

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Fairfield Metropolitan Housing Authority</u> PHA Code: <u>OH070</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2012</u>				
<b>2.0</b>	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>96</u> Number of HCV units: <u>949</u>				
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <b>N/A</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>N/A</b>				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission <b>N/A</b>				
<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>N/A</b>				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:  1. <b>Financial Resources.</b> 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.				
	<b>Financial Resources: Planned Sources and Uses</b>				
	<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>		
	<b>1. Federal Grants (FY 20__ grants)</b>				
	a) Public Housing Operating Fund	240,000			
	a) Public Housing Capital Fund	193,905			
	a) HOPE VI Revitalization				
	a) HOPE VI Demolition				
	b) Annual Contributions for Section 8 Tenant-Based Assistance	5,153,000			
	c) Resident Opportunity and Self-Sufficiency Grants	103,000			
	d) Community Development Block Grant				
	e) HOME				
	Other Federal Grants (list below)				

<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
501-10	166,810	
502-11		
501-04 (not yet approved)		
<b>3. Public Housing Dwelling Rental Income</b>	219,000	
<b>4. Other income (list below)</b>		
Other Business Activity	101,750	
Fraud Recovery, Interest & Misc.	54,885	
<b>4. Non-federal sources (list below)</b>		
Other Business Activity	7,900	
<b>Total resources</b>	6,334,000	

**2. Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** The PHA describes its 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.

NO REVISIONS

**3. Rent Determination.** The PHA describes its basic policies and the discretionary choices it has made regarding rent setting for assisted families. **SEE ATTACHMENT oh070k01**

SOP 2-35 Reasonable Child Care Costs – REVISION  
SOP 2-32 Interim Re-determination of Rent – REVISION  
SOP 2-30 Subsidy Standards – REVISION  
SOP 4-15 Rent Payment – REVISION  
HCV Utility Allowance – REVISION  
Resolution 813-10 HCV Payment Standards Adjustment

**4. Operation and Management.** The PHA describes its management and operational structure. **SEE ATTACHMENT oh070l01**

Organization Chart  
Resolution 786-10 FMHA Personnel Policy Manual – REVISION  
Resolution 798-10 Cost Allocation Plan - REVISION

**5. Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.

NO REVISIONS

**6. Designation of Public Housing.** The PHA identifies any public housing developments or any portion of these developments that are designated for occupancy by only elderly families, only families with disabilities, etc.

NO REVISIONS

**7. Community Service and Self-Sufficiency.** The PHA describes the self-sufficiency services and programs offered to residents by the PHA.  
NO REVISIONS

**8. PHA Safety and Crime Prevention.** The PHA describes its plan for safety and crime prevention to promote the safety of the residents it serves.

NO REVISIONS

**9. Pet Policy.** The PHA provides a statement of their policy regarding pet ownership in public housing.

NO REVISIONS

10. Other Plan Elements that have been revised by the PHA since its last Annual Plan submission: SEE ATTACHMENT oh070m01

SOP 2-27 Serious or Repeated Violations of the Lease Resulting in Termination of Benefits in the HCV Program – REVISION

SOP 2-04 Termination of Housing Choice Voucher Participation – REVISION

SOP 2-26 Drug, Alcohol, and/or Other Criminal Activity for Applicants and Participants - REVISION

(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.

**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.*

The Fairfield Metropolitan Housing Authority Housing Choice Voucher Homeownership Program is designed to expand homeownership opportunities for voucher participants. The program assists HCV participants to transition from rental assistance to homeownership using their voucher assistance.

The HCV Homeownership Program is available to all voucher holders who meet the minimum qualifications set forth in the HCV Homeownership Action Plan and who have the ability to independently secure a mortgage loan.

In 2009, FMHA received a ROSS grant for a Public Housing Family Self-Sufficiency Coordinator. We currently are serving 28 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

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

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

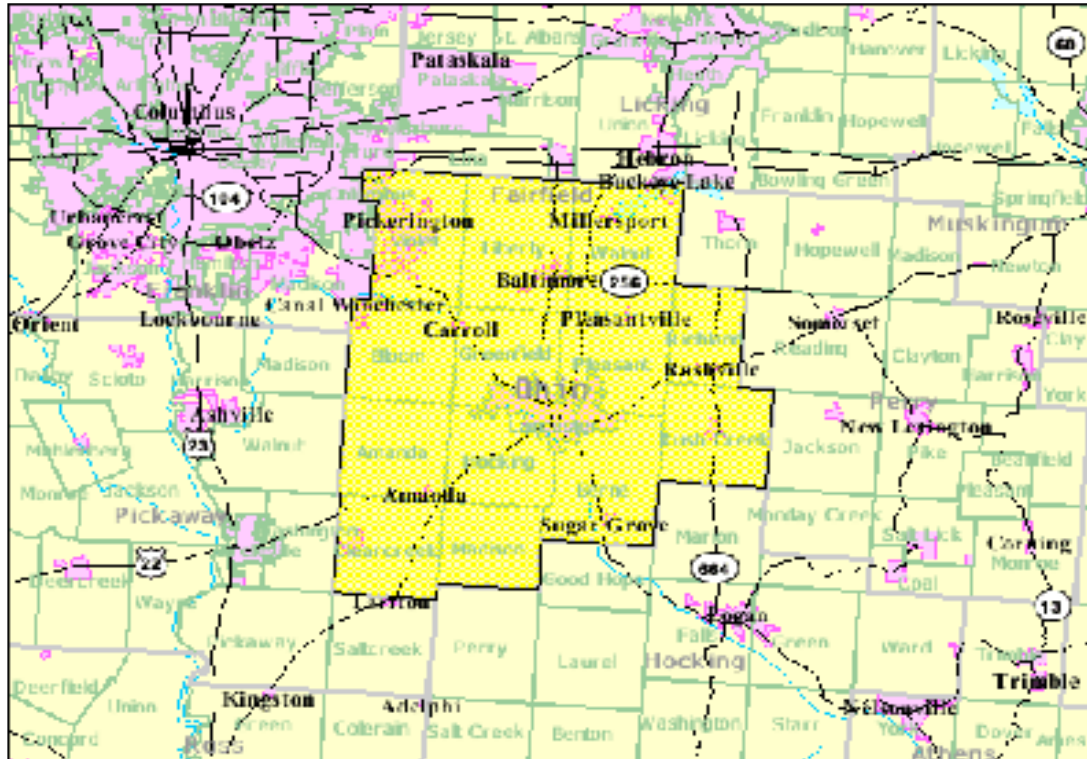
We hope to acquire a maintenance shop with room for storage and equipment.

7.0

	<p>Should Congress approve the TRA, FMHA anticipates converting Public Housing units.</p> <p>We would like to offer Section 8 HCV vouchers as project-based vouchers in development projects.</p> <p>We would like to project-base vouchers in several of our Affordable Housing Program homes and will continue to offer them for sale or sell these homes through land contracts.</p>																																																																																								
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																																																																																								
<b>8.1</b>	<p><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.</p> <p>(See Attachment oh070a01)</p>																																																																																								
<b>8.2</b>	<p><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.</p> <p>(See Attachment oh070b01)</p>																																																																																								
<b>8.3</b>	<p><b>Capital Fund Financing Program (CFFP).</b></p> <p><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.</p>																																																																																								
<b>9.0</b>	<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> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #4F81BD; color: white;"> <th colspan="8">Housing Needs of Families in the Jurisdiction by Family Type/Renters</th> </tr> <tr> <th>Family Type</th> <th>Overall</th> <th>Affordability</th> <th>Supply</th> <th>Quality</th> <th>Accessability</th> <th>Size</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>Income &lt;= 30% of AMI</td> <td>2745</td> <td>5</td> <td>3</td> <td>4</td> <td>4</td> <td>3</td> <td>3</td> </tr> <tr> <td>Income &gt;30% but &lt;=50% of AMI</td> <td>2185</td> <td>5</td> <td>3</td> <td>3</td> <td>4</td> <td>3</td> <td>3</td> </tr> <tr> <td>Income &gt;50% but &lt;80% of AMI</td> <td>3160</td> <td>5</td> <td>3</td> <td>3</td> <td>4</td> <td>3</td> <td>3</td> </tr> <tr> <td>Elderly</td> <td>1620</td> <td>5</td> <td>3</td> <td>3</td> <td>4</td> <td>3</td> <td>3</td> </tr> <tr> <td>Families with Disabilities</td> <td>1334</td> <td>5</td> <td>5</td> <td>3</td> <td>4</td> <td>3</td> <td>3</td> </tr> <tr> <td>Race/Ethnicity White</td> <td>7025</td> <td>5</td> <td>3</td> <td>3</td> <td>4</td> <td>3</td> <td>3</td> </tr> <tr> <td>Race/Ethnicity Black</td> <td>710</td> <td>5</td> <td>4</td> <td>3</td> <td>4</td> <td>3</td> <td>3</td> </tr> <tr> <td>Race/Ethnicity Hispanic</td> <td>110</td> <td>5</td> <td>4</td> <td>3</td> <td>4</td> <td>3</td> <td>3</td> </tr> <tr> <td>Race/Ethnicity Asian</td> <td>90</td> <td>5</td> <td>4</td> <td>3</td> <td>4</td> <td>3</td> <td>3</td> </tr> </tbody> </table>	Housing Needs of Families in the Jurisdiction by Family Type/Renters								Family Type	Overall	Affordability	Supply	Quality	Accessability	Size	Location	Income <= 30% of AMI	2745	5	3	4	4	3	3	Income >30% but <=50% of AMI	2185	5	3	3	4	3	3	Income >50% but <80% of AMI	3160	5	3	3	4	3	3	Elderly	1620	5	3	3	4	3	3	Families with Disabilities	1334	5	5	3	4	3	3	Race/Ethnicity White	7025	5	3	3	4	3	3	Race/Ethnicity Black	710	5	4	3	4	3	3	Race/Ethnicity Hispanic	110	5	4	3	4	3	3	Race/Ethnicity Asian	90	5	4	3	4	3	3
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### 1. General Jurisdiction Statement

The 2010 estimated population for Fairfield County is 146,156 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.



### II. State, County and Waiting List Population by Ethnicity (2009)

Race	Ohio %	Fairfield %	Waiting List %
White	82.7	90.2	74.18
Black	12.2	6.0	19.62
Hispanic	3.1	1.7	2.1
Asian	1.7	1.1	0.7
Other	0.3	1.0	3.4

### III. Income and Poverty

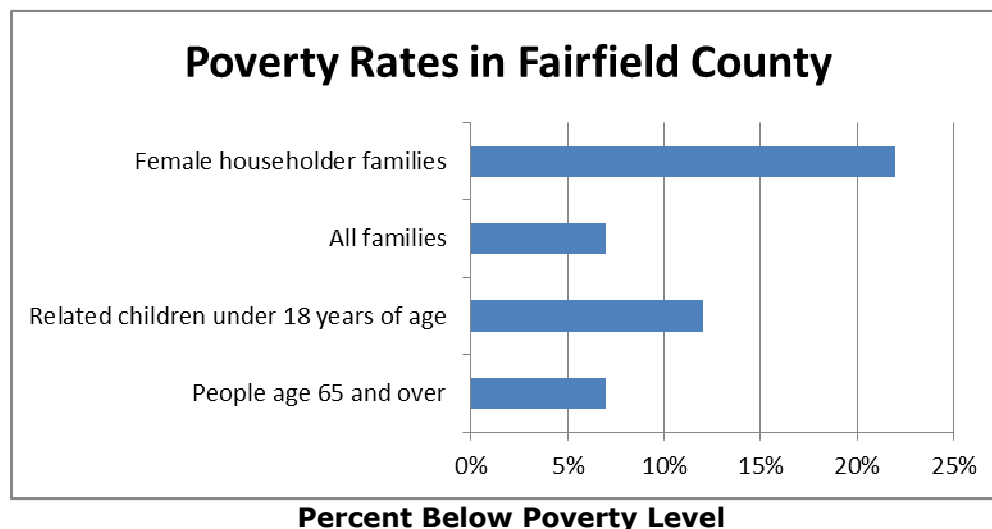
The median income of households in Fairfield County was \$56,955. Eighty-two percent of the households received earnings and 21 percent received retirement income other than Social Security. Twenty-six percent of the households received Social Security. The average income from Social Security was \$15,173. These income sources are not mutually exclusive; that is, some households received income from more than one source.

**INCOME FROM SUPPLEMENTAL SECURITY INCOME (SSI) - \$674/MO**

<b>Aged recipients</b>	1,950
<b>Blind/disabled recipients</b>	110
<b>Under the age of 18</b>	300
<b>Between the age of 18 and 64</b>	1,402
<b>Older than 64</b>	248
<b>Number of recipients also receiving OASDI</b>	648
<b>Total number of recipients</b>	1,950
<b>Amount of payments</b>	\$1,314,300

**POVERTY AND PARTICIPATION IN GOVERNMENT PROGRAMS**

In 2009, 13.1 percent of households were living in poverty. Twelve percent of related children under 18 were below the poverty level, compared with seven percent of people 65 years old and over. Seven percent of all families and 22 percent of families with a female householder and no husband present had incomes below the poverty level.



Out of 38,688 families, 2,626 are living below poverty level. One thousand, two hundred, ninety six households received cash public assistance income and 4,310 received food stamp/SNAP benefits in the past 12 months.

**IV. People in group quarters in Fairfield County**

- **1,659 people** in state prisons
- **746 people** in nursing homes
- **98 people** in local jails and other confinement facilities (including police lockups)
- **41 people** in other non-institutional group quarters
- **12 people** in other group homes
- **9 people** in hospitals/wards and hospices for chronically ill
- **9 people** in military hospitals or wards for chronically ill
- **9 people** in homes for the mentally ill
- **8 people** in homes for the mentally disabled
- **5 people** in homes or halfway houses for drug/alcohol abuse
- **4 people** in religious group quarters

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

According to the U.S. Census Bureau, there were 51,974 households in Fairfield County. The average household size is 2.66 people.

Families made up 75 percent of the households. This figure includes both married couple families (60%) and other families (16%). The remaining 24 percent was made up of non-family 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 51,974 occupied housing units – 39,996 (77%) owner occupied and 11,978 (23%) renter occupied. The monthly housing costs for renters was \$724, furthermore 44% percent of renters spent 30 percent or more of household income on housing.

#### **Tenant Rental Cost**

Forty four percent of renters in Fairfield County spent thirty percent or more of household income on housing.

<b>Rent Amount</b>	<b>Fairfield County</b>	<b>HCV Program</b>	<b>PH Program</b>
Less than \$100	58	183	14
\$100 - \$199	259	282	12
\$200 - \$299	314	143	12
\$300 - \$399	493	89	10
\$400 - \$499	700	36	4
\$500 - \$599	1545	14	20
\$600 - \$699	1888	4	0
\$700 - \$799	2020	0	0
\$800 - \$899	1357	1	0
\$900 - \$999	1027	0	0
\$1000 - \$1,499	1490	0	0
\$1500 or more	278	0	0
No cash rent	549	192	25

#### **Per the U.S. Census Bureau American Factfinder 2009 – Housing Unit Types**

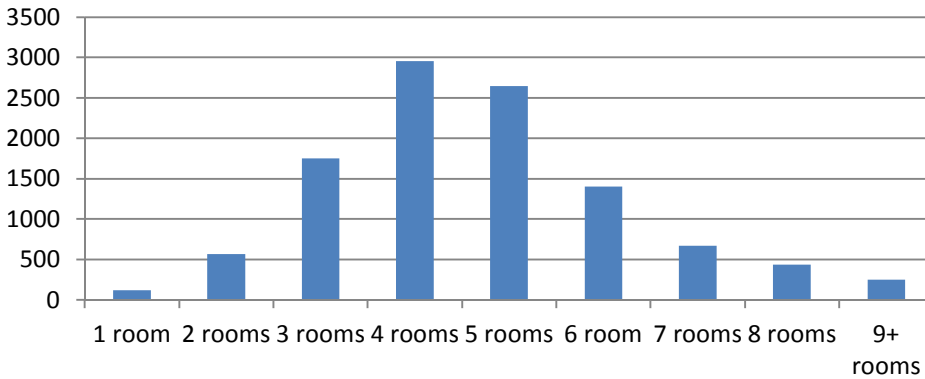
- 80.2%% of the total housing units available in the County are 1-unit detached
- 2.5% are 1 unit attached
- Mobile homes make up 2.6% of the County's available units
- 3 or 4 units in a structure provide 4% of the available units
- 5 to 9 units in a structure provide 3.9% of the available units
- 20 or more units in a structure provide 2.1% of the available units

#### **V. Quality of Units**

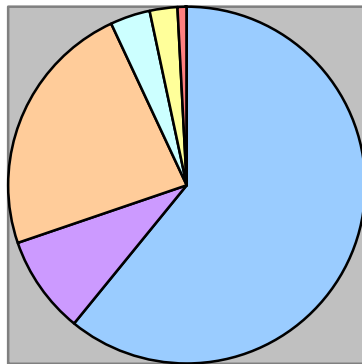
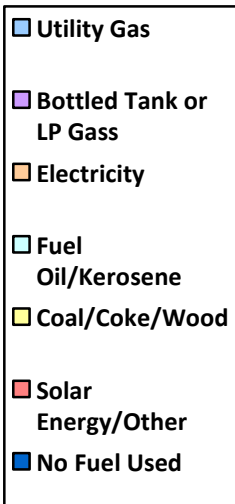
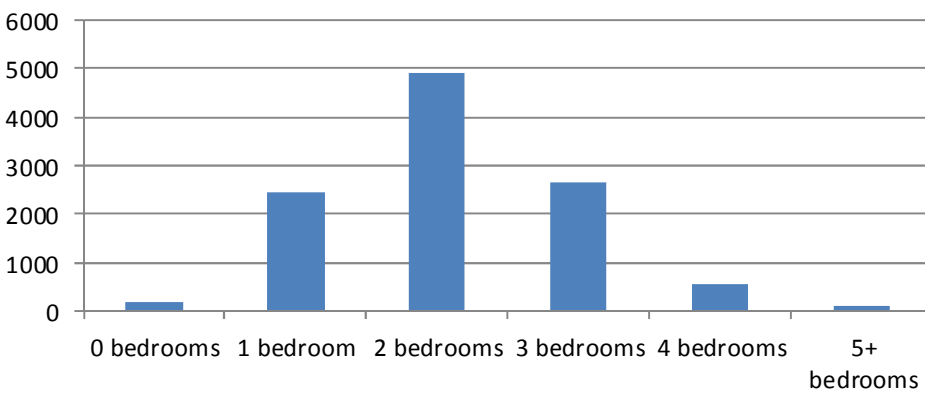
Based on the available data (2005-2009 American Factfinder), the percentage of units with significant issues making them unsuitable or undesirable for use was small although the majority of units are aging and maintenance could cause availability to decrease long-term.

- .2% of the occupied units lacked complete plumbing facilities
- .5% lacked complete kitchen facilities
- 2.6% lacked telephone service

## Renter-Occupied Rooms in Houses/Apartments



## Renter-Occupied Bedrooms in Houses/Apartments



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



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."*

## **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)
- 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.

There are no site-based Waiting List.

<b>Housing Needs of Families on the HCV Waiting List</b>			
	# of families	% of total families	Annual Turnover
Waiting list total	1522		154
Extremely low income <=30% AMI	1207	79.03%	
Very low income (>30% but <=50% AMI)	190	12.48%	
Low income (>50% but <80% AMI)	273	17.94%	
Families with children	988	64.91%	
Elderly families	93	6.11%	
Families with Disabilities	341	22.40%	
Race/ethnicity-White	1128	74.11%	
Race/ethnicity-Black	301	19.78%	
Race/ethnicity-Hispanic	30	1.97%	
Race/ethnicity-Other	20	1.32%	

Is the waiting list closed (select one)?  No  Yes

If yes:

**HOW LONG HAS IT BEEN CLOSED? MARCH 1, 2010**

Does the PHA expect to reopen the list in the PHA Plan year?  No  Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed?  No  Yes

**Housing Needs of Families on the Public Housing Waiting List**

	# of families	% of total families	Annual Turnover
Waiting list total	1741		17
Extremely low income <=30% AMI	1,453	83.46%	
Very low income (>30% but <=50% AMI)	234	13.44%	
Low income (>50% but <80% AMI)	41	2.35%	
Families with children	1,636	93.97%	
Elderly families	15	.86%	
Families with Disabilities	235	13.50%	
Race/ethnicity- White	1,268	72.83%	
Race/ethnicity- Black	372	21.37%	
Race/ethnicity- Hispanic	40	2.30%	
Race/ethnicity- Other	20	1.15%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	0	0.01%	
2 BR	1117	64.16%	
3 BR	498	28.6%	
4 BR	2	.11%	
5 BR	0	0%	
5+ BR	0	0%	

\*7.13% did not respond to question on application

Is the waiting list closed (select one)?  No  Yes

If yes:

**HOW LONG HAS IT BEEN CLOSED?**

Does the PHA expect to reopen the list in the PHA Plan year?  No  Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed?  No  Yes

**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.

Although the Section 8 Housing Choice Voucher Program leases 100% of its allotted vouchers (949) annually, the number of vouchers available does not meet the need in Fairfield County. The HCV Waiting List closed in March 31, 2010 with over 3000 families waiting for housing.

FMHA is an active founding 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 minimal turnover time for vacated Public Housing units
- C. Keep time to renovate Public Housing units minimal
- 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 for disabled, homeless

9.1

- 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, reentry individuals from prison, 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)

**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.**

(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.

**2010 5-Year Plan Goals**

Within the structure of the Housing Choice Voucher and Public Housing programs, FMHA strategies are designed to improve the lives of those residents in its jurisdiction by:

***Expanding the supply of assisted affordable housing***

In February 2011, FMHA began assisting 21 additional households with a Shelter Plus Care grant for homeless and disabled families.

In reaching occupancy goals, Public Housing continues to meet its turnover rate in vacant units.

By pulling names monthly from the HCV Waiting List, we continue to maximize every unit month available in our Voucher program.

***Improving the quality of assisted affordable housing***

FMHA is committed to assuring that the proper level of benefits are received by all participating families and that housing resources reach only income-eligible families so that program integrity can be maintained. The FMHA takes all steps necessary to prevent fraud, waste and mismanagement so that program resources are utilized judiciously. Methods and practices include, but are not limited to written materials designed for the participants to understand program rules; program briefing sessions prior to issuance of assistance, posting

10.0

of instructive signs and brochures in our lobby, verification of participant income, employment, and other eligibility information. FMHA has a system in place to "Quality Control" tenant files in all programs.

Physical improvements to the Public Housing units this year include:

- Windows in 33 units
- Floors in 12 units
- Drainage and concrete work in 14 units
- Kitchen remodels in 13 units
- Gutters and downspouts in 8 units
- Bath rehabs
- Driveways, retaining wall, and steps that affected 10 units

***Increasing the assisted affordable housing choices***

FMHA continues to inform participants about variety of options available to them when selecting a unit to rent.

***Improving the living environment of assisted affordable housing***

Our Resident Opportunities Supportive Service (ROSS) Coordinator has been working closely with families who live in our Public Housing units. She's been building relationships, trust, and setting goals for those families who are trying to meet their basic needs.

The PH FSS Coordinator and the ROSS Coordinator issue a quarterly newsletter to residents.

Our PH FSS Coordinator and our ROSS Coordinator held several events this year for our residents. They include a Christmas party, a cookout, couponing classes, and a photographer who takes family photos as well as graduation pictures. We also partner with a local greenhouse and offer a "Flower Sale" to residents at a discount price and easy payment plan.

FMHA has initiated a neighborhood Block Watch program. We continue to communicate with residents regarding security and safety issues. The Lancaster Police Department continues to provide crime data to the FMHA staff for analysis and action. The LPD regularly patrol FMHA neighborhoods.

***Promoting self-sufficiency through increased income and asset development***

Our HCV Family Self-Sufficiency and Homeownership programs continue to grow and link current participants with community resources. Our HCV FSS program now has a Waiting List for individuals who are eager to be a part of this program. We've expanded the number served from 20 to 60 (our goal is 75). The HCV FSS Coordinator issues a quarterly newsletter to participants.

We had two voucher participants purchase homes this year through our Homeownership Program.

Our Public Housing Family Self-Sufficiency Program has fulfilled its allotted number of participants and now has a waiting list. Our FSS Coordinator works closely with families to improve quality of life and make community services accessible. Both FSS programs teach budgeting and encourage asset development.

FMHA makes every effort to direct employment and other economic opportunities to the greatest extent possible toward low and very low, extremely low income persons who are recipients of the Public Housing program. Employment opportunities are posted on the FMHA website as well as placed in our monthly newsletter which is distributed to all residents.

**Ensure equal opportunity and further fair housing practices**

We continue to train and inform staff about fair housing and equal opportunity issues. We made a booklet available to landlords at no cost regarding how to properly advertise rental units. We continue to offer materials in our lobby and in our Briefing Packets about Fair Housing and how to file a complaint if someone feels they have been a victim of discrimination.

These accomplishments were completed with solid year-end financial position despite funding challenges from Congress.

**Section 8 Housing Choice Voucher**

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 2001-2010 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. Briefing classes encourage participants to expand their searches for housing to include quality units in better neighborhoods.

**Public Housing**

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. FMHA is designated as a "High Performer".

**Housing Solutions**

Housing Solutions, headed by a HUD Certified Housing Counselor, continues to provide Foreclosure, Pre-Purchase, Budgeting and Credit Repair counseling to the public. FMHA applied for and received HUD approval as a Certified Housing Counseling AGENCY in 2010. We expanded the program by hiring an additional housing counselor.

**Community Outreach**

Outreach projects to the community include our annual Homeownership Expo and annual Supply Our Students (SOS) for school supplies. Our HCV Department held Landlord Appreciation Nights. The topics at these events include Fair Housing, maintaining quality rental units, HQS, Landlord Training Program, etc.

The Fairfield Metropolitan Housing Authority continues to make significant progress toward accomplishing its stated goals 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.

(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 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 change in the direction pertaining to its goals and objectives or major shift in the operating of the Housing Authority that will have an adverse effect 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, such as:

- Addition of new work items (excluding emergency work) not included in the Capital Fund Program 5-Year Action Plan or Annual Statement, exceeding 30% of the current fiscal year's grant
- New program activities required or adopted to reflect changes in HUD regulations or as a result of a declared national or local emergency are exempted actions. In such cases, the administrative programmatic changes implemented will not be considered as a substantial Amendment or Modification to the Five-Year and Annual 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;



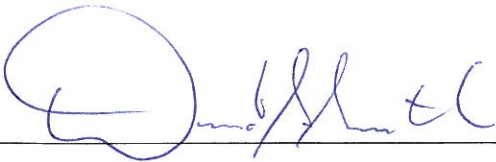
	<p>6. Upon HUD approval those changes will be implemented.</p> <p>Concerning all other changes to the Housing Choice Voucher Administrative Plan, which have been board approved, copies will be e-mailed to the appropriate HUD official for review and retention as requested by the Department of Housing and Urban Development Field Office.</p> <p>Concerning changes to the Family Self-Sufficiency &amp; 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.</p> <p>Concerning changes to the Admissions and Continued Occupancy Plan, after board approval, copies will be submitted to the appropriate HUD official.</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) <b>SEE ATTACHMENT oh070a01</b></p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) <b>SEE ATTACHMENT oh070b01</b></p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> <b>SEE ATTACHMENT oh070c01</b></p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) <b>SEE ATTACHMENT oh070d01</b></p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) <b>SEE ATTACHMENT oh070e01</b></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. <b>SEE ATTACHMENT oh070f01</b></p> <p>(g) Challenged Elements <b>SEE ATTACHMENT 0h070g01</b></p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> <b>SEE ATTACHMENT oh070h01</b></p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) <b>SEE ATTACHMENT oh070i01</b></p> <p><b>See Attachments for HUD forms</b></p>
	<p>The following public notice appeared in the Lancaster Eagle Gazette:</p> <p>The Fairfield Metropolitan Housing Authority (FMHA) is currently in the process of completing its annual Agency Plan in conjunction with the Quality Housing and Work Responsibility Act of 1998. The Agency Plan, once approved by the U.S. Department of Housing and Urban Development (HUD), will guide the FMHA in serving the needs of low-income and very low-income families beginning January 1, 2012.</p> <p>The proposed Agency Plan and all supporting documents will be available for review and inspection by the public at our office located at 315 North Columbus Street, Lancaster, OH beginning November 23. A public hearing has been scheduled for public comment on (Public Hearing #1 on September 7, 2011, Public Hearing #2 on January 9, 2012) from 9:00 to 10:00 am at the same location.</p> <p>Prior to public hearing, general comments can be directed in writing to:</p> <p>Bruce Burns, Executive Director Fairfield Metropolitan Housing Authority 315 North Columbus Street Lancaster, OH 43130</p> <p>Public Hearings were held on 9/7/11 and 1/9/12. No one attended either Public Hearing.</p>

**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 of the City of Lancaster 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.

 7-11-11

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, Mike Kiger 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.



July 26, 2011

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  
OMB# 2577-0226  
Expires 06/30/2011

**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 2012 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 2, 2011

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

**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 \_\_\_ 5-Year and/or  Annual PHA Plan for the PHA fiscal year beginning 2012, 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.

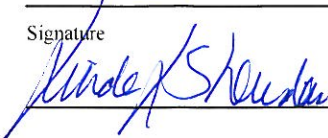
Fairfield MHA  
PHA Name

0H070  
PHA Number/HA Code

\_\_\_\_ 5-Year PHA Plan for Fiscal Years 20\_\_\_\_ - 20\_\_\_\_

X Annual PHA Plan for Fiscal Years 2012 - 2012

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, Board of Commissioners</u>
Signature	Date
<u></u>	<u>10/7/11</u>

# 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:*

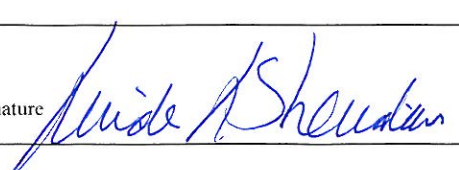
The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further 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	09/14/2011

# 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 Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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

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

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

g. Making a good faith effort to continue to maintain a 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 N 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

Title

EXECUTIVE DIRECTOR

Signature

X 

Date

10/3/2011



**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 <b>BRUCE BURNS</b>	Title <b>EXECUTIVE DIRECTOR</b>
Signature 	Date (mm/dd/yyyy) <b>10/3/2011</b>

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> 31 a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> A a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known :  Congressional District, if known : 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known :	
<b>6. Federal Department/Agency:</b> DEPT OF HOUSING AND URBAN DEVELOPMENT	<b>7. Federal Program Name/Description:</b> SECT 8 HOUSING CHOICE VOUCHER/PUBLIC HOUSING CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known :</b>	<b>9. Award Amount, if known :</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (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> Print Name: <u>BRUCE BURNS</u> Title: <u>EXECUTIVE DIRECTOR</u> Telephone No.: <u>740-653-6618</u> Date: <u>10/3/2011</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

Approved by OMB  
0348-0046

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



## Annual Plan Comments from the RAB Board

Thank you for taking the time to review Fairfield Metropolitan Housing Authorities 2012 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:

I would like to see new floors put in sooner than planned. Also new lights on the streets for nighttime is needed. I so much appreciate the help you've given me and my children. Thank You.

OR

I have attended the RAB meeting on August 11, 2011 held at the Fairfield Metropolitan Housing Authority Community Building and do not wish to comment on the annual plan.

PH Resident Signature: Barb Gardner

Date viewed and signed: 8/11/11

### FAIRFIELD METROPOLITAN HOUSING AUTHORITY

115 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: [jkeller@fairfieldmha.org](mailto:jkeller@fairfieldmha.org)

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



*Serving Our Community  
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Jackie Keller-PH Manager

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

\* Year 2014 1460 Kitchen Rebuild - faucet replacements 2012 / faucet pieces  
\* Year 2016 1450 Gutters / Downspouts - Handover Gutters replaced 1623 Handover  
I would suggest each unit having walk through there.  
A lot of "small" things needing work in multiple units should be allocated each year.

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Serving Our Community with Safe and Affordable Housing

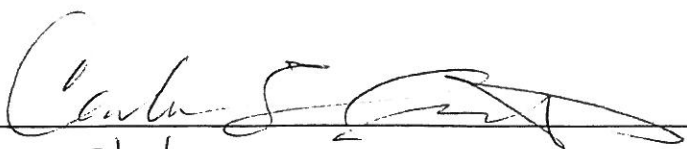
Jackie Keller-PH Manager

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OR

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PH Resident Signature:   
Date viewed and signed: 8/11/11



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

Move gutters & Down spouts from 2015 to ~~2016~~ <sup>sooner</sup>  
move flooring ~~to~~ from 2016 to ~~2017~~ <sup>sooner</sup>

Dishwashers  
Kitchen ~~remodel~~ remodels  
new locks on doors  
new Door throughout house

Multiple horizontal lines for additional handwritten comments.

OR

I have attended the RAB meeting on August 11, 2011 held at the Fairfield Metropolitan Housing Authority Community Building and do not wish to comment on the annual plan.

PH Resident Signature: Amanda L. Crum

Date viewed and signed: 8-11-11

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

- ① Dishwasher
- ② Drainage - rains there is a stream running down my back yard

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OR

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

*Tenie Castro*

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

*8-11-2011*



## Annual Plan Comments from the RAB Board

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

Lights in closets  
Light fixtures in Bedrooms/Living Room  
Trash Receptacles for each unit  
Dishwashers  
Drainage Tile on Driveway  
Replace flooring  
New shutters/ Paint shutters

OR

I have attended the RAB meeting on August 11, 2011 held at the Fairfield Metropolitan Housing Authority Community Building and do not wish to comment on the annual plan.

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

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

*Mary Ellen*  
8/11/11

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

I agree with a lot of what has been read. I live on Lane St and every time it rains my shed floods. I don't know what should be done to fix it.

I have cracks in my ceiling and walls my floor is lifted in places.

My downstairs toilet was broken in Feb. 2011 and they replaced the wax ring. But it still leaks and the floor is wet under the tile. And needs replaced.

Dishwashers would be nice. More efficient, and easier.

~~I also think that any~~

I also think that any resident with children under 12 should be in a single unit home with a fence. I have other people's children in my yard, turning on my water.

Brittany Hutsler - 740-503-4686

OR

I have attended the RAB meeting on August 11, 2011 held at the Fairfield Metropolitan Housing Authority Community Building and do not wish to comment on the annual plan.

PH Resident Signature: Brittany Hutsler

Date viewed and signed: August 11, 2011

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## Annual Plan Comments from the RAB Board

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

dishwashers in all units for 2012  
new closets organizers in units.

### **FAIRFIELD METROPOLITAN HOUSING AUTHORITY**

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OR

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PH Resident Signature: Jennifer D. Dzies

Date viewed and signed: 8-11-11

**FAIRFIELD  
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**Annual Plan Comments from the RAB Board**

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

public housing owns enough property for the maintenance team to build a pole building on. 50,000 should be more than enough.

We really need our duct/vents cleaned now they are very dirty. We CAN NOT wait!

Insted of doing complete renobs to certain rooms. Usual only certain things actually need replaced.

Drainage needs fixed asap because our ~~are~~ children are rarely able to play in the yard

OR

I have attended the RAB meeting on August 11, 2011 held at the Fairfield Metropolitan Housing Authority Community Building and do not wish to comment on the annual plan.

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

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

*W. N. Stewart*  
Wendy N. Stewart

## Annual Plan Comments from the RAB Board

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

*If we move up tractor purchase we can cut salary, by hly. This is possible by spreading out maintenance shop funds over the entire 5 yr plan. I attached my version of budget. If you need some clarification please call Brad Stewart (740)808-7569 or Email brad@sefarrier.com*

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

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

*8-11-11*

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## SURVEY RESULTS FROM RESIDENTS FOR ANNUAL PLAN 2012

95 Surveys were sent out to all Public Housing Residents and FMHA received 12 back which is almost 12% 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) BY PUBLIC HOUSING RESIDENTS:

- New appliances
- New Kitchens
- Bathroom remodels with new fixtures.
- Playground for children in the neighborhoods
- Ceiling Fans
- Dishwashers
- Fencing
- Security Lighting with motion sensors
- Remove unnecessary bushes in yards
- Trim back trees more often
- Complete more playground equipment on E. Walnut Street
- Speed bumps on the streets
- Painting of rental units more often
- Screen Doors
- Floor replacement
- Gutters and Downspouts
- Shutters
- Siding
- Sidewalk and Driveway concrete work
- Interior Doors
- Rewire rental units to the new cable for optimum performance
- Power washing of rental units
- Replacing or painting exterior doors
- Lawn Treatment for grubs, ants and weeds

### SUGGESTIONS FOR MAINTENANCE IMPROVEMENTS:

- Additions to Emergency Work orders (no suggestions though)
- Faster completion of work orders
- Better upkeep of common areas
- They are great!
- They do a really good job
- Friendlier maintenance staff
- Would like ER phone call returned quicker

### SUGGESTIONS FOR PUBLIC HOUSING STAFF:

- Be more lenient with late rents
- You guys do a very good job
- They are great!
- Return phone calls faster
- More presence in the neighborhood(s)
- Do more inspections

FAIRFIELD  
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*Serving Our Community  
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Housing*

*Bruce Burns Executive  
Director*

*Jackie Keller PH Manager*

**Jackie Keller**

**Public Housing Manager**

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The following comments were located in the "other" section:

- Play area for kids with swings, slide, and teeter totter.
- I am grateful for my house and the program that you guys have. Thank you!
- Child too young to play outside by himself right now so no suggestions for improvements for children in the neighborhoods however she would really like a dishwasher!
- People should not have other people living or staying with them past their 14 days.
- Residents should be able to pick who they want to live in the neighborhoods.
- Residents and their guests need to slow down.
- Children should watch for cars and cars should watch for children.
- Kids need to stay out of other peoples' driveway and yards unless they are invited.

**NARRATIVE FOR SURVEY/ANNUAL PLAN 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.

Suggestions and complaints that are received by the Public Housing manager regarding customer services issues will be addressed at the next department meeting, so that staff may set goals to attain a higher level of customer satisfaction for our residents.

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

Suggestions from the RAB committee regarding FMHA's annual plan are valuable tools for the Public Housing Staff to ensure their needs and wants are included in the annual plan before it is finalized. However, some suggestions clients give may not be used due to funding restraints and priorities set by staff from REAC/UPCS inspections.

Jackie Keller  
Public Housing Manager

## **Narrative from the PH FSS Coordinator**

As the FSS Coordinator for Public Housing I have combined efforts with the PH Supportive Services Coordinator to conduct a successful RAB Committee. I feel that the bond and trust established with families during our home visits promote an environment where the families are eager to participate in such committees because they feel that their opinion matters and their voices will be heard. This was evident in the success of the RAB Committee in the 2010/2011 years. I am quite certain that the RAB will continue to gain new members and activities in the upcoming years. We have many strong leaders throughout our communities that are committed to improving their neighborhoods

Members of the RAB who continuously participated in the 2010/2011 years

Tracy Rich (Chairman) -1921 West Chestnut St  
Brad Stewart (Co-Chair)-1915 West Chestnut St  
Barb Gardner-1670 Hanover Ct  
Tenie Casto-1677 Hanover Ct  
Cassandra Smith-1623 Hanover Ct  
Lindsey Evans-1684 Hanover Ct.



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**Jackie Keller  
Public Housing  
Manager**

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ANNUAL PLAN SPECIAL RAB MEETING  
SIGN IN SHEET  
DATE: DECEMBER 19, 2011

<u>Resident Name</u>	<u>Resident Address</u>	<u>Resident Email</u>
Brad Stewart	1915 W Chestnut St	brad@sefarrier.com
Carrie Schweikert	1422 E Walnut St	Carriegemini2005@yahoo.com
Tennie Castro	1677 Hanover Ct.	rabbitluv2000@yahoo.com

Thank you for taking the time to attend and comment on FMHA's Annual Plan. Your ideas and opinions are very important to us. Please feel free to ask questions or contact Jackie at a later time with any ideas or questions you may have at (740) 653-6618 ext 231 or email: [jakeller@fairfieldmha.org](mailto:jakeller@fairfieldmha.org).

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Public Housing  
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**Annual Plan Comments from the RAB Board**

Thank you for taking the time to review Fairfield Metropolitan Housing Authorities 2012 revised 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 revised 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 **December 19, 2011** held at FMHA's Community Building located at 1648 Hanover Court, Lancaster, Ohio and do not wish to comment on the annual plan.

PH Resident Signature: Ternie Casto

Date viewed and signed: Dec. 19, 2011

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

Lined area for comments and suggestions.

OR

I have attended the RAB meeting on **December 19, 2011** held at FMHA's Community Building located at 1648 Hanover Court, Lancaster, Ohio and do not wish to comment on the annual plan.

PH Resident Signature: Carrie Schweinat

Date viewed and signed: 12/19/11

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EQUAL HOUSING  
OPPORTUNITY

**Jackie Keller  
Public Housing  
Manager**

*"Serving Our  
Community with Safe  
and Affordable  
Housing"*

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.

**Annual Plan Comments from the RAB Board**

Thank you for taking the time to review Fairfield Metropolitan Housing Authorities 2012 revised 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 revised annual plan for Fairfield Metropolitan Housing Authority and have the following comments and suggestions:

*the comments and budget adjustments made on last paper that still apply. still consider please*

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OR

I have attended the RAB meeting on **December 19, 2011** held at FMHA's Community Building located at 1648 Hanover Court, Lancaster, Ohio and do not wish to comment on the annual plan.

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

Date viewed and signed: 12/19/11

## **SURVEY RESULTS FROM RESIDENTS FOR ANNUAL PLAN 2012**

95 Surveys were sent out to all Public Housing Residents and FMHA received 12 back which is almost 12% 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) BY PUBLIC HOUSING RESIDENTS:

- New appliances
- New Kitchens
- Bathroom remodels with new fixtures.
- Playground for children in the neighborhoods
- Ceiling Fans
- Dishwashers
- Fencing
- Security Lighting with motion sensors
- Remove unnecessary bushes in yards
- Trim back trees more often
- Complete more playground equipment on E. Walnut Street
- Speed bumps on the streets
- Painting of rental units more often
- Screen Doors
- Floor replacement
- Gutters and Downspouts
- Shutters
- Siding
- Sidewalk and Driveway concrete work
- Interior Doors
- Rewire rental units to the new cable for optimum performance
- Power washing of rental units
- Replacing or painting exterior doors
- Lawn Treatment for grubs, ants and weeds

### SUGGESTIONS FOR MAINTENANCE IMPROVEMENTS:

- Additions to Emergency Work orders (no suggestions though)
- Faster completion of work orders
- Better upkeep of common areas
- They are great!
- They do a really good job
- Friendlier maintenance staff
- Would like ER phone call returned quicker

### SUGGESTIONS FOR PUBLIC HOUSING STAFF:

- Be more lenient with late rents
- You guys do a very good job

- They are great!
- Return phone calls faster
- More presence in the neighborhood(s)
- Do more inspections

The following comments were located in the "other" section:

- Play area for kids with swings, slide, and teeter totter.
- I am grateful for my house and the program that you guys have. Thank you!
- Child too young to play outside by himself right now so no suggestions for improvements for children in the neighborhoods however she would really like a dishwasher!
- People should not have other people living or staying with them past their 14 days.
- Residents should be able to pick who they want to live in the neighborhoods.
- Residents and their guests need to slow down.
- Children should watch for cars and cars should watch for children.
- Kids need to stay out of other peoples' driveway and yards unless they are invited.

### **NARRATIVE FOR SURVEY/ANNUAL PLAN 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.

Suggestions and complaints that are received by the Public Housing manager regarding customer services issues will be addressed at the next department meeting, so that staff may set goals to attain a higher level of customer satisfaction for our residents.

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

Suggestions from the RAB committee regarding FMHA's annual plan are valuable tools for the Public Housing Staff to ensure their needs and wants are included in the annual plan before it is finalized. However, some suggestions clients give may not be used due to funding restraints and priorities set by staff from REAC/UPCS inspections.

On December 19, 2011 we held a special RAB meeting to go over the revisions of the annual plan. During this meeting I explained to our residents each deficiency that was noted from HUD and what I did to correct these deficiencies. The only comment received was that we should purchase the riding lawn tractor earlier than the year it was stated in the annual plan. I explained that when we receive a grant we can designate what we will spend the grant on and if it makes sense to purchase a new riding tractor at that time we will certainly do that. All comments are noted on the three (3) comment forms.

Jackie Keller-Public Housing Manager

**Required Submission for HUD Field Office Review.** In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office.

g) Challenged Elements

**There were no challenged elements.**

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**

PHA Name: Fairfield Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2012 FFY of Grant Approval:
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) Final Performance and Evaluation Report		Obligated	Total Actual Cost <sup>1</sup>	
			Original	Revised <sup>2</sup>		Expended	
1	Total non-CFP Funds		0				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		23,810				
3	1408 Management Improvements		0				
4	1410 Administration (may not exceed 10% of line 21)		14,500				
5	1411 Audit		0				
6	1415 Liquidated Damages		0				
7	1430 Fees and Costs		0				
8	1440 Site Acquisition		0				
9	1450 Site Improvement		45,000				
10	1460 Dwelling Structures		75,500				
11	1465.1 Dwelling Equipment—Nonependable		6,000				
12	1470 Non-dwelling Structures		0				
13	1475 Non-dwelling Equipment		2,000				
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>		<b>FFY of Grant: 2012</b>	
<b>PHA Name:</b> Fairfield Metropolitan Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval:</b>	

Line	Summary by Development Account	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>	Expended
		Original	Revised <sup>2</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)					
20	Amount of Annual Grant: (sum of lines 2 - 19)	166,810				
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					

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

Signature of Executive Director: *[Signature]* Date: *1/22/12* Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

<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.

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2012		
PHA Name: Fairfield Metropolitan Housing Authority		Capital Fund Program Grant No:				
		CFPP (Yes/ No):				
		Replacement Housing Factor Grant No:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work
PHA WIDE	Operations	1406		Original		
PHA WIDE	*Mowing Equipment	1406		Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
PHA Wide	Administration	1410		3,810		
PHA Wide	Site Improvements	1450		14,500		
	Landscaping & Drainage	1450		3,500		
	Gutters and Downspouts	1450		3,500		
	Concrete work	1450		10,000		
	Security Lighting	1450		5,000		
	Signs and speedbumps for safety in neighborhoods	1450		5,000		
	Sewage line replacement	1450		5,000		
	Porch railings and posts	1450		3,000		
	Fencing	1450		10,000		
PHA WIDE	Dwelling Structures	1460				
	Remodel Kitchens	1460		15,000		
	Bath remodels	1460		15,000		
	Flooring	1460		15,000		
	Interior and Exterior doors including storm doors	1460		5,000		
	New Shutters	1460		2,500		
	Siding (repair or replace)	1460		3,000		

<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.



**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

**Part I: Summary**

PHA Name/Number Fairfield Metropolitan Housing Authority OH070		Locality (City/County & State) 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 FFY <u>2012</u>	Work Statement for Year 2 FFY <u>2013</u>	Work Statement for Year 3 FFY <u>2014</u>	Work Statement for Year 4 FFY <u>2015</u>	Work Statement for Year 5 FFY <u>2016</u>
B.	Physical Improvements Subtotal	\$21,810	\$21,810	\$58,210	\$131,810	\$141,810
C.	Management Improvements	0	0	0	0	0
D.	PHA-Wide Non-dwelling Structures and Equipment	0	0	0	\$10,000	0
E.	Administration	0	0	0	0	0
F.	Other	0	0	0	0	0
G.	Operations	\$145,000	\$145,000	\$108,600	\$25,000	\$25,000
H.	Demolition	0	0	0	0	0
I.	Development	0	0	0	0	0
J.	Capital Fund Financing – Debt Service	0	0	0	0	0
K.	Total CFP Funds	\$166,810	\$166,810	\$166,810	\$166,810	\$166,810
L.	Total Non-CFP Funds	0	0	0	0	0
M.	Grand Total	\$166,810	\$166,810	\$166,810	\$166,810	\$166,810











**Part III: Supporting Pages – Management Needs Work Statement(s)**

Work Statement for Year 1 FFY	Work Statement for Year _____ FFY	Work Statement for Year _____ FFY	Estimated Cost
General Description of Major Work Categories	Development Number/Name	General Description of Major Work Categories	Estimated Cost
<i>See Approval Statement</i>			
Subtotal of Estimated Cost \$		Subtotal of Estimated Cost \$	

## **Violence Against Women Act Statement For Fiscal Year 2012 PHA Annual Plan**

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 victim of criminal domestic violence, dating violence, sexual assault, and stalking.

FMHA provides 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. Our local battered women's shelter, the Lighthouse, provides annual training to staff.

### **Activities, services, or programs provided or offered by FMHA either directly or in partnership with other service providers to child or adult victims of domestic violence, dating violence, sexual assault, or stalking:**

FMHA shall refer victims of domestic violence to the Lighthouse and report the incident to the proper authorities

### **Activities, services, or programs provided or offered by FMHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing:**

An applicant cannot be denied admission or assistance solely because the person has been a victim of domestic violence.

Residents or tenants who are victims of domestic violence must be handled as an exception to the federal One Strike Rule under documented incident of actual or threatened domestic violence

Domestic violence does not qualify as a serious or repeated violation of the lease for terminating assistance, tenancy, or the occupancy rights of the victim

FMHA may allow the perpetrator of domestic violence to be removed from the lease, while the remaining family members stay in the assisted unit

Proven victims of domestic violence will be considered for emergency transfers

**Activities, services, or programs provided or offered by FMHA to prevent domestic violence, dating violence, sexual assault, and stalking that enhances victim safety in assisted families:**

Information will remain confidential and be used only to provide the victims with the exceptions and protections under VAWA

FMHA will ensure that private information of victims of domestic violence is protected in accordance with the ACOP and the Section 8 Administrative Plan

# 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 5/2009;

Reviewed 2/2011

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 right of those victims to obtain housing, to 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:

### 1.) 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.

### 2.) 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.

### 3.) 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:

Require the victim fill out the appropriate HUD certification, or self-certify concerning victim status. Any self-certification must include: (1) that the individual is a victim of abuse; (2) that the incidences of abuse are bona fide; (3) 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.
- Complete the reduction process as required of all applicants/tenants.
- 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).
- 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.
- 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:

Require the victim fill out the appropriate HUD certification or self-certify concerning victim status. Any self-certification must include: (1) that the individual is a victim of abuse; (2) that the incidences of abuse are bona fide; (3) 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.
- Complete the reduction process as required of all applicants/tenants.
- If a Public Housing Tenant abuser does not vacate, of their' own accord, then the Housing Authority will begin the eviction process.
- Mark the applicants/tenants file "disbarred" with the name of the abuser to ensure that the abuser, in the future, is not readmitted to the lease.
- 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 that 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).***

# 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, 3/1/2010 revised (effective June 1, 2010)

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 \$2.88 \*\* per hour or no more than \$144 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 \$153.59, \$160.63, \$139.90, \$121.37 or \$144.29 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, an average was chosen. \$719.78 divided by 5, divided by 50 hours = \$2.88 per hour.

## Name: Interim Re-determination Policy – HCV

**APPROVED BY:** Board of Commissioners

**CFR Number:** 982.505

**Effective Date:** 5/03; revised: 12/05, 7/09, 3/10

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, therefore requiring an interim re-examination. The following will constitute an interim to be conducted:
  - 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.
  - b.) A family member begins receiving regular payment (unearned income) from an outside source (OWF, Unemployment, Social Security, etc.).
  - c.) A family member begins employment or receives a raise in pay or hours at their current employer.
  - d.) If it is determined that the family has misrepresented the facts upon which their rental amount is based, causing rent the family is paying to be less than the rent that they should have paid, 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. Per HUD guidance, repayment agreements will be calculated based on the original reported information and the unreported information, as it is the family's responsibility to report all changes.
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 must be reported by the 21<sup>st</sup> of each month and will go into effect prior to the next month's rent, pending the family meets the original 10 day deadline to provide the necessary documentation. Failure to meet the original deadline will result in the change not going in effect until the first month following the receipt of the information. FMHA reserves the right to process changes after the 21<sup>st</sup> of the month, for the next month rent, pending the Housing Assistance Payment books have not been closed out and the family provides the necessary documentation. In the event, the original deadline is met, but the Housing Assistance Payment books have been closed, the family will be issued payment reimbursing them for any rent that they overpaid.
4. 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.



# FMHA Policy

# 2-30

**Name: Subsidy Standards**

**CFR Number:** 982.402

**Effective Date:** 8/2/02 & 9/1/02  
Resolution # 424-02: revised 3/1/10

**Re: Addendum to Admin Plan and ACOP 5-1**

HUD guidelines require that the FMHA establish subsidy standards for the determination of Voucher bedroom size (number of bedrooms). These subsidy standards provide for a minimum commitment of subsidy while avoiding family overcrowding. The following subsidy standards are used to determine the Voucher size for various sized families when they are selected from the Section 8 waiting list, as well as the FMHA procedures when a family's size changes.

1. There shall be at least 1 bedroom or living/sleeping room for each **two persons** in the family.
2. A husband and wife, or single head of household shall occupy one bedroom.
3. Children of the opposite sex may occupy separate bedrooms.
4. Separate bedrooms shall be allocated to persons of the opposite sex except for persons living together in a relationship which they deem to be similar to that shared by husband and wife.
5. Separate bedrooms shall be allocated to family members of the same sex who are different generations (as grandmother, mother and daughter would each have a bedroom).
6. An unborn child that will not cause overcrowding will not be counted in determining bedroom size. The child will be counted if overcrowding will occur after birth. (Overcrowding is more than 2 persons to a bedroom or living/sleeping area). Once the child is born it shall be considered in determining bedroom size/subsidy standard.
7. The applicant or participant family must have legal custody\* of a minor child at least 50% of the time in order for the child to be counted as a family member and used in determining bedroom size/subsidy standard.
8. A child who is temporarily away from the home because of placement in foster care is considered a member of the family.
9. Live in aides will generally be provided a separate bedroom No additional bedrooms are provided for live-in aid's family.
10. Foster children will be included in determining bedroom size/subside standard.
11. If a live-in aid or foster child joins a family with a Section 8 program participant, then bedroom size will be changed only if the family must move in order to house the new family member and actually moves into a unit with more bedrooms.
12. Space will not be provided for a family member who will be absent most of the time, such as a member who is away in the military.
13. Single person families will be allocated one bedroom.

\*Legal Custody is defined as custody that has been ordered by a court.

Exception: The FMHA will made an exception to the subsidy standards when persons cannot share a bedroom because of medical or health reasons that has been verified by a doctor.

# FMHA Policy 4-15

**Name of Procedure: Rent Payment Policy**

**Resolution: 664-07  
Revised 5-2010**

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

**CFR Reference Number: 966.4 (3) b**

**Effective Date: 5/1/2010**

1. Rent is **due** by the fifth (5<sup>th</sup>) day of each month and **MUST BE PAID AT THE BANK**. The bank will not accept any rent mailed to the bank or dropped off at the bank after midnight on the 5<sup>th</sup> of the month, unless the 5<sup>th</sup> falls on a Saturday or Sunday, tenants will have until Sunday at midnight to make their payments at the bank in such cases. If the fifth (5<sup>th</sup>) falls on a Holiday, residents may put their payment in the bank's night deposit box before midnight of the holiday evening to ensure that the bank receipts their rent payment and processes it on time. They will not accept it the next day. All payments must be received by the bank on the 5<sup>th</sup> whether a resident is paying in person, mailing to the bank or putting their payment in the drop box.
2. A statement will be mailed from the Housing Authority to the resident showing the total amount of the rent and other charges that must be paid. To avoid problems such as banking hours, holidays and weekends we urge our residents to pay their rent as soon as they get the statement. **Do not wait until the fifth.**
3. Residents must pay the TOTAL amount on the statement; **the bank will not accept partial payments under any circumstances. If residents cannot pay the entire amount due as shown on their rental statement they must contact the FMHA office to request to pay late or make arrangements for complete payment.**
4. Residents must make their rental payment at one of the following **FAIRFIELD NATIONAL BANK** locations: (residents cannot pay at other branches) **1001 West Fair Avenue or 1001 East Main Street.**
5. Residents must present the rent statement with their payment for it to be accepted. The bank will receipt their payment and issue them a deposit slip which directly deposits their payment into the FMHA Public Housing account. Residents are encouraged to keep this slip for their records as proof of payment.
6. If an extenuating circumstance arises and residents cannot pay their rent on time, residents **MUST** contact the FMHA Public Housing Department by phone (653-6618) or in writing no later than the fourth (4<sup>th</sup>) of the month to see if other arrangements can be made. If residents have not received their rental statement in the mail by the 3<sup>rd</sup> of the month they must contact the Public Housing Manager to inform her/him of the issue, failure to contact the Public Housing Manager by the referenced date may result in late fee's being accessed and/or denial of late payment.
7. If residents do not call by the fourth (4<sup>th</sup>) to make other arrangements and their rent is not paid on the 5<sup>th</sup>, an eviction notice may be issued within the next 72 hours after the 6<sup>th</sup>.
8. Should a circumstance arise beyond a resident's control that will require them to request to pay their rent late, there will be a \$25 fee assessed to their account. More than three (3) late payments in a year constitute a pattern of late payments. If residents receive permission to pay their rent

late, it will need to be paid at the office on the agreed upon date. A letter will be mailed to the residents confirming the permission to pay at the office with the agreed upon date between the resident and the Public Housing Staff. Rent payment must be paid on that date. The letter will state that the payment must be made DURING REGULAR BUSINESS HOURS, which are 9 a.m.- 4 p.m. Monday through Friday; the FMHA office will NOT accept cash; the residents payment must be by check or money order; and residents must see that the payment is accompanied by the rental statement.

9. There is no guarantee that a request for late payment will be approved. The FMHA is under no obligation to accept a late payment no matter what the resident's extenuating circumstances are. The FMHA reserves the right to deny any request for late rent payment. A request is only considered approved once a resident receives permission from the Public Housing Manager (or other staff during Managers absence).
10. Residents will be charged a processing fee anytime a payment is permitted at the office per their request, unless the Housing Authority is at fault for a resident's payment being made in the office.
11. Payments will always be applied to the oldest amount due.
12. Returned checks will incur the NSF charge (\$20) as well as a \$25 late fee as payment is considered late until deposit and approval from the bank is given to the FMHA.
13. Any client attempting to pay their rental amount after the extension date (if permission has been given) may be denied and the FMHA may proceed with the eviction. Nor shall acceptance by management of a late tender of rent for any month be deemed a waiver of the right to evict a tenant for untimely payment in any succeeding months.
14. Not paying rent on time is a lease violation and eviction action may be brought against the resident and household.

**Fairfield Metropolitan Housing Authority  
Resolution Number 834-11**

HCV Utility Allowances - REVISION

WHEREAS: The Fairfield Metropolitan Housing Authority is required to report to the Department of Housing and Urban Development activities to support compliance by way of the Section 8 Management Assessment Program (SEMAP) Certifications, and

WHEREAS: The Housing Authority maintains an up-to-date utility allowance schedule. The utility rate data obtained within the last twelve months was reviewed. If there was a change of 10% or more in a utility rate, FMHA is required to adjust the utility allowance schedule accordingly, and

WHEREAS: The Housing Authority made such adjustments to the utility allowances schedules for Fairfield County, according to the size, style, and age of units as well as utility provider.

THEREFORE: BE IT RESOLVED, by the Commissioners of the Fairfield Metropolitan Housing Authority that the adjusted utility allowance rates as indicated on the attached schedules, be approved and used by the Section 8 staff as amended, effective October 1, 2011.

Motion:

Second:

Ayes:

Nays:

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

Chairman's Signature: \_\_\_\_\_

Secretary: \_\_\_\_\_

**TENANT-FURNISHED UTILITIES AND OTHER SERVICES**  
**ALL COMMUNITIES AND TOWNSHIPS (EXCLUDING LANCASTER)**

**TWO STORY HOUSE**

EFFECTIVE 10/1/2011

<b>HEATING</b>	0 bed	1 bed	2 bed	3 bed	4 bed	5 bed
Gas	44	50	60	67	77	85
Electric	34	43	58	72	86	101
Bottle Gas	61	85	109	133	170	194
Fuel Oil	70	98	126	153	195	223
<b>COOKING</b>						
Gas	3	4	5	6	6	7
Electric	5	6	7	8	9	10
Bottle Gas	11	13	15	17	19	21
<b>OTHER ELECTRIC</b>	35	41	46	48	51	53
<b>AIR CONDITIONING</b>	9	13	16	20	25	29
<b>WATER HEATING</b>						
Gas	6	7	8	10	12	14
Electric	14	19	24	28	33	38
Bottle Gas	13	15	19	26	30	34
<b>WATER/SEWER</b>						
<i>Amanda</i>	45	45	54	80	88	95
<i>Baltimore</i>	66	70	79	151	160	169
<i>Bremen</i>	52	52	52	52	52	52
<i>Buckeye Lake</i>	75	75	80	96	101	107
<i>Canal Winchester</i>	17	22	33	68	79	90
<i>Carroll</i>	34	38	53	96	111	125
<i>Lithopolis</i>	66	69	74	96	105	114
<i>Millersport</i>	47	47	55	87	98	109
<i>Pickerington</i>	57	57	60	73	77	82
<i>Pleasantville</i>	42	44	53	82	98	101
<i>Reynoldsburg</i>	14	14	25	51	62	74
<i>Rushville</i>	87	87	90	99	102	105
<i>Stoutsville</i>	69	69	75	110	121	132
<i>Sugar Grove</i>	51	51	55	65	69	72
<i>Tarlton</i>	66	68	74	94	103	112
<i>Thornville</i>	73	73	80	102	110	117
<i>Thurston</i>	26	29	35	53	59	65
<b>TRASH</b>	21	21	21	21	21	21
<b>RANGE</b>	3	3	3	3	4	4
<b>REFRIGERATOR</b>	4	4	4	5	6	6

TOTAL: \_\_\_\_\_

**TENANT-FURNISHED UTILITIES AND OTHER SERVICES**  
**ALL COMMUNITIES AND TOWNSHIPS (EXCLUDING LANCASTER)**

**TWO STORY ROW HOUSE, GARDEN, OR OTHER APARTMENT**

EFFECTIVE 10/1/2011

<b>HEATING</b>	0 bed	1 bed	2 bed	3 bed	4 bed	5 bed
Gas	44	50	60	67	77	85
Electric	34	43	58	72	86	101
Bottle Gas	61	85	109	133	170	194
Fuel Oil	70	98	126	153	195	223
<b>COOKING</b>						
Gas	3	4	5	6	6	7
Electric	5	6	7	8	9	10
Bottle Gas	11	13	15	17	19	21
<b>OTHER ELECTRIC</b>	35	41	46	48	51	53
<b>AIR CONDITIONING</b>	9	13	16	20	25	29
<b>WATER HEATING</b>						
Gas	6	7	8	10	12	14
Electric	14	19	24	28	33	38
Bottle Gas	13	15	19	26	30	34
<b>WATER/SEWER</b>						
<i>Amanda</i>	45	45	54	80	88	95
<i>Baltimore</i>	66	70	79	151	160	169
<i>Bremen</i>	52	52	52	52	52	52
<i>Buckeye Lake</i>	75	75	80	96	101	107
<i>Canal Winchester</i>	17	22	33	68	79	90
<i>Carroll</i>	34	38	53	96	111	125
<i>Lithopolis</i>	66	69	74	96	105	114
<i>Millersport</i>	47	47	55	87	98	109
<i>Pickerington</i>	57	57	60	73	77	82
<i>Pleasantville</i>	42	44	53	82	98	101
<i>Reynoldsburg</i>	14	14	25	51	62	74
<i>Rushville</i>	87	87	90	99	102	105
<i>Stoutsville</i>	69	69	75	110	121	132
<i>Sugar Grove</i>	51	51	55	65	69	72
<i>Tarlton</i>	69	69	75	110	121	132
<i>Thornville</i>	73	73	80	102	110	117
<i>Thurston</i>	26	29	35	53	59	65
<b>TRASH</b>	21	21	21	21	21	21
<b>RANGE</b>	3	3	3	3	4	4
<b>REFRIGERATOR</b>	4	4	4	5	6	6

TOTAL: \_\_\_\_\_

**TENANT-FURNISHED UTILITIES AND OTHER SERVICES**  
**ALL COMMUNITIES AND TOWNSHIPS (EXCLUDING LANCASTER)**

**ONE STORY HOUSE**

EFFECTIVE 10/1/2011

<b>HEATING</b>	0 bed	1 bed	2 bed	3 bed	4 bed	5 bed
Gas	47	55	66	74	85	97
Electric	39	50	66	83	100	116
Bottle Gas	72	100	129	158	201	229
Fuel Oil	83	116	149	181	231	264
<b>COOKING</b>						
Gas	3	4	5	6	6	7
Electric	5	6	7	8	9	10
Bottle Gas	11	13	15	17	19	21
<b>OTHER ELECTRIC</b>	35	41	46	48	51	53
<b>AIR CONDITIONING</b>	9	13	16	20	25	29
<b>WATER HEATING</b>						
Gas	6	7	8	10	12	14
Electric	14	19	24	28	33	38
Bottle Gas	13	15	19	26	30	34
<b>WATER/SEWER</b>						
<i>Amanda</i>	45	45	54	80	88	95
<i>Baltimore</i>	66	70	79	151	160	169
<i>Bremen</i>	52	52	52	52	52	52
<i>Buckeye Lake</i>	75	75	80	96	101	107
<i>Canal Winchester</i>	17	22	33	68	79	90
<i>Carroll</i>	34	38	53	96	111	125
<i>Lithopolis</i>	66	69	74	96	105	114
<i>Millersport</i>	47	47	55	87	98	109
<i>Pickerington</i>	57	57	60	73	77	82
<i>Pleasantville</i>	42	44	53	82	98	101
<i>Reynoldsburg</i>	14	14	25	51	62	74
<i>Rushville</i>	87	87	90	99	102	105
<i>Stoutsville</i>	69	69	75	110	121	132
<i>Sugar Grove</i>	51	51	55	65	69	72
<i>Tarlton</i>	69	69	75	110	121	132
<i>Thornville</i>	73	73	80	102	110	117
<i>Thurston</i>	26	29	35	53	59	65
<b>TRASH</b>	21	21	21	21	21	21
<b>RANGE</b>	3	3	3	3	4	4
<b>REFRIGERATOR</b>	4	4	4	5	6	6

TOTAL: \_\_\_\_\_

**TENANT-FURNISHED UTILITIES AND OTHER SERVICES**  
**ALL COMMUNITIES AND TOWNSHIPS (EXCLUDING LANCASTER)**

**ONE STORY ROW HOUSE, GARDEN, OR OTHER APARTMENT**

EFFECTIVE 10/1/2011

<b>HEATING</b>	0 bed	1 bed	2 bed	3 bed	4 bed	5 bed
Gas	47	55	66	74	85	97
Electric	39	50	66	83	100	116
Bottle Gas	72	100	129	158	201	229
Fuel Oil	83	116	149	181	231	264
<b>COOKING</b>						
Gas	3	4	5	6	6	7
Electric	5	6	7	8	9	10
Bottle Gas	11	13	15	17	19	21
<b>OTHER ELECTRIC</b>	35	41	46	48	51	53
<b>AIR CONDITIONING</b>	9	13	16	20	25	29
<b>WATER HEATING</b>						
Gas	6	7	8	10	12	14
Electric	14	19	24	28	33	38
Bottle Gas	13	15	19	26	30	34
<b>WATER/SEWER</b>						
<i>Amanda</i>	45	45	54	80	88	95
<i>Baltimore</i>	66	70	79	151	160	169
<i>Bremen</i>	52	52	52	52	52	52
<i>Buckeye Lake</i>	75	75	80	96	101	107
<i>Canal Winchester</i>	17	22	33	68	78	90
<i>Carroll</i>	34	38	53	96	111	125
<i>Lithopolis</i>	66	69	74	96	105	114
<i>Millersport</i>	47	47	55	87	98	109
<i>Pickerington</i>	57	57	60	73	77	82
<i>Pleasantville</i>	42	44	53	82	98	101
<i>Reynoldsburg</i>	14	14	25	51	62	74
<i>Rushville</i>	87	87	90	99	102	105
<i>Stoutsville</i>	69	69	75	110	121	132
<i>Sugar Grove</i>	51	51	55	65	69	72
<i>Tarlton</i>	69	69	75	110	121	132
<i>Thornville</i>	73	73	80	102	110	117
<i>Thurston</i>	26	29	35	53	59	65
<b>TRASH</b>	21	21	21	21	21	21
<b>RANGE</b>	3	3	3	3	4	4
<b>REFRIGERATOR</b>	4	4	4	5	6	6

TOTAL: \_\_\_\_\_



**TENANT-FURNISHED UTILITIES AND OTHER SERVICES**  
**LANCASTER (INCORPORATED AND UNINCORPORATED)**

**TWO STORY DETACHED HOUSE; MOBILE HOME**

EFFECTIVE 10/1/2011

<b><i>HEATING</i></b>	0 bed	1 bed	2 bed	3 bed	4 bed	5 bed
Gas	33	41	52	60	71	81
Electric	34	43	58	72	86	101
Bottle Gas	61	85	109	133	170	194
Fuel Oil	70	98	126	153	195	223
<b><i>COOKING</i></b>						
Gas	4	5	6	6	7	8
Electric	5	7	9	10	11	12
Bottle Gas	11	13	15	17	19	21
<b><i>OTHER ELECTRIC</i></b>	17	22	27	30	32	35
<b><i>AIR CONDITIONING</i></b>	9	13	16	20	25	29
<b><i>WATER HEATING</i></b>						
Gas	7	8	10	12	14	16
Electric	14	19	24	28	33	38
Bottle Gas	13	15	19	26	30	34
<b><i>WATER</i></b>						
<i>Inside Corporation</i>	18	21	27	43	49	55
<i>Outside corporation</i>	28	32	40	65	74	82
<b><i>SEWER</i></b>	30	34	40	58	68	73
<b><i>TRASH</i></b>	14	14	14	14	14	14
<b><i>RANGE</i></b>	3	3	3	3	4	4
<b><i>REFRIGERATOR</i></b>	4	4	4	5	6	6

TOTAL \_\_\_\_\_

**TENANT-FURNISHED UTILITIES AND OTHER SERVICES**  
**LANCASTER (INCORPORATED AND UNINCORPORATED)**

**TWO STORY ROW HOUSE, GARDEN OR OTHER APARTMENT**

EFFECTIVE 10/1/2011

<b><i>HEATING</i></b>	0 bed	1 bed	2 bed	3 bed	4 bed	5 bed
Gas	33	41	52	60	71	81
Electric	34	43	58	72	86	101
Bottle Gas	61	85	109	133	170	194
Fuel Oil	70	98	126	153	195	223
<b><i>COOKING</i></b>						
Gas	4	5	6	6	7	8
Electric	5	7	9	10	11	12
Bottle Gas	11	13	15	17	19	21
<b><i>OTHER ELECTRIC</i></b>	17	22	27	30	32	35
<b><i>AIR CONDITIONING</i></b>	9	13	16	20	25	29
<b><i>WATER HEATING</i></b>						
Gas	7	8	10	12	14	16
Electric	14	19	24	28	33	38
Bottle Gas	11	13	15	17	19	21
<b><i>WATER</i></b>						
<b><i>Inside Corporation</i></b>	18	21	27	43	49	55
<b><i>Outside corporation</i></b>	28	32	40	65	74	82
<b><i>SEWER</i></b>	30	34	40	58	68	73
<b><i>TRASH</i></b>	14	14	14	14	14	14
<b><i>RANGE</i></b>	3	3	3	3	4	4
<b><i>REFRIGERATOR</i></b>	4	4	4	5	6	6

TOTAL \_\_\_\_\_

**TENANT-FURNISHED UTILITIES AND OTHER SERVICES**  
**LANCASTER (INCORPORATED AND UNINCORPORATED)**

**ONE STORY DETACHED HOUSE; MOBILE HOME**

EFFECTIVE 10/1/2011

<b><i>HEATING</i></b>	0 bed	1 bed	2 bed	3 bed	4 bed	5 bed
Gas	37	46	59	68	81	95
Electric	39	50	66	83	100	116
Bottle Gas	72	100	129	158	200	229
Fuel Oil	83	116	149	181	231	264
<b><i>COOKING</i></b>						
Gas	4	5	6	6	7	8
Electric	5	7	9	10	11	12
Bottle Gas	11	13	15	17	19	21
<b><i>OTHER ELECTRIC</i></b>	17	22	27	30	32	35
<b><i>AIR CONDITIONING</i></b>	9	13	16	20	25	29
<b><i>WATER HEATING</i></b>						
Gas	7	8	10	12	14	16
Electric	14	19	24	28	33	38
Bottle Gas	13	15	19	26	30	34
<b><i>WATER</i></b>						
<b><i>Inside Corporation</i></b>	18	21	27	43	49	55
<b><i>Outside corporation</i></b>	28	32	40	65	74	82
<b><i>SEWER</i></b>	30	34	40	58	68	73
<b><i>TRASH</i></b>	14	14	14	14	14	14
<b><i>RANGE</i></b>	3	3	3	3	4	4
<b><i>REFRIGERATOR</i></b>	4	4	4	5	6	6

**TOTAL \_\_\_\_\_**

**TENANT-FURNISHED UTILITIES AND OTHER SERVICES**  
**LANCASTER (INCORPORATED AND UNINCORPORATED)**

**ONE STORY ROW HOUSE, GARDEN OR OTHER APARTMENT**

EFFECTIVE 10/1/2011

<b><i>HEATING</i></b>	0 bed	1 bed	2 bed	3 bed	4 bed	5 bed
Gas	37	46	59	68	81	95
Electric	39	50	66	83	100	116
Bottle Gas	72	100	129	158	200	229
Fuel Oil	83	116	149	181	231	264
<b><i>COOKING</i></b>						
Gas	4	5	6	6	7	8
Electric	5	7	9	10	11	12
Bottle Gas	11	13	15	17	19	21
<b><i>OTHER ELECTRIC</i></b>	17	22	27	30	32	35
<b><i>AIR CONDITIONING</i></b>	9	13	16	20	25	29
<b><i>WATER HEATING</i></b>						
Gas	7	8	10	12	14	16
Electric	14	19	24	28	33	38
Bottle Gas	13	15	19	26	30	34
<b><i>WATER Inside Corporation</i></b>	18	21	27	43	49	55
<b><i>Outside corporation</i></b>	28	32	40	65	74	82
<b><i>SEWER</i></b>	30	34	40	58	68	73
<b><i>TRASH</i></b>	14	14	14	14	14	14
<b><i>RANGE</i></b>	3	3	3	3	4	4
<b><i>REFRIGERATOR</i></b>	4	4	4	5	6	6

**TOTAL** \_\_\_\_\_

**Fairfield Metropolitan Housing Authority  
Resolution Number 813-10**

**HCV Payment Standards Adjustment - REVISION**

WHEREAS: The Housing Choice Voucher Program Manager has completed the annual Payment Standard Survey as recommended by the Department of Housing and Urban Development (HUD). The purpose of the survey is to determine the percentage of participants spending more than 30% of their monthly adjusted income for rent and utilities. HUD recommends the Housing Authority raise payment standards if 40% of families are paying more than 30% of their monthly adjusted income towards their share of rent and utilities. HUD allows Housing Authorities to set payment standards between 90% to 110% of the Fair Market Rents for the area. The goal is to give families greater housing opportunities, to de-concentrate areas, and to make sure the Authority spends their allotted yearly Annual Budget Authority.

WHEREAS: The survey indicates a need to increase the five bedroom payment standard from \$1104 to \$1190.

THEREFORE: BE IT RESOLVED, by the Board of Commissioners of the Fairfield Metropolitan Housing Authority that the Housing Choice Voucher Payment Standard for a five bedroom unit be set at \$1190, which is 97% of the 2011 Fair Market Rent.

Motion:

Second:

Ayes:

Nays:

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

Chairman's Signature: \_\_\_\_\_

Secretary: \_\_\_\_\_

*"Serving Our Community with Safe and Affordable Housing"*

### Payment Standard Survey 2010

HUD recommends the Housing Authority raise payment standards if 40% of families are paying more than 30% of their monthly adjusted income towards their share of rent and utilities.

To provide the necessary statistics in determining whether an increase in the Payment Standard is necessary or not the following data has been collected by using PIC's Adhoc information:

A list of current families participating in the Housing Choice Voucher Program, including the family voucher size, the number of bedrooms in the rental unit, the family's monthly adjusted income, total tenant payment and the family's payment standard.

Once the above information was obtained the following information was removed:

- a. any family who is paying under 30% of the monthly adjusted income for rent and utilities.
- b. any family whose voucher size and unit size was not the same.
- c. any family who did not have the current payment standard.

For the remaining families the HA subtracted the total tenant payment from the family share. This amount was then divided by the family share to determine the percentage over 30% the family is paying.

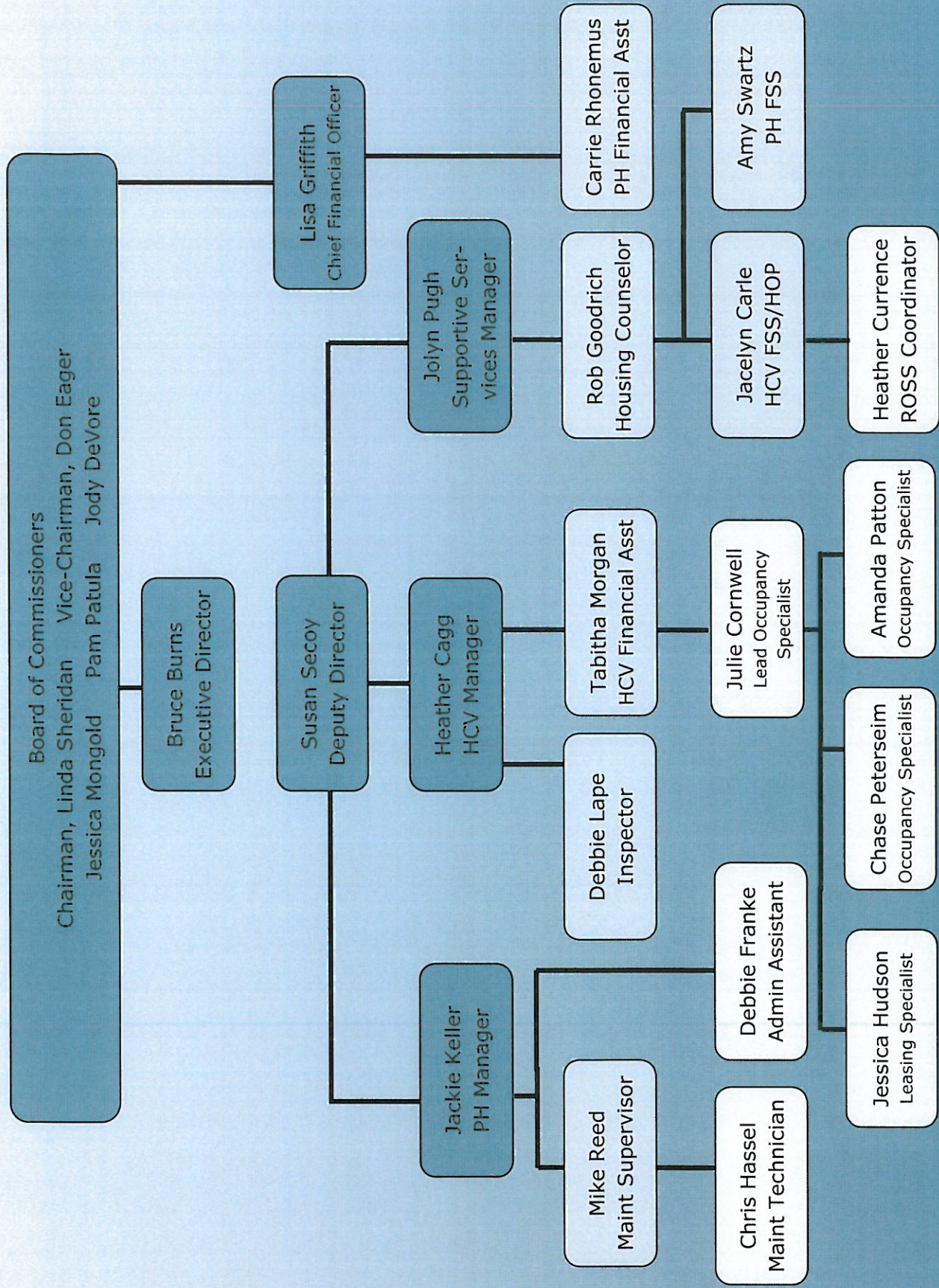
An average percentage over 30% was then determined by bedroom size and a determination was made that an increase in the amount of current payment standards is warranted, but not required.

Bedrooms	Total Number of Participant Families	Number of Participant Families exceeding 30%	Percentage of Families Paying Over 30% of total tenant payment	Average Amount exceeding 30%
1 Bedroom	503	180	36%	15%
2 Bedroom	277	89	32%	19%
3 Bedroom	137	31	23%	20%
4 Bedroom	21	6	29%	27%
5 Bedroom	4	3	75%	21%

The average number of families exceeding 30% of their monthly adjusted income is 33% and the average amount over 30% is 20%

Heather N. Cagg  
Housing Choice Voucher Manager

# Fairfield Metropolitan Housing Authority



**Fairfield Metropolitan Housing Authority  
Resolution Number 786-10**

Personnel Policy Manual - REVISION

WHEREAS: The Fairfield Metropolitan Housing Authority hired the firm of Downes, Hurst, and Fishel to review and revise the FMHA Personnel Policy Manual including the Early Retirement Plan.

WHEREAS: The Executive Director and the Chief Financial Officer have determined it is in the best interest of the Housing Authority to suspend the Early Retirement Plan.

WHEREAS: Section E of Hours Worked/Overtime will charge benefit time to Managers who are absent less than one day.

THEREFORE: Be it resolved, the Personnel Policy Manual as written by Downs, Hurst, and Fishel, reviewed by the Executive Director, the Chief Financial Officer and by the Commissioners of the Fairfield Metropolitan Housing Authority be revised, effective immediately.

Motion:

Second:

Ayes:

Nays:

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

Chairman's Signature: \_\_\_\_\_

Secretary: \_\_\_\_\_



**Fairfield Metropolitan Housing Authority**  
**Personnel Policy Manual**

4-2009 Version

- 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.

Revised Version

Board of Commissioners Approved 2-24-10

(Suggested language from Downes, Hurst, Fishel)

- 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) regular work day; however, any applicable period absence shall be deducted from the employee's accumulated leave (sick leave, vacation, or other paid leave).

## 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.

**Fairfield Metropolitan Housing Authority  
Resolution Number 798-10**

Cost Allocation Plan Revision

WHEREAS: The Fairfield Metropolitan Housing Authority reviews its Cost Allocation Plan biennially, and

WHEREAS: As a result of that review, it was determined that a revision was necessary.

THEREFORE BE IT RESOLVED, by the Board of Commissioners of the Fairfield Metropolitan Housing Authority, that the amended Cost Allocation Plan is approved as revised, effective June 1, 2010.

Motion:

Second:

Ayes:

Nays:

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

Chairman's Signature: \_\_\_\_\_

Secretary: \_\_\_\_\_

# Fairfield Metropolitan Housing Authority Cost Allocation Plan 2010

Methods for Allocating Costs to Benefiting Programs  
Administrative Expense, Salaries & Benefits  
Board Approved: Resolution 798-10 05/12/10

## Salary & Benefit Basis

The salary & benefit cost is allocated as a direct cost to the specific program where the position is clearly assigned for that program. Those not specifically assigned will use the allocation as listed in the following table.

Method	Title	HCV	PH	PUBLIC HOUSING		
				5(h) HOPE	McK	Afford Hsg
Direct	HCV Occupancy Specialist	100%				
Direct	HCV Occupancy Specialist	100%				
Direct	HCV Occupancy Specialist	100%				
Direct	Eligibility Specialist	100%				
Direct	HCV Coordinator	100%				
Direct	HQS Inspector	100%				
Direct	HCV FSS Grant	100%				
Direct	PH FSS Grant		100%			
Direct/PH Units	PH Coordinator		91.5%		2%	6.5%
Direct/PH Units	PH Manager		91.5%		2%	6.5%
FTE-Direct	Receptionist	60%	40%			
FTE	Chief Financial Officer	60.5%	35%	.25%. .75%	1%	2.5%
FTE	Financial Assistant	60.5%	35%	.25% .75%	1%	2.5%
FTE	Deputy Director	60.5%	35%	.25% .75%	1%	2.5%
FTE	Executive Director	60.5%	35%	.25% .75%	1%	2.5%
Direct/PH Units	Maintenance Supervisor		91.5%		2%	6.5%
Direct-PH Units	Maintenance Tech		91.5%		2%	6.5%
Direct	Hsg Counselor Hope 1 Funded			100%		

**Other administrative expenses** will be a direct cost to a specific program if it can be solely identified to that program. Those that cannot be clearly defined as a direct program cost will be allocated at the FTE-Direct Employees Method or as follows:

<b>Item</b>	<b>Public Housing/AH</b>	<b>H.C. Voucher</b>
Office Supplies	40%	60%
Telephone	40%	60%
Dues	40%	60%
Fees	40%	60%
Publications	40%	60%
Bank Charges	40%	60%
Office Equipment Repair	40%	60%
Cell Phones-Direct #	75%	25%
Postage-Admin-Unit	10%	90%
Office Utilities	40%	60%
Com. Bldg./Storage Utilities Sq ft	75%	25%
Audit & Accounting Exp	40%	60%
All other	40%	60%

*See cost allocation detail for further explanation.*

### **Cost Allocation Detail**

**Maintenance supplies**, materials and vendor services will be charged to the specific program for which use is intended. If use is not clearly defined, it will be charged to public housing.

**Accounting and Audit** cost will be distributed according to the amount of time spent on the program based on Direct Full-time employees.

**Postage** will be split based on Direct Costs charged to programs. Administrative charges will be based on the number of units of assistance operated by each program.

Public Housing Program @ 10%  
H.C. Voucher Program @ 90%

**Training and mileage** expenses will be allocated if identified to a direct program or if not then according to who incurred the expense and charged using the same percentage as indicated in the salary and benefits table.

**SHARP Insurance** covers several different liability risks including professional liability, property including buildings, vehicles, boiler and equipment. PH carries the heaviest liability since it owns most of the property. Therefore a percentage of the property insurance will be allocated based on approximate square footage. The units will count as follows: (approx 1000 sq. ft. will equal 1)

# of Buildings	Owned by:	Square foot	Count as	Total	% to PH	% to S8	% to Aff.Hsg & McK
96 PH units	FMHA PH	1000 ea	1 each	96	76%	0	0
1	FMHA-CB 1648	2800	3	3	2%	.5%	0
9 (10units)	Affordable Housing Program	varies	1	10	0	0	8%
1	Office @ 315 N. Col. St.	7000	7	7	2.5	3	0
Other coverage	For FMHA liability			10	3.5%	4.5%	0
			<b>Weighted Total</b>	126	84%	8%	8%
						100%	

### **Methods of Allocation**

Several methods of allocating costs were reviewed to determine which method best reflected the actual cost distribution. The methods follow:

# Standard Operating Policy # 2-27

Page 1 of 2

**Name of Policy:** SERIOUS OR REPEATED VIOLATIONS OF THE LEASE RESULTING IN TERMINATION OF BENEFITS IN THE HCV PROGRAM

Effective Date: 7/1/07; revised 7/14/11

**CFR Reference Number:** 24 CFR 982.552  
b(2) & 982.551

Approved by Board Resolution # 835-11

The following criteria will be used to determine if a serious or repeated violation of the lease will result in termination of assistance (including but not limited to):

**The following will result in termination of rental assistance:**

- ❖ Vacating the unit in violation of lease and Voucher requirements.
- ❖ Not giving proper written notice, per the Housing Choice Voucher, to the Housing Authority PRIOR to moving (*except in cases covered under VAWA.*)
- ❖ Moving without proper notice to the landlord and/or obtaining a mutual rescission of the lease or court termination of the lease authorizing the participant to break the lease (*except in cases covered under VAWA.*)
- ❖ Participant sublets the unit, signs or transfers the unit to another or provides accommodations to borders/lodgers.
- ❖ Participant permits persons, other than those listed on the lease or approved by the landlord and PHA, to reside in the unit (*except additional minor children born to, adopted by, or where legal custody has been awarded to participant.*) \**The PHA will terminate assistance, however, a Hearing Officer may allow the participant to add the unauthorized person(s) and repay the Authority monies based upon the repayment policy of the FMHA.*
- ❖ Use of the unit for other than participant residence, unless incidental.

**Participants will be given an opportunity to correct\* the following; however failure to correct the lease violation must result in termination of rental assistance.**

- ❖ Participant's refusal to abide by reasonable rules and regulations for occupancy as established by the landlord including those listed in the lease.
- ❖ Participant does not maintain utilities, and have utilities in their name, for utilities in which the lease deems the participant responsible.
- ❖ Participant installs large appliances, not approved in the lease that would increase energy consumption for any utility the landlord is required to pay without express written permission from the landlord (*excluding washer and dryer if washer and dryer hookups are provided, unless prohibited in the lease.*)
- ❖ Participant has pets, not approved in the lease, without express written permission from the landlord.



- ❖ Participant does not keep the premises and other assigned areas in clean & safe condition, disposing of garbage and other waste and does not prevent health and sanitation problems.
- ❖ Participant makes alterations, changes, repaints or redecorates any part of the unit, interior or exterior without written permission from the landlord
- ❖ Non-Payment of rent or late rent payment.
- ❖ Participant, or participant's guests, violation of the neighbor's rights to peaceful enjoyment.

\*The following Steps will be taken giving the participant an opportunity to correct the violation(s).

- **First Offense**-Deadline will be given indicating what steps need to be taken to correct the violation(s). Violations will be marked in the file.
- **Second Offense**-Final Warning Letter sent notifying the participant of the severity of the violation as well as a non-extendable deadline to correct the violation. The Final Warning Letter must be signed and returned. Failure to meet the deadline and/or sign and return the Final Warning Letter must result in termination of rental assistance. A copy of the letter and the lease violation policy will be sent for the participant's record.
- **Third Offense**- Termination of rental assistance must occur.

#### **Participant or participant's guest(s) damage the rental unit:**

If a participant or guest of the participant causes damage to a rental unit while living there or after the lease has been mutually terminated, the following must occur in order for the Housing Authority to assist with the recapture of monies owed for any damages, replacements or repairs: (First offense only)

1. The landlord must provide the Housing Authority a copy of the damage claim as well as receipts or bills for the replacement, repair or cleaning of the items or the rental unit. At that time, the Housing Authority staff member will forward a copy of the damage claim along with a repayment agreement, giving the participant twelve (12) months to repay the damage bill.
2. The participant will be responsible for sending the monthly repayment directly to the landlord by whatever means as stated by the landlord. If the participant does not meet their monthly payment as scheduled, the landlord will notify the Housing Authority, who will follow up with a missed deadline letter, giving the participant an additional 10 days to submit proof of payment to the landlord. Failure to meet the missed deadline will result in a final warning letter to be mailed to the participant giving the participant an additional 7 days to submit proof of payment to the landlord. Failure to comply with the final warning letter deadline will result in termination of the participant's rental assistance.
3. If the participant disputes the repayment agreement, the Housing Authority will notify the landlord as well as inform the tenant that the landlord will have the option of following up with the damage bill through the court system. If the participant is found responsible, the landlord will provide that documentation to the Housing Authority and the repayment agreement will be enforced.
4. If the participant is found to be responsible through the court system and fails to make their monthly payment, the same steps listed in #2 will be followed regarding missing deadlines and the eventual termination of their rental benefits.
5. If a participant is currently making payments towards a damage claim, they will not be permitted to move into a different unit until the damage claim has been paid in full, unless a reasonable accommodation has been approved allowing the participant to move into a different unit or an eviction notice has been issued to the participant.
6. If a participant is accused a second time of causing damage to their rental unit, the Housing Authority will propose termination of the participant's rental assistance.

# Standard Operating Policy # 2-04

**Name:** Termination of Housing Choice Voucher Participation

**Effective Date:** 11/1/2010

**Board Resolution:** 811-10

The Fairfield Metropolitan Housing Authority places immense significance on the rules and regulations of the Department of Housing and Urban Development and the Code of Federal Regulations 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 of the program while promoting equal treatment of all applicants and participants regarding the removal, or denial, of Housing Choice Voucher participation.

## **Falsification of Documentation:**

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

First Offense will result in the applicant or participant being required to sign documentation acknowledging the offense and returning the documentation to FMHA by the required deadline. If money is owed as a result of the falsification, the client will also be required to enter into a repayment agreement. This documentation will include information to the client concerning: (a) not repeating an offense of falsification; (b) how to correct the issue(s); (c) the consequences of a second violation. If the client(s) does not return the signed documentation, termination or denial of participation will occur. Termination requires the ineligibility to participate on the Voucher Program for at least two (2) years from the date of the termination or denial.

A second offense within 24 months 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 two (2) years 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. The client will be required to sign documentation acknowledging this violation and return the signed documentation to FMHA by the required deadline date. A twelve (12) month repayment agreement will also be mailed to the client(s) for any monies owed to the Housing Authority. If the client(s) does not return the signed documentation, termination, or denial, of participation will occur. Termination requires the ineligibility to participate on the Voucher Program for at least two (2) years from the date of the termination or denial.

Second Offense will result in termination, or denial, of the customer's Housing Choice Voucher participation, any monies that may be owed to the Housing Authority will require payment in full prior to future participation and ineligibility to participate on the Voucher Program for at least two (2) years from the date of the termination or denial.

## **Repayment/Debt Collection:**

A thirty day deadline will be sent requiring payment in full within 30 days for those client(s) who are in violation of their twelve (12) month repayment agreement. If the client(s) does not return the signed documentation and payment in full, termination or denial of participation will occur.

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. Payment in full must be submitted within 30 days or termination, or denial, of participation will occur. Termination requires the ineligibility to participate on the Voucher Program for at least two (2) years from the date of the termination or denial.

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

A letter rescheduling the inspection, as well as the consequences for missing an inspection and how to correct the issue will be sent to those client's who miss two (2) scheduled inspections, within a series of inspections (i.e. initial inspection series, annual inspection series, special inspection series, etc.) If the client(s) does not return the letter signed acknowledging the violation occurred or misses the scheduled inspection, termination or denial of participation will occur. Termination requires the ineligibility to participate on the Voucher Program for at least two (2) years from the date of the termination or denial

A second violation for missing scheduled inspections within a 24 month period of the signed documentation regarding the first violation will result in termination, or denial, of the client(s) Housing Choice Voucher participation. Termination requires the ineligibility to participate on the Voucher Program for at least two (2) years from the date of the termination or denial.

#### **Tenant 30-day HQS Violations:**

A letter extending the date to complete the repairs will sent to those clients who do not correct any tenant caused Housing Quality Standard violation(s). The letter will include: (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. The letter must be signed and returned to FMHA by the required deadline. If the repairs are not made by the new inspection date or the letter is not returned by the required deadline termination or denial of participation will occur. Termination requires the ineligibility to participate on the Voucher Program for at least two (2) years from the date of the termination or denial.

A second violation 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 client(s) Housing Choice Voucher participation.

#### **Tenant 24-hour HQS Violations:**

Termination will be sent to those client's who do not correct a 24-hour tenant caused Housing Quality Standard violation(s), as required by HUD. At the time of the hearing, information will be given to the client(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. Failing to make the repair as required by the deadline date will result in termination of benefits. Termination requires the ineligibility to participate on the Voucher Program for at least two (2) years from the date of the termination or denial.

A second hearing for non-correction of tenant caused 24-hour HQS violations, for a violation occurring within a 24 month period of the date of the first hearing, will result in termination of the client(s) Housing Choice Voucher participation. Termination requires the ineligibility to participate on the Voucher Program for at least two (2) years from the date of the termination or denial.

#### **Missing Deadlines:**

A letter giving a non-extendable deadline will be sent to those clients who miss two, or more, requests for information (given written deadline(s)) and a 30 day given to raise their rental portion to the full amount. The letter will give the client's information concerning: (a) not repeating an offense of missing deadlines; (b) how to correct the issue(s); (c) the consequences of a second offense. The letter will also require the client sign and return the letter acknowledging the offense. If the client(s) does not return information original requested or the letter by the deadline, termination of participation will occur. Termination requires

the ineligibility to participate on the Voucher Program for at least two (2) years from the date of the termination or denial.

Second violation for missing deadlines, within a 24 month time period from the date of the first violation letter, will result in termination of the customer's Housing Choice Voucher participation. Termination requires the ineligibility to participate on the Voucher Program for at least two (2) years from the date of the termination or denial.

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

# Standard Operating Policy # 2-26

**Name of Policy:** Violent, Drug, Alcohol, or Other Criminal Activity Related Disturbances for Applicants and Participants

**CFR Reference Number:** 982.551, 982.552 & 982.553

**Approved by Board Resolution #:** 836-11

**Effective Date:** July 14, 2011

**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 contains, at minimum, one of the following elements: the use, attempted use, or threatened use of physical force, substantial enough to cause, or be reasonably likely to cause serious body injury against a person or property.

Reasonable Time is 3 years from the date of the conviction for Housing Choice Voucher applicants and 1 year for Family Unification Program (FUP) applicants.

## **Applicants:**

Federal Regulations give the Housing Authority the right 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, 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).

## **Participants:**

The Federal Regulations require that the Housing Authority establish standards that allow the PHA to terminate assistance under the program for a family if the PHA determines that any family member has violated the family's obligations under Section 982.551:

- a.) not to engage in any drug-related criminal activity
- b.) not to engage in any violent criminal activity
- c.) not to engage in any other criminal activity which may threaten the health or safety or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity.

Federal Regulation 982.553 states Section 8 Applicants and Participants **MUST** be denied rental assistance, have their application terminated or their rental assistance terminated if:

- A. Any household member is convicted of drug-related activity for manufacture or production of methamphetamine on the premises of federally subsidized housing.
- B. Any member of the household is subject to a permanent/lifetime or Tier III registration under a State sex offender registration program.
- C. Persons have been evicted from federally assisted housing for drug-related activity less than 3 years ago.
- D. The PHA determines that any member of the household is currently engaging in illegal use of a drug.
- E. 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.

Federal Regulations permit the FMHA to deny or terminate rental assistance for the following:

- 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; or
- 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.

Therefore, FMHA will deny or terminate rental assistance for one conviction for the following, unless otherwise noted within this policy:

- A. Any offense under Ohio Revised Code 2925: Drug Offenses.
- B. Violent criminal activity. If a case has been "pled down" to a lesser charge the FMHA will make the determination of ineligibility based on the lesser charge definition, and may examine other court evidence if available, including the incident report(s). If the lesser charge definition does not include acts of violence, this conviction will fall under the said lesser charge.
- C. Any offense under Ohio Revised Code 2907. Additionally, any individual required to register as a Sex Offender will be ineligible during their period of registration.
- D. Any offenses under Ohio Revised Code 2923: Conspiracy, Attempt, and Complicity; Weapons Control: Corrupt Activity.
- E. A felony conviction of any type.
- F. Other criminal activity, not defined above, which may threaten the health, safety or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity which includes, unless otherwise noted within this policy:
  - 1. Aggravated Menacing
  - 2. Menacing by Stalking
  - 3. Unlawful Restraint
  - 4. Coercion
  - 5. Aggravated trespass
  - 6. Tampering with coin machines
  - 7. Passing Bad Checks (M1)
  - 8. Theft (valued @ \$50 or more)
  - 9. Public indecency (M1-M3)
  - 10. Criminal mischief (M1-M2)
  - 11. Child endangerment
  - 12. Violating a protection order
  - 13. Resisting arrest
  - 14. Illegal conveyance
  - 15. Receiving stolen property
  - 16. Arson

For a conviction of obstructing justice, an incident report will be reviewed to determine the nature of the crime. If the actual crime falls under any portion of this policy, denial or termination will occur accordingly.

G. FMHA will deny or terminate rental assistance for two convictions of any of the following, whether or not they are of the same nature within a three year period:

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| 1. Menacing                         | 5. Disorderly Conduct               |
| 2. Public Indecency (M4)            | 6. Criminal Mischief (M3)           |
| 3. Criminal Trespass                | 7. Theft (valued @ \$49.99 or less) |
| 4. Criminal Damaging or endangering |                                     |

H. One conviction for a probation or parole violation. In this case, the Housing Authority will make a decision regarding denial or termination based on the conviction of the actual violation or original charge. Based on the Housing Authority's experience, the individual is found guilty of the original charge as a result of the probation or parole violation.

The regulations also require that the authority establish standards that allow the PHA to terminate or deny rental assistance for a family if the PHA determines that a household member's abuse or pattern of abuse of alcohol may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents.

1. Two or more police verified incidents or disturbances caused by the use of alcohol in the past 3 years.

Additionally, FMHA will deny or terminate rental assistance for any of the following:

- A. The family has brought weapons, concealed or not, onto the premises of the Housing Authority.
- B. The family has engaged in violent behavior, as defined by Addendum 15-3 of the Administrative Plan, towards Housing Authority personnel.
- C. If an applicant or participant is fleeing to avoid prosecution, 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 (See NOTES below for the definition of a "Fleeing Felon.")

**Notes:** A fleeing felon is an individual who is avoiding prosecution or custody (jail or prison) for a crime, or an attempt to commit a crime, that is classified by state law as a felony.

The existence of an outstanding felony warrant for a person's arrest does not automatically establish the person is fleeing for purposes of the HCV program. A person wanted for a felony may not have fled their home or the local area. They may not have initiated actions to conceal themselves or to avoid arrest. The police may know where the person is but choose to not arrest them at this time.

Staff must determine what actions have been taken to rectify the situation and verify the agency which issued the warrant has elected to avoid any further prosecution in the matter. This will resolve any outstanding questions in determining whether or not the individual is fleeing and determine the individual's eligibility for the program. In any case, the person must not have been convicted of a crime involving violence, the manufacture or sale of drugs, or crimes of a sexual nature.

Examples of fleeing felon:

*Example 1: There is a felony warrant for a client's arrest. The police know where the client is living and have chosen not to pick them up. Absent other facts, this person is not a fleeing felon.*

*Example 2: A client is wanted in another state for a felony conviction. The former state knows where they reside and has not decided if they want to extradite the client. Absent other facts, this person is not a fleeing felon.*

*Example 3: A client applied for housing assistance. She left another state less than 10 years ago. FMHA staff learns after calling the other state to verify the client's income there, that the client had felony arrest*

warrants and was due to be in court within that 10 year time frame to answer the charges. She is a fleeing felon and is ineligible for FMHA housing assistance.

*Example 4: A client moved to Ohio and later learned there is a felony warrant. He contacted the other state and told them where he is. He offered to return to the other state if they will pay his travel costs, as he cannot afford the trip. The state declined to arrange to transport him to that state through arrest and extradition or any other means. This person is not a fleeing felon.*

*Example 5: A client learns of the arrest warrant but due to mental health issues is unable to pursue the steps needed to resolve the issue. This person is not a fleeing felon.*

*Example 6: A client is informed of the felony warrant and declined to turn herself in or make attempt to resolve the warrant. Absent other facts, this person is a fleeing felon.*

*Example 7: A client was convicted of a felony and moved away prior to confinement. He is a fleeing felon.*

*Example 8: The police report a person is a fleeing felon on October 16. On October 20, the first fleeing felon letter is sent to the client notifying them of the problem and giving them 20 days to resolve the issue. No response is received by November 10. Notice of termination of benefits is immediately sent effective immediately.*

*Example 9: The person was convicted of a felony and was sentenced to probation. He moved to Ohio from the state where he was serving his probation thinking he had permission. He learned after 10 years that there was a warrant for his arrest for failure to complete his probation. He informs that state of his current address and asks for forbearance such as quashing the warrant. He is not a fleeing felon. If he learned of such a warrant under these circumstances but before 10 years, the FMHA will continue his assistance for 90 days to give him an opportunity to clear the matter with the other state. If he is unsuccessful, his assistance will be terminated at the end of the 90-day period.*

**Appeal Process:** Applicants or participants denied assistance or terminated from the Housing Choice Voucher Program will receive a letter giving them 10 days to dispute the decision. The letter will include notification of the reason for denial or termination, a copy of the termination policy, and instructions on how to request an "INFORMAL REVIEW."

**Waivers:** FMHA may waive denial or termination of assistance if 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 the family member who committed the prohibited activity is no longer living in the assisted rental unit and will not return to the household while the remaining family member(s) are participating in the Housing Choice Voucher Program. Acceptable verification(s) may include but are not limited to:
  - a. The family member's new address;
  - b. A copy of the family member's lease at the new address;
  - c. The family member(s) landlord's name and address;
  - d. Notarized affidavit from the person with whom the family member will reside;
  - e. Verification that the remaining parent, or guardian, has filed for child support;
  - f. Divorce/separation documents.
  - g. Protection Order.

Any information regarding an applicant's or 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).



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		FFY of Grant: 2011 FFY of Grant Approval:		
PHA Name: Fairfield Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OH16P07050111 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant	Reserve for Disasters/Emergencies ( )			
<input checked="" type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending:	<input type="checkbox"/> Revised Annual Statement (revision no: )			
<input type="checkbox"/> Performance by Development Account	<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFP Funds			
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$ 20,000		
3	1408 Management Improvements	0		
4	1410 Administration (may not exceed 10% of line 21)	\$ 13,772		
5	1411 Audit	0		
6	1415 Liquidated Damages	0		
7	1430 Fees and Costs	0		
8	1440 Site Acquisition	0		
9	1450 Site Improvement	\$ 60,000		
10	1460 Dwelling Structures	\$ 33,952		
11	1465.1 Dwelling Equipment—Nonexpendable	\$ 10,000		
12	1470 Non-dwelling Structures	0		
13	1475 Non-dwelling Equipment	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> RII: 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 I: Summary		FFY of Grant: 2011	
PHA Name:	Grant Type and Number	FFY of Grant Approval:	
Fairfield Metropolitan Housing Authority	Capital Fund Program Grant No: OH16P07050111 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant	Type of Grant		
<input checked="" type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Revised Annual Statement (revision no: )		
Summary by Development Account		Total Actual Cost <sup>1</sup>	
Line	Original	Revised <sup>2</sup>	Obligated
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)	\$ 137,724	
21	Amount of line 20 Related to LBP Activities	0	
22	Amount of line 20 Related to Section 504 Activities	\$ 33,952	
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	\$ 15,000	
Signature of Executive Director		Signature of Public Housing Director	
<i>[Signature]</i>		<i>[Signature]</i>	
Date		Date	
07/21/2011		07/21/2011	

<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  
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U.S. Department of Housing and Urban Development  
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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2011				
PHA Name: Fairfield Metropolitan Housing Authority		Capital Fund Program Grant No: OH16P0705011		Replacement Housing Factor Grant No:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Operations	1406		\$ 20,000				
HA Wide	Administration	1410		\$ 13,772				
PHA Wide	Site Improvement	1450		\$ 60,000				
PHA Wide	Replacement Gutters/Downspouts and Gutter Guards		18					
PHA Wide	Concrete Work-driveways, sidewalks, steps, etc.		12					
PHA Wide	Gates/Fence Replacement		5					
PHA Wide	Landscaping/Drainage/Sewage Lines, etc		10					
PHA Wide	Dwelling Unit	1460		\$ 33,952				
	Kitchen Remodels		2 to 3					
	Bathroom Rehabs		4 to 5					
	Floor Replacement		7 to 8					
PHA Wide	Dwelling Equipment (non-expendable Ranges/Refrigerators (Energy Efficient)	1465.1	10	\$ 10,000				
	Grand Total:			\$ 137,724				

<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  
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Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Fairfield Metropolitan Housing Authority					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
	08/02/2013		08/02/2015		

<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.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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Part I: Summary		Grant Type and Number (Capital Fund Program Grant No. OH16P07050110 Replacement Housing Factor Grant No. )	FFY of Grant: 2010
PHA Name: Fairfield Metropolitan Housing Authority		Date of CFFP	FFY of Grant Approval:
Type of Grant		Total Actual Cost <sup>1</sup>	
<input checked="" type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending:		Revised <sup>2</sup>	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		Obligated	
Summary by Development Account		Expended	
Line	Original	Revised <sup>2</sup>	Obligated
1	Total non-CFFP Funds		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	20,000	
3	1408 Management Improvements	0	
4	1410 Administration (may not exceed 10% of line 21)	0	
5	1411 Audit	0	
6	1415 Liquidated Damages	0	
7	1430 Fees and Costs	0	
8	1440 Site Acquisition	0	
9	1450 Site Improvement	86,000	
10	1460 Dwelling Structures	60,810	
11	1465 1 Dwelling Equipment—Nonexpendable	0	
12	1470 Non-dwelling Structures	0	
13	1475 Non-dwelling Equipment	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	
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)	166,810	
21	Amount of line 20 Related to LBP Activities	0	
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		

**APPROVED**

5/27/2010

<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 CFFP 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  
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<b>Part I: Summary</b>		FFY of Grant: 2010	
PIIA Name: Fairfield Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No OH18P07050110 Date of CFFP	Replacement Housing Factor Grant No
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Summary by Development Account		Total Estimated Cost	Total Actual Cost <sup>1</sup>
Signature of Executive Director <i>Bruce Swins</i> <i>Deputy Director</i> <i>for Bruce Swins</i>		Original Date 6/25/10	Obligated Date 22 July 10
Signature of Public Housing Director <i>[Signature]</i>		Revised <sup>2</sup>	Expended

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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Part II: Supporting Pages						
PHA Name: Fairfield Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OH16P07050110 CFFP (Yes/ No)		Federal FFY of Grant: 2010		
Development Number Name/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>	
PHA Wide	Operations	1406		20,000		
PHA Wide	Site Improvement	1450		86,000		
	Concrete work-driveways, sidewalks					
	Power washing units, driveways, <input checked="" type="checkbox"/>					
	Gutters/Downspouts and Guards					
	Security Lighting					
	Landscaping/drainage					
PHA Wide	Dwelling Structure	1460		60,810		
	Dryer Vent cleaning and replacement					
	Replacement Flooring					
	Replacement A/C units/Heat pumps					
	Grand Total:			\$166,810		

**APPROVED**

See 7/22/2010

<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  
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U.S. Department of Housing and Urban Development  
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Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA WIDE	07/15/2012		07/15/2014		<b>APPROVED</b> <i>See appx 2/2016</i>

<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



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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Part I: Summary		FFY of Grant: 2009	
PHA Name: Fairfield Metropolitan Housing Authority		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No. OHI6P07050109 Replacement H Housing Factor Grant No: Date of CFFP:			
Type of Grant	<input type="checkbox"/> Reserve for Disasters/Emergencies	Total Actual Cost <sup>1</sup>	
<input checked="" type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: 11/17/2011	<input type="checkbox"/> Revised Annual Statement (revision no: )	Obligated	Expended
Line	Summary by Development Account	Total Estimated Cost Revised <sup>2</sup>	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	0
3	1408 Management Improvements	0	0
4	1410 Administration (may not exceed 10% of line 21)	0	
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	68,898.40
10	1460 Dwelling Structures	85,000	9,925.27
11	1465.1 Dwelling Equipment—Nonexpendable	8,000	0
12	1470 Non-dwelling Structures	0	
13	1475 Non-dwelling Equipment	5,000	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> RIIF funds shall be included here.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
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Part I: Summary		FFY of Grant: 2009		FFY of Grant Approval:	
PHA Name:	Grant Type and Number	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
Fairfield Metropolitan Housing Authority	Capital Fund Program Grant No: OH16P07050109 Replacement Housing Factor Grant No: Date of CFPP:	Original	Revised <sup>2</sup>	Obligated	Expended
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 11/17/2011				
	<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Summary by Development Account				
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	0		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	167,373	167,373	167,373	78,823.67
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				
Signature of Executive Director		Signature of Public Housing Director		Date	
<i>[Signature]</i>		<i>[Signature]</i>		11/17/11	

<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>		<b>Federal FFY of Grant: 2009</b>						
<b>PHA Name: Fairfield Metropolitan Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: OH16P07050109						
<b>Development Number Name/PHA-Wide Activities</b>		<b>CFFP (Yes/ No):</b> Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Operations	1406		25,000	25,000	25,000	0	
	Administration	1410		10,000	0			
	Audit	1411		2,000	0			
	Site Improvements	1450		21,000	132,447.73	132,447.73	68,898.40	
	*Landscaping/Gutters							
	*Concrete Work							
	*Gates/Fence Repair/Replacement							
	Dwelling Structures	1460		85,000	9,925.27	9,925.27	9,925.27	closed
	*Replacement Flooring							
	*Bath Remodels							
	Dwelling Equipment-Non Expendable	1465.1		8,000	0			
	Non Dwelling Equipment	1475		5,000	0			
	Contingency	1502		11,373	0			
	<b>GRAND TOTAL:</b>			<b>167,373</b>	<b>167,373</b>	<b>167,373</b>	<b>78,823.67</b>	

<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 III: Implementation Schedule for Capital Fund Financing Program				Federal FFY of Grant: 2009	Reasons for Revised Target Dates <sup>1</sup>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	9/14/2011	08/30/2011	09/14/2013		

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

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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Part I: Summary		Grant Type and Number		FFY of Grant: 2008	
PIA Name: Fairfield Metropolitan Housing Authority		Capital Fund Program Grant No: OH16P07050108		FFY of Grant Approval: 2008	
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no: )	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 08/31/2011		<input type="checkbox"/> Final Performance and Evaluation Report	
Summary by Development Account		Total Estimated Cost		Total Actual Cost <sup>1</sup>	
Line		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>	20,000	4,543.59	4,543.59	4,543.59
3	1408 Management Improvements	0	0	0	
4	1410 Administration (may not exceed 10% of line 21)	10,000	18,000	18,000	18,000
5	1411 Audit	2,100	0	0	
6	1415 Liquidated Damages	0	0	0	
7	1430 Fees and Costs	0	0	0	
8	1440 Site Acquisition	0	0	0	
9	1450 Site Improvement	14,800	38,238.95	38,238.95	38,238.95
10	1460 Dwelling Structures	106,260	73,482.96	73,482.96	73,482.96
11	1465.1 Dwelling Equipment—Nonexpendable	8,000	12,592	12,592	12,592
12	1470 Non-dwelling Structures	0	0	0	
13	1475 Non-dwelling Equipment	20,226	34,528.50	34,528.50	34,528.50
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> PIAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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Part I: Summary		FFY of Grant: 2008 FFY of Grant Approval: 2008	
PHA Name: Fairfield Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OH16P07050108 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 08/31/2011	<input checked="" type="checkbox"/> Revised Annual Statement (revision no: ) <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
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)	181,386	181,386
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		
Signature of Executive Director <i>[Signature]</i>		Signature of Public Housing Director	
Date 8/31/11		Date	

<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.

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Part II: Supporting Pages			Federal FFY of Grant: 2008					
PHA Name: Fairfield Metropolitan Housing Authority			Grant Type and Number Capital Fund Program Grant No: OH16P07050108					
Development Number Name/PHA-Wide Activities			CFPP (Yes/No): Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Operations	1406						
	Administration	1410	20,000	4,543.59	4,543.59	4,543.59	4,543.59	CLOSED
	Audit	1411	10,000	18,000	18,000	18,000	18,000	CLOSED
	Site Improvement	1450	2,100	0	0	0	0	
	Dwelling Structures	1460	14,800	38,238.95	38,238.95	38,238.95	38,238.95	CLOSED
	Dwelling Equipment	1465.1	106,260	73,482.96	73,482.96	73,482.96	73,482.96	CLOSED
	Non-Dwelling Equipment	1475	8,000	12,592	12,592	12,592	12,592	CLOSED
			20,226	34,528.50	34,528.50	34,528.50	34,528.50	CLOSED
	TOTALS:		181,386	181,386	181,386	181,386	181,386	CLOSED

<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>					<b>Federal FFY of Grant: 2009</b>	
<b>PHA Name: Fairfield Metropolitan Housing Authority</b>						
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
OH070000001	6-12-2010	06-11-2010	6-12-2012	8-31-2011		

<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.



## Newspaper Network of Central Ohio - Order Confirmation

<u>Ad Order Number</u> 0004630511	<u>Customer</u> FMHA AFFORDABLE HOUSING	<u>P.O Number</u>
<u>Sales Rep.</u> L202	<u>Customer Account</u> L13767	<u>Ordered By</u> Public Notice
<u>Order Taker</u> NBlamer	<u>Customer Address</u> 315 N COLUMBUS ST STE 200 LANCASTER OH 43130-3078 USA	<u>Customer Fax</u>
<u>Order Source</u> E-mail	<u>Customer Phone</u> 740-653-6618	<u>Customer EMail</u> ssecoy@fairfieldmha.org
	<u>Payer Customer</u> FMHA AFFORDABLE HOUSII	<u>Special Pricing</u> None
	<u>Payer Account</u> L13767	
	<u>Payer Address</u> 315 N COLUMBUS ST STE 200 LANCASTER OH 43130-3078 USA	
	<u>Payer Phone</u> 740-653-6618	

<u>Tear Sheets</u> 1	<u>Proofs</u> 0	<u>Affidavits</u> 1	<u>Blind Box</u>	<u>Promo Type</u>	<u>Materials</u>
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Invoice Text

<u>Net Amount</u>	\$73.60	<u>Tax Amount</u>	\$0.00	<u>Total Amount</u>	\$73.60	<u>Payment Method</u>		<u>Payment Amount</u>	\$0.00	<u>Amount Due</u>	\$73.60
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<u>Ad Number</u> 0004630511-01	<u>Ad Type</u> Legal Line	<u>Ad Size</u> 2.0 X 27 Li	<u>Color</u> <NONE>	<u>Production Method</u> AdBooker	<u>Production Notes</u>
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External Ad Number

Ad Attributes

Ad Released  
No

Pick Up

WYSIWYG Content

**PUBLIC NOTICE**  
The Fairfield Metropolitan Housing Authority (FMHA) is currently in the process of completing its annual Agency Plan in accordance with the Housing and Urban Development Act of 1998. The Agency Plan, once approved by the U.S. Department of Housing and Urban Development (HUD), will guide the FMHA in serving the needs of the community in 2011. Low-income families beginning January 1, 2011, are invited to review the proposed Agency Plan and all supporting documents will be available for review and inspection by the public at our office located at 315 North Columbus Street, Lancaster, Ohio 43130. A public hearing has been scheduled for public comment on September 2, 2011 from 9:00 to 10:00 am at the same location. Prior to the public hearing, general comments can be submitted in writing to: Bruce Burns, Executive Director, Fairfield Metropolitan Housing Authority, 315 North Columbus Street, Lancaster, OH 43130 (Pub: LEG, July 15, 11#4630511)

<u>Product Information</u>	<u>Placement/Classification</u> Legal	<u>Position/SubClass</u> Legals	<u>Run Dates</u> 7/15/2011 to 7/15/2011	<u># Inserts</u> 1
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**WYSIWYG Content**

**PUBLIC NOTICE**  
 The Fairfield Metropolitan Housing Authority (FMHA) is currently assessing the impact of its current policies and procedures in conjunction with the Quality Housing and Work Responsibility Act of 1998. The Agency Plan, once approved by the U.S. Department of Housing and Urban Development (HUD), will include a Fair Market Rent (FMR) for low-income and very low-income families beginning January 1, 2012.  
 The proposed Agency Plan and all supporting documents will be available for review and inspection at the public hearing office, 315 North Columbus Street, Lancaster, OH beginning July 19. A public hearing has been scheduled for public comment on September 2, 2011 from 9:00 to 10:00 am at the same location.  
 All interested parties, general comments can be directed in writing to:  
 Bruce Burns, Executive Director  
 Fairfield Metropolitan Housing Authority  
 315 North Columbus Street  
 Lancaster, OH 43030  
 (Pub:LEG, July 12, 11#463817)

<u>Product Information</u>	<u>Placement/Classification</u>	<u>Position/SubClass</u>	<u>Run Dates</u>	<u># Inserts</u>
Lancaster ROL:	Legal	Legals	7/15/2011 to 7/15/2011	1

# Newspaper Network of Central Ohio - Order Confirmation

<u>Ad Order Number</u> 0004668038	<u>Customer</u> FAIRFIELD METROPOLITAN HOUSING	<u>PO Number</u> 
<u>Sales Rep.</u> L201	<u>Customer Account</u> L780344	<u>Ordered By</u> PUBLIC NOTICE: Agency PI
<u>Order Taker</u> NBlamer	<u>Customer Address</u> 315 N COLUMBUS ST STE 200 LANCASTER OH 43130-3078 USA	<u>Customer Fax</u> 
<u>Order Source</u> E-mail	<u>Customer Phone</u> 740-653-6928	<u>Customer Email</u> ssecoy@fairfieldmha.org
	<u>Payor Account</u> L780344	<u>Special Pricing</u> None
	<u>Payor Address</u> 315 N COLUMBUS ST STE 200 LANCASTER OH 43130-3078 USA	
	<u>Payor Phone</u> 740-653-6928	

<u>Tear Sheets</u> 1	<u>Proofs</u> 0	<u>Affidavits</u> 1	<u>Blind Box</u> 	<u>Ad Order Notes</u> 
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Invoice Text  
PUBLIC NOTICE: Agency Plan

<u>Net Amount</u> \$80.70	<u>Tax Amount</u> \$0.00	<u>Total Amount</u> \$80.70	<u>Payment Method</u> 	<u>Payment Amount</u> \$0.00	<u>Amount Due</u> \$80.70
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<u>Ad Number</u> 0004668038-01	<u>Ad Type</u> Legal Line	<u>Ad Size</u> : 2.0 X 28 Li	<u>Color</u> <NONE>	<u>Production Method</u> AdBooker	<u>Production Notes</u> 
<u>External Ad Number</u> 	<u>Ad Attributes</u> 	<u>Ad Released</u> No	<u>Pick Up</u> 		

**WYSIWYG Content**

**PUBLIC NOTICE**  
The Fairfield Metropolitan Housing Authority (FMAHA) is completing its annual Agency Plan in con-  
junction with the Quality Housing and Work  
Responsibility Act of 1998. The Agency  
Plan, once approved by the U.S. Depart-  
ment of Housing and Urban Development  
(HUD) will include the FMAHA in serving the  
needs of low-income and very low-income  
families beginning January 1, 2012.  
The proposed Agency Plan, and all support-  
ing documents will be available for review  
at 315 North Columbus Street, Lancas-  
ter, OH beginning November 23. A public  
hearing has been scheduled for public com-  
ment on January 9, 2012 from 9:00 to 10:00  
at the same location.  
Prior to public hearing, general comments  
can be directed in writing to:  
**Bruce Burns, Executive Director**  
Fairfield Metropolitan Housing Authority  
315 North Columbus Street  
Lancaster, OH 43130  
(Pub: LE G, Nov20, 11#4668038)

Product Information	Placement/Classification	Position/SubClass	Run Dates	# Inserts

**WYSIWYG Content**

**PUBLIC NOTICE**  
 The Fairfield Metropolitan Housing Authority (FMHA) is currently in the process of completing its annual Agency Plan in conjunction with the Quality Housing and Work Responsibility Act of 1998. The Agency Plan, once approved by the Agency Development (HUD) will guide the FMHA in serving the needs of low-income and very low-income families beginning January 1, 2012. The proposed Agency Plan includes support for the proposed Agency Plan for review and inspection by the public at our office located at 315 North Columbus Street, Lancaster, OH beginning November 23. A public hearing has been scheduled for public comment on the Agency Plan at 12:00 PM on November 23, 2011. The hearing will be held prior to public hearing, general comments can be directed in writing to:  
**Bruce Burns, Executive Director**  
**Fairfield Metropolitan Housing Authority**  
 315 North Columbus Street  
 Lancaster, OH 43130

(Pub: LEG, Nov20, 11 #4568038)

<u>Product Information</u>	<u>Placement/Classification</u>	<u>Position/SubClass</u>	<u>Run Dates</u>	<u># Inserts</u>
CentralOhio.com:	Legal	Legals	11/20/2011 to 11/20/2011	1
Lancaster ROL:	Legal	Legals	11/20/2011 to 11/20/2011	1