

|            |  |          |                                      |                               |                              |     |
|------------|--|----------|--------------------------------------|-------------------------------|------------------------------|-----|
| <b>1.0</b> | <b>PHA Information</b><br>PHA Name: _____ PHA Code: _____<br>PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8)<br>PHA Fiscal Year Beginning: (MM/YYYY): _____   |          |                                      |                               |                              |     |
| <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: _____ Number of HCV units: _____   |          |                                      |                               |                              |     |
| <b>3.0</b> | <b>Submission Type</b><br><input 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 |     |
|            |  |          |                                      |                               | PH                           | HCV |
| PHA 1:     |  |          |                                      |                               |                              |     |
| 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:   |          |                                      |                               |                              |     |
| <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.   |          |                                      |                               |                              |     |
| <b>6.0</b> | <b>PHA Plan Update</b><br>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:<br><br><br>(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.  |          |                                      |                               |                              |     |
| <b>7.0</b> | <b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>  |          |                                      |                               |                              |     |
| <b>8.0</b> | <b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.   |          |                                      |                               |                              |     |
| <b>8.1</b> | <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.   |          |                                      |                               |                              |     |
| <b>8.2</b> | <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. |          |                                      |                               |                              |     |
| <b>8.3</b> | <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>  |
| 9.1  | <p><b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p>  |
| 10.0 | <p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(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.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p>  |
| 11.0 | <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> <p>(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)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(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.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p> |

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.



## LICKING METROPOLITAN HOUSING AUTHORITY

144 W. Main Street, Newark, OH 43055

Ph: 740-349-8069 Fax: 740-349-7132

TDDY: 800-750-0750

On the Web: [www.lickingmha.org](http://www.lickingmha.org)

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**5.1 Mission.** LMHA improves the quality of life in Licking County, by providing decent, safe, sanitary, and affordable housing to extremely low, very low, and low-income families. To accomplish this, LMHA will operate in an efficient manner, within HUD guidelines, and through partnerships with the community. LMHA will operate with a high degree of organizational effectiveness in order to remain financially viable. The LMHA also promotes economic opportunity and a suitable living environment free from discrimination.

### **5.2 Goals and Objectives.**

LMHA is consistent with the city of Newark's Consolidated Plan. We have implemented goals and strategies to address items that are on the city's list of high priority needs such as the following: rental assistance for very low and low income renters, housing rehabilitation for very low income renters, handicapped access for very low, low, and moderate income renters, health facility, employment training, health services, and senior services.

LMHA has steadily increased the unit months leased for Public Housing. Terrace Gardens, LMHA's Public Housing building, also has 3 UFAS units available for the non-elderly disabled participants.

In addition to complying with the ADA 504 Compliance by providing 3 UFAS units for the non-elderly disabled, the Public Housing has converted to all energy star products. The high performer status was achieved in part by maintaining Public Housing units in good condition.

The effort to improve operations and the quality of assisted housing has resulted in an improved PHAS score from 93 to 96. The SEMAP score was also improved from 120 to 135.

The LMHA's relationship with the RAB has strengthened resident participation and management relations in Public Housing. LMHA management will continue to attend and participate in the monthly RAB meetings.

The LMHA's contracted AmeriCorps Member has increased Public Housing resident satisfaction and fulfilled certain needs through the use of the Ohio Benefits Bank and other agency services. The AmeriCorps Member will continue to hold monthly resident informational meetings. Guest speakers and services will continue to be provided at these meetings, such as financial counseling, blood pressure monitoring, blood glucose screening, mental health awareness, etc.

In an effort to improve specific management functions within Public Housing as well as the HCV Program, the LMHA has implemented a new software program. This has enhanced the quality and efficiency of all financial reporting. The LMHA increased the capabilities of the financial department through training and experience. The LMHA has streamlined many accounting/financial processes. The operations and financial software are now directly linked in all aspects. This results in more accurate

and timely financial reporting. It also decreases the use of previously needed contracted services.

The LMHA's goal to expand the supply of decent, safe, and affordable housing has resulted in 36 additional opt-out vouchers for the HCV Program. LMHA will accept any future offers for opt-out vouchers.

The HCV unit inspections are conducted in conjunction with the annual recertifications. Additionally, quality control inspections are and will continue to be conducted throughout the year.

Through continued outreach and marketing efforts, the LMHA has obtained many new landlords for the HCV Program. The LMHA hosts the monthly apartment association meetings, which the HQS Inspector and other staff attend on a regular basis. The LMHA has created an informational "Owner's Packet", which is available to all current and prospective owners/landlords. In the near future, the LMHA will host an Owner/Landlord Workshop, in order to continue our outreach and marketing efforts.

The LMHA, in conjunction with the contracted AmeriCorps Member, established the HCV Homeownership Program. The AmeriCorps Homeownership Project Coordinator, along with the LMHA staff, will be instructing most of the required participant classes.

One of LMHA's goals is to develop a veterans' supportive housing project in partnership with the Coalition for Housing. LMHA will begin with the seed monies received from the Corporation For Supportive Housing.

The LMHA informs and educates all HCV participants of the areas of de-concentrated poverty. This information is also included in all briefing packets for new and relocating participants.

The Housing Authority acquired an AmeriCorps Member from the Positive Balance Program to inform and educate participants from both the HCV and Public Housing Programs. Resources used to assist families with obtaining self-sufficiency are: Ohio Benefits Bank, Opportunity Links and C-Tech.

In order to ensure equal opportunity and affirmatively further fair housing the LMHA will continue to work closely with the city of Newark and the Licking County Fair Housing Officer. LMHA offers a list of all available units in both the HCV and Public Housing Programs.

The LMHA has developed a working non-profit, Licking County Housing, Inc. The LCHI has acquired houses for rehabilitation and sale to income qualified households. Thus far, the LCHI has purchased 6 single family dwellings. To date, they have sold 3 homes to the targeted families. This is accomplished by using funds received from the City of Newark, Federal Home Loan Bank, and other sources.

The LMHA owns the Section 8, (HCV), administrative offices building. Considering the amount of unused space, the LMHA decided to offer this space for rent. With the permission of the Cleveland HUD office, the LMHA has entered into an agreement with the Community Health Clinic. They are renovating this space at no cost to the Housing Authority. The Clinic will also pay a small monthly rental fee. The joint venture is very beneficial to the Public Housing and HCV participants as well. The services of the Clinic will be offered at little to no cost to those who qualify. We are centrally located in the downtown area, which enables many participants to walk to the Clinic. The Clinic will be operated by area doctors, nurses, and health professionals who volunteer their time. The LMHA will be offering another valuable

service to the participants of both programs. At the same time, we will be fulfilling our duty to be good stewards of the taxpayers' money.

The LMHA has posted all required information regarding VAWA on its website and in its administrative offices. The information is readily available to anyone who requests it. The LMHA informs HCV participants, Public Housing tenants, applicants, property owners and managers of the assisted tenants' rights under this law.

**7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs and Project-Based Vouchers.** The LMHA previously developed a Section 8 Homeownership Program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982. Previously the LMHA did not have the staff or financial ability to conduct a more involved Homeownership Program. Therefore, we have recently contracted an AmeriCorps Member at \$5,000. per year, or \$2.94 per hour. This Member also has an Ohio real estate license. The LMHA staff and the AmeriCorps Member are conducting the following classes on-site: Financing Program, Home Purchasing Program, and Home Maintenance. Another requirement would be the Fair Housing classes. This plan has been reviewed and accepted by the Cleveland area HUD office. There are 17 participants currently taking classes. No closings have occurred to date.

**9.0 Housing Needs.** Due to the rapid decline in the economy, the LMHA has experienced a tremendous increase in HAP costs in the HCV Program. The attrition rate has been much lower than anticipated. As of June 30, 2009, the unemployment rate for Licking County was 10.3%. In a 2 ½ month timeframe, the LMHA conducted 52 interim appointments for decreased income.

Per the Consolidated Plan, the growing elderly population will have a substantial housing need in years to come. The vacancies at LMHA's Public Housing building are fewer, evidenced by the increase in total unit months leased. The LMHA works closely with the Salvation Army, Catholic Social Services, and Adult Protective Services. Their reports of elderly individuals living in deplorable conditions have increased.

Previously the LMHA had over 1000 applicants on the HCV waiting list. The average wait is approximately 2 years. Of those applicants currently admitted from the HCV waitlist, 62% were at or below the extremely low income limits. The LMHA had 11 applicants on the Public Housing waitlist. Of those applicants currently admitted from the Public Housing waitlist, 96% were at or below the extremely low income limits.

The Consolidated Plan also states there is a growing need for adequate housing for disabled individuals. This population has few options when affordable housing is not attainable. Those with mental illness easily become homeless.

**9.1 Strategy for Addressing Housing Needs.** For the HCV Program, the LMHA will continue striving to assist the maximum number of participants allowable under the ACC. This will be accomplished by reducing HAP costs using the following



methods: The Payment Standards will not be set at the Fair Market Rents. The EIV system will continue to be monitored regularly in order to assure accurate income calculations, resulting in accurate tenant rent shares. The LMHA will continue to monitor the EIV system for fraudulent behavior resulting in incorrect tenant rent shares. With the assistance of the OIG, the LMHA will utilize the legal system to prosecute those who have committed fraud. When necessary, the LMHA will not accept rental increase requests. When necessary, the LMHA will not absorb ports. The rent reasonable comparisons will be analyzed and updated on a regular basis to ensure accurate market rates.

The LMHA participates in the local Continuum of Care, known as the Licking County Housing Initiatives. The LCHI meets on a regular basis to address the problems of homelessness and housing issues in our community. The strategic goals of LMHA and the LCHI fall in line with the city of Newark's Consolidated Plan. The LMHA, city of Newark, and several other agencies have a community plan to organize and deliver housing services to meet the specific needs of those in our community.

One example would be the two Shelter Plus Care Programs that LMHA has been awarded through the Balance of State application process. The LMHA was awarded enough funds to house at least 26 participants on the Shelter Plus Care I Program. These funds are for the seriously mentally ill, who must have been homeless at the time of admission into this program. The LMHA was awarded enough funds to house at least 15 participants on the Shelter Plus Care II Program. This Program is for those who have serious mental illness and chronic substance abuse. They must have been homeless at the time of admission. Both groups are considered hard-to-house. LMHA has managed these programs efficiently and with enough funds to house approximately 30-32 participants opposed to 26 in SPC I and approximately 20 participants opposed to 15 in SPC II. We will continue to apply for applicable renewals.

For the Public Housing Program, the LMHA will continue to network with the related agencies to better accommodate the elderly population. The LMHA will continue to improve the vacancy turnover rate. We will provide referral services and informational meetings in an attempt to improve the quality of life of the public housing residents.

|   |   |                              |                           |                                |                               |                                      |  |               |  |
|---|---|------------------------------|---------------------------|--------------------------------|-------------------------------|--------------------------------------|--|---------------|--|
| <b>Part I: Summary</b>                                  |   |                              |                           |                                |                               |                                      |  |               |  |
| <b>PHA Name: Licking Metropolitan Housing Authority</b> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>Grant Type and Number</b></td> <td style="width:50%;"><b>FFY of Grant: 2010</b></td> </tr> <tr> <td>Capital Fund Program Grant No:</td> <td><b>FFY of Grant Approval:</b></td> </tr> <tr> <td>Replacement Housing Factor Grant No:</td> <td></td> </tr> <tr> <td>Date of CFFP:</td> <td></td> </tr> </table> | <b>Grant Type and Number</b> | <b>FFY of Grant: 2010</b> | Capital Fund Program Grant No: | <b>FFY of Grant Approval:</b> | Replacement Housing Factor Grant No: |  | Date of CFFP: |  |
| <b>Grant Type and Number</b>                            | <b>FFY of Grant: 2010</b>   |                              |                           |                                |                               |                                      |  |               |  |
| Capital Fund Program Grant No:                          | <b>FFY of Grant Approval:</b>   |                              |                           |                                |                               |                                      |  |               |  |
| Replacement Housing Factor Grant No:                    |   |                              |                           |                                |                               |                                      |  |               |  |
| Date of CFFP:   |   |                              |                           |                                |                               |                                      |  |               |  |

|  |  |
|--|--|
| <b>Type of Grant</b><br><input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      )<br><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 |
| 1    | Total non-CFP Funds  |                      |                      |                                |          |
| 2    | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup> | 75,775               | 20,000               |                                |          |
| 3    | 1408 Management Improvements                                 | 3,000                | 3,000                |                                |          |
| 4    | 1410 Administration (may not exceed 10% of line 21)          |                      |                      |                                |          |
| 5    | 1411 Audit   |                      |                      |                                |          |
| 6    | 1415 Liquidated Damages                                      |                      |                      |                                |          |
| 7    | 1430 Fees and Costs  | 2,500                | 2,500                |                                |          |
| 8    | 1440 Site Acquisition  |                      |                      |                                |          |
| 9    | 1450 Site Improvement  |                      |                      |                                |          |
| 10   | 1460 Dwelling Structures                                     | 150,000              | 125,000              |                                |          |
| 11   | 1465.1 Dwelling Equipment—Nonexpendable                      |                      |                      |                                |          |
| 12   | 1470 Non-dwelling Structures                                 |                      |                      |                                |          |
| 13   | 1475 Non-dwelling Equipment                                  | 2,500                | 2,500                |                                |          |
| 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.

| <b>Part I: Summary</b>  |   |  |   |   |             |
|---|---|--|---|---|-------------|
| <b>PHA Name:</b><br>Licking<br>Metropolitna<br>Housing Authority              | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | <b>FFY of Grant:2010</b><br><b>FFY of Grant Approval:</b>        |   |   |             |
| <b>Type of Grant</b>  |   |  |   |   |             |
| <input 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  |  |   |   |             |
| 18ba  | 9000 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)  | 232,275  | 153,000   |   |             |
| 21  | Amount of line 20 Related to LBP Activities   |  |   |   |             |
| 22  | Amount of line 20 Related to Section 504 Activities   |  |   |   |             |
| 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   |  |   |   |             |
| <b>Signature of Executive Director Jody Hull-Arthur</b><br><b>09</b>          |   | <b>Date 7-9-</b>   | <b>Signature of Public Housing Director N/A</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.

| <b>Part II: Supporting Pages</b>                  |   |                            |   |                      |                      |                                   |                                |                |
|---|---|----------------------------|---|----------------------|----------------------|-----------------------------------|--------------------------------|----------------|
| PHA Name: Licking Metropolitan Housing Authority  |   |                            | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: |                      |                      | <b>Federal FFY of Grant: 2010</b> |                                |                |
| 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> |                |
| HA Wide   | Operations - HA Wide                            | 1406                       | 100%  | 75,770               | 20,000               |                                   |                                |                |
| OH-043001   | Management Improvements                         | 1408                       | 100%  | 3,000                | 2,000                |                                   |                                |                |
| OH-043001   | Windows & A/C Replacement                       | 1460                       | 100%  | 150,000              | 125,000              |                                   |                                |                |
| OH-043001   | Fees and Costs                                  | 1430                       | 100%  | 2,500                | 2,500                |                                   |                                |                |
| OH-043001   | Non-Dwelling Equipment                          | 1475                       | 100%  | 2,500                | 2,500                |                                   |                                |                |
|   |   |                            |   |                      |                      |                                   |                                |                |
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<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.

| <b>Part II: Supporting Pages</b>                  |   |   |          |                      |                      |                                 |                                |                |
|---|---|---|----------|----------------------|----------------------|---------------------------------|--------------------------------|----------------|
| PHA Name:   |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: |          |                      |                      | <b>Federal FFY of Grant:</b>    |                                |                |
| 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> |                |
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<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.

| <b>Part III: Implementation Schedule for Capital Fund Financing Program</b> |   |                               |   |                                |   |
|---|---|-------------------------------|---|--------------------------------|---|
| PHA Name: Licking Metropolitan Housing Authority                            |   |                               |   |                                | <b>Federal FFY of Grant: 2010</b>             |
| Development Number<br>Name/PHA-Wide<br>Activities                           | All Fund Obligated<br>(Quarter Ending Date) |                               | All Funds Expended<br>(Quarter Ending Date) |                                | Reasons for Revised Target Dates <sup>1</sup> |
|   | Original<br>Obligation End<br>Date          | Actual Obligation<br>End Date | Original Expenditure<br>End Date            | Actual Expenditure End<br>Date |   |
| HA - Wide Operations  | 09/30/12                                    | 09/30/12                      | 09/30/13                                    | 09/30/10                       |   |
| OH-043001 (1460)  | 09/30/12                                    | 09/30/12                      | 09/30/13                                    | 09/30/12                       |   |
| OH-043001 (1475)  | 09/30/12                                    | 09/30/12                      | 09/30/13                                    | 09/30/12                       |   |
| OH-043001 (1430)  | 09/30/12                                    | 09/30/12                      | 09/30/13                                    | 09/30/12                       |   |
| OH-040301 (1408)  | 09/30/12                                    | 09/30/12                      | 09/30/13                                    | 09/30/12                       |   |
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<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

| <b>Part III: Implementation Schedule for Capital Fund Financing Program</b> |   |                               |   |                                |   |
|---|---|-------------------------------|---|--------------------------------|---|
| PHA Name:   |   |                               |   | <b>Federal FFY of Grant:</b>   |   |
| Development Number<br>Name/PHA-Wide<br>Activities                           | All Fund Obligated<br>(Quarter Ending Date) |                               | All Funds Expended<br>(Quarter Ending Date) |                                | Reasons for Revised Target Dates <sup>1</sup> |
|   | Original<br>Obligation End<br>Date          | Actual Obligation<br>End Date | Original Expenditure<br>End Date            | Actual Expenditure End<br>Date |   |
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<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**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>    |  |   |   |   |  |   |
|---------------------------|--|---|---|---|--|---|
| PHA: Licking MHA/OH043001 |  | Locality: Newark, Licking Ohio                          |   |   | <input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: |   |
| A.                        | Development Number and Name                    | Work Statement for Year 1<br>FFY _____<br>_____2010____ | Work Statement for Year 2<br>FFY _____2011_____ | Work Statement for Year 3<br>FFY _____2012_____ | Work Statement for Year 4<br>FFY _____2013_____  | Work Statement for Year 5<br>FFY _____2014_____ |
| B.                        | Physical Improvements Subtotal                 | Annual Statement  | 125,000   | 130,000   | 135,000  | 140,000   |
| C.                        | Management Improvements                        |   | 3,000   | 3,000   | 3,000  | 3,000   |
| D.                        | PHA-Wide Non-dwelling Structures and Equipment |   | 2,500   | 2,500   | 2,500  | 2,500   |
| E.                        | Administration                                 |   |   |   |  |   |
| F.                        | Other  |   | 2,500   | 2,500   | 2,500  | 2,500   |
| G.                        | Operations                                     |   | 20,000  | 20,000  | 20,000   | 20,000  |
| H.                        | Demolition                                     |   |   |   |  |   |
| I.                        | Development                                    |   |   |   |  |   |
| J.                        | Capital Fund Financing – Debt Service          |   |   |   |  |   |
| K.                        | Total CFP Funds                                |   |   |   |  |   |
| L.                        | Total Non-CFP Funds                            |   |   |   |  |   |
| M.                        | Grand Total                                    |   | 153,000   | 158,000   | 163,000  | 168,000   |



**Part I: Summary (Continuation)**

| PHA Name/Number |                                | Locality (City/county & State)               |  |  |  | <input type="checkbox"/> Original 5-Year Plan | <input type="checkbox"/> Revision No: |
|-----------------|--------------------------------|--|--|--|--|---|---------------------------------------|
| A.              | Development Number<br>and Name | Work<br>Statement for<br>Year 1<br>FFY _____ | Work Statement for Year 2<br>FFY _____ | Work Statement for Year 3<br>FFY _____ | Work Statement for Year 4<br>FFY _____ | Work Statement for Year 5<br>FFY _____        |                                       |
|                 |                                | Annual<br>Statement                          |  |  |  |   |                                       |
|                 |                                |  |  |  |  |   |                                       |
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| <b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b> |  |          |                |  |          |                |
|---|--|----------|----------------|--|----------|----------------|
| Work Statement for Year 1 FFY ____2010____                          | Work Statement for Year ____4____<br>FFY ____2013____                      |          |                | Work Statement for Year: ____5____<br>FFY ____2014____                     |          |                |
|   | Development Number/Name<br>General Description of<br>Major Work Categories | Quantity | Estimated Cost | Development Number/Name<br>General Description of<br>Major Work Categories | Quantity | Estimated Cost |
| See   | New Boiler   | 50%      | 140,000        | New Boiler   | 50%      | 145,000        |
| Annual  | Non-Dwelling Equipment   | 100%     | 2,500          | Non-Dwelling Equipment   | 100%     | 2,500          |
| Statement   | Operations   | 100%     | 20,000         | Operations   | 100%     | 20,000         |
|   | Other  | 100%     | 2,500          | Other  | 100%     | 2,500          |
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|   | Subtotal of Estimated Cost   |          | \$165,000      | Subtotal of Estimated Cost   |          | \$170,000      |

| <b>Part III: Supporting Pages – Management Needs Work Statement(s)</b> |   |                |   |                |
|--|---|----------------|---|----------------|
| Work<br>Statement for<br>Year 1 FFY<br>__2010__                        | Work Statement for Year ____2____<br>FFY ____2011____                   |                | Work Statement for Year: ____3____<br>FFY ____2012____                  |                |
|  | Development Number/Name<br>General Description of Major Work Categories | Estimated Cost | Development Number/Name<br>General Description of Major Work Categories | Estimated Cost |
| See  | Management Improvement  | 3,000          | Management Improvement  | 3,000          |
| Annual<br>Statement  |   |                |   |                |
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|  | Subtotal of Estimated Cost  | \$3,000        | Subtotal of Estimated Cost  | \$3,000        |



## **NOTIFICATION REGARDING APPLICABLE PROVISIONS OF THE VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT OF 2005 (VAWA)**

The Violence against Women Reauthorization Act of 2005 (VAWA) requires PHAs to inform assisted tenants of their rights under this law, including their right to confidentiality and the limits thereof. Since VAWA provides protections for applicants as well as tenants, PHAs may elect to provide the same information to applicants. VAWA also requires PHAs to inform owners and managers of their obligations under this law.

This part describes the steps that the PHA will take to ensure that all actual and potential beneficiaries of its housing choice voucher program are notified about their rights and that owners and managers are notified of their obligations under VAWA.

### LMHA Policy

The LMHA will post the following information regarding VAWA in its offices and on its Web site. It will also make the information readily available to anyone who requests it.

A summary of the rights and protections provided by VAWA to housing choice voucher program applicants and participants who are or have been victims of domestic violence, dating violence, or stalking

The definitions of *domestic violence*, *dating violence*, and *stalking* provided in VAWA

An explanation of the documentation that the LMHA may require from an individual who claims the protections provided by VAWA

A copy of form HUD-50066, Certification of Domestic Violence, Dating Violence, or Stalking

A statement of the LMHA's obligation to keep confidential any information that it receives from a victim unless (a) the LMHA has the victim's written permission to release the information, (b) it needs to use the information in an eviction proceeding, or (c) it is compelled by law to release the information

The National Domestic Violence Hot Line: 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY)

Contact information for local victim advocacy groups or service providers

## **NOTIFICATION TO PARTICIPANTS [Pub.L. 109-162]**

VAWA requires PHAs to notify HCV program participants of their rights under this law, including their right to confidentiality and the limits thereof.

### LMHA Policy

The LMHA will provide all participants with notification of their protections and rights under VAWA at the time of admission and at annual reexamination.

The notice will explain the protections afforded under the law, inform the participant of LMHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The LMHA will also include in all assistance termination notices a statement explaining assistance termination protection provided by VAWA

## **NOTIFICATION TO APPLICANTS**

### LMHA Policy

The LMHA will provide all applicants with notification of their protections and rights under VAWA at the time they request an application for housing assistance.

The notice will explain the protections afforded under the law, inform each applicant of LMHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The LMHA will also include in all notices of denial a statement explaining the protection against denial provided by VAWA.

## **NOTIFICATION TO OWNERS AND MANAGERS [Pub.L. 109-162]**

VAWA requires PHAs to notify owners and managers of their rights and responsibilities under this law.

### LMHA Policy

Inform property owners and managers of their screening and termination responsibilities related to VAWA. The LMHA may utilize any or all of the following means to notify owners of their VAWA responsibilities:

As appropriate in day to day interactions with owners and managers.

Inserts in HAP payments, 1099s, owner workshops, classes, orientations, and/or newsletters.

Signs in the LMHA lobby and/or mass mailings which include model VAWA certification forms