using their own vehicles for Housing Authority business shall be at least 18 years of age.
  - 2. All drivers must have a current, valid Ohio driver's license that covers the type of vehicle to be operated. A copy of the license must be placed in the driver's personnel file.

In those classifications which require a certain motor vehicle license, newly-hired employees must generally possess such license as a condition of

employment, and all current employees must maintain said license for the duration of their employment in said classification. Loss of license, driving privileges, or un-insurability by the Employer's insurance carrier by such employees may result in termination of employment.

3. Employees operating a vehicle on behalf of the Housing Authority are expected to operate the vehicle in a responsible manner. An individual's driving record as maintained by the Ohio Bureau of Motor Vehicles, or record from any other state or country in which the driver or applicant has resided or operated a motor vehicle during the previous 36 months, or any other legal source, will be used as an indication of the individual's ability to responsibly operate a vehicle.
4. Any applicant for a position in which driving is an essential function, may be denied employment on the basis of an unsatisfactory driving record.
5. Drivers shall report to the Executive Director any moving violations or accidents which occur while they are on or off duty. On-duty accidents or moving violations shall be reported immediately. Off-duty accidents or moving violations shall be reported within 24 hours of the occurrence.
6. Employees who use their personal vehicles for official Housing Authority business will be reimbursed on a mileage basis at the authorized rate established by the Internal Revenue Service. Insurance coverage for personal vehicles used on Housing Authority business shall be the responsibility of the owner of the vehicle. All employees who use their own vehicle on Housing Authority business shall show proof of state minimum liability insurance to the Executive Director. (These are the minimum limits required by the Housing Authority and the Housing Authority makes no actual or implied warrant that these amounts are adequate to protect the employee's interests.) Such proof of insurance may be required at any time upon request of the

Executive Director or designee, and shall be confirmed before reimbursement checks are issued. No mileage reimbursement will be made until a current certificate of insurance is on file in the employee's personnel file.

7. Employees shall exercise caution and responsibility and adhere to all safety regulations when operating an Employer-owned/leased vehicle. Operators and passengers shall wear safety belts at all times while driving or riding in an Employer-owned/leased vehicle or their personal vehicle on Employer business. Negligent, reckless, or improper operation of vehicles while on Housing Authority business are grounds for disciplinary action.
8. Except as otherwise provided herein, passengers not on official Housing Authority business and hitchhikers are not permitted in Employer-owned/leased vehicles. Should this prohibition be violated, the employee assumes all liability for any occurrence resulting in legal action of either a civil or criminal nature.
9. Employees who must operate an Employer-owned/leased vehicle as part of their jobs or their personal vehicles for Housing Authority business, either on a regular or occasional basis, are required to report any suspension or revocation of their driver's license to the Executive Director.
10. Being under the influence of alcoholic beverages or controlled substances immediately prior to or during the operation of an Employer-owned/leased vehicle is prohibited. Alcoholic beverages or controlled substances shall not be transported in an Employer-owned/leased vehicle. Any employee operating an Employer-owned/leased vehicle while under the influence of alcohol or drugs will be subject to immediate dismissal.
11. Turn signals and warning signals shall be utilized by all vehicle operators. Vehicle headlights shall be used during periods of limited visibility or any time the vehicle windshield wipers are in use.

12. Employees are responsible for ensuring any Employer-owned/leased vehicle which they are permitted to take home is properly maintained, kept locked, and parked in a safe and secure location (not on the street).
13. Employees shall ensure any Employer-owned/leased vehicle which they use is cleaned, fully fueled, and readied for service upon completion of its use.
14. Operators of Employer-owned/leased vehicles shall be responsible for reporting to their supervisor any service which needs to be performed, or safety or maintenance items which need corrected on the vehicle.

E. Records Check:

1. Prior to the hiring of a candidate for employment and annually after employment, a records' check will be conducted with the Ohio Department of Public Safety.

Employees shall consent to all checks and the Housing Authority shall bear all costs associated to check an employee's record.

## **Secondary Employment**

- A. Time Conflicts: Full-time employment with the Housing Authority shall be considered an employee's primary occupation and take precedence over all other occupations. Full-time employees shall not have other employment which presents a "time conflict." A time conflict for purposes of this section exists when the working hours of a secondary job directly conflict with an employee's scheduled working hours, mandatory overtime obligations, or when the demands of a secondary job prohibit an employee from receiving adequate rest or otherwise affect the employee's job performance.
  
- B. Interest Conflicts: No employee, regardless of employment status, shall have other employment which presents a conflict of interest with the employee's position with the Housing Authority. A conflict of interest exists when an employee engages in any secondary employment which compromises or gives the appearance of compromising the employee's judgment, actions, or job performance or conflicts with the policies, objectives, and operations of the Housing Authority.
  
- C. Employees shall report any outside employment to the Executive Director who shall determine whether such secondary employment presents any conflict. The employee shall bear the burden of demonstrating the secondary employment does not present a conflict, and the decision of the Executive Director is final.



## **Tools, Supplies and Equipment**

- A. The Housing Authority provides certain tools, supplies, vehicles, and equipment to employees for the performance of their job duties. Employees shall be held personally responsible and accountable for equipment issued directly to the employee, in addition to any equipment, tools, or supplies which are used by the employee. All employees are responsible for using and maintaining such assets in a safe and proper manner.
  
- B. Loss, misuse, neglect, theft, and/or abuse of Housing Authority assets is strictly prohibited, and may result in discipline up to and including termination, and/or demand for payment for the cost to replace or repair such asset(s). Accidents resulting in misuse or abuse of tools will also be cause for disciplinary action.
  
- C. Presence in, or use of, Housing Authority facilities (e.g., office, etc.) during non-work hours by employees is prohibited, unless authorized in advance by the Department Manager or Executive Director.

## **Bulletin Boards**

- A. Bulletin boards are a means for providing information to employees.
- B. No material of an offensive nature may be posted on Bulletin Boards, and Bulletin Boards for specific purposes may not be used for any other purpose (e.g., labor standards, workers' compensation certificates). No political, religious or other symbols or messages of a personal nature shall be posted or placed where they can be seen by any other person.
- C. Employees shall not use the outside of their cubicles or doors for "personal" messages.
- B. Material posted in violation of this policy shall be removed from the bulletin board. Employees in violation of this policy repeatedly shall be subject to disciplinary action.

## **Use of Phones and Mail System**

- A. Regular Housing Authority telephones and cell phones are provided for business use only and shall *normally* not be utilized to make personal phone calls. Telephones shall be answered promptly and in a courteous manner.
  
- B. Employees are requested to ask friends, relatives, and others not to call at work for personal reasons, other than emergency situations. Personal telephone calls on regular Housing Authority telephones shall be kept to a minimum and shall not be permitted to adversely affect the employee's work performance. All long distance personal telephone calls will be charged to the employee. It is the employee's obligation to identify these calls.
  
- C. As cell phones are increasingly used to contact parents, spouses, etc., in emergencies, and because this is almost always a faster way to contact an employee in such situations than going through the FMHA switchboard, employees may keep their cell phones on during work hours. However, employees shall not waste work time talking or text messaging to family, friends, or conducting other non-work-related business during regular working hours.
  
- D. All mail received at the Housing Authority is considered business mail and shall be opened and date-stamped accordingly, unless mail is clearly stamped "Confidential."
  
- E. Employees shall not have personal merchandise sent to the Housing Authority.

## **Public Records**

### **I. Purpose:**

The Fairfield Metropolitan Housing Authority (FMHA) acknowledges that it maintains many records that are used in the administration and operation of the Housing Authority, a public agency. In accordance with State law and the Fairfield County Records Commission, and Federal EIV standards, the Housing Authority has adopted Schedules of Records Retention and Disposition (RC-2) that identify these records: These schedules identify records that are stored on a fixed medium (paper, computer, film, etc.) that are created, received, or sent under the jurisdiction of the FMHA and document the organization, functions, policies, decisions, procedures, operations, or other activities of the Housing Authority. (R.C. 149.011(G); R.C. 149.43(A) (1)). The records maintained by the FMHA and the ability to access them are a means to provide trust between the public and the Housing Authority.

### **II. Scope:**

- A. FMHA has a designated employee, the Public Records Officer, who serves as the custodian of all records maintained by the office, department or function and has a copy of the FMHA's Public Records policy (R.C. 149:43(E)(2)).
- B. The FMHA's Public Record policy, as well as the Records Retention and Disposition (RC-2) are made available to the public upon request.
- C. The FMHA public records policy is addressed in the FMHA Personnel Policy Manual.
- D. The FMHA displays a poster which generally describes the Public Records policy in the lobby.

### III. Fees:

A. The FMHA, in accordance with Section 149.43 of the *Revised Code*, has established the following fees for providing copies or reproductions of public records maintained by the FMHA:

1. For photocopies of either letter or legal size documents, the fees shall be \$.06 per photocopy calculated from the first photocopy. Advance payment is required before any copies are prepared. The charge for a certified copy of a public record is \$1.00 per page.
2. For video tapes, cassette tapes or for any other type of media, the fee shall be the replacement cost or the reproduction (copying) cost. Reproduction costs may only be charged if a commercial or professional service is contracted to provide the copy.
3. Established costs/fees under this policy shall be clearly posted and visible to the public.
4. The Freedom of Information Act waiver provision, 5 U.S.C. Section 552(a) (4) (A) (iii), directs agencies to furnish documents free or at a reduced charge if “disclosure of the information is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in the commercial interest of the requester. If an individual/group requests a “waiver” of the copy fees that individual/group must complete a Waiver form (Attachment C). This form will then be submitted to the Public Records Officer for approval. If approved, the Housing Authority will waive the cost of copies.

## **IV. Availability**

### ***Inspection***

- A. All public records maintained by the FMHA shall be promptly prepared and made available for inspection to any person during regular business hours as well as a copy of the FMHA's current records retention schedule(s). (R.C. 149.43(B) (1). (Promptness is to be determined by the facts and circumstances of each public records request)). Regular business hours for the FMHA are Monday through Friday (except holidays), from 9:00 am to 4:00 pm.
- B. For the purpose of enhancing the ability of the FMHA to identify, provide for prompt inspection as well as provide copies of the requested items in a reasonable period of time, the FMHA shall provide to the requester "Request for Public Records" form for the requester to complete (Attachment A).
1. Prompt inspection and copies of records within a reasonable amount of time contemplates the opportunity for legal review by the FMHA's attorney (see below), in the case where it is the FMHA's opinion that the release of specific information may violate State or Federal laws and regulations.
  2. Although the FMHA may ask the requestor to make the request in writing, for the requestor's identity, and may inquire about the intended use of the information requested, the requester shall be advised that:
    - a. The requests are not mandatory; and
    - b. The requestor's refusal to complete "Request for Public Records" form does not impair the requestor's right to inspect and/or receive copies of the public record. (R.C. 149.43(B) (5)).
  3. Any person, including corporations, individuals, and even governmental agencies, may request public records, and will be allowed prompt inspection

of public records and copies within a reasonable amount of time upon request.

- C. In the event a request is made to inspect and/or obtain a copy of a record maintained by the FMHA whose release may be prohibited or exempted by either State or Federal law, the request shall be forwarded to legal counsel for the FMHA for research and/or review. The person submitting the request shall be advised that their request is being reviewed by legal counsel to ensure that protected and/or exempted information is not improperly released by the FMHA.
- D. Records, whose release is prohibited or exempted by either State or Federal law, or not considered public records as defined by R.C. 149.43(A) (1), shall NOT be subject to public inspection (See Attachment B). The following represents a partial list of records maintained by the FMHA, that may **not** be inspected or copied:

- Medical records; **R.C. § 149.43 (A)(1)(a), R.C. § 149.43 (A)(3);**
- Security and Infrastructure Records; **R.C. § 149.433;**
- Trial preparation records; **R.C. § 149.43 (A)(1)(g), R.C. § 149.43 (A)(4);**
- Confidential law enforcement investigatory records; **R.C. § 149.43 (A)(1)(h), R.C. § 149.43 (A)(2);**
- Records the release of which is prohibited by State or Federal law or regulation; **R.C. § 149.43 (A)(1)(v);**
- Social security numbers; **5 U.S.C. § 552 (b);**

### ***Public Records Requests***

- A. Mailed Requests for Public Records:

1. Upon receiving a written request for copies of a public record made in accordance with section 149.43 of the *Ohio Revised Code* via the United States Postal Service, the FMHA shall promptly respond to the request.
2. An authorized employee of the FMHA shall, by any means practical, contact the requestor and advise them that advance payment is required prior to providing copies of public records, and in addition, the fee shall also include the cost of postage and the envelope. (R.C. 149.43(B) (7)).
3. When practical, the FMHA may forward copied records by any other means reasonably acceptable to the requestor.
  - a. If a person requests a copy of a public record, the FMHA shall permit the requestor to choose to have the public record duplicated on paper or upon the same medium upon which the FMHA maintains the public record or upon any other medium on which the record can reasonably be duplicated as an integral part of the normal operations of the FMHA, or the responsible FMHA employee for the public record.
  - b. Persons seeking copies of public records are not permitted to make their own copies of the requested records by any means. (R.C. 149.43(B) (6)).
4. In accordance with section 149.43(B) (7) of the *Ohio Revised Code*, the FMHA limits the number of requested public records, to be transmitted through the U. S. Mail, to a maximum of ten records per month, unless the requestor certifies that the records or information in them will not be used for commercial purposes.



- a. "Commercial purposes" shall be narrowly construed and does not include reporting or gathering news, reporting or gathering information to assist citizen oversight or understanding of the operation or activities of government, or nonprofit educational research.
  
5. Authorized FMHA employees shall comply with the following procedures upon receiving a valid public record request through the United States Postal System:
  - a. FMHA employees shall promptly process requests.
  
  - b. Requestors shall be charged the postage fees and the cost of the envelope required to properly send the requested records through the mail.
  
- B. Written or verbal requests for copies made by the public records requester or their designee shall be processed in the same manner as mailed requests.

## **Response and Denials**

A. Requests for inspection and/or copies of public records, which are not maintained by the FMHA shall be processed in the following manner:

1. If the FMHA receives a request for a record that it does not maintain or the request is for a record which is no longer maintained, the requestor shall be so notified in writing (Attachment B), that one of the following applies:

- a. Their request involves records that have never been maintained by the FMHA;
- b. Their request involves records that are no longer maintained or have been disposed of or transferred pursuant to the applicable Record Retention and Disposition (RC-2) section;
- c. Their request involves a record that has been disposed of pursuant to an Application of the One-Time Records Disposal (RC-1);
- d. If the record that is requested is not a record used or maintained by the FMHA, the requestor shall be notified that in accordance with Ohio Revised Code Section 149.40, that the FMHA is under no obligation to create records to meet public record requests.

B. Ambiguous or Overly Broad Request for Public Records

If a requestor makes an ambiguous or overly broad request or has difficulty in making a request for copies or inspection of public records such that the Public Records Officer cannot reasonably identify what public records are being requested:

1. The FMHA may deny the request.
2. However, the FMHA shall provide the requester with an opportunity to revise the request by informing the requestor of the manner in which records are maintained by the FMHA in the ordinary course of business. (R.C. 149.43(B) (2)).

C. Denial of a Record Maintained by the FMHA

The FMHA may deny request for a record maintained by the Housing Authority if:

1. The record that is requested is prohibited from release due to applicable State or Federal law.
  - a. Employees of the FMHA shall consult legal counsel if they are unsure of whether the record requested should be withheld from disclosure.
    - i. Employees may check the appropriate box on Attachment A if they are simply applying the statutory exclusion.
    - ii. Otherwise, legal counsel will respond with the legal authority for a denial.

D. Redacting Exempted Records/Procedure

1. "Redaction" means obscuring or deleting any information that is exempt from the duty to permit public inspection or copying from an item that otherwise meets the definition of a "record" in section 149.011 of the Ohio Revised Code. (R.C. 149.43 (A) (11));

- a. A redaction shall be deemed a denial of a request to inspect or copy the redacted information, except if Federal or State law authorizes or requires a public office to make the redaction. (R.C. 149.43(B)(1)).
  - b. If a request is ultimately denied, in part or in whole, the FMHA shall provide the requester with an explanation, including legal authority, setting forth why the request was denied. (R.C. 149.43 (B) (3)).
2. If a public record contains certain information that is exempt from the duty to permit public inspection or to copy the public record, the FMHA shall make available of the information within the public record that is not exempt.
3. When making that public record available for public inspection or copying that public record, the FMHA shall notify the requester of any redaction or make the redaction plainly visible through the use of a copy machine. (R.C. 149.43(B) (1)).
4. The releasing employee shall then reproduce a copy of the page with the redactions; the resulting copy shall be the page that is released to the requester. It is important for the employee to blacken the redaction and the to copy the page with redactions so the text redacted cannot be seen or restored.

### *Remedy*

#### A. Grievances

1. If a person allegedly is aggrieved due to the inability to inspect a public record or due to the inability to receive a copy of the public record, the person shall be advised that they may:
  - a. Contact the Executive Director.
  - b. If the person is not satisfied after contacting the Executive Director, they

shall be advised that *Ohio Revised Code* section 149.43 provides a legal means for addressing their complaint in these disputes. (R.C. 149.43(C) (1) (2)).

## **V. Training and Education**

The FMHA continues to update and address all education, training, disclosure, and policy requirements mandated by R.C. 109.43 and R.C. 149.43(E) (1) (2).

## **Safety and Health**

- A. The safety and health of all employees of the Housing Authority is a primary concern of the Housing Authority. Both supervisory and non-supervisory personnel are responsible for maintaining a safe and healthful workplace.
  
- B. Employees shall operate and maintain equipment and perform their assigned duties in a safe manner and observe all safety procedures and practices. Employees shall familiarize themselves with the Housing Authority's safety manual, and that provided with the equipment, and comply with all safety policies therein. Maintenance and inspection personnel shall be provided with any personal safety equipment necessary. These may include safety gloves, protective eyewear, noise-reducing earwear, steel-toed shoes, knee-pads/guards, and masks or respirators as the situation demands. Loose hair and clothing shall be tied up, covered or not worn if they present a safety hazard.
  
- C. Employees shall immediately report any unsafe or unhealthful working condition or situation to the Safety Officer. The Safety Officer shall take the steps necessary to correct or alleviate the unsafe or unhealthful condition.
  
- D. Negligent failure to follow the above requirements may result in disciplinary action. Deliberate failure to follow the above requirements shall result in termination of employment. Each offense will be examined based on: the seriousness of the violation; the potential for serious damage, injury, or liability; the precedent set; the resulting damage or injury; and the employee's discipline record.
  
- E. All employees shall immediately report to the Safety Officer any injury which occurs while on the job no matter how minor the injury may seem to the employee. All accidents, regardless of whether or not an injury is incurred, shall be reported immediately to the Safety Officer.

- E. Any employee involved in an accident or who sustains an injury while on the job shall complete an accident report within 24 hours following the accident or injury.
- F. Evacuation maps are posted throughout the building. Employees are to familiarize themselves with evacuation routes as well as the locations of tornado shelters within the building. Although there are fire extinguishers located in the building, their purpose is to enable employees trapped by fire to create an evacuation route. Employees are to exit the building when a fire alarm sounds in accordance with the Housing Authority's evacuation plan, checking as they exit for staff who may not have heard the alarm. Once outside, any employee shall notify fire department personnel by cell phone. Do not assume that the agency alarm system sends the notification. Employees are to meet outside where indicated and ensure that everyone has exited the building. This information is to be given to fire personnel. Do not assume because someone is missing that he or she is in the building. They very well may not be. Do not, under any circumstances, re-enter the building.

## Use of Computers, Internet and Electronic Mail

- A. The use of computer technology and assignment of an e-mail/Internet account is an essential part of work activities support to the employee and should be treated as such. The following constitute proper use of these support services: Computer, Internet, and electronic mail usage may be monitored by the system or by a representative of the Housing Authority at any time. The use of any electronic technology resources provided by the Housing Authority implies acceptance of all applicable operational policies.
- B. General Standards of Conduct for Internet Use:
1. Any use of Housing Authority computers or on-line computer services to facilitate illegal activity, or for access to non-work related websites is prohibited. The Housing Authority will broadly interpret the term “non-work related.”
  2. Disruption of electronic services, supporting equipment, or information available on it is prohibited, including, but not limited to, tampering with hardware or software, vandalizing or destroying data, introducing or using computer viruses, attempting to gain access to restricted information or networks, violating copyright laws, or installing non-Housing Authority-owned software of any kind.
  3. Users of electronic services are to protect themselves and others by not issuing or releasing confidential information, addresses, passwords, or telephone numbers, remembering that on-line computer services are not private. *Care should be taken when accessing file-sharing websites, even if they are work related, as others using these sites can gain access to confidential data.*



4. Employees shall not use a code or password, access a file, or retrieve any stored information unless authorized to do so. Employees should not attempt to gain access to another employee's messages without the latter's permission except as authorized by the Executive Director to monitor use of the systems as provided in (A). All computer pass codes or passwords used on the Housing Authority's equipment must be provided to the Executive Director. No pass code or password may be used that is unknown to the Employer.

C. E-mail:

1. Any message sent or received via the Housing Authority's e-mail system may be monitored by the Employer at any time, with or without prior notification. E-mail, like any other electronic tool is only to be used for FMHA business.
2. E-mail relevant to the course of Housing Authority business should be printed and filed in the same manner as written correspondence, when designated by the Executive Director. It is not necessary to print every work-related document but it is necessary to save it in the computer, readily accessible to managers, supervisors and Directors.
3. E-mail relevant to a specific client should be printed and filed, if appropriate.
4. E-mail accounts are to be used only by the authorized owner of the account.

- D. Any employee who violates this policy or uses electronic services for improper purposes shall be subject to discipline, up to and including discharge.

## **Inclement Weather**

- A. When Lancaster City Schools are closed due to weather conditions, the offices of the Housing Authority will be closed to the public; however, employees may be required to report to work. Employees who are unable to report for work have the option of being paid by using benefit time or comp time unless the offices are closed.
  
- B. If a weather emergency is declared in Fairfield County the Executive Director or designee will make a decision regarding closing the office. In each case the Executive Director will decide whether to close the offices and each employee will be notified by phone. When the office is closed, non-essential employees normally scheduled to work will not be required to report to work and will receive pay for the employee's normal day.
  - 1. Employees of the Maintenance Department are considered essential employees under this section and are responsible for responding to emergency situations and snow/ice removal as directed. The person on call is responsible for implementation of repairs or abatement of the situation. If it is a countywide emergency as defined above, the maintenance person is required to take the appropriate steps to assure the safety of the residents. In a declared weather emergency this could include informing the proper authorities of the families' needs.

## **Professional Memberships and Professional Development**

- A. The Housing Authority may choose to become a member of various organizations beneficial to its mission. Specific employees may be assigned by the Executive Director to represent the Housing Authority in such organizations.
- B. Employee Responsibility: Each employee shall be responsible for maintaining the individual knowledge, skills, and abilities necessary to effectively perform the duties of his/her position. Employees shall also be primarily responsible for upgrading their skills as necessary in order to keep pace with technological changes or to seek promotion to other positions within the Housing Authority.
- C. Conferences and Seminars: Employees may request, or may be required by the Executive Director, to attend conferences and seminars which provide information and training beneficial to the employee and the Housing Authority. Requests to attend a conference or seminar shall be submitted to the Executive Director on a Request to Incur Expenses Form at least ten (10) days prior to the date of the conference or seminar. The request shall be accompanied by sufficient information regarding the conference or seminar, to permit the Executive Director to determine whether the function will be beneficial to the Housing Authority.
- D. All requests to attend conferences, seminars, or other professional development programs will be considered for approval based upon the availability of funds and the anticipated benefits of the program to the employee and the Housing Authority.

## **Maintenance of Facilities**

- A. All maintenance staff shall familiarize themselves with the Fairfield Metropolitan Housing Authority's maintenance plan. Housing Authority facilities and public housing units shall be properly maintained in accordance with the Housing Authority's maintenance plan and HUD regulations.
  
- B. All maintenance staff shall immediately report any needed repairs or maintenance to their Department Manager.

## **Concealed Weapons Prohibition**

- A. The safety and security of employees, visitors, contractors, and the general public are of vital importance to the Employer. Further, carrying a concealed weapon is not part of anyone's job responsibility (except law enforcement officers...); and such activity does not "arise in the course or scope of employment."
- B. More specifically, the Employer prohibits employees from engaging in the following activities:
1. Carrying a firearm or other weapon while on duty, whether or not licensed to do so, (For those employees who leave the Employer's facility and travel to perform duties, these employees shall not carry a firearm on their person or in their vehicle.);
  2. Possessing a weapon or firearm on any parking area owned, leased, or controlled by the Employer, whether or not contained in a vehicle;
  3. Displaying a weapon or firearm while on duty. Should an employee display a weapon or firearm, whether in the facility or on the parking lot, such action will be considered a threat and will be prosecuted;
  4. Carrying or displaying a weapon or firearm, on- or off-duty, while on strike or picketing;
  5. Displaying an empty handgun holster on their person while on duty.
- Any violation of the above activities is grounds for immediate discharge.
- C. Security personnel who are authorized to carry weapons are exempt from this policy.

D. Any employee who witnesses any prohibited activities as defined in this policy shall immediately report such activity to his/her immediate supervisor.

## **Employee Ethics and Nepotism**

- A. All employees are expected to maintain the highest possible ethical and moral standards and to perform their duties in accordance with the laws of the State of Ohio and other rules and regulations as may be set forth by the Housing Authority. It is important to remember that the compensation of all employees is paid through taxes and user fees. Therefore, each employee shall have the responsibility to serve the residents and the public in an honest, effective, friendly, and courteous manner.
- B. Any employee in doubt as to the application of this section or other ethics laws or regulations may seek the advice of the Executive Director. The Executive Director may refer the matter to the Housing Authority's attorney or the Ohio Ethics Commission for a binding advisory opinion.
- C. Employees shall be provided with a copy of Ohio's Ethics Laws, ORC Section 102 and ORC Section 2921.42 within 15 days of hire and the Employer will require employees to acknowledge receipt in writing.
- D. Employees of the Housing Authority are prohibited from accepting gifts, money, or any other form of gratuity from any person in exchange for services or benefits provided by the Housing Authority.
- E. Employees shall not solicit nor accept anything of value, whether in the form of service, loan, gift, gratuity, or promise from any person, firm, or corporation which is interested directly or indirectly in any manner whatsoever, in business dealings with the Housing Authority. This prohibition also applies to any person, firm, or corporation currently doing business with the Housing Authority. It also applies to the Ohio Housing Authorities Conference which has been known to raffle off gifts from suppliers and vendors.

- F. Any employee offered a gift or gratuity as outlined above shall explain the Housing Authority's policy and the appropriate procedures for making a donation to the agency. The employee shall also advise the Executive Director of the offer.
- G. No employee shall refer an immediate family member, as defined above, for employment with the housing authority, or hire such person. This includes contractual employment. No employee shall purchase supplies, materials, equipment, vehicles or services from any person or provider where an immediate family member is employed. In the event the Housing Authority, in following its public bidding and bid opening procedures, finds that the lowest and most responsive/responsible bidder has an employee who is an immediate family member of any employee of the Housing Authority, the Board shall make the decision as to (1) whether the vendor's employee will directly benefit from the contract award in the form of commissions or other forms of direct benefit, (2) whether the Housing Authority's employee who is an immediate family member of the vendor's employee, is in a decision-making role with regard to the contract award or its implementation, or both, and (3) whether the contract award is of such substantial benefit to the Housing Authority in relation to the other bids, that the Board, by unanimous decision and with full and complete information, selects the lowest bidder. However, the Board shall err on the side of caution in determining such selection.
- H. Bid-rigging, the provision of insider information, kickbacks, side deals, and any other scheme to enrich oneself through any form of fraud at the expense of the Housing Authority, its clients, its landlords, vendors or any other person or entity will result in immediate termination and referral to the County Prosecutor for vigorous prosecution. The reputation of the Fairfield Metropolitan Housing Authority is of paramount concern as it performs a vital function of which we are all proud. Such action reflects badly on its employees and its Board members and their appointing authorities. Such a betrayal is inexcusable and will not be tolerated or forgiven.



## **Solicitation and Distribution**

- A. Generally: This solicitation and distribution policy is designed to protect the interests of the Housing Authority by ensuring that only official Housing Authority business is transacted in the Employer's work areas during work time.
  
- B. Non-Employee Solicitation and Distribution: There shall be no solicitation or distribution of materials or goods by non-employees at any time on any Housing Authority property or in any work area except as provided in (E) below. This section shall not apply to Vendors who provide services or materials to the Housing Authority.
  
- C. Employee No Solicitation Rule: There shall be no solicitation by employees of any other employee or non-employee during work time. Employees may solicit other employees during non-work time in non-work areas.
  
- D. Employee No Distribution Rule: There shall be no distribution of materials or goods by employees during work or non-work time in any work area. Employees may distribute goods and written materials during non-work time in non-work areas only.
  
- E. Access for Solicitations: Access by non-employees for solicitations or distribution of materials or goods must be preceded by written permission of the Executive Director.

The Executive Director may approve solicitation or distribution of certain goods or services by non-employees which are determined to be in the best interest of the Housing Authority or are directly related to employment with the Housing Authority (e.g., United Way, approved supplemental insurance plans, other approved MHA programs). Employees may solicit goods from area merchants for charitable purposes with the permission of the Executive Director.

## **Personal Appearance**

- A. The Housing Authority requires that an employee's clothing, grooming, and overall appearance be appropriate to the employee's position to present a favorable public image. Clothing shall be conducive to the safe and effective performance of required job duties.
  
- B. Certain employees may be required to wear uniforms while on duty. Employees are required to keep uniforms neat, clean, and in good repair.

## **Attendance and Tardiness**

- A. Employees of the Housing Authority are required to exhibit regular and predictable attendance. Excessive or unjustifiable use of sick leave shall be viewed as a failure to meet this job requirement.

An employee shall be considered absent without approved leave whenever the employee fails to report for work within one (1) hour following the employee's scheduled starting time or leaves work prior to the end of the employee's scheduled work shift and such absence is not approved by the Department Manager.

- B. Employees scheduled to work are required to report for work by no later than the employee's scheduled starting time and to continue working until the end of the employee's scheduled work shift, except for authorized work breaks and the lunch period.

- C. Employees failing to meet the requirements of (A) or (B) above shall be subject to disciplinary action. In addition, employees who are absent or tardy shall not be paid for any time not worked. Pay shall be deducted for this purpose based on whole tenths (.1) of an hour (e.g., after 6 minutes =  $1/10^{\text{th}}$  (.1) of an hour deduction, after 12 minutes =  $2/10^{\text{th}}$  (.2) of an hour deduction, etc.).

## **Political Activity**

### A. Prohibited Activity:

1. Employees of the Housing Authority are prohibited from using their official authority or influence for the purpose of interfering with, or influencing the result of, any partisan election.
2. Employees are prohibited from directly or indirectly coercing, attempting to coerce, or advising any other employee to pay, lend, or perform any activity for any person for partisan political purposes.
3. Employees are prohibited from being candidates for any partisan elective office.
4. No Housing Authority funds or property can be used for any partisan political purpose.

B. Permitted Activity: Employees may vote in any election as they choose and may personally express opinions on political subjects and candidates so long as such speech does not interfere with the performance of their duties as Housing Authority employees. However, supervisory personnel should use caution when exercising this freedom in front of subordinates with the intention of influencing them to vote against their own beliefs as this is a form of harassment.

## **Workplace Violence**

- A. The safety and security of employees, clients, residents, and the general public are of vital importance to the Housing Authority. Therefore, threats, threatening behavior, or acts of violence made by an employee or anyone else against another person's life, health, well-being, family, or property will not be tolerated. Employees found guilty of violence or the meaningful threat of violence (except in defense of oneself or another and no other recourse is available) will be subject to disciplinary action up to and including termination of employment.
- B. The Employer prohibits the following:
1. any act or threat of violence by an employee against another person's life, health, well-being, or property;
  2. any act or threat of violence which could result in damage to Housing Authority equipment or property;
  3. any act or threat of violence, including, but not limited to, intimidation, harassment, or coercion;
  4. any act or threat of violence which endangers the safety of employees, clients, residents, or the general public;
  5. any act or threat of violence made directly or indirectly by words, gestures, or symbols; or
  6. use or possession of a weapon on the Employer's premises or on a Housing Authority-controlled site, or an area that is associated with Housing Authority employment except as required in the line of duty (i.e., law enforcement). A weapon is defined as a loaded or unloaded firearm or a device, electronic stun

device, chemical substance, or other material that could be used, ordinarily would be used, or is intended to be used to cause serious bodily injury.

- C. Any person who makes substantial threats, exhibits threatening behavior, or engages in violent acts on the Housing Authority's property shall be removed from the premises as quickly as safety permits and shall remain off the premises pending the outcome of an investigation. The Executive Director will initiate an appropriate response. This response may include, but is not limited to, suspension, and/or termination of any business relationship, reassignment of job duties, suspension, or termination of employment, and/or criminal prosecution of the person(s) involved.
- D. Employees shall immediately report to their supervisor any behavior that compromises the Employer's ability to maintain a safe work environment. All reports will be investigated immediately and kept confidential, except where there is a legitimate need to know. Even without an actual threat, personnel should also report any behavior they have witnessed which they regard as threatening or violent, when that behavior is job-related or might be carried out on a Housing Authority-controlled site, or is connected with employment by the Housing Authority.
- E. Employees are not permitted to continue a conversation with another, whether in person or on the phone, when that person is using threats or other abusive language. The employee is to terminate the conversation by any appropriate means necessary to diffuse the situation, including but not limited to: advising the other person that such comments are not appropriate, hanging up the phone, leaving the area, or calling the police.
- F. All employees who apply for, obtain, or are the subject of a restraining order which lists Housing Authority locations as being protected areas, must provide to the Executive Director a copy of the petition and declarations used to seek the order, a copy of any temporary protective or restraining order which is granted, and a copy of any protective or restraining order which is made permanent.

## **Gambling**

The Housing Authority does not permit the organizing and/or running of games of chance for the individual profit of the organizer (gambling) by employees during workdays or on Housing Authority property. For the purpose of this policy, the workday includes regular working hours, lunch periods, clean-up time, and other breaks. Violation of this policy may result in disciplinary action.

## **Garnishments**

- A. A court-ordered legal claim against the wages of an employee by a creditor for nonpayment of a debt and served by the constituted legal authority is a garnishment and must be recognized and executed by the Housing Authority. As this results in additional work for others, repeated garnishments on the wages of an employee may result in disciplinary action if the employee fails to demonstrate a reasonable effort to resolve his/her financial problems.



## **Non-Smoking Areas**

- A. All Housing Authority buildings and vehicles are designated as non-smoking areas. Smoking is permitted in designated areas outside Housing Authority buildings.
  
- B. Any employee smoking in an area designated as non-smoking shall be subject to disciplinary action for repeated violations.

## **Drug Free Workplace**

- A. The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance by any employee which takes place in whole or in part in the Housing Authority's workplace is strictly prohibited and will result in criminal prosecution and discipline of the employee which may include termination from employment. This policy is intended to comply with the Drug-Free Workplace Act of 1988.
  
- B. Any employee convicted of any Federal, State, or municipal criminal drug statute for a workplace-related drug offense must notify the Executive Director of such fact within five (5) calendar days of the conviction.
  
- C. The Executive Director will, within 30 days after receiving notice of a conviction from an employee or, upon concluding that an employee has violated this policy:
  - 1. take appropriate disciplinary action against such employee up to and including termination of employment; or
  
  - 2. require such employee to satisfactorily participate in a drug rehabilitation program as determined by the Executive Director, which may include repeated and random testing..
  
- D. Any employee who fails to report a workplace-related drug conviction will be terminated from employment and may be held civilly liable for any loss of Federal funds resulting from the failure to report the conviction.
  
- E. Any employee found to be under the influence of alcohol or any illegal drug while at work shall be subject to the sanctions outlined in (C) above. Any employee convicted of the illegal use or possession of drugs on or off the job shall also be subject to such sanctions.

- F. The giving, trading or sale of one's own or others' prescription drugs is illegal, dangerous, and prohibited by this policy. Besides pills and liquid medicines, this includes prescription salves, inhalers, patches, devices, and any other form of item obtained by prescription.

## **FORMS**

Acknowledgement of PPM

Acknowledgement of Receipt of Ethics Laws

Discrimination Complaint Form

Expense Reimbursement Report

Injury/Accident Report

Medical Practitioner's Statement

Ohio Ethics Laws and Related Statutes

Request for Inspection or Release of Housing Authority Records

Response to Records Request

Records Fee Waiver Application

Request for Leave

Request to Convert Sick Leave

Request to Incur Expenses

## Policy Manual Receipt

Name of Employee: \_\_\_\_\_  
(Please print name)

I hereby acknowledge that I have received an orientation regarding the Fairfield Metropolitan Housing Authority Personnel Policy Manual (PPM) or revised policies for the PPM, and have been informed of my right of access to such manual to review any policies therein. I agree to comply with all policies within the PPM applicable to my position.

I further understand that the PPM is not an employment contract and that the Employer may make changes to the PPM as deemed necessary at any time. I agree to comply with all changes to said manual which are applicable to my position.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

## Ohio Ethics Laws Receipt

Name of Employee: \_\_\_\_\_  
(Please print name)

I hereby acknowledge that I have been provided a copy of Ohio's Ethics Laws and related statutes, which I agree to abide by during my employment with the Housing Authority.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

## Discrimination Complaint Form

Individuals who feel they have been discriminated against on the basis of race, color, religion, sex, national origin, age, or disability, or have been sexually harassed by an employee of the Housing Authority or while working for the Housing Authority may file a complaint by completing this form and submitting it to the EEO/ADA Coordinator or the Executive Director.

1. Name of complainant: \_\_\_\_\_  
Position title (if employee): \_\_\_\_\_  
Address (if non-employee): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Type of discrimination alleged:

|                                 |                                     |                              |  |
|---------------------------------|-------------------------------------|------------------------------|--|
| <input type="checkbox"/> Racial | <input type="checkbox"/> Religious  | <input type="checkbox"/> Sex | <input type="checkbox"/> National Origin   |
| <input type="checkbox"/> Color  | <input type="checkbox"/> Disability | <input type="checkbox"/> Age | <input type="checkbox"/> Sexual Harassment |

I believe the following program, service, or facility is inaccessible to disabled people: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name(s) of individual(s) involved in the alleged discrimination:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please describe the specific nature of your complaint:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check here and add attachment if additional space is required.

5. Please describe any adverse employment action which you believe has resulted from the alleged discrimination: \_\_\_\_\_

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6. Potential Witnesses: \_\_\_\_\_

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7. When was the alleged discrimination first reported? \_\_\_\_\_

Date Reported: \_\_\_\_\_ To Whom: \_\_\_\_\_

8. What remedy or reasonable accommodation are you requesting?

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## Expense Reimbursement Report

Employee: \_\_\_\_\_ Department: \_\_\_\_\_ Purpose \_\_\_\_\_

| DATE          | DESCRIPTION/LOCATION | MILEAGE | LODGING | MEALS | CAR | PARKING | TELEPHONE | OTHER | TOTAL |
|---------------|----------------------|---------|---------|-------|-----|---------|-----------|-------|-------|
|               |                      |         |         |       |     |         |           |       |       |
|               |                      |         |         |       |     |         |           |       |       |
|               |                      |         |         |       |     |         |           |       |       |
|               |                      |         |         |       |     |         |           |       |       |
|               |                      |         |         |       |     |         |           |       |       |
|               |                      |         |         |       |     |         |           |       |       |
|               |                      |         |         |       |     |         |           |       |       |
|               |                      |         |         |       |     |         |           |       |       |
|               |                      |         |         |       |     |         |           |       |       |
| <b>Totals</b> |                      |         |         |       |     |         |           |       |       |

| <b>Prepaid Expenses</b> |
|-------------------------|
|                         |
|                         |
|                         |
|                         |

| <b>Explanation of Other Expenses</b> |
|--------------------------------------|
|                                      |
|                                      |
|                                      |
|                                      |

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Employee \_\_\_\_\_ Date \_\_\_\_\_

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Department Head \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Receipts are required for all expenditures\*\***

## Injury & Accident Report Form

This report shall be printed in the employee's own handwriting. If the employee is unable to write, it may be completed for the employee, but the employee's signature must be witnessed to attest to the fact that the employee agrees with what was written in said report. Investigation must be completed by the Department Manager and submitted to the Executive Director or designee.

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

1. Department: \_\_\_\_\_

2. Injured Employee's Full Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Years & Months on Job: \_\_\_\_\_

Exact Duties When Injured: \_\_\_\_\_

\_\_\_\_\_

3. Birth Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

4. Home Address: \_\_\_\_\_

(Street) (City) (State) (Zip)

5. Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

6. Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_ (a.m. or p.m.)

On What Date Did Injured Begin to Lose Time? \_\_\_\_\_

Exact Location Where Injury Occurred: \_\_\_\_\_

\_\_\_\_\_

7. Describe Apparent Extent of Injury: \_\_\_\_\_

\_\_\_\_\_

8. To Whom Did You Report the Accident? \_\_\_\_\_

9. Date and Time Reported: \_\_\_\_\_

10. Treatment (Doctor or Hospital): \_\_\_\_\_

\_\_\_\_\_

(Name and Address)

11. How Did the Accident Happen (Describe in Detail)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Names & Addresses of Witnesses to Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Have You had any Previous Accidents? \_\_\_\_\_

If Yes, When? \_\_\_\_\_

(Use additional sheets if you have other comments)

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**SUPERVISOR'S REPORT**

Employee: \_\_\_\_\_

1. Nature of Injury: \_\_\_\_\_  
(State Employee's Complaints and Part of Body Injured)

2. Employee Sent to: \_\_\_\_\_  
(State Name & Address of Doctor and/or Hospital)

3. Did Employee Report Back to Work? \_\_\_\_\_ Deceased? \_\_\_\_ Yes \_\_\_\_ No  
Date Returned to Work: \_\_\_\_\_

4. Cause of Accident or Incident:  
\_\_\_\_ Unsafe Act \_\_\_\_ Unsafe Condition \_\_\_\_ Unsafe Act and Unsafe Condition  
Explain: \_\_\_\_\_

Was the employee following proper procedure(s) and using proper safety equipment?  
\_\_\_\_ Yes \_\_\_\_ No

5. What specific instruction was given to the employee as to the method of performing the job?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By Whom? \_\_\_\_\_

Date of Last Safety Instruction: \_\_\_\_\_

Topic of Last Safety Instruction: \_\_\_\_\_

Provided by: \_\_\_\_\_

6. Was Equipment Defect Involved in the Injury? \_\_\_\_ Yes \_\_\_\_ No  
If Yes, When was it Recognized or Reported? \_\_\_\_\_  
Who Recognized or Reported it? \_\_\_\_\_  
Who was it Reported to? \_\_\_\_\_  
Was it Corrected? \_\_\_\_ Yes \_\_\_\_ No  
If No, Why Not? \_\_\_\_\_

\_\_\_\_\_  
If not recognized or reported, who missed it and why? \_\_\_\_\_

7. Immediate and planned corrective action to prevent recurrence: \_\_\_\_\_

\_\_\_\_\_  
Who will be responsible? \_\_\_\_\_

Target Date: \_\_\_\_\_ Follow-up Date: \_\_\_\_\_

Completed: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**WITNESS STATEMENT**

1. Nature of Injury: \_\_\_\_\_  
(State Employee's Complaints and Part of Body Injured)

2. How did the Accident Happen (Describe in Detail)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Any other Comments? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use additional sheets if necessary)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

## Employee Authorization to Release Information

Employee Name: \_\_\_\_\_  
(Print Employees' Name) (Employee's Signature) (Date)

I hereby authorize this medical practitioner to release the information requested below, or any other information requested by my Employer, Fairfield Metropolitan Housing Authority, relative to my use of sick leave, FMLA leave or other leave.

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### Statement of the Practitioner

|                                 |                             |
|---------------------------------|-----------------------------|
| _____<br>(Name of Practitioner) | _____<br>(Phone number)     |
| _____<br>(Street Address)       | _____<br>(City, State, Zip) |
| Type of Practice: _____         | Date: _____                 |

Date and time you examined the above named employee: \_\_\_ / \_\_\_ / \_\_\_ at \_\_\_ a.m./p.m.

State the reason you examined the individual: \_\_\_\_\_

\_\_\_\_\_

(State exact nature of illness, injury, or treatment)

Please state your prognosis: \_\_\_\_\_

\_\_\_\_\_

May the employee return to work immediately?  Yes  No

If not, when do you reasonably expect the employee may return? Date: \_\_\_ / \_\_\_ / \_\_\_

(Please complete next page)

Have you placed this employee under any work restrictions (e.g., weight lifting limitations, number of hours per day, etc.)? If so, please state the restrictions:

\_\_\_\_\_

\_\_\_\_\_



INSERT OHIO ETHICS LAW AND RELATED STATUTES



**REQUEST FOR PUBLIC RECORDS**

\_\_\_\_\_   
Date

\_\_\_\_\_   
Name of Requesting Party (Optional)

\_\_\_\_\_   
Street Address

\_\_\_\_\_   
City

\_\_\_\_\_   
State

\_\_\_\_\_   
Zip Code

Information Requested:

\_\_\_\_\_   
\_\_\_\_\_   
\_\_\_\_\_   
\_\_\_\_\_

Information is to be \_\_\_\_\_ mailed. (Stamped self-addressed envelope provided)   
\_\_\_\_\_ picked up personally.

\_\_\_\_\_   
Signature of Requesting Party (Optional)

-----   
CHARGES:

\_\_\_\_\_ pages at \$ \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ pages at \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Other \_\_\_\_\_ = \$ \_\_\_\_\_

Total charge: \$ \_\_\_\_\_

(Forward payment and copy of receipt to Accounting Department)

Payment received by: \_\_\_\_\_   
FMHA employee

\_\_\_\_\_   
Date

**PUBLIC RECORDS ARE UNAVAILABLE**

The Public Records you requested are not available:

The request involves records that do not exist at the time of the request. (R.C. §149.40)

The request involves records that are no longer maintained or have been disposed of or transferred pursuant to applicable FMHA Schedules of Record Retention and Disposition (RC-2). (R.C. §149.40)

The request involves a record that has been disposed of pursuant to an Application of the One-Time Record Disposal (RC-1). (R.C. §149.40)

The record that is requested is prohibited from release due to applicable state or federal law. (Cite Specific Statute \_\_\_\_\_)

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
FMHA Public Records Officer

\_\_\_\_\_  
Date

**FOR WAIVER OF PUBLIC RECORD FEES**

Documents requested:

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Reason for request of Waiver of record fees:

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Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone number: \_\_\_\_\_

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APPROVED: \_\_\_\_\_

DENIED: \_\_\_\_\_ REASONS: \_\_\_\_\_

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Housing Authority Public Records Officer Signature: \_\_\_\_\_

**Leave Request Form**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Leave Requested:            \_\_\_ Sick            \_\_\_ Funeral            \_\_\_ Military Leave  
with Pay            \_\_\_ Long-term Leave  
                         \_\_\_ Vacation   \_\_\_ Comp Time   \_\_\_ Military, Long-term       of Absence  
                         \_\_\_ Court            \_\_\_ Paid Personal   \_\_\_ Disability Separation

Reason for Leave: \_\_\_\_\_

\_\_\_\_\_  
(Attach a copy of the subpoena, court order, military order, obituary, or physician's statement verifying reason for leave.)

Beginning Date/Time of Leave: \_\_\_\_\_, 20\_\_\_\_ (a.m./p.m.)

Ending Date/Time of Leave: \_\_\_\_\_, 20\_\_\_\_ (a.m./p.m.) TOTAL HOURS: \_\_\_\_\_

**SICK LEAVE ONLY** (give details of reason for sick leave usage):

\_\_\_ Medical/Dental/Optical appointment of employee (date & time): \_\_\_\_\_

—

\_\_\_ Illness of employee (state exact nature of illness): \_\_\_\_\_

—

\_\_\_ Injury of employee (state exact nature of injury): \_\_\_\_\_

—

\_\_\_ Medical appointment of family member (please state date & time of appointment and why your presence was necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ Illness or injury of family member (please state nature of illness or injury and why your presence was necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ Death of family member (state name & relationship of deceased): \_\_\_\_\_

—

\_\_\_\_\_ Date of death: \_\_\_\_\_ Date of funeral: \_

—

NUMBER OF HOURS OF SICK LEAVE REQUESTED (minimum amount of 1 hour): \_

I certify all statements herein to be complete and true and that the leave requested is in full compliance with the Employer's policy. I understand that falsification is cause for discipline up to and including termination of employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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**ADMINISTRATIVE ACTION**

Department Manager:  Recommended  Not Recommended \_\_\_\_\_

\_\_\_\_\_

Signature

Date

Executive Director:  Approved  Not Approved \_\_\_\_\_

Signature

Date

## Sick Leave Conversion Request

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Effective Date of Retirement: \_\_\_\_\_

I request to be paid for 25% of the value of my accumulated but unused sick leave to which I am entitled in accordance with Housing Authority policy. I understand that this payment will be based on my current rate of pay, and that my entire sick leave credit will be eliminated.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

This form shall be filled out in duplicate by each employee retiring. Those requesting sick leave conversion must have at least ten (10) years of service and be eligible for retirement under the Public Employees Retirement System on the date of separation from the Housing Authority.

1. Total Sick Leave Balance = \_\_\_\_\_ hours unused

2. Sick Leave Hours Paid (25% of (1) or maximum payment of 30 days) = \_\_\_\_\_ hours paid

3. Current Hourly Rate = \$ \_\_\_\_\_

4. Total Amount Paid = \$ \_\_\_\_\_

Approved       Disapproved

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

## Travel Request Form

Purpose: \_\_\_\_\_

\_\_\_\_\_

For Whom: \_\_\_\_\_

\_\_\_\_\_

Why do you feel it necessary? \_\_\_\_\_

\_\_\_\_\_

Please estimate the costs by considering the following:

Will this require:

|                               |                        |          | <u>Total</u> |
|-------------------------------|------------------------|----------|--------------|
| Registration fee              | Amount each:           | \$ _____ | \$ _____     |
| Lodging                       |                        | \$ _____ | \$ _____     |
| Travel                        |                        |          | \$ _____     |
| Meals                         |                        |          | \$ _____     |
| Purchasing goods or services  |                        |          | \$ _____     |
| Additional salary or overtime |                        |          | \$ _____     |
| Other expenses: _____         |                        |          | \$ _____     |
| _____                         |                        |          | \$ _____     |
|                               | <b>Estimated Total</b> |          | \$ _____     |

Explanation and additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Approval for the total above expenditure

\_\_\_\_ Approval for part of the above expenditure

\_\_\_\_ Request Denied

= Amount: \$ \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date





# FMHA Policy

2-32

## Name: Interim Re-determination Policy – HCV

CFR Number: 982.505

APPROVED BY:

Effective Date: 5/03; revised: 12/05, 7/09

1. The FMHA requires Section 8 Housing Choice Voucher Program participants to report, within 10 calendar days, in writing, any change in family composition, all changes in monthly income and expenses. Raises in current earned income (hourly raise in pay or an increase in hours for same job) will not require an interim reexamination. With the exception of an addition to the household, an interim re-examination will only be done in those cases in which the increase in the HAP will/would amount to \$50 or more, pending the criterion listed below is met. The following will constitute an interim to be conducted, thus increasing the Total Tenant Payment (TTP), by giving the family a 30 day notice of the increase:
  - a.) A person with income joins the family as approved by the FMHA. In this situation an interim re-determination will be completed by the family completing an application; however any previously excluded income will remain excluded until the family's annual reexamination.
  - b.) A family member begins receiving regular payment (unearned income) from an outside source (OWF, Unemployment, Social Security, etc.) or receives a raise in unearned income. In this situation, the interim will be based on the amount of income used in determining the last TTP plus the new, or increased, unearned income.
  - c.) A family member does not report a new source of earned income within 10 calendar days from date of their first pay. In this situation, the interim will be based on the amount of income used in determining the last TTP plus the new earned income.
  - d.) A family has reported a change in earned income circumstances which has resulted in a reduction in the TTP. If the family's prior TTP did not include earned income that had been reported properly then the TTP will only be lowered if counting TOTAL income would lower their rent. If a reduction is granted and the family receives a raise in income within 90 days of the effective date of the TTP reduction then an interim will be done based upon the income change.
  - e.) If it is determined that the family has misrepresented the facts upon which the original or annual is based so that the rent the family is paying is less than the rent that they should have been charged then an interim will be done, all family income will be counted and the family's rent raised accordingly. In addition, the family will be required to execute a repayment agreement with the Housing Authority for any retroactive rent that should have been paid by the family.
2. Changes which will result in an increased TTP and therefore a decreased HAP will be effective with the first HAP payment at least 30 days following the actual change in the income.
3. Changes which will result in a decreased TTP and therefore an increased HAP will go into effect prior to the next month's rent, if possible. Any such change made, or reported, after the 21<sup>st</sup> of the month will be considered and every attempt will be made to increase the HAP prior to the first of the month. However, the FMHA does reserve the right, if it proves impractical logistically or time wise to make such a change after the 21<sup>st</sup>, to postpone the change to the following month.
4. An interim will be done whenever a family reports a change (increase or decrease) in income from a source deemed "seasonal employment" by the Housing Authority. A seasonal employee is defined as one who is paid wages by a seasonal employer for work performed only during the normal seasonal work period.
5. The FMHA reserves the right to terminate assistance for any participant who fails to report an income or family size change as stated in other FMHA approved policies.
6. A family may request, in writing, for any excluded income to be counted in the family's TTP, with the exception of included as a result of Earned Income Disallowance requirements.

# FMHA Policy

2-33 page 1 of 3

Name: Violent, Drug, Alcohol, and/ or other Criminal Activity Related Disturbances – Applicant

**CFR Number:** 982.552 & 982.553; Public Law 104-193 Elimination of Housing Assistance with Respect to Fugitive Felons & Probation and Parole Violators.

**Approved:** 4/2003 Revised 11/2006; Res # 644-07; Revised 3/1/2008

## DEFINITIONS:

**Drug Related- Criminal Activity** is the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute or use a controlled substance.

**Violent Criminal Activity** includes any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force, substantial enough to cause, or be reasonably likely to cause serious bodily injury against a person or property.

*Federal Regulations give the Housing Authority rights to establish standards that allow the PHA to prohibit admission for participation in subsidized housing programs, if any household member is currently engaging in, or has engaged in during a reasonable time before admission:*

- a.) drug-related criminal activity;*
- b.) violent criminal activity;*
- c.) other criminal activity that may threaten the health or safety or right to peaceful enjoyment of the premises by other residents;*
- d.) other criminal activity which may threaten the health or safety of the owner, property management staff, or persons performing a contract administration function or responsibility on behalf of the PHA (including a PHA employee or a PHA contractor, subcontractor or agent).*

Section 8 Applicants **MUST** be denied rental assistance or have their application terminated if:

- A. The PHA determines that any household member is currently engaging in illegal use of a drug.*
- B. The PHA determines that it has reasonable cause to believe that a household member's illegal drug use or a pattern of illegal drug use may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents.*
- C. Any household member has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing.*
- D. Any member of the household is subject to a permanent/lifetime registration requirement under a State sex offender registration program.*
- E. Persons have been evicted from federally assisted housing for drug-related criminal activity less than 3 years ago.*
- F. If an applicant is fleeing to avoid prosecution, or custody, or confinement after conviction, under the laws of the place from which the individual flees, for a crime, or attempt to commit a crime, which is a felony under the laws of the place from which the individual flees, or which, in the case of the State of New Jersey, is a high misdemeanor under the laws of such State; or*
- G. If an applicant is violating a condition of probation or parole imposed under Federal or State Law.*

The PHA must establish standards, per federal regulations, that allow the PHA to terminate assistance for a family participating on the Housing Choice Voucher Program.

The PHA has determined that Housing Choice Voucher Applicants will have their rental assistance terminated for (except in cases granted a waiver as described below):

- A. Drug-related criminal activity;
- B. Violent criminal activity.
- C. Other criminal activity which may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity.
- E. Other criminal activity, while participating on the Housing Choice Voucher Program, which may threaten the health or safety of the owner, property management staff, or persons performing a contract administration function, or a responsibility on behalf of the PHA (including a PHA employee, PHA contractor, subcontractor or agent).

#### PROCEDURES:

History of all participants will be verified during the family's recertification, during any family requested moves to new units, during any requests to add others to a family's household, or upon FMHA's receipt of information that the family has committed any of the violations which may render the family ineligible. The following verification procedures will be used:

- A. The FMHA will obtain police/sheriff records of all adults in the household.
- B. The FMHA will obtain, or require the family to obtain if the FMHA is unable, police/sheriff records of all adults who indicate that they have previously resided outside the parameters of FMHA jurisdiction and are requesting to be added to a participant family's household.
- C. The FMHA will in no way pass on any costs of such records to the participants.
- D. If the Housing Authority becomes aware of unreported criminal violations, prior to participation, the Authority will obtain, or require the family to obtain if the FMHA is unable, police/sheriff records of the prior criminal violation. If this violation, as stated by the criminal policy for applicants, would have resulted in the denial of participation onto the program, the family's assistance will terminate.
- E. The FMHA will constantly check local resources for arrests which may show violations of program participation concerning criminal activity. All arrests will be followed to their conclusion.

#### DENIALS:

If any of the Police/Sheriff reports show any of the following the family's rental assistance benefits will be terminated.

- a) One conviction or convictions plead to a lesser charge, for drug related criminal activity while participating on the Housing Choice Voucher Program. If a case has been "plead down" to a lesser charge the FMHA will make the determination of ineligibility based upon the actual incident reports which, if show drug activity, will require termination of benefits.
- b) One conviction or convictions plead to a lesser charge, for violent criminal activity while participating on the Housing Choice Voucher Program. If a case has been "plead down" to a lesser charge the FMHA will make the determination of ineligibility based upon the actual incident reports which, if show violent activity as defined by this policy, will require termination of benefits.
- c) Two or more verified incidents or disturbances caused by drug or alcohol use, which threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity, while participating on the program.
- d) One conviction for manufacturing or producing methamphetamine on the premises (house and grounds) of a federally assisted unit. (PERMANENT/FUTURE EXCLUSION FROM ANY FUTURE FEDERALLY ASSISTED HOUSING)
- e) Verified documentation that a participant is a permanent/lifetime registration sex offender. (PERMANENT EXCLUSION FROM ANY PRESENT/FUTURE FEDERALLY ASSISTED HOUSING)
- f) Conviction(s), or conviction(s) plead to a lesser charge, for any other criminal activity which may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity, while participating on the program, which may include, but is not limited to:

1. Conviction for theft in which the stolen property is stored in the assisted unit;
2. Conviction for theft which occurs on or near the premises;
3. Sex Crimes;
4. 2 or more convictions for disorderly conduct on or near the assisted unit;
5. Stalking;
6. Aiding and abating criminals on or near the premises.

If the case has been "plead down" to a lesser charge the FMHA will make the determination based upon the actual incident reports, and may examine other court evidence if available and if the incident report does not clearly show the crime, which, if shows other criminal activity which may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity, while participating on the program will result in termination of benefits.

- h.) The family has brought weapons, concealed or not, onto the premises of the Housing Authority while participating on the program.
- i.) The family has engaged in violent behavior (see definition within this policy) towards Housing Authority personnel while participating on the program – also see Addendum 15-3 of the Administrative Plan.
- j.) One positive test for illegal drugs while participating on the Housing Choice Voucher Program.
- k.) One arrest for probation or parole violations. FMHA will request the tenant provide a letter from their probation or parole officer indicating whether or not a judge determined that the violation did occur.

**IMMEDIATE VICINITY:** Definition, for purposes of this policy, is considered to be within a 2 block radius (in any direction).

**WAIVERS:** The FMHA will waive the termination of assistance if the following is verified:

- A. The family member(s) involved in the prohibited activity:
  1. No longer resides with the family. The remaining family member(s) will be required to provide acceptable verification and to certify that this member is no longer living with them and will not return to the family while participating on the Housing Choice Voucher program. Verification may include, but is not limited to:
    - a. the family member's new address;
    - b. a copy of the family member's lease at the new address;
    - c. new landlord's name and address;
    - d. notarized affidavit from person with whom the family member is/will reside;
    - e. verification that remaining parent, or guardian, has filed for child support;
    - f. divorce/separation documents.

Federal Regulations state that the Housing Authority may consider all relevant circumstances such as the seriousness of the case, the extent of participation and culpability of individual family members, mitigating circumstances related to the disability of a family member, and effects of denial or termination of assistance on other family members who were not involved in the action or failure. As such, this policy is written to include "waivers" for those family members not participating in the criminal action. However, the FMHA will not "second guess" the court system as disability or other issues (reasonable accommodation) would/should have been presented in their case and determinations made by the courts concerning guilt of the crime in question.

- B. The family provides verification that the information on which the termination is based is incorrect. The FMHA will not "second guess" the court system. If a conviction, or a conviction plead down to a lesser offense in which the incidents reports show the family committed the crime in question, is the basis for termination of benefits that determination will stand.

**PENDING PROSECUTION:**

- A. If a household member is presently pending prosecution, for an offense that would render the family ineligible and require termination of benefits, the family will be given written deadlines to notify the Housing Authority concerning the outcome of the court case.

Any action will "pend" until the outcome of the court case.

Participants terminated for any of the above will receive a termination letter which will include notification that they have 10 calendar days from the date of the termination letter to request an INFORMAL HEARING, and instructions on how to request that hearing.

Any information regarding a participant's criminal record will be kept confidential, not misused or improperly disseminated and only released according to HUD and PHA guidelines (SOP 2-08 Information Provided to HCV Owners).

FAIRFIELD  
METROPOLITAN  
HOUSING  
AUTHORITY



*Serving Our Community  
with Safe and Affordable  
Housing.*

315 North Columbus St.  
Suite 200  
Lancaster, OH 43130

Phone: 740-653-6618

Fax: 740-653-7600

TTY & Ohio Relay Callers:  
740-653-2653

E-mail: [fmha@fairfieldmha.org](mailto:fmha@fairfieldmha.org)

Website:

[www.fairfieldmha.org](http://www.fairfieldmha.org)

All weapons, including handguns or other firearms, concealed or not, are prohibited on FMHA premises, including all parking areas.

It is the policy of the FMHA to make reasonable accommodations for customers with a disability when appropriate and to work with those customers to find mutually acceptable solutions to problems.

## PET POLICY / AGREEMENT

### Section I. Pet Ownership

A resident may own one or more common household pets or have one or more common household pets present in the dwelling unit of such resident, subject to the following conditions:

1. Each head of household may own up to two pets. If one of the pets is a dog or cat, (or other four-legged animal), the second pet must be contained in a cage or an aquarium for fish. Each bird or other animals, other than fish, shall be counted as one pet. (For example, you can have one bird and one dog. You may not have 2 birds and one dog.)
2. If the pet is a dog or cat, it must be neutered/spayed by the age of six (6) months, and cats must be de-clawed at the front paws by the age of three (3) months. The evidence can be provided by a statement/bill from a veterinarian and/or staff of the local humane society. Evidence must be provided prior to the execution of this agreement and/or within 10 days of the pet becoming of the age to be neutered/spayed or de-clawed. Resident must provide waterproof and leak proof litter boxes for cat waste, which must be kept inside the dwelling unit. Cardboard boxes are not acceptable and will not be approved. The Resident shall not permit refuse from litter boxes to accumulate nor to become unsightly or unsanitary. Also, the weight of a cat cannot exceed twenty-five (25) pounds (fully grown) and a dog may not exceed 25 pounds in weight (fully-grown).
3. If the pet is a bird, it shall be housed in a birdcage and cannot be let out of the cage at any time.
4. If the pet is a fish, the aquarium must be forty (40) gallons or less, and the container must be placed in a safe location in the unit. The Resident is limited to one container for the fish; however, there is no limit on the number of fish that can be maintained in the container as long as the container is maintained in a safe and non-hazardous manner.
5. If the pet is a cat or dog, it must have received rabies and distemper inoculations or boosters, as applicable. Evidence of inoculations can be provided by a statement/bill from veterinarian or by staff of the Humane Society and must be provided before the execution of the Pet Policy Addendum.
6. All pets must be housed within the unit and no facilities can be constructed outside of the unit for any pet. No animal shall be permitted to be loose and if the pet is taken outside it must be taken outside on a leash and kept off other Resident's lawns. Also, all pets must wear collars with identification and license at all times. Pets without a collar will be picked-up immediately by the Humane Society, county dog warden, or other appropriate agency.

7. The pet must be under the control of an adult leaseholder. An unleashed pet, or one tied to a fixed object, is not considered to be under the control of an adult leaseholder. Pets, which are unleashed, or leashed and unattended, on housing authority property, may be impounded and reported to the local Humane Society, dog warden or other appropriate agency for pick-up. It shall be the responsibility of the Resident to reclaim the pet at the expense of the Resident.
8. The pet may not be left unattended for more than ten (10) consecutive hours. If it is reported to FMHA staff that a pet(s) has been left unattended for more than a ten (10) consecutive hour period, FMHA staff may enter the unit with the humane society, dog warden or other appropriate agency to pick-up the animal. Any expense to remove and reclaim the pet from any facility will be the responsibility of the Resident. In the case of an emergency, FMHA will work with the resident to allow no more than 24 hours for the resident to make accommodations for the pet.
9. The pet, as applicable, must be weighed by a veterinarian or staff of the Humane Society. A statement containing the weight of the pet must be provided to FMHA prior to the execution of this agreement and upon request by the FMHA at any time following the inception of the Pet Policy Addendum.
10. Responsible Pet Ownership: Each pet must be maintained responsibly and in accordance with this pet ownership lease addendum and in accordance with all applicable ordinances, state and local public health, animal control, and animal anti-cruelty laws and regulations governing pet ownership. Any waste generated by a pet must be properly and promptly disposed of by the tenant to avoid any unpleasant and unsanitary odor from being in the unit in accordance with the provisions of FMHA's Pet Policy.
11. Prohibited Animals: Animals or breeds of animals that are considered by FMHA to be vicious and/or intimidating will not be allowed. Some examples of animals that have a reputation of a vicious nature are: reptiles, Rottweiler, Doberman Pinscher, Pit Bulldog, German Shepherd, Chow, and/or any animal that displays vicious behavior. This determination will be made by an FMHA representative prior to the execution of this lease addendum.
12. Pet(s) shall not disturb, interfere or diminish the peaceful enjoyment of other residents. The terms, "disturb, interfere or diminish" shall include but not be limited to barking, meowing, crying, howling, chirping, biting, scratching and other like activities. This includes any pets that make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one-half hour or more and therefore disturbs any person at any time of the day or night. The Housing Manager/Management Aide will terminate this authorization if a pet disturbs other residents under this section of the lease addendum. The resident will be given two weeks to make other arrangements for the care of the pet or the dwelling lease will be terminated.
13. If the animal should become destructive, create a nuisance, represent a threat to the safety and security of other persons, or create a problem in the area of cleanliness and sanitation, the Housing Manager/Management Aide will notify the tenant, in writing, that the animal must be removed from the development, within five (5) days of the date of the notice from FMHA. The Resident may request a hearing, which will be handled according to FMHA's established grievance procedure. The pet may remain with the resident during the hearing process unless FMHA has determined that the pet may be a danger or threat to the safety and security of other persons. If this determination has been made by FMHA, the pet must be immediately removed from the unit upon receipt of the notice from FMHA.
14. Pets may not be bred or used for any commercial purposes on FMHA property. Nor may a resident may not house sit for any period of time without prior approval from FMHA.
15. If the resident states that the pet is not theirs in any situation where a pet has been sighted at their home, the burden of proof will be on the resident to prove it is not their pet.

16. The Resident is solely responsible for cleaning up the waste of the pet within the dwelling and on the premises of the public housing development. If the pet is taken outside, it must be on a leash at all times. If there is any visible waste by the pet, it must be disposed of in a plastic bag, securely tied and placed in the garbage receptacle for their unit. If the Housing Authority staff is required to clean any waste left by a pet, the Resident will be charged \$30 for the removal of the waste.
17. The Resident shall have pets restrained so that maintenance can be performed in the apartment. The Resident shall, whenever an inspection or maintenance is scheduled, either be at home or shall have all animals restrained or caged. If a maintenance person enters an apartment where an animal is not restrained, maintenance shall not be performed, and the Resident shall be charged a fee of \$25.00. If this same situation again occurs, the fee will increase by increments of \$10 each time. Pets that are not caged or properly restrained may be impounded by animal control officers and taken to the local Humane Society or dog warden. It shall be the responsibility of the Resident to reclaim the pet at the expense of the Resident. The Housing Authority shall not be responsible if any animal escapes from the residence due to maintenance, inspections, or other activities of the landlord.
18. No pet shall be allowed in the unit prior to the completion of the terms of this pet policy. If a resident has not reported a pet living in the home to the FMHA, the result could include the following but not limited to: eviction, charged the monthly pet fee from the month the pet entered the home, security deposit due immediately.

**Section II. SCHEDULE OF ANNUAL FEES AND INITIAL DEPOSIT**

**FEE AND DEPOSIT SCHEDULE**

| Type of Pet  | Monthly Fee | Deposit |
|--|-------------|---------|
| Dog  | \$25        | \$250   |
| Cat  | \$25        | \$250   |
| Fish Aquarium (max 40 gallons)                               | \$0         | \$50    |
| Fish Bowl (Requires no power and no larger than two gallons) | \$0         | \$0     |

The Monthly Fee is not reimbursable. The deposit made shall be utilized to offset damages caused by the pet and/or tenant. Any balance, if any, from the deposit will be refunded to the tenant. **THERE SHALL BE NO REFUND OF THE MONTHLY FEE.**

It shall be a serious violation of the lease for any resident to have a pet without proper approval and without having complied with the terms of this policy. Such violation shall be considered to be a serious violation of the lease and this Addendum and the Housing Authority will issue a termination notice. The resident will be entitled to a grievance hearing in accordance with the Grievance Policy.

It is understood and agreed that FMHA is not responsible for any damages caused by the pet including but not limited to: bites and scratches to residents, neighbors, visitors, staff, FMHA contractors, and others who are lawfully on the FMHA's premises or other pets or service animals.



**RESIDENT AGREEMENT**

After reading and/or having read to me this lease addendum I/we the undersigned, hereinafter "I," agree to the following:

I agree to abide by the requirements outlined in this lease addendum for pet ownership and to keep the pet(s) in accordance with this lease addendum.

I agree and understand that I am liable for any damage or injury whatsoever caused by pet(s) and shall pay FMHA for any damages or injury caused by the pet(s). I also realize that I should obtain liability insurance for pet ownership and that paying for the insurance is my responsibility.

I agree to accept full responsibility and will indemnify and hold harmless FMHA for any claims by or injuries to third parties or their property caused by my pet(s).

I agree to pay a non-refundable monthly fee of \$\_\_\_\_\_ to cover some of the additional operating cost incurred by the FMHA. I also understand that this fee is due and will be included on my monthly rent statement.

I agree to pay a refundable pet deposit of \$\_\_\_\_\_ to FMHA. The pet deposit may be used by FMHA at the termination of the lease toward payment of any rent or toward payment of any other costs made necessary because of my occupancy of the premises. Otherwise, the pet deposit, or any balance remaining after final inspection, will be returned to me after the premises are vacated and all keys have been returned.

**I AGREE AND UNDERSTAND THAT ALL INFORMATION CONCERNING MY PET (S) MUST BE UPDATED ANNUALLY AND PROVIDED TO THE FMHA AT THE ANNUAL REEXAMINATION.**

**I AGREE AND UNDERSTAND THAT VIOLATING THIS LEASE ADDENDUM MAY RESULT IN THE REMOVAL OF THE PET (S) FROM THE PROPERTY OF THE FMHA AND/OR EVICTION. I ALSO UNDERSTAND THAT I MAY NOT BE ALLOWED TO OWN ANY TYPE OF PET IN THE FUTURE WHILE BEING AN OCCUPANT OF THE FMHA.**

**I ALSO UNDERSTAND THAT I MUST OBTAIN PRIOR APPROVAL FROM FMHA BEFORE MAKING A CHANGE OF A PET FOR WHICH THIS POLICY WAS APPROVED OR ADDING A SECOND PET. ALSO, A PICTURE MAY BE TAKEN BY FMHA STAFF OF THE PET (S) FOR DOCUMENTATION. THE PICTURE WILL BE MAINTAINED IN THE RESIDENT'S FILE WITH THE APPROPRIATE FMHA MANAGEMENT OFFICE.**

|                      |       |
|----------------------|-------|
| _____                | _____ |
| Head of Household    | Date  |
| _____                | _____ |
| Other Adult / Spouse | Date  |
| _____                | _____ |
| Other Adult          | Date  |

## **FMHA REASONABLE ACCOMMODATION POLICY**

The Fairfield Metropolitan Housing Authority will make fair housing information accessible to all applicants and participants on all administered housing program by placing information in its lobbies and briefing/leasing materials for both Housing Choice Voucher Program and the Public Housing Program.

Reasonable Accommodation is a change, exception, or adjustment to a rule, policy, practice or service that may be necessary for a person with a disability to have an equal opportunity to participate in programs administered by the FMHA offices.

Qualified disabled individual (29 U.S.C. Section 706(8)(B) and the ADA) includes:

- a. individuals with a physical or mental impairment that substantially limits one or more major life activities;
- b. individuals with a record of such impairment; or
- c. Individuals regarded as having such impairment.

The term “substantially limits” suggests that the limitation is “significant” or “to a large degree”.

The term “major life activity” means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing tasks, caring for one’s self, learning, speaking and working. This list of major life activities is not exhaustive.

The Act does not protect an individual with a disability whose tenancy would constitute a “direct threat” to the health or safety of other individuals or result in substantial physical damage to the property of others unless the threat can be eliminated or significantly reduced by reasonable accommodation.

In order to determine if an individual poses a “direct threat” the following must be reviewed:

- a. the nature, duration and severity of the risk of injury;
- b. the probability that injury will actually occur;
- c. Whether there are any reasonable accommodations that will eliminate the direct threat.

In these situations the Housing Authority may request that the individual document how the circumstances have changed so that he/she no longer poses a direct threat. The Housing Authority may obtain satisfactory assurances that the individual will not pose a direct threat during tenancy. The Housing Authority must have reliable, objective evidence that a person with a disability poses a direct threat before excluding him from housing on that basis.

*TO SHOW THAT A REQUESTED ACCOMMODATION MAY BE NECESSARY, THERE MUST BE AN IDENTIFIABLE RELATIONSHIP, OR NEXUS, BETWEEN THE REQUESTED ACCOMMODATION AND THE INDIVIDUAL'S DISABILITY.* An individual must also show that they are limited by the program due to the nature of their disability, and that the requested accommodation will remove that limitation so that they can completely fulfill the program’s requirements.

Denial of a Reasonable Accommodation request can be made if the request was not made by or on behalf of a person with a disability or if there is no disability related need for the accommodation. In addition, a request for reasonable accommodation may be denied if providing the accommodation is not reasonable – i.e., if it would impose an undue financial and administrative burden on the Housing Authority or it would fundamentally alter the nature of the Housing Authority operations. Housing Authorities can offer an accommodation, or alternative accommodation, that would effectively meet the needs of the disability.

How to handle discrimination requests:

- a. The Fairfield Metropolitan Housing Authority will refer all discrimination complaints to the proper authorities since they have the expertise in these matters.
- b. The Fairfield County Regional Planning Commission (Community Development) has the ability to handle these complaints in full.

How to handle requests for Reasonable Accommodation:

- A. Qualifying as a person eligible to request an accommodation is the first step in the reasonable accommodation process. It is the establishment of the person’s right to make a request of the program.
  - An applicant or resident is not entitled to a Reasonable Accommodation unless they request one and approval is granted;
  - A person with a disability need not personally make the reasonable accommodation request but it can be made by a family member or one who is acting on their behalf;

- An individual need not ask for the accommodation by "name" but must make the request in a manner that a reasonable person would understand to be a request for an exception, change, or adjustment to a rule, policy, practice, or service because of a disability.

Even though a request can be made orally the Housing Authority will request that the individual write down their request for better processing and understanding of what the need may be. This will also help prevent misunderstanding regarding what is being requested, who is making the request or whether the request was even made. However, PHAs must give appropriate consideration to reasonable accommodation requests even if the requester makes the request orally and does not wish to fill out the PHA's forms. In these cases, the PHA will fill-out the form on behalf of the requesting individual and proceed.

Housing Authority personnel will begin the tracking process upon receipt of a written request for an accommodation. Tracking logs track time factors, statistical factors and other data and are monitored by the Fair Housing Officer of the FMHA offices.

B. Verification from a professional competent to render the opinion and knowledgeable about the individual's situation is the second phase of the reasonable accommodation process.

The Fairfield Metropolitan Housing Authority is entitled to obtain information that is necessary to evaluate if a requested reasonable accommodation may be necessary because of a disability. If a person's disability is obvious, or otherwise known to the provider, and if the need for the requested accommodation is also readily apparent or known, then the HA may not request any additional information amount the disability or the disability-related need for the accommodation.

- Paperwork will be sent to the appropriate professional for their acknowledgement of the requested accommodation and/or their determination of what the individuals needs may be based upon the individual's disability.
- A Housing Provider may not ordinarily inquire as to the nature and severity of the individual's disability expect in the case of a request for reasonable accommodation. FMHA may request reliable disability-related information that:
  - A. Is necessary to verify that the person meets the Act's definition of disability;
  - B. Describes the needed accommodation;
  - C. Shows the relationship between the person's disability and the need for the requested accommodation.

Allowable sources for documentation of a disability:

- a. A doctor;
- b. Other medical professional;
- c. A peer support group;
- d. A non-medical service agency;
- e. A reliable third party who is in position to know about the individual's disability.

Reasonable Accommodation review is the final step in the processes. Final approval of the accommodation situation should be reviewed by the Fair Housing Officer prior to the approval, denial or other accommodation granted being dispatched to the requesting individual.

- e. The essential intent of federal anti-discrimination laws is that each case should be treated on its individual merits. Thereby, all requests will be considered on a case-by-case basis and if reasonable granted.
- a. Any requests not considered reasonable, an alternate reasonable accommodation will be offered in writing along with the written reason why the original accommodation cannot be granted. This letter will also grant the individual a right for a hearing and how to request a hearing. At the hearing, if a solution cannot be reached and the individual feels that they have been unlawfully denied a reasonable accommodation, they will be given the following procedures for filing a complaint with HUD as follows:
  1. By placing a toll-free call to 1-800-765-9372 or TTY 1-312-353-7143 or;
  2. By completing the "on-line" complaint form available on the HUD internet site <http://www.hud.gov> or
  3. By mailing a completed complaint for or letter to:

Office of Fair Housing and Equal Opportunity, Department of Housing & Urban Development  
77 W. Jackson Blvd., Room 2101, Chicago, ILL 60604

It is inappropriate and unnecessary for a PHA to receive actual medical records. Any medical records will be destroyed and not maintained in an individuals file.

# Standard Operating Policy

2-35

Name: Reasonable Child Care Costs

CFR: 5.603(b) 5.611(a)(4)

Approved by: \_\_\_\_\_

Policy Reference: Admin Plan & ACOP

Effective Date: 9/1/2004;

1/1/2006 revised; 1/1/2009 revised

HUD requires PHAs to determine "reasonable child care expenses". Reasonable child care expenses for the care of children, including foster children, age 12 and younger, may be deducted from annual income, according to HUD regulations. If the child care is necessary to enable a family member to work, look for work or go to school and the expenses are not reimbursed by another agency/individual outside the home and do not exceed the amount earned they are to be used as a deduction in determining rental amounts. Child care expenses for the care of disabled family members over the age of 12 cannot be deducted as a child care expense but can be used as a Disability Assistance Expenses.

HUD requires that, when more than one family member works, the PHA determine which family member is being enabled to work because child care is provided. The determination by the FMHA is that the child care expenses will be figured on the individual in the household who works the least amount of hours.

The assisted family has the right to choose the type of child care they wish, either "in-home" or a day care center. The FMHA reminds its staff that child care expenses cannot be disallowed if only one adult member of the household is working. It is the right of the assisted family to choose child care over care by another adult family member presently in the home. Child care expenses may not exceed the amount of income earned according to regulations.

Reasonable child care costs will be reviewed annually by the HCV Manager. This will consist of calling the Department of Jobs and Family Services to determine the "going rate" (as determined by the State of Ohio) for "in-home" child care. The new rates will be approved by the FMHA's Housing Board.

Reasonable child care costs are defined as follows:

- a.) "In-Home" child care expenses are allowable at \$2.62 \*\* per hour or no more than \$131 weekly per child.
- b.) Child Care Centers expenses are allowable for the actual cost of the center due to the fact that they vary in price. Excluded as a deduction would be any part of the Center's bill that is for Pre-School or any other type program that is not designated "Child Care".
- c.) Reasonable travel time to and from work is defined as ½ each morning and afternoon for child care in the town in which a participant resides, and 1 hour each morning and afternoon for travel outside of their town of residence.

In determining child care expenses for attending school any financial grants (not student loans) must be used in determining the eligibility of the child care expense deduction. If the grants are enough to pay school tuition, books, other school expenses with monies left for child care the costs will be disallowed.

In determining child care expenses for those "actively seeking employment" the FMHA has a form in which the participant must "track" his/her monthly seeking of employment to show the number of hours child care costs should be deducted. This form includes date seeking employment, where inquired and the amount of travel time. Participants will be required to turn in this form each month in order to claim child care expenses.

\*\*In determining the Market Rate from the State of Ohio as to how much the Department of Jobs and Family Services can pay the rates varied from \$144.26, \$133.23, \$130.66 or \$115.06 weekly for 25 to 50 hours of child care. Since this would be an extreme hardship for our staff to determine which rate to use the highest rate was chosen. \$130.80 divided by 50 hours = \$2.62 per hour.

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## Name: MEDICAL EXPENSE POLICY

**CRF:** 24 CFR 982.611 & PIH 2004-1 appendix  
IRS Publication 502

**REVISED** 7/2007 for New Admissions & Movers &  
10/07 for recertifications; 1/2008; 7/2008; 1/2009

**Approved:** Board

**Resolution:** 678-07;

Medical expenses, used for deductions in housing programs, can be very difficult to calculate and verify. HUD offers little guidance on this matter, except that PHA's should have a policy regarding what expenses will be allowable. HUD does recommend that the policy be written using the IRS Publication 502; *Medical Expenses Allowable for Tax Deductions*. Thus, the FMHA has used the Publication as a guide in determining the following policy:

Allowable medical expenses are as follows:

***THE FMHA WILL ADOPT INTERNAL REVENUE SERVICE PUBLICATION 502:  
"What Medical Expenses are Includible?" &  
"What Expenses are Not Includible?"***

***THE FMHA WILL ALSO ADD NON-PRESCRIPTION MEDICATIONS AS  
ALLOWABLE EXPENSES as Publication 502 does not allow for non-  
prescription expenses. The Department of Housing & Urban Development has indicated non-  
prescription medications are required allowable expenses.***

***THE FMHA HAS DEVIATED FROM PUBLICATION 502 CONCERNING DETERMINATION  
OF "REASONABLE TRAVEL PROVIDER COSTS" as stated further in this policy.***

The Housing Choice Voucher Manager will, yearly, obtain IRS Publication 502 for the prior year's tax returns and forward to all Housing Choice Voucher and Public Housing Staff.

Per the Internal Revenue Service, Publication 502 is usually not released until sometime in December of each year. Annual client re-certifications for January, February and some for March will have already been completed making it impossible to apply the new Publication 502 rate for mileage until April of each year.

In the case of any changes occurring to Publication 502, concerning the medical mileage rate, prior to the release of the final publication each year in December, adjustments in the medical mileage rate will occur 90 days after the published rate on the 1<sup>st</sup> day of a month. (Example: Medical Mileage rate changes July 1<sup>st</sup> and is applied October 1<sup>st</sup> of the same year).

### **REASONABLE TRAVEL PROVIDER COSTS**

Reasonable travel provider expenses pertain to the amount of money an applicant or participant may pay another person to transport them back and forth for approvable medical treatments/appointments. The FMHA must define "reasonable" and set a "cap" on these costs.

The FMHA did research to determine the standard dollar amounts of travel vouchers provided to those in need of transportation to medical providers, as set forth by the Department of Jobs & Family Services.

Reasonable travel provider costs will be reviewed annually by the HCV Manager. This will consist of calling Fairfield County Department of Jobs & Family Services to determine the "going rate" used for travel vouchers. The new rates will be reviewed in December of each year, and will be applied the following April, due to the 3 month advance completion of re-certifications as explained above.

# Standard Operating Policy 2-04

**Name:** Termination of Housing Choice Voucher Participation Policy  
Excluding Serious & Repeated Violations of the Lease (see SOP 2-27)

**Approved by:**

**Effective Date:** 3/1/2009

The Fairfield Metropolitan Housing Authority places great importance on the rules and regulations of the Federal Government concerning compliance while participating on, or applying for, the Housing Choice Voucher Program. The Housing Authority strives to give those in non-compliance the benefit of the doubt and retain their rental assistance while rectifying the violation(s). Thus, this policy is designed to meet the rules and regulations and instill program uniformity and fairness concerning the removal, or denial, of Housing Choice Voucher participation.

## **Falsification of Documentation:**

*Defined as filling out and/or signing paperwork in which the information is not true and/or complete*

- First Offense will result in proposed termination of participation with the Housing Choice Voucher Program. The customer(s) will have the opportunity to request a hearing, at which time the customer(s) will be required to enter into a twelve (12) month repayment agreement for any monies that may be owed, information will be given to the customer(s) concerning: (a) not repeating an offense of falsification; (b) how to correct the issue(s); (c) the consequences of a second violation. If the customer(s) does not request a hearing, termination, or denial, of participation will occur.
- Second Offense will result in termination, or denial, of the customer's Housing Choice Voucher participation, repayment of any monies that may be owed to the Housing Authority and ineligibility to participate on the Voucher Program for at least one (1) year from the date of the termination or denial.

## **Non-Reporting of Income/Family Composition with No Falsification Involved:**

*Defined as not reporting changes in income or family composition within 10 calendar days*

- First offense of non-reporting of income or family composition will result in an appropriate warning letter being dispatched which explains the offense and the consequences to any additional instances of non-reporting. A twelve (12) month repayment agreement is also mailed to the customer(s) for any monies owed to the Housing Authority.
- Second offense of non-reporting will result in proposed termination, or denial, of participation with the Housing Choice Voucher Program. The customer(s) will have the opportunity to request a hearing, at which time the customer(s) will be required to re-pay any monies that may be owed to the Housing Authority, in full, within thirty calendar (30) days from the date of the hearing or termination of Housing Choice Voucher participation will continue. Information will be given to the customer(s) concerning: (a) not repeating an offense of non-reporting; (b) how to correct the issue(s) (c) the consequences of a second violation. If the customer(s) does not request a hearing, termination of participation will occur.
- Third offense of non-reporting, within a 24 month period from the date of the second offense hearing, will result in proposed termination of participation. The customer(s) will have the opportunity to request a hearing, at which time the customer's Housing Choice Voucher participation will be terminated, repayment of any monies owed to the Housing Authority will be billed, and notification of ineligibility to participate on the Voucher Program for at least one (1) year from the date of the termination will be explained.

### **Repayment/Debt Collection:**

- Termination will be proposed for those customer(s) who are in violation of their twelve (12) month repayment agreement. The customer(s) will have an opportunity to request a hearing. If the customer(s) does not request a hearing, termination of benefits will occur.
- At the time of the hearing the customer(s) may present documentation as to why they could not meet their monthly obligation. If there is a **verified** crisis (financial, death, etc.) the hearing officer MAY determine that the monthly payment can be “made up” or “skipped”. If not, the customer(s) will be given thirty (30) days to repay the debt, in full, or termination of Housing Choice Voucher Benefits will continue. Information will be given to the customer(s) concerning: (a) not repeating an offense of missing payments; (b) how to correct the issue(s); (c) the consequences of a second violation.
- Anyone who has already been in a repayment agreement, who commits another violation of the same type, will NOT be allowed to enter into another agreement. Termination proceedings will begin, allowing the customer(s) the opportunity to request a hearing, at which time the client will be required to pay the debt within thirty (30) calendar days, in full, or termination of Housing Choice Voucher Benefits will continue.

### **Housing Quality Standards (HQS) Inspections:**

- Termination will be proposed for those customers who miss two (2) scheduled inspections, within a series of inspections (i.e. initial inspection series, annual inspection series, special inspection series, etc.) The customer(s) will have the opportunity to request a hearing. If the customer(s) does not request a hearing, termination, or denial, of participation will occur.
- First hearing for missing scheduled inspections will result in a new inspection date to be given to the customer(s) at the time of the hearing, information being given the customer(s) concerning: (a) not repeating an offense of missing inspections; (b) how to correct the issue(s); (c) the consequences of a second violation. If this inspection is then missed termination, or denial, of the Housing Choice Voucher benefits will continue.
- Second hearing for missing scheduled inspections, for a violation occurring within a 24 month period of the first hearing, will result in termination, or denial, of the customer(s) Housing Choice Voucher participation.

### **Tenant HQS Violations:**

- Termination will be proposed for those customers who do not correct any tenant caused Housing Quality Standard violation(s). The customer(s) will have the opportunity to request a hearing. If the customer(s) does not request a hearing, termination of benefits will occur.
- First hearing for non-correction of tenant caused HQS violations will result in another opportunity for the customer(s) to correct the required item(s) and an inspection date being scheduled. Missing the inspection, or the correction(s) not being completed, will then cause the termination of the Housing Choice Voucher benefits to continue. Information will also be given to the customer(s) concerning: (a) not repeating an offense of non-correction of tenant caused HQS violations; (b) how to correct the issue(s); (c) the consequences of a second violation.
- Second hearing for non-correction of tenant caused HQS violations, for a violation occurring within a 24 month period of the date of the first hearing, will result in termination of the customer(s) Housing Choice Voucher participation.

### **Missing Deadlines:**

- Termination, or denial, will be proposed for those customers who miss two, or more, requests for information (given written deadline(s)). The customer(s) will have the opportunity to request a hearing. If the customer(s) does not request a hearing, termination of participation will occur.
- First hearing for missing deadlines will result in a final non-extendable deadline request, given by the hearing officer, for the information. If this final non-extendable deadline request is then missed, termination, or denial, of Housing Choice Voucher participation will continue. Information will be given to the customer(s) concerning: (a) not repeating an offense of missing deadlines; (b) how to correct the issue(s); (c) the consequences of a second offense.
- Second hearing for missing deadlines, within a 24 month time period from the date of the first hearing, will result in termination of the customer's Housing Choice Voucher participation.

### **Criminal Activity:**

- SEE Standard Operating Policies 2-26 & 2-33 CRIMINAL ACTIVITY

Reasonable accommodation for a person(s) with a disability request will ALWAYS be considered, with appropriate documentation and other evidence is always reviewed and considered.



The hearing officer has the right, and responsibility, to determine the outcome of any hearing, using appropriate regulations, policies, evidence submitted, witnesses presented, court determinations, etc.

A determination of the hearing results will be mailed, within ten (10) calendar days of the hearing, whenever possible.

HA Name: **Fairfield Metropolitan Housing Authority** Comprehensive Grant Number: **OH16P070501-06** FFY of Grant Approval: **2006**

Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement/Revision Number **4**  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_  Final Performance and Evaluation Report

| Line No. | Summary by Development Account                            | Total Estimated Cost |                | Total Actual Cost 2 |
|----------|---|----------------------|----------------|---------------------|
|          |   | Original             | Revised 1      |                     |
| 1        | Total Non-CGP Funds                                       |                      |                |                     |
| 2        | 1406 Operations (May not exceed 10% of line 20)           | 16,000               | 20,000         | 20,000              |
| 3        | 1408 Management Improvements                              | 10,000               | 10,000         | 10,000              |
| 4        | 1410 Administration                                       | 0                    | 0              | 0                   |
| 5        | 1411 Audit  | 1,000                | 0              | 0                   |
| 6        | 1415 Liquidated Damages                                   | 0                    | 0              | 0                   |
| 7        | 1430 Fees and Costs                                       | 11,000               | 0              | 0                   |
| 8        | 1440 Site Acquisition                                     | 0                    | 0              | 0                   |
| 9        | 1450 Site Improvement                                     | 5,573                | 3,860          | 3,860               |
| 10       | 1460 Dwelling Structures                                  | 101,000              | 118,977        | 118,977             |
| 11       | 1465.1 Dwelling Equipment—Non-expendable                  | 5,500                | 11,460         | 11,460              |
| 12       | 1470 Non-dwelling Structures                              | 0                    | 0              | 0                   |
| 13       | 1475 Non-dwelling Equipment                               | 0                    | 12,573         | 12,573              |
| 14       | 1485 Demolition   | 0                    | 0              | 0                   |
| 15       | 1490 Replacement Reserve                                  | 0                    | 0              | 0                   |
| 16       | 1492 Moving to Work Demonstration                         | 0                    | 0              | 0                   |
| 17       | 1495.1 Relocation Costs                                   | 5,000                | 0              | 0                   |
| 18       | 1498 Mod Used for Development                             | 0                    | 0              | 0                   |
| 19       | 1502 Contingency (may not exceed 8% of line 20)           | 8,000                | 0              | 0                   |
| 20       | <b>Amount of Annual Grant (Sum of lines 2-19)</b>         | <b>163,073</b>       | <b>176,870</b> | <b>176,870</b>      |
| 21       | Amount of line 20 Related to LBP Activities               | 0                    | 0              | 0                   |
| 22       | Amount of line 20 Related to Section 504 Compliance       |                      |                |                     |
| 23       | Amount of line 20 Related to Security                     |                      |                |                     |
| 24       | Amount of line 20 Related to Energy Conservation Measures |                      |                |                     |

Signature of Executive Director: \_\_\_\_\_ Date: **2/20/09**  
 Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_  
 Previous edition is obsolete. Page **1** of **3**  
 form HUD-52837 (9/98) ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part II: Supporting Pages

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

| Development Number/Name<br>HA-Wide Activities | General Description of Major Work Categories | Development Account Number | Quantity | Total Estimated Cost |                      | Total Actual Cost            |                             | Status of Proposed Work <sup>2</sup> |
|---|--|----------------------------|----------|----------------------|----------------------|------------------------------|-----------------------------|--------------------------------------|
|   |  |                            |          | Original             | Revised <sup>1</sup> | Funds Obligated <sup>2</sup> | Funds Expended <sup>2</sup> |                                      |
| HA Wide                                       | Operating Subsidy                            | 1406                       |          | 16,000               | 20,000               | 20,000                       | 0                           |                                      |
| HA Wide                                       | Management Improvements                      | 1408                       |          | 10,000               | 10,000               | 10,000                       | 10,000                      | closed                               |
| HA Wide                                       | Site Improvement                             | 1450                       |          | 5,573                | 3,860                | 3,860                        | 2,060                       |                                      |
| HA Wide                                       | Dwelling Structure                           | 1460                       |          | 101,000              | 118,977              | 118,977                      | 92,780.60                   |                                      |
| HA Wide                                       | Dwelling Equipment-non expendable            | 1466.1                     |          | 5,500                | 11,460               | 11,460                       | 5,227                       |                                      |
| HA Wide                                       | Non Dwelling Equipment                       | 1475                       |          | 0                    | 12,573               | 12,573                       | 6,860.46                    |                                      |
|   | Audit  | 1411                       |          | 1,000                | 0                    | 0                            |                             |                                      |
|   | Fees & Costs -A&E                            | 1430                       |          | 11,000               | 0                    | 0                            |                             |                                      |
|   | Relocation Expenses                          | 1495.1                     |          | 5,000                | 0                    | 0                            |                             |                                      |
|   | Contingency                                  | 1502                       |          | 8,000                | 0                    | 0                            |                             |                                      |
|   | <b>TOTALS:</b>                               |                            |          | <b>163,073</b>       | <b>176,870</b>       | <b>176,870</b>               | <b>116,928.06</b>           |                                      |

Signature of Executive Director \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

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

**Annual Statement / Performance and Evaluation Report  
Comprehensive Grant Program (CGP) Part III: Implementation Schedule**

| Development Number/Name<br>HA-Wide Activities | All Funds Obligated (Quarter Ending Date) |                      | All Funds Expended (Quarter Ending Date) |  | Reasons for Revised Target Dates <sup>2</sup> |
|---|---|----------------------|--|--|---|
|   | Original                                  | Revised <sup>1</sup> | Original                                 | Revised <sup>1</sup> / Actual <sup>2</sup> |   |
| PHA WIDE                                      | 7-18-06                                   |                      | 7-9-08                                   | 7-18-2010                                  |   |

Signature of Executive Director: *[Signature]* Date: *2/26/10*

Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

Page **3** of **3**      Previous edition is obsolete      form HUD-52837 (9/98)  
ref Handbook 7485.3

<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.

| Part I: Summary  |  | Grant Type and Number<br>Capital Fund Program Grant No. OH16P070501-07 Replacement Housing Factor Grant No.                                  |                      | FFY of Grant:<br>2007  |                                |            |
|--|--|--|----------------------|--|--------------------------------|------------|
| PHA Name:<br>Fairfield Metropolitan Housing Authority  |  | Date of CFP  |                      | FFY of Grant Approval:   |                                |            |
| Type of Grant<br><input type="checkbox"/> Original Annual Statement<br><input type="checkbox"/> Performance and Evaluation Report for Period Ending: |  | <input type="checkbox"/> Reserve for Disasters/Emergencies<br><input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) |                      | <input type="checkbox"/> Final Performance and Evaluation Report |                                |            |
| Line   | Summary by Development Account   | Original   | Total Estimated Cost | Obligated  | Total Actual Cost <sup>1</sup> | Expended   |
| 1  | Total non-CFP Funds  |  |                      |  |                                | 25,000     |
| 2  | 1406 Operations (may not exceed 20% of line 21) <sup>1</sup>             | 20,000   | 25,000               | 25,000   |                                | 0          |
| 3  | 1408 Management Improvements   | 5,000  | 0                    | 0  |                                | 2,500.96   |
| 4  | 1410 Administration (may not exceed 10% of line 21)                      | 5,000  | 2,500.96             | 2,500.96   |                                | 0          |
| 5  | 1411 Audit   | 0  | 0                    | 0  |                                | 0          |
| 6  | 1415 Liquidated Damages  | 0  | 0                    | 0  |                                | 0          |
| 7  | 1430 Fees and Costs  | 0  | 0                    | 0  |                                | 0          |
| 8  | 1440 Site Acquisition  | 0  | 0                    | 0  |                                | 0          |
| 9  | 1450 Site Improvement  | 10,000   | 7,160.00             | 7,160.00   |                                | 7,160.00   |
| 10   | 1460 Dwelling Structures   | 101,230  | 99,373.40            | 99,373.40  |                                | 85,371.38  |
| 11   | 1465 1 Dwelling Equipment—Nonexpendible                                  | 17,500   | 2,980.00             | 2,980.00   |                                | 2,980.00   |
| 12   | 1470 Non-dwelling Structures   | 0  | 10,801.29            | 10,801.29  |                                | 10,801.29  |
| 13   | 1475 Non-dwelling Equipment  | 3,000  | 24,037.35            | 24,037.35  |                                | 24,037.35  |
| 14   | 1485 Demolition  | 0  | 0                    | 0  |                                | 0          |
| 15   | 1492 Moving to Work Demonstration  | 0  | 0                    | 0  |                                | 0          |
| 16   | 1495 J Relocation Costs  | 5,000  | 0                    | 0  |                                | 0          |
| 17   | 1499 Development Activities <sup>1</sup>                                 |  |                      |  |                                |            |
| 18a  | 1501 Collateralization or Debt Service paid by the PHA                   |  |                      |  |                                |            |
| 18ba   | 9000 Collateralization or Debt Service paid Via System of Direct Payment |  |                      |  |                                |            |
| 19   | 1502 Contingency (may not exceed 8% of line 20)                          | 5,123  | 0                    | 0  |                                | 0          |
| 20   | Amount of Annual Grant (sum of lines 2 - 19)                             | 171,853  | 171,853              | 171,853  |                                | 157,850.98 |
| 21   | Amount of line 20 Related to LBP Activities                              |  |                      |  |                                |            |
| 22   | Amount of line 20 Related to Section 504 Activities                      | 16,146.07  |                      |  |                                |            |
| 23   | Amount of line 20 Related to Security - Soft Costs                       |  |                      |  |                                |            |
| 24   | Amount of line 20 Related to Security - Hard Costs                       |  |                      |  |                                |            |
| 25   | Amount of line 20 Related to Energy Conservation Measures                |  |                      |  |                                |            |

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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/2011

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

|  |  |                                     |                        |
|--|--|-------------------------------------|------------------------|
| <b>Part I: Summary</b>   |  | FFY of Grant:<br>2007               |                        |
| PHA Name:  | Grant Type and Number<br>Capital Fund Program: Grant No. OH16P070501-07<br>Date of CFFP:   | Replacement Housing Factor Grant No | FFY of Grant Approval: |
| Type of Grant<br><input type="checkbox"/> Original Annual Statement<br><input type="checkbox"/> Performance and Evaluation Report for Period Ending: | <input type="checkbox"/> Reserve for Disasters/Emergencies<br><input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 )<br><input type="checkbox"/> Final Performance and Evaluation Report | Total Estimated Cost                | Total Actual Cost      |
| Line Summary by Development Account  | Original   | Revised <sup>2</sup>                | Expended               |
| Signature of Executive Director<br><i>[Signature]</i>  | Date<br>11-12-09   | Obligated                           | Date                   |
| Signature of Public Housing Director   |  |                                     |                        |

| Part II: Supporting Pages                |  | Grant Type and Number                |          | Federal FFY of Grant:        |                             |                  |
|--|--|--------------------------------------|----------|------------------------------|-----------------------------|------------------|
| PHA Name:                                |  | Capital Fund Program Grant No:       |          | 2007                         |                             |                  |
| Fairfield Metropolitan Housing Authority |  | OH16P070501-07 CFFP (Yes/No):        |          |                              |                             |                  |
| Development Number/PHA-Wide Activities   |  | Replacement Housing Factor Grant No: |          |                              |                             |                  |
| Development Number/PHA-Wide Activities   | General Description of Major Work Categories | Development Account No.              | Quantity | Total Estimated Cost         |                             | Status of Work   |
|  |  |                                      |          | Original                     | Revised <sup>1</sup>        |                  |
|  |  |                                      |          | Funds Obligated <sup>2</sup> | Funds Expended <sup>2</sup> |                  |
| HA                                       | Operations                                   | 1406                                 |          | 20,000                       | 25,000                      | closed           |
| HA                                       | Management Improvements                      | 1408                                 |          | 5,000                        | 0                           | closed           |
| HA                                       | Administration                               | 1410                                 |          | 5,000                        | 2,500.96                    | closed           |
| PHA Wide                                 | Site Improvement                             | 1450                                 |          | 10,000                       | 7,160.00                    | closed           |
|  | Driveway/Work-Lane and Spring                |                                      |          |                              |                             |                  |
|  | Dryer Vent cleaned out                       |                                      |          |                              |                             |                  |
|  | Trees/Bushes/Shrubs-various streets          |                                      |          |                              |                             |                  |
| PHA Wide                                 | Dwelling Structure                           | 1460                                 |          | 101,230                      | 99,373.40                   | 85,371.38        |
|  | Bath & Kitchen Rehabs                        |                                      |          |                              |                             |                  |
|  | Windows-Lane/S. R                            |                                      |          |                              |                             |                  |
|  | Flooring and new floors                      |                                      |          |                              |                             |                  |
|  | Geo Thermal Unit                             |                                      |          |                              |                             |                  |
|  | Tankless HWT                                 |                                      |          |                              |                             |                  |
| HA                                       | Dwelling Equipment-Non Expendable            | 1465.1                               |          | 17,500                       | 2,980                       | 2,980 closed     |
| HA                                       | Non-Dwelling Structures                      | 1470                                 |          | 0                            | 10,801.29                   | 10,801.29 closed |
| HA Wide                                  | 504 comp-handicap accessible doors           |                                      |          |                              |                             |                  |
|  | Non-Dwelling Equipment                       | 1475                                 |          | 3,000                        | 24,037.35                   | 24,037.35 closed |
|  | Playground equipment                         |                                      |          |                              |                             |                  |
|  | copier-cost allocated portion to PH          |                                      |          |                              |                             |                  |

<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.







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 I: Summary   |  | Grant Type and Number                         |                      | FFY of Grant: 2008     |                                |
|---|--|---|----------------------|------------------------|--------------------------------|
| PIA Name: Fairfield Metropolitan Housing Authority  |  | Capital Fund Program Grant No. OH116P07050108 |                      | FFY of Grant Approval: |                                |
|   |  | Replacement Housing Factor Grant No.          |                      |                        |                                |
|   |  | Date of CFFP:                                 |                      |                        |                                |
| Type of Grant   | Summary by Development Account                                   | Original                                      | Revised <sup>1</sup> | Obligated              | Total Actual Cost <sup>1</sup> |
| <input type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: | <input type="checkbox"/> Reserve for Disasters/Emergencies       |   |                      |                        | Expended                       |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending:               | <input type="checkbox"/> Final Performance and Evaluation Report |   |                      |                        |                                |
| 1   | Total non-CFP Funds  |   |                      |                        |                                |
| 2   | 1406 Operations (may not exceed 20% of line 21) <sup>2</sup>     | 20,000  | 20,000               |                        |                                |
| 3   | 1408 Management Improvements                                     | 0   | 0                    |                        |                                |
| 4   | 1410 Administration (may not exceed 10% of line 21)              | 10,000  | 0                    |                        |                                |
| 5   | 1411 Audit   | 2,100   | 2,100                |                        |                                |
| 6   | 1415 Liquidated Damages  | 0   | 0                    |                        |                                |
| 7   | 1430 Fees and Costs  | 0   | 0                    |                        |                                |
| 8   | 1440 Site Acquisition  | 0   | 0                    |                        |                                |
| 9   | 1450 Site Improvement  | 14,800  | 19,800               |                        |                                |
| 10  | 1460 Dwelling Structures   | 106,260                                       | 91,260               |                        |                                |
| 11  | 1465.1 Dwelling Equipment—Nonexpendable                          | 8,000   | 8,000                |                        |                                |
| 12  | 1470 Non-dwelling Structures                                     | 0   | 0                    |                        |                                |
| 13  | 1475 Non-dwelling Equipment                                      | 20,226  | 40,226               |                        |                                |
| 14  | 1485 Demolition  |   |                      |                        |                                |
| 15  | 1492 Moving to Work Demonstration                                |   |                      |                        |                                |
| 16  | 1495.1 Relocation Costs  |   |                      |                        |                                |
| 17  | 1499 Development Activities <sup>4</sup>                         |   |                      |                        |                                |

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

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

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

|   |   |  |                                |
|---|---|--|--------------------------------|
| <b>Part I: Summary</b>  |   | FFY of Grant: 2008   |                                |
| PLA Name:<br>Fairfield<br>Metropolitan<br>Housing Authority   | Grant Type and Number<br>Capital Fund Program Grant No: OH16P07050108<br>Replacement Housing Factor Grant No.<br>Date of CFP: | FFY of Grant Approval:   |                                |
| Type of Grant<br><input type="checkbox"/> Original Annual Statement<br><input type="checkbox"/> Performance and Evaluation Report for Period Ending:<br><input type="checkbox"/> Reserve for Disasters/Emergencies<br><input checked="" type="checkbox"/> Revised Annual Statement (revision no: 01 ) |   | <input type="checkbox"/> Final Performance and Evaluation Report<br><input checked="" type="checkbox"/> Revised <sup>2</sup> |                                |
| Line  | Summary by Development Account  | Total Estimated Cost   | Total Actual Cost <sup>1</sup> |
|   |   | Original   | Obligated<br>Expended          |
| 18a   | 1501 Collateralization or Debt Service paid by the PHA  |  |                                |
| 18ba  | 5000 Collateralization or Debt Service paid Via System of Direct Payment  |  |                                |
| 19  | 1502 Contingency (may not exceed 8% of line 20)   |  |                                |
| 20  | Amount of Annual Grant: (sum of lines 2 - 19)   | 181,386  |                                |
| 21  | Amount of line 20 Related to LBP Activities   |  |                                |
| 22  | Amount of line 20 Related to Section 504 Activities   | 12,500   |                                |
| 23  | Amount of line 20 Related to Security - Soft Costs  |  |                                |
| 24  | Amount of line 20 Related to Security - Hard Costs  |  |                                |
| 25  | Amount of line 20 Related to Energy Conservation Measures   | 69,760   |                                |
| Signature of Executive Director   |   | Signature of Public Housing Director   |                                |
| <i>[Signature]</i>  |   | <i>[Signature]</i>   |                                |
| Date 6-16-09  |   | Date 7/9/2009  |                                |

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

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

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

| Part II: Supporting Pages                          |   | Federal FFY of Grant: 2008   |          |                      |                      |                                 |                                |                |
|--|---|--|----------|----------------------|----------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: Fairfield Metropolitan Housing Authority |   | Grant Type and Number<br>Capital Fund Program Grant No: OIH16P07050108 |          |                      |                      |                                 |                                |                |
|  |   | Replacement Housing Factor Grant No:                                   |          |                      |                      |                                 |                                |                |
| Development Number<br>Name/PHA-Wide<br>Activities  | General Description of Major Work<br>Categories | Development<br>Account No.   | Quantity | Total Estimated Cost |                      | Total Actual Cost               |                                | Status of Work |
|  |   |  |          | Original             | Revised <sup>1</sup> | Funds<br>Obligated <sup>2</sup> | Funds<br>Expended <sup>2</sup> |                |
| PHA WIDE   | Operating Subsidy                               | 1406   |          | 20,000               | 20,000               |                                 |                                |                |
| PHA WIDE   | Administration                                  | 1410   |          | 10,000               | 0                    |                                 |                                |                |
| PHA WIDE   | Audit   | 1411   |          | 2,100                | 2,100                |                                 |                                |                |
| PHA WIDE   | Site Improvement                                | 1450   |          | 14,800               | 19,800               |                                 |                                |                |
|  | -handrails/powerwashing ✓                       |  |          |                      |                      |                                 |                                |                |
|  | -sidewalk repair/gates/fence ✓                  |  |          |                      |                      |                                 |                                |                |
|  | -concrete work for playground 504<br>compliance |  |          |                      |                      |                                 |                                |                |
| PHA WIDE   | Dwelling Structures                             | 1460   |          | 106,260              | 91,260               |                                 |                                |                |
|  | -floors/remodel bathrooms                       |  |          |                      |                      |                                 |                                |                |
|  | -504 compliance updates                         |  |          |                      |                      |                                 |                                |                |
|  | -tankless HWT and heat pumps                    |  |          |                      |                      |                                 |                                |                |
|  | -remodel kitchens                               |  |          |                      |                      |                                 |                                |                |
| PHA Wide   | Dwelling Equip non-expend                       | 1465.1   |          | 8,000                | 8,000                |                                 |                                |                |
| PHA Wide   | Non-Dwelling Equipment                          | 1475   |          | 20,226               | 40,226               |                                 |                                |                |
|  | -playground equipment ✓                         |  |          |                      |                      |                                 |                                |                |
|  | -maintenance tools/equipment                    |  |          |                      |                      |                                 |                                |                |
|  | TOTALS:   |  |          | 181,386              | 181,386              |                                 |                                |                |

<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.

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

| Part I: Summary                                       |  | Grant Type and Number<br>Capital Fund Program Grant No: OH16P07050109 Replacement Housing Factor Grant No<br>Date of CFFP  |                      | FFY of Grant:<br>2009<br>FFY of Grant Approval:                                     |                                |
|---|--|--|----------------------|---|--------------------------------|
| PHA Name:<br>Fairfield Metropolitan Housing Authority |  | Reserve for Disasters/Emergencies<br><input type="checkbox"/> Reserve for Disasters/Emergencies<br><input type="checkbox"/> Performance and Evaluation Report for Period Ending: |                      | Revised Annual Statement (revision no: )<br>Final Performance and Evaluation Report |                                |
| Line  | Summary by Development Account   | Original   | Revised <sup>2</sup> | Obligated   | Total Actual Cost <sup>1</sup> |
| 1   | Total non-CFP Funds  |  |                      |   |                                |
| 2   | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup>             | 25,000   |                      |   |                                |
| 3   | 1408 Management Improvements   | 0  |                      |   |                                |
| 4   | 1410 Administration (may not exceed 10% of line 21)                      | 10,000   |                      |   |                                |
| 5   | 1411 Audit   | 2,000  |                      |   |                                |
| 6   | 1415 Liquidated Damages  | 0  |                      |   |                                |
| 7   | 1430 Fees and Costs  | 0  |                      |   |                                |
| 8   | 1440 Site Acquisition  | 0  |                      |   |                                |
| 9   | 1450 Site Improvement  | 21,000   |                      |   |                                |
| 10  | 1460 Dwelling Structures   | 85,000   |                      |   |                                |
| 11  | 1465.1 Dwelling Equipment—Nonexpendable                                  | 8,000  |                      |   |                                |
| 12  | 1470 Non-dwelling Structures   | 0  |                      |   |                                |
| 13  | 1475 Non-dwelling Equipment  | 5,000  |                      |   |                                |
| 14  | 1485 Demolition  | 0  |                      |   |                                |
| 15  | 1492 Moving to Work Demonstration  | 0  |                      |   |                                |
| 16  | 1495 I Relocation Costs  | 0  |                      |   |                                |
| 17  | 1499 Development Activities <sup>4</sup>                                 | 0  |                      |   |                                |
| 18a   | 1501 Collateralization or Debt Service paid by the PHA                   | 0  |                      |   |                                |
| 18ba  | 9000 Collateralization or Debt Service paid Via System of Direct Payment | 0  |                      |   |                                |
| 19  | 1502 Contingency (may not exceed 8% of line 20)                          | 11,373   |                      |   |                                |
| 20  | Amount of Annual Grant (sum of lines 2 – 19)                             | 167,373  |                      |   |                                |
| 21  | Amount of Line 20 Related to LBP Activities                              | 0  |                      |   |                                |
| 22  | Amount of line 20 Related to Section 504 Activities                      | 15,000   |                      |   |                                |
| 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                | 44,000   |                      |   |                                |

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

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

|  |  |   |  |
|--|--|---|--|
| <b>Part I: Summary</b>   |  | FFY of Grant:<br>2009   |  |
| PIA Name:<br>Fairfield Metropolitan Housing Authority  |  | FFY of Grant Approval:  |  |
| Grant Type and Number<br>Capital Fund Program Grant No OH16P07050109   |  | Replacement Housing Factor Grant No.  |  |
| Date of CFPP:  |  |   |  |
| <input type="checkbox"/> Reserve for Disasters/Emergencies<br><input checked="" type="checkbox"/> Original Annual Statement<br><input type="checkbox"/> Performance and Evaluation Report for Period Ending: |  | <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input type="checkbox"/> Final Performance and Evaluation Report |  |
| Summary by Development Account   |  | Total Estimated Cost  |  |
| Signature of Executive Director<br><i>[Signature]</i>  |  | Revised: 2  |  |
| Date<br>12-15-09   |  | Obligated   |  |
| Signature of Public Housing Director   |  | Total Actual Cost   |  |
| Date   |  | Expended  |  |

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  
 Expires 4/30/2011

| Part II: Supporting Pages                             |   |   |          |                      |                      |                                 |                                |                |  |
|---|---|---|----------|----------------------|----------------------|---------------------------------|--------------------------------|----------------|--|
| PHA Name:<br>Fairfield Metropolitan Housing Authority |   | Grant Type and Number<br>Capital Fund Program Grant No: OH16P07050109 |          |                      | CFPP (Yes/ No):      |                                 | Federal FFY of Grant:<br>2009  |                |  |
| Development<br>Number<br>Name/PHA-Wide<br>Activities  | General Description of Major Work<br>Categories | Development<br>Account No.  | Quantity | Total Estimated Cost |                      | Total Actual Cost               |                                | Status of Work |  |
|   |   |   |          | Original             | Revised <sup>1</sup> | Funds<br>Obligated <sup>2</sup> | Funds<br>Expended <sup>2</sup> |                |  |
| PHA Wide  | Operations                                      | 1406  |          | 25,000               |                      |                                 |                                |                |  |
| PHA Wide  | Administration                                  | 1410  |          | 10,000               |                      |                                 |                                |                |  |
| PHA Wide  | Audit   | 1411  |          | 2,000                |                      |                                 |                                |                |  |
| PHA Wide  | Site Improvement                                | 1450  |          | 21,000               |                      |                                 |                                |                |  |
|   | Landscaping/Gutters                             |   |          |                      |                      |                                 |                                |                |  |
|   | Sidewalk Repair                                 |   |          |                      |                      |                                 |                                |                |  |
|   | Gates/Fence Repair/Replacement                  |   |          |                      |                      |                                 |                                |                |  |
|   | Power washing                                   |   |          |                      |                      |                                 |                                |                |  |
| PHA Wide  | Dwelling Structures                             | 1460  |          | 85,000               |                      |                                 |                                |                |  |
|   | finish window replacement from                  |   |          |                      |                      |                                 |                                |                |  |
|   | Replacement flooring                            |   |          |                      |                      |                                 |                                |                |  |
|   | 504 compliance for disability units             |   |          |                      |                      |                                 |                                |                |  |
|   | Interior doors                                  |   |          |                      |                      |                                 |                                |                |  |
|   | HVAC/Geo Thermal units                          |   |          |                      |                      |                                 |                                |                |  |
| PHA Wide  | Dwelling Equipment-Non Expendable               | 1465.1  |          | 8,000                |                      |                                 |                                |                |  |
|   | Stoves/Fridges                                  |   |          |                      |                      |                                 |                                |                |  |
| PHA Wide  | Non Dwelling Equipment                          | 1475  |          | 5,000                |                      |                                 |                                |                |  |
|   | Playground upgrades                             |   |          |                      |                      |                                 |                                |                |  |
|   | copier-cost allocated                           |   |          |                      |                      |                                 |                                |                |  |

<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.





