# Port Chester Housing Authority Plans

5 Year Plan for Fiscal Years 2000 - 2004 Annual Plan for Fiscal Year 2001

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

# PHA Plan Agency Identification

# PHA Name: Port Chester Housing Authority

# PHA Number: NY014

# **PHA Fiscal Year Beginning:** 04/2001 **Public Access to Information**

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

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

# **Display Locations For PHA Plans and Supporting Documents**

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

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

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

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

# **5-YEAR PLAN PHA FISCAL YEARS 2000 - 2004**

[24 CFR Part 903.5]

# A. Mission

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

 $\square$ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

The PHA's mission is: (state mission here)

# **B.** Goals

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

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

- $\square$ PHA Goal: Expand the supply of assisted housing **Objectives:** 
  - Apply for additional rental vouchers: (as theybecome available)
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)
    - The PHA will work with City Government to further promote Decent, safe and affordable housing

 $\square$ PHA Goal: Improve the quality of assisted housing **Objectives:** 

- Improve public housing management: (PHAS score)  $|\times|$ 
  - yearly, over next 5yrs.

|             | Improve voucher management: (SEMAP score)                        |
|-------------|------------------------------------------------------------------|
| $\boxtimes$ | Increase customer satisfaction:                                  |
|             | Concentrate on efforts to improve specific management functions: |
|             | (list; e.g., public housing finance; voucher unit inspections)   |
| $\boxtimes$ | Renovate or modernize public housing units:                      |
| •           | Yearly, over next 5 years.                                       |
|             | Demolish or dispose of obsolete public housing:                  |
|             | Provide replacement public housing:                              |
|             | Provide replacement vouchers:                                    |
|             | Other: (list below)                                              |
|             |                                                                  |
|             |                                                                  |
| PHA (       | Goal: Increase assisted housing choices                          |
|             |                                                                  |

Objectives:

- Provide voucher mobility counseling:
- Conduct outreach efforts to potential voucher landlords
- Increase voucher payment standards
- Implement voucher homeownership program:
- Implement public housing or other homeownership programs:
- Implement public housing site-based waiting lists:
- Convert public housing to vouchers:
- ] Other: (list below)
- Coordinate efforts with local council of realtors and property management groups.

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

| $\ge$ | PHA       | Goal: Provide an improved living environment                         |
|-------|-----------|----------------------------------------------------------------------|
|       | Objec     | tives:                                                               |
|       |           | Implement measures to deconcentrate poverty bybringing higher income |
|       |           | public housing households into lower income developments:            |
|       |           | Implement measures to promote income mixing in public housing by     |
|       |           | assuring access for lower income families into higher income         |
|       |           | developments:                                                        |
|       | $\bowtie$ | Implement public housing security improvements:                      |
|       |           | Designate developments or buildings for particular resident groups   |
|       |           | (alderly persons with disabilities)                                  |

- (elderly, persons with disabilities)
- Other: (list below)

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

PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

 $\square$ 

- Increase the number and percentage of employed persons in assisted families:
- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

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

| <ul> <li>disability:</li> <li>Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:</li> <li>Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:</li> </ul>                                                                               | PH  | A Goal: Ensure equal opportunity and affirmatively further fair housing        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------|
| <ul> <li>regardless of race, color, religion national origin, sex, familial status, ar disability:</li> <li>Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:</li> <li>Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:</li> </ul> | Obj | ectives:                                                                       |
| <ul> <li>disability:</li> <li>Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:</li> <li>Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:</li> </ul>                                                                               |     | Undertake affirmative measures to ensure access to assisted housing            |
| <ul> <li>Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:</li> <li>Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:</li> </ul>                                                                                                    |     | regardless of race, color, religion national origin, sex, familial status, and |
| <ul> <li>for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:</li> <li>Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:</li> </ul>                                                                                                                                                                            |     | disability:                                                                    |
| <ul> <li>national origin, sex, familial status, and disability:</li> <li>Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:</li> </ul>                                                                                                                                                                                                                                                         |     | Undertake affirmative measures to provide a suitable living environment        |
| Undertake affirmative measures to ensure accessible housing to persons<br>with all varieties of disabilities regardless of unit size required:                                                                                                                                                                                                                                                                                                                                          |     | for families living in assisted housing, regardless of race, color, religion   |
| with all varieties of disabilities regardless of unit size required:                                                                                                                                                                                                                                                                                                                                                                                                                    | _   | national origin, sex, familial status, and disability:                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | Undertake affirmative measures to ensure accessible housing to persons         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | with all varieties of disabilities regardless of unit size required:           |
| Other: (list below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     | Other: (list below)                                                            |

#### Other PHA Goals and Objectives: (list below)

#### Annual PHA Plan PHA Fiscal Year 2000

[24 CFR Part 903.7]

### i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

#### **Standard Plan**

#### **Streamlined Plan:**

- High Performing PHA
  - Small Agency (<250 Public Housing Units)
  - Administering Section 8 Only

**Troubled Agency Plan** 

### ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

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

The Port Chester Housing Authority has prepared this Annual PHA Plan in compliance with Section 511 of the Quality Housing andWork and Work Responsibility Act of 1998 and the ensuing HUD requirements.

The purpose of this Annual Plan is to provide a framework for local accountability and easily identifiable source by which housing residents, participants in the tenant-based assistance program and other members of the public may locate basic PHA policies, rules and requirements related to the operations, programs and services of the agency.

The Mission Statement and the Goals and Objectives were based on information contained in our jurisdiction's Consolidated Plan and will ensure that our residents will receive the best customer service.

Excellent customer service and fulfillment of the Mission Statement and Goals and Objectives is ensured by implementation of a series of policies that are on display with this Plan. The Admissions and Occupancy Policy and Section 8 Administrative Plan are the two primary policies on display. These important documents cover the public housingtenant selection and assignment plan, outreach services, grievance procedures, etc. The most important challenges to be met by the Port Chester Housing Authority during FY 2000 include:

- Improvement of the physical conditions of the housing developments through the Capital Funds activities.
- Involve the public housing residents through the Annual Plan Resident Advisory Board.

# iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

#### **Table of Contents**

Page #

#### **Annual Plan**

- i. Executive Summary
- ii. Table of Contents
  - 1. Housing Needs
  - 2. Financial Resources
  - 3. Policies on Eligibility, Selection and Admissions
  - 4. Rent Determination Policies
  - 5. Operations and Management Policies
  - 6. Grievance Procedures
  - 7. Capital Improvement Needs
  - 8. Demolition and Disposition

9.

- 10. Community Service Programs
- 11. Crime and Safety
- 12. Pets (Inactive for January 1 PHAs)
- 13. Civil Rights Certifications (included with PHA Plan Certifications)
- 14. Audit
- 15. Asset Management
- 16. Other Information

#### Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Not: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

**Required Attachments:** 

- Admissions Policy for Deconcentration
- $\boxtimes$
- FY 2001 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

**Optional Attachments:** 

- PHA Management Organizational Chart
- FY 2001 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attachedif not included in PHA Plan text)
- Other (List below, providing each attachment name)

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

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

|                 | Review                                                                                                                 |                              |
|-----------------|------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Applicable<br>& | Supporting Document                                                                                                    | Applicable Plan<br>Component |
| On Display      |                                                                                                                        |                              |
|                 | Section 8 rent determination (payment standard) policies                                                               | Annual Plan: Rent            |
|                 | check here if included in Section 8                                                                                    | Determination                |
|                 | Administrative Plan                                                                                                    |                              |
| Х               | Public housing management and maintenance policy                                                                       | Annual Plan: Operations      |
|                 | documents, including policies for the prevention or                                                                    | and Maintenance              |
|                 | eradication of pest infestation (including cockroach                                                                   |                              |
|                 | infestation)                                                                                                           |                              |
| Х               | Public housing grievance procedures                                                                                    | Annual Plan: Grievance       |
|                 | $\bigotimes$ check here if included in the public housing                                                              | Procedures                   |
|                 | A & O Policy                                                                                                           |                              |
|                 | Section 8 informal review and hearing procedures                                                                       | Annual Plan: Grievance       |
|                 | check here if included in Section 8                                                                                    | Procedures                   |
|                 | Administrative Plan                                                                                                    |                              |
| Х               | The HUD-approved Capital Fund/Comprehensive Grant                                                                      | Annual Plan: Capital Needs   |
|                 | Program Annual Statement (HUD 52837) for the active grant                                                              |                              |
|                 | year                                                                                                                   |                              |
| Х               | Most recent CIAP Budget/Progress Report (HUD 52825) for                                                                | Annual Plan: Capital Needs   |
|                 | any active CIAP grant                                                                                                  |                              |
|                 | Most recent, approved 5 Year Action Plan for the Capital                                                               | Annual Plan: Capital Needs   |
|                 | Fund/Comprehensive Grant Program, if not included as an                                                                |                              |
|                 | attachment (provided at PHA option)                                                                                    | Anne 1 Diana Can'tai Nasila  |
|                 | Approved HOPE VI applications or, if more recent,                                                                      | Annual Plan: Capital Needs   |
|                 | approved or submitted HOPE VI Revitalization Plans or any<br>other approved proposal for development of public housing |                              |
|                 | Approved or submitted applications for demolition and/or                                                               | Annual Plan: Demolition      |
|                 | disposition of public housing                                                                                          | and Disposition              |
|                 | Approved or submitted applications for designation of public                                                           | Annual Plan: Designation of  |
|                 | housing (Designated Housing Plans)                                                                                     | Public Housing               |
|                 | Approved or submitted assessments of reasonable                                                                        | Annual Plan: Conversion of   |
|                 | revitalization of public housing and approved or submitted                                                             | Public Housing               |
|                 | conversion plans prepared pursuant to section 202 of the                                                               |                              |
|                 | 1996 HUD Appropriations Act                                                                                            |                              |
|                 | Approved or submitted public housing homeownership                                                                     | Annual Plan:                 |
|                 | programs/plans                                                                                                         | Homeownership                |
|                 | Policies governing any Section 8 Homeownership program                                                                 | Annual Plan:                 |
|                 | check here if included in the Section 8                                                                                | Homeownership                |
|                 | Administrative Plan                                                                                                    |                              |
|                 | Any cooperative agreement between the PHA and the TANF                                                                 | Annual Plan: Community       |
|                 | agency                                                                                                                 | Service & Self-Sufficiency   |
|                 | FSS Action Plan/s for public housing and/or Section 8                                                                  | Annual Plan: Community       |
|                 |                                                                                                                        | Service & Self-Sufficiency   |
|                 | Most recent self-sufficiency (ED/SS, TOP or ROSS or other                                                              | Annual Plan: Community       |
|                 | resident services grant) grant program reports                                                                         | Service & Self-Sufficiency   |
|                 | The most recent Public Housing Drug Elimination Program                                                                | Annual Plan: Safety and      |
|                 | (PHEDEP) semi-annual performance report for any open                                                                   | Crime Prevention             |
|                 | grant and most recently submitted PHDEP application                                                                    |                              |
| V               | (PHDEP Plan)                                                                                                           |                              |
| Х               | The most recent fiscal year audit of the PHA conducted                                                                 | Annual Plan: Annual Audit    |

| List of Supporting Documents Available for Review |                                                                                                                                               |                              |  |  |  |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--|--|--|
| Applicable<br>&<br>On Display                     | Supporting Document                                                                                                                           | Applicable Plan<br>Component |  |  |  |
|                                                   | under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings |                              |  |  |  |
|                                                   | Troubled PHAs: MOA/Recovery Plan                                                                                                              | Troubled PHAs                |  |  |  |
|                                                   | Other supporting documents (optional)<br>(list individually; use as many lines as necessary)                                                  | (specify as needed)          |  |  |  |

### 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

|                                 | Housing Needs of Families in the Jurisdiction |                    |        |         |                    |      |               |
|---------------------------------|-----------------------------------------------|--------------------|--------|---------|--------------------|------|---------------|
|                                 | by Family Type                                |                    |        |         |                    |      |               |
| Family Type                     | Overall                                       | Afford-<br>ability | Supply | Quality | Access-<br>ibility | Size | Loca-<br>tion |
| Income <= 30%<br>of AMI         | 1102                                          | 5                  | 5      | 4       | 3                  | 3    | 3             |
| Income >30% but<br><=50% of AMI | 2389                                          | 5                  | 5      | 4       | 3                  | 3    | 3             |
| Income >50% but<br><80% of AMI  | 762                                           | 5                  | 5      | 4       | 3                  | 3    | 3             |
| Elderly                         | Na                                            | 5                  | 5      | 4       | 3                  | 3    | 3             |
| Families with Disabilities      | Na                                            |                    |        |         |                    |      |               |
| Race/Ethnicity<br>AfroAmericans | 385                                           | 5                  | 5      | 4       | 3                  | 3    | 3             |
| Race/Ethnicity<br>Hispanic      | 856                                           | 5                  | 5      | 4       | 3                  | 3    | 3             |
| Race/Ethnicity<br>Others        | 318                                           | 5                  | 5      | 5       | 3                  | 3    | 3             |
| Race/Ethnicity                  |                                               |                    |        |         |                    |      |               |

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

|             | Consolidated Plan of the Jurisdiction/s                            |
|-------------|--------------------------------------------------------------------|
|             | Indicate year: 1995                                                |
| $\boxtimes$ | U.S. Census data: the Comprehensive Housing Affordability Strategy |
|             | ("CHAS") dataset                                                   |
|             | American Housing Survey data                                       |
|             | Indicate year:                                                     |
|             | Other housing market study                                         |
|             | Indicate year:                                                     |
|             | Other sources: (list and indicate year of information)             |
|             |                                                                    |

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

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

| Housing Needs of Families on the Waiting List           |                                                                 |                           |                              |  |  |
|---------------------------------------------------------|-----------------------------------------------------------------|---------------------------|------------------------------|--|--|
| Public Housing     Combined Sect     Public Housing     | t-based assistance<br>(Family units)<br>tion 8 and Public Housi | sdictional waiting list ( | optional)<br>Annual Turnover |  |  |
| Waiting list total<br>Extremely low<br>income <=30% AMI | 120<br>83                                                       | 69                        | 40-50                        |  |  |
| Very low income<br>(>30% but <=50%<br>AMI)              | 19                                                              | 16                        |                              |  |  |
| Low income<br>(>50% but <80%<br>AMI)                    | 18                                                              | 15                        |                              |  |  |
| Families with children                                  | 64                                                              | 53                        |                              |  |  |
| Elderly families                                        | 39                                                              | 033                       |                              |  |  |
| Families with Disabilities                              | 9                                                               | 11.28                     |                              |  |  |

| Housing Needs of Families on the Waiting List                                             |                              |        |  |  |  |  |  |
|-------------------------------------------------------------------------------------------|------------------------------|--------|--|--|--|--|--|
| AfroAmericans 39 3633                                                                     |                              |        |  |  |  |  |  |
| Hispanic                                                                                  | 41                           | 5034   |  |  |  |  |  |
| White                                                                                     | 40                           | 13.533 |  |  |  |  |  |
| Other                                                                                     | 0                            | 0      |  |  |  |  |  |
|                                                                                           |                              |        |  |  |  |  |  |
| Characteristics by                                                                        |                              |        |  |  |  |  |  |
| Bedroom Size                                                                              |                              |        |  |  |  |  |  |
| (Public Housing                                                                           |                              |        |  |  |  |  |  |
|                                                                                           | Only)                        |        |  |  |  |  |  |
| 1BR                                                                                       | 33                           | 28     |  |  |  |  |  |
| 2 BR                                                                                      | 40                           | 33     |  |  |  |  |  |
| 3 BR                                                                                      | 20                           | 17     |  |  |  |  |  |
| 4 BR                                                                                      | 4                            | 3      |  |  |  |  |  |
| 0 BR                                                                                      | 23                           | 19     |  |  |  |  |  |
| 5+ BR                                                                                     | Na                           |        |  |  |  |  |  |
| Is the waiting list closed (select one)? No 🛛 Yes                                         |                              |        |  |  |  |  |  |
| If yes:                                                                                   |                              |        |  |  |  |  |  |
| How long has it been closed (# of months)? 12 months                                      |                              |        |  |  |  |  |  |
| Does the PHA expect to reopen the list in the PHA Plan year? $\boxtimes$ No $\square$ Yes |                              |        |  |  |  |  |  |
| Does the PHA permit specific categories of families onto the waiting list, even if        |                              |        |  |  |  |  |  |
| generally close                                                                           | generally closed? 🛛 No 🗌 Yes |        |  |  |  |  |  |

#### C. Strategy for Addressing Needs

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

#### (1) Strategies

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

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- $\boxtimes$

- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources

|             | Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction                     |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| $\boxtimes$ | Undertake measures to ensure access to affordable housing among families<br>assisted by the PHA, regardless of unit size required                                 |
|             | Maintain or increase section 8 lease-up rates by marketing the program to<br>owners, particularly those outside of areas of minority and poverty<br>concentration |
|             | Maintain or increase section 8 lease-up rates by effectively screening Section 8                                                                                  |
|             | applicants to increase owner acceptance of program                                                                                                                |
| $\boxtimes$ | Participate in the Consolidated Plan development process to ensure                                                                                                |
|             | coordination with broader community strategies                                                                                                                    |
|             | Other (list below)                                                                                                                                                |
| Strate      | gy 2: Increase the number of affordable housing units by:                                                                                                         |
| Select al   | l that apply                                                                                                                                                      |
|             | Apply for additional section 8 units should they become available<br>Leverage affordable housing resources in the community through the creation                  |

- Leverage affordable housing resources in the community through the creation of mixed finance housing
- Pursue housing resources other than public housing or Section 8 tenantbased assistance.

Other: (list below)

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

**Strategy 1: Target available assistance to families at or below 30 % of AMI** Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
  - Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
    - Employ admissions preferences aimed at families with economic hardships
    - Adopt rent policies to support and encourage work
    - Other: (list below)

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

**Strategy 1: Target available assistance tofamilies at or below 50% of AMI** Select all that apply

| $\boxtimes$ |  |
|-------------|--|
| $\boxtimes$ |  |
|             |  |

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

#### **Need:** Specific Family Types: The Elderly

#### Strategy 1: Target available assistance to the elderly:

Select all that apply

- Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

#### Need: Specific Family Types: Families with Disabilities

# Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

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

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

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

Select if applicable

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

#### Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

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

#### (2) Reasons for Selecting Strategies

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

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

# 2. Statement of Financial Resources

#### [24 CFR Part 903.7 9 (b)]

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

| Financial Resources:                |                  |              |
|-------------------------------------|------------------|--------------|
| Planned                             | Sources and Uses |              |
| Sources                             | Planned \$       | Planned Uses |
| 1. Federal Grants (FY 2000 grants)  |                  |              |
| a) Public Housing Operating Fund    | 182,780          |              |
| b) Public Housing Capital Fund      |                  |              |
| c) HOPE VI Revitalization           |                  |              |
| d) HOPE VI Demolition               |                  |              |
| e) Annual Contributions for Section |                  |              |
| 8 Tenant-Based Assistance           |                  |              |
| f) Public Housing Drug Elimination  | 112,000          |              |
| Program (including any Technical    |                  |              |
| Assistance funds)                   |                  |              |

|                                                                          | cial Resources: |                               |
|--------------------------------------------------------------------------|-----------------|-------------------------------|
| Planned Sources and Uses                                                 |                 |                               |
| Sources                                                                  | Planned \$      | Planned Uses                  |
| g) Resident Opportunity and Self-                                        | 0               |                               |
| Sufficiency Grants                                                       |                 |                               |
| h) Community Development Block                                           | 0               |                               |
| Grant                                                                    |                 |                               |
| i) HOME                                                                  | 0               |                               |
| Other Federal Grants (list below)                                        | 0               |                               |
| 2. Prior Year Federal Grants<br>(unobligated funds only) (list<br>below) |                 |                               |
| CGP & CFP                                                                | 1,286,108       | Modernization                 |
|                                                                          |                 |                               |
| 3. Public Housing Dwelling Rental Income                                 | 1,330,000       | Operations/Tenant<br>Services |
|                                                                          |                 |                               |
| 4. Other income (list below)                                             |                 |                               |
| Interest                                                                 | 40,000          | Operations Public<br>Housing  |
| Other income (misc.)                                                     | 10,000          | Operations Public<br>Housing  |
| <b>4. Non-federal sources</b> (list below)                               |                 | Ŭ                             |
| Total resources                                                          | 2,960,888       | Public Housing operations     |

# **<u>3. PHA Policies Governing Eligibility, Selection, and Admissions</u>** [24 CFR Part 903.7 9 (c)]

### A. Public Housing

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

### (1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

| $\boxtimes$ | When families are within a certain number of being offered a unit: (state |
|-------------|---------------------------------------------------------------------------|
|             | number) (Within 3, per unit size)                                         |

| When families are within a certain time of being offered a unit: (state time) |
|-------------------------------------------------------------------------------|
| Other: (describe)                                                             |

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- Criminal or Drug-related activity
- Rental history

Housekeeping

Other (describe)

- c. Xes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC authorized source)

#### (2)Waiting List Organization

- a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)
  - Community-wide list
  - Sub-jurisdictional lists
  - Site-based waiting lists
    - Other (describe)

b. Where may interested persons apply for admission to public housing?

- PHA main administrative office
  - PHA development site management office
  - Other (list below)
- c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection(3) Assignment
  - 1. How many site-based waiting lists will the PHA operate in the coming year?
  - 2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previouslyHUD-approved site based waiting list plan)? If yes, how many lists?

- 3. Yes No: May families be on more than one list simultaneously If yes, how many lists?
- 4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
  - PHA main administrative office
  - All PHA development management offices
  - Management offices at developments with site based waiting lists
  - At the development to which they would like to apply

Other (list below)

#### (3) Assignment

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

Three or More

- b.  $\bigtriangledown$  Yes  $\square$  No: Is this policy consistent across all waiting list types?
- c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

#### (4) Admissions Preferences

a. Income targeting:

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

b. Transfer policies:

 $\boxtimes$ 

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

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

#### Other: (list below)

c. Preferences

- 1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection (5) Occupancy)
- 2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

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

 $\square$ 

High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

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

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

#### 1 Date and Time

Former Federal preferences:

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

Homelessness

2 High rent burden

1

Other preferences (select all that apply)

- 1 Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (argeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)
- 4. Relationship of preferences to income targeting requirements:
  - The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

#### (5) Occupancy

 $\bowtie$ 

- a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)
  - The PHA-resident lease
    - The PHA's Admissions and (Continued) Occupancy polcy
    - PHA briefing seminars or written materials
    - Other source (list)
- b. How often must residents notify the PHA of changes in family composition? (select all that apply)
  - At an annual reexamination and lease renewal
  - Any time family composition changes
  - At family request for revision
  - Within 10 days of occurrence

#### (6) Deconcentration and Income Mixing

| a. 🗌          | Yes ∑ No: Did the PHA's analysis of its family (general occupancy)<br>developments to determine concentrations of poverty indicate the<br>need for measures to promote deconcentration of poverty or<br>income mixing?                                                                 |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| b. 🗌          | Yes 🔀 No: Did the PHA adopt any changes to its <b>admissions policies</b> based<br>on the results of the required analysis of the need to promote<br>deconcentration of poverty or to assure income mixing?                                                                            |
| c. If th      | ne answer to b was yes, what changes were adopted? (select all that apply)<br>Adoption of site based waiting lists<br>If selected, list targeted developments below:                                                                                                                   |
|               | Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments If selected, list targeted developments below:                                                                                                                 |
|               | Employing new admission preferences at targeted developments<br>If selected, list targeted developments below:                                                                                                                                                                         |
|               | Other (list policies and developments targeted below)                                                                                                                                                                                                                                  |
| d. 🗌          | Yes 🔀 No: Did the PHA adopt any changes to <b>other</b> policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?                                                                                                           |
| e. If the app | he answer to d was yes, how would you describe these changes? (select all that<br>ly)                                                                                                                                                                                                  |
|               | Additional affirmative marketing<br>Actions to improve the marketability of certain developments<br>Adoption or adjustment of ceiling rents for certain developments<br>Adoption of rent incentives to encourage deconcentration of poverty and<br>income-mixing<br>Other (list below) |

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



Not applicable: results of analysis did not indicate a need for such efforts List (any applicable) developments below:

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

| $\boxtimes$ |  |
|-------------|--|
|             |  |

Not applicable: results of analysis did not indicate a need for such efforts List (any applicable) developments below:

#### **B. Section 8**

Exemptions: PHAs that do not administer section 8 are not required to complete subcomponent 3B. Unless otherwise specified, all questions in this section apply only to the tenantbased section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

#### (1) Eligibility

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- Criminal or drug-related activity only to the extent required by law or regulation
- Criminal and drug-related activity, more extensively than required by law or regulation
- More general screening than criminal and drug-related activity (list factors below)
- Oher (list below)
- b. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
  - Resident mailing address

Current and Prior landlords name and mailing address.

#### (2) Waiting List Organization

- a. With which of the following program waiting lists is the section 8 tenantbased assistance waiting list merged? (select all that apply)
- None None
  - Federal public housing
  - Federal moderate rehabilitation

|  | Federal project-based c | certificate program |
|--|-------------------------|---------------------|
|--|-------------------------|---------------------|

Other federal or local program (list below)

- b. Where may interested persons apply for admission to section 8 tenantbased assistance? (select all that apply)
- PHA main administrative office Other (list below)

#### (3) Search Time

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

If yes, state circumstances below:

#### (4) Admissions Preferences

- a. Income targeting

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

- b. Preferences
- 1. Yes No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent(5) Special purpose section 8 assistance programs)
- 2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

#### Former Federal preferences

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

Other preferences (select all that apply)

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

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

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

Working families and those unable to work because of age or disability Veterans and veterans' families

Residents who live and/or work in your jurisdiction

Those enrolled currently in educational, training, or upward mobility programs

Households that contribute to meeting income goals (broad range of incomes)

Households that contribute to meeting income requirements (targeting)

Those previously enrolled in educational, training, or upward mobility programs

Victims of reprisals or hate crimes

Other preference(s) (list below)

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

Date and time of application

Drawing (lottery) or other random choice technique

- 5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)
  - This preference has previously been reviewed and approved by HUD
  - The PHA requests approval for this preference through this PHA Plan

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

The PHA applies preferences within income tiers

Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

#### (5) Special Purpose Section 8 Assistance Programs

- a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)
  - The Section 8 Administrative Plan
  - Briefing sessions and written materials
  - Other (list below)
- b. How does the PHA announce the availability of any special purpose section 8 programs to the public?
  - Through published notices
  - ] (
- Other (list below)

### 4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

#### A. Public Housing

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

#### (1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

----0r----

 $\square$ 

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

#### b. Minimum Rent

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

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

- 2. Yes Xo: Has the PHA adopted any discretionary minimum rent hardship exemption policies?
- 3. If yes to question 2, list these policies below.
- c. Rents set at less than 30% than adjusted income
- 1. Yes No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?
- 2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:
- d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)
  - For the earned income of a previously unemployed household member

| ļ |  |
|---|--|
|   |  |
|   |  |

- For increases in earned income
- Fixed amount (other than general rent-setting policy) If yes, state amount/s and circumstances below:
- Fixed percentage (other than general rent-setting policy) If yes, state percentage/s and circumstances below:

|             | For household heads                                                    |
|-------------|------------------------------------------------------------------------|
|             | For other family members                                               |
|             | For transportation expenses                                            |
|             | For the non-reimbursed medical expenses of non-disabled or non-elderly |
|             | families                                                               |
| $\boxtimes$ | The Port Chester Housing Authority does not plan to implement any      |
|             | deductions and/or exclusions                                           |

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

| $\overline{\square}$ |  |
|----------------------|--|

Yes for all developments

Yes but only for some developments

- No
- 2. For which kinds of developments are ceiling rents in place? (select all that apply)
  - For all developments
    - For all general occupancy developments (not elderly or disabled or elderly only)
  - For specified general occupancy developments
  - For certain parts of developments; e.g., the high-rise portion
  - For certain size units; e.g., larger bedroom sizes
  - Other (list below)
- 3. Select the space or spaces that best describehow you arrive at ceiling rents (select all that apply)
  - Market comparability study
  - Fair market rents (FMR)
  - 95<sup>th</sup> percentile rents
  - 75 percent of operating costs
  - 100 percent of operating costs for general occupancy (family) developments
  - Operating costs plus debt service
  - The "rental value" of the unit
  - Other (list below)
- f. Rent re-determinations:

- 1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)
  - Never

At family option

- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- Within 10 days of occurrence
- g. Yes No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

#### (2) Flat Rents

- 1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)
  - The section 8 rent reasonableness study of comparable housing
  - Survey of rents listed in local newspaper
  - Survey of similar unassisted units in the neighborhood
    - Other (list/describe below)

### **B.** Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenantbased assistance are not required to complete sub-component 4B. Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

#### (1) Payment Standards

Describe the voucher payment standards and policies

a. What is the PHA's payment standard? (select the category that best describes your standard)

- At or above 90% but below 100% of FMR  $\,$
- 100% of FMR
- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

| b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)                               |
|---------------------------------------------------------------------------------------------------------------------------------------------|
| FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area                                            |
| The PHA has chosen to serve additional families by lowering the payment standard                                                            |
| Reflects market or submarket         Other (list below)                                                                                     |
| c. If the payment standard is higher than FMR, why has the PHA chosen this level?<br>(select all that apply)                                |
| <ul> <li>FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area</li> </ul>                    |
| <ul> <li>Reflects market or submarket</li> <li>To increase housing options for families</li> </ul>                                          |
| Other (list below)                                                                                                                          |
| <ul> <li>d. How often are payment standards reevaluated for adequacy? (select one)</li> <li>Annually</li> <li>Other (list below)</li> </ul> |
| <ul><li>Other (list below)</li><li>e. What factors will the PHA consider in its assessment of the adequacy of its paymer</li></ul>          |
| inclusion and i fin i constant in its assessment of the adequacy of its payment                                                             |

- standard? (select all that apply)
- Success rates of assisted families
- Rent burdens of assisted families
- Other (list below)

#### (2) Minimum Rent

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

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

b. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

# **5.** Operations and Management

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

#### A. PHA Management Structure

Describe the PHA's management structure and organization.

 $(\underline{se} \text{lect one})$ 

- An organization chart showing the PHA's management structure and organization is attached. (ny014-a04)
  - A brief description of the management structure and organization of the PHA follows:

#### **B. HUD Programs Under PHA Management**

List Federal programs administered by the PHA, number of familiesserved at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

| Program Name            | Units or Families | Expected |
|-------------------------|-------------------|----------|
|                         | Served at Year    | Turnover |
|                         | Beginning         |          |
| Public Housing          | 340               | 30-40    |
| Section 8 Vouchers      | 0                 |          |
| Section 8 Certificates  | 0                 |          |
| Section 8 Mod Rehab     |                   |          |
| Special Purpose Section | 0                 |          |
| 8 Certificates/Vouchers |                   |          |
| (list individually)     |                   |          |
| Public Housing Drug     | 216               |          |
| Elimination Program     |                   |          |
| (PHDEP)                 |                   |          |
|                         |                   |          |
|                         |                   |          |
| Other Federal           |                   |          |
| Programs(list           |                   |          |
| individually)           |                   |          |
|                         |                   |          |
|                         |                   |          |

#### C. Management and Maintenance Policies

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

- (1) Public Housing Maintenance and Mamgement: (list below)
  - ACOPS
  - Maintenance Policy
  - Pest Eradication Policy
  - •

#### 6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

#### A. Public Housing

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

If yes, list additions to federal requirements below:

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

#### **B.** Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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



PHA main administrative office Other (list below)

# 7. Capital Improvement Needs

#### [24 CFR Part 903.7 9 (g)]

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

#### A. Capital Fund Activities

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

#### (1) Capital Fund Program Annual Statement

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

Select one:

| The Capital Fund Program Annual Statement is provided as an attachment to |
|---------------------------------------------------------------------------|
| the PHA Plan at Attachment (state name) ny014a01                          |

-or-

 $\bowtie$ 

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

#### (2) Optional 5-Year Action Plan

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

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

b. If yes to question a, select one:

- The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name ny014b01
- -or-
- The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

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

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

| <ul> <li>Yes No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)</li> <li>b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Development name:                                                                                                                                                                                                                                                                                                         |
| 2. Development (project) number:                                                                                                                                                                                                                                                                                             |
| 3. Status of grant: (select the statement that best describes the current                                                                                                                                                                                                                                                    |
| status)                                                                                                                                                                                                                                                                                                                      |
| Revitalization Plan under development                                                                                                                                                                                                                                                                                        |
| Revitalization Plan submitted, pending approval                                                                                                                                                                                                                                                                              |
| Revitalization Plan approved                                                                                                                                                                                                                                                                                                 |
| Activities pursuant to an approved Revitalization Plan<br>underway                                                                                                                                                                                                                                                           |
| underway                                                                                                                                                                                                                                                                                                                     |
| Yes No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?                                                                                                                                                                                                                                   |
| If yes, list development name/s below:                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                              |
| Yes Xo: d) Will the PHA be engaging in anymixed-finance development                                                                                                                                                                                                                                                          |
| activities for public housing in the Plan year?                                                                                                                                                                                                                                                                              |
| If yes, list developments or activities below:                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                              |
| Yes No: e) Will the PHA be conducting any other public housing                                                                                                                                                                                                                                                               |
| development or replacement activities not discussed in the<br>Capital Fund Program Annual Statement?                                                                                                                                                                                                                         |
| Capital Fund Program Annual Statement?<br>If yes, list developments or activities below:                                                                                                                                                                                                                                     |
| in jes, list developments of ded vites below.                                                                                                                                                                                                                                                                                |

### 8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)] Applicability of component 8: Section 8 only PHAs are not required to complete **h**is section. 1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.)

#### 2. Activity Description

Yes No:

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

| Demolition/Disposition Activity Description                                    |  |
|--------------------------------------------------------------------------------|--|
| 1a. Development name:                                                          |  |
| 1b. Development (project) number:                                              |  |
| 2. Activity type: Demolition                                                   |  |
| Disposition                                                                    |  |
| 3. Application status (select one)                                             |  |
| Approved                                                                       |  |
| Submitted, pending approval                                                    |  |
| Planned application                                                            |  |
| 4. Date application approved, submitted, or planned for submission: (DD/MM/YY) |  |
| 5. Number of units affected:                                                   |  |
| 6. Coverage of action (select one)                                             |  |
| Part of the development                                                        |  |
| Total development                                                              |  |
| 7. Timeline for activity:                                                      |  |
| a. Actual or projected start date of activity:                                 |  |
| b. Projected end date of activity:                                             |  |

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

[24 CFR Part 903.7 9 (i)]

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

1.  $\Box$  Yes  $\boxtimes$  No:

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

2. Activity Description

Yes No:

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

| Designation of Public Housing Activity Description                                 |  |
|------------------------------------------------------------------------------------|--|
| 1a. Development name:                                                              |  |
| 1b. Development (project) number:                                                  |  |
| 2. Designation type:                                                               |  |
| Occupancy by only the elderly                                                      |  |
| Occupancy by families with disabilities                                            |  |
| Occupancy by only elderly families and families with disabilities                  |  |
| 3. Application status (select one)                                                 |  |
| Approved; included in the PHA's Designation Plan                                   |  |
| Submitted, pending approval                                                        |  |
| Planned application                                                                |  |
| 4. Date this designation approved, submitted, or planned for submission:(DD/MM/YY) |  |
| 5. If approved, will this designation constitute a (select one)                    |  |
| New Designation Plan                                                               |  |
| Revision of a previously-approved Designation Plan?                                |  |
| 6. Number of units affected:                                                       |  |
| 7. Coverage of action (select one)                                                 |  |
| Part of the development                                                            |  |
| Total development                                                                  |  |

### 10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

# 2. Activity Description

Yes No:

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

| Conversion of Public Housing Activity Description                                   |
|-------------------------------------------------------------------------------------|
| 1a. Development name:                                                               |
| 1b. Development (project) number:                                                   |
| 2. What is the status of the required assessment?                                   |
| Assessment underway                                                                 |
| Assessment results submitted to HUD                                                 |
| Assessment results approved by HUD (if marked, proceed to next                      |
| question)                                                                           |
| Other (explain below)                                                               |
|                                                                                     |
| 3. Yes No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to      |
| block 5.)                                                                           |
| 4. Status of Conversion Plan (select the statement that best describes the current  |
| status)                                                                             |
| Conversion Plan in development                                                      |
| Conversion Plan submitted to HUD on: (DD/MM/YYYY)                                   |
| Conversion Plan approved by HUD on: (DD/MM/YYYY)                                    |
| Activities pursuant to HUD-approved Conversion Plan underway                        |
|                                                                                     |
| 5. Description of how requirements of Section 202 are being satisfiedby means other |
| than conversion (select one)                                                        |
| Units addressed in a pending or approved demolition application (date               |
| submitted or approved:                                                              |
| Units addressed in a pending or approved HOPE VI demolitionapplication              |
| (date submitted or approved: )                                                      |
| Units addressed in a pending or approved HOPE VI Revitalization Plan                |
| (date submitted or approved: )                                                      |
| Requirements no longer applicable: vacancy rates are less than 10 percent           |
| Requirements no longer applicable: site now has less than 300 units                 |
| Other: (describe below)                                                             |

**B.** Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

# 11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

#### A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

- Yes X No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to component 11B; if "yes", complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to small PHA or high performing PHA status. PHAs completing streamlined submissions may skip to component 11B.)
- 2. Activity Description
- Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 12. If "No", complete the Activity Description table below.)

# Public Housing Homeownership Activity Description (Complete one for each development affected)

1a. Development name:

1b. Development (project) number:

2. Federal Program authority:

| HOPE I                                                                             |
|------------------------------------------------------------------------------------|
| 5(h)                                                                               |
| Turnkey III                                                                        |
| Section 32 of the USHA of 1937 (effective 10/1/99)                                 |
| 3. Application status: (select one)                                                |
| Approved; included in the PHA's Homeownership Plan/Program                         |
| Submitted, pending approval                                                        |
| Planned application                                                                |
| 4. Date Homeownership Plan/Program approved, submitted, or planned for submission: |
| (DD/MM/YYYY)                                                                       |
| 5. Number of units affected:                                                       |
| 6. Coverage of action: (select one)                                                |
| Part of the development                                                            |
| Total development                                                                  |

# **B. Section 8 Tenant Based Assistance**

1. Yes No:

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

Yes No:

Will the PHA limit the number of families participating in the section 8 homeownership option?

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

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

more than 100 participants

b. PHA-established eligibility criteria

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

If yes, list criteria below:

# **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

# A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

Yes X No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed?DD/MM/YY

- 2. Other coordination efforts between the PHA and TANF agency (select all that \_\_\_\_\_apply)
  - Client referrals
  - Information sharing regarding mutual clients (for rent determinations and otherwise)
  - Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
  - Jointly administer programs
  - Partner to administer a HUD Welfare-to-Work voucher program
  - Joint administration of other demonstration program
  - Other (describe)

# B. Services and programs offered to residents and participants

# (1) General

a. Self-Sufficiency Policies

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

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
  - Preference in admission to section 8 for certain public housing families

| Preferences for families working or engaging in training or education |
|-----------------------------------------------------------------------|
| programs for non-housing programs operated or coordinated by the      |
| PHA                                                                   |
|                                                                       |

Preference/eligibility for public housing homeownership option participation

|  | 1 1                                                                     |
|--|-------------------------------------------------------------------------|
|  | Preference/eligibility for section 8 homeownership option participation |
|  | Other policies (list below)                                             |

Other policies (list below)

b. Economic and Social self-sufficiency programs

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

| Services and Programs                                              |                   |                                                                                          |                                                                              |                                                                            |
|--------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Program Name & Description<br>(including location, if appropriate) | Estimated<br>Size | Allocation<br>Method<br>(waiting<br>list/random<br>selection/specific<br>criteria/other) | Access<br>(development office /<br>PHA main office /<br>other provider name) | Eligibility<br>(public housing or<br>section 8<br>participants or<br>both) |
|                                                                    |                   |                                                                                          |                                                                              |                                                                            |
|                                                                    |                   |                                                                                          |                                                                              |                                                                            |
|                                                                    |                   |                                                                                          |                                                                              |                                                                            |
|                                                                    |                   |                                                                                          |                                                                              |                                                                            |
|                                                                    |                   |                                                                                          |                                                                              |                                                                            |
|                                                                    |                   |                                                                                          |                                                                              |                                                                            |
|                                                                    |                   |                                                                                          |                                                                              |                                                                            |
|                                                                    |                   |                                                                                          |                                                                              |                                                                            |
|                                                                    |                   |                                                                                          |                                                                              |                                                                            |

# (2) Family Self Sufficiency program/s

a. Participation Description

| Family Self Sufficiency (FSS) Participation |                                 |                               |  |
|---------------------------------------------|---------------------------------|-------------------------------|--|
| Program                                     | Required Number of Participants | Actual Number of Participants |  |
|                                             | (start of FY 2000 Estimate)     | (As of: DD/MM/YY)             |  |
| Public Housing                              |                                 |                               |  |

| Section 8                                                                                          |                                                                                                                                                                                        |                                                                                                                                                                                                                                                             |                                                                                                                                                    |  |  |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                                                                                    |                                                                                                                                                                                        |                                                                                                                                                                                                                                                             |                                                                                                                                                    |  |  |
| b. 🗌 Yes 🗌                                                                                         | require<br>the step<br>program                                                                                                                                                         | •                                                                                                                                                                                                                                                           | ecent FSS Action Plan address<br>achieve at least the minimum                                                                                      |  |  |
| C. Welfare B                                                                                       | C. Welfare Benefit Reductions                                                                                                                                                          |                                                                                                                                                                                                                                                             |                                                                                                                                                    |  |  |
| 1. The PHA is complying with the statutory requirements of section 12(d) of the U.S.               |                                                                                                                                                                                        |                                                                                                                                                                                                                                                             |                                                                                                                                                    |  |  |
| 1. The PHA is                                                                                      | s complying wi                                                                                                                                                                         | th the statutory requirement                                                                                                                                                                                                                                | s of section 12(d) of the U.S.                                                                                                                     |  |  |
|                                                                                                    |                                                                                                                                                                                        | th the statutory requirement<br>ting to the treatment of inco                                                                                                                                                                                               |                                                                                                                                                    |  |  |
| Housing Ac<br>welfare pro                                                                          | ct of 1937 (rela<br>gram requirem                                                                                                                                                      | ting to the treatment of inco<br>ents) by: (select all that app                                                                                                                                                                                             | me changes resulting from y)                                                                                                                       |  |  |
| Housing Ac<br>welfare pro<br>Adopti                                                                | ct of 1937 (rela<br>gram requirem<br>ng appropriate                                                                                                                                    | ting to the treatment of inco<br>ents) by: (select all that app<br>changes to the PHA's publi                                                                                                                                                               | me changes resulting from                                                                                                                          |  |  |
| Housing Ac<br>welfare pro<br>Adopti<br>policie                                                     | ct of 1937 (rela<br>gram requirem-<br>ng appropriate<br>s and train staf                                                                                                               | ting to the treatment of inco<br>ents) by: (select all that app<br>changes to the PHA's publi<br>f to carry out those policies                                                                                                                              | me changes resulting from<br>y)<br>c housing rent determination                                                                                    |  |  |
| Housing Ac<br>welfare pro<br>Adopti<br>policie                                                     | ct of 1937 (rela<br>gram requirem<br>ng appropriate<br>s and train staf<br>ing residents of                                                                                            | ting to the treatment of inco<br>ents) by: (select all that app<br>changes to the PHA's publi<br>f to carry out those policies<br>f new policy on admission a                                                                                               | me changes resulting from<br>y)<br>c housing rent determination<br>nd reexamination                                                                |  |  |
| Housing Ac<br>welfare pro<br>Adopti<br>policie                                                     | ct of 1937 (rela<br>gram requirem<br>ng appropriate<br>s and train staf<br>ing residents of                                                                                            | ting to the treatment of inco<br>ents) by: (select all that app<br>changes to the PHA's publi<br>f to carry out those policies<br>f new policy on admission a                                                                                               | me changes resulting from<br>y)<br>c housing rent determination                                                                                    |  |  |
| Housing Ac<br>welfare pro<br>Adopti<br>policie<br>Inform<br>Active<br>reexam<br>Establi            | ct of 1937 (rela<br>gram requirem-<br>ng appropriate<br>s and train staf-<br>ing residents of<br>ly notifying res-<br>nination.<br>shing or pursui                                     | ting to the treatment of inco<br>ents) by: (select all that app<br>changes to the PHA's publi<br>f to carry out those policies<br>f new policy on admission a<br>idents of new policy at time                                                               | me changes resulting from<br>y)<br>c housing rent determination<br>nd reexamination<br>s in addition to admission and<br>with all appropriate TANF |  |  |
| Housing Ac<br>welfare pro<br>Adopti<br>policie<br>Inform<br>Active<br>reexam<br>Establi<br>agencie | ct of 1937 (rela<br>gram requirem<br>ng appropriate<br>s and train staf<br>ing residents of<br>ly notifying res<br>nination.<br>shing or pursui<br>es regarding the<br>shing a protoco | ting to the treatment of inco<br>ents) by: (select all that app<br>changes to the PHA's publi<br>f to carry out those policies<br>f new policy on admission a<br>idents of new policy at time<br>ing a cooperative agreement<br>e exchange of information a | me changes resulting from<br>y)<br>c housing rent determination<br>nd reexamination<br>s in addition to admission and<br>with all appropriate TANF |  |  |

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

# **13. PHA Safety and Crime Prevention Measures**

#### [24 CFR Part 903.7 9 (m)]

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

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

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

| High incidence of violent and/or drug-related crime in some or all of the PHA's                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|
| developments                                                                                                                                      |
| High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments                                |
| Residents fearful for their safety and/or the safety of their children                                                                            |
| Observed lower-level crime, vandalism and/or graffiti                                                                                             |
| People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime |
| Other (describe below)                                                                                                                            |
| nat information or data did the PHA used to determine the need for PHA actions improve safety of residents (select all that apply).               |

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

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

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

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

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
  - Crime Prevention Through Environmental Design
  - Activities targeted to at-risk youth, adults, or seniors
  - Volunteer Resident Patrol/Block Watchers Program
  - Other (describe below)
- 2. Which developments are most affected? (list below)

# C. Coordination between PHA and the police

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

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

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

#### D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

| $\square$ | Yes | No: Is the PHA eligible to participate in the PHDEP in the fiscal year |
|-----------|-----|------------------------------------------------------------------------|
| _         |     | covered by this PHA Plan?                                              |

| Yes 🖂 | No: Has the | e PHA in | cluded the | PHDEP | Plan f | for FY | 2000 in | this P | ΉA |
|-------|-------------|----------|------------|-------|--------|--------|---------|--------|----|
|       | Plan        | ?        |            |       |        |        |         |        |    |

 $\bigvee$  Yes  $\square$  No: This PHDEP Plan is an Attachment. (Attachment Filename: ny014c01)

# **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

# **<u>15. Civil Rights Certifications</u>**

[24 CFR Part 903.7 9 (o)]

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

# 16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

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

# **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

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

# **18. Other Information**

[24 CFR Part 903.7 9 (r)]

# A. Resident Advisory Board Recommendations

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

| Attached at At                                                                      | <ul> <li>2. If yes, the comments are: (if comments were received, the PHAMUST select one)</li> <li>Attached at Attachment (File name)</li> <li>Provided below:</li> </ul>                                                                                                                                            |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Considered co<br>necessary.                                                         |                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |
| B. Description of El                                                                | ection process for Residents on the PHA Board                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
| 1. 🗌 Yes 🔀 No:                                                                      | Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)                                                                                                                                                 |  |  |  |  |  |  |  |
| 2. 🛛 Yes 🗌 No:                                                                      | Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub component C.)                                                                                                                                                                             |  |  |  |  |  |  |  |
| 3. Description of Res                                                               | sident Election Process                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |
| <ul><li>☐ Candidates we</li><li>☐ Candidates co</li><li>☐ Self-nomination</li></ul> | didates for place on the ballot: (select all that apply)<br>ere nominated by resident and assisted family organizations<br>uld be nominated by any adult recipient of PHA assistance<br>on: Candidates registered with the PHA and requested a place on<br>resent a petition signed by 25 eligible residents)<br>be) |  |  |  |  |  |  |  |
| Any head of h                                                                       | s: (select one)<br>of PHA assistance<br>ousehold receiving PHA assistance<br>pient of PHA assistance<br>mber of a resident or assisted family organization                                                                                                                                                           |  |  |  |  |  |  |  |
| based assistan                                                                      | bients of PHA assistance (public housing and section 8 tenant                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |

• Residents of Public Housing, 18 years or older

#### C. Statement of Consistency with the Consolidated Plan

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

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

# D. Other Information Required by HUD

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

# **Attachments**

Use this section to provide any additional attachments referenced in the Plans.

- ny014a01 CFP Annual Statement
- ny014b01 CFP 5 Yr Action Plan
- ny014c01 PHDEP Template
- ny014d01 Organization Chart
- ny014e01 Amendment and Deviation Definitions
- ny014f01 Membership of the Resident Advisory Board

# PHA Plan Table Library

# Component 7 Capital Fund Program Annual Statement Parts I, II, and II

# Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number FFY of Grant Approval: (MM/YYYY)

Original Annual Statement

| Line No. | Summary by Development Account                               | Total Estimated<br>Cost |
|----------|--------------------------------------------------------------|-------------------------|
| 1        | Total Non-CGP Funds                                          |                         |
| 2        | 1406 Operations                                              |                         |
| 3        | 1408 Management Improvements                                 |                         |
| 4        | 1410 Administration                                          |                         |
| 5        | 1411 Audit                                                   |                         |
| 6        | 1415 Liquidated Damages                                      |                         |
| 7        | 1430 Fees and Costs                                          |                         |
| 8        | 1440 Site Acquisition                                        |                         |
| 9        | 1450 Site Improvement                                        |                         |
| 10       | 1460 Dwelling Structures                                     |                         |
| 11       | 1465.1 Dwelling Equipment-Nonexpendable                      |                         |
| 12       | 1470 Nondwelling Structures                                  |                         |
| 13       | 1475 Nondwelling Equipment                                   |                         |
| 14       | 1485 Demolition                                              |                         |
| 15       | 1490 Replacement Reserve                                     |                         |
| 16       | 1492 Moving to Work Demonstration                            |                         |
| 17       | 1495.1 Relocation Costs                                      |                         |
| 18       | 1498 Mod Used for Development                                |                         |
| 19       | 1502 Contingency                                             |                         |
| 20       | Amount of Annual Grant (Sum of lines 2-19)                   |                         |
| 21       | Amount of line 20 Related to LBP Activities                  |                         |
| 22       | Amount of line 20 Related to Section 504 Compliance          |                         |
| 23       | Amount of line 20 Related to Security                        |                         |
| 24       | Amount of line 20 Related to Energy Conservation<br>Measures |                         |

# Annual Statement Capital Fund Program (CFP) Part II: Supporting Table

| Development<br>Number/Name<br>HA-Wide Activities | General Description of Major Work<br>Categories | Development<br>Account<br>Number | Total<br>Estimated<br>Cost |
|--------------------------------------------------|-------------------------------------------------|----------------------------------|----------------------------|
|                                                  |                                                 |                                  |                            |
|                                                  |                                                 |                                  |                            |
|                                                  |                                                 |                                  |                            |
|                                                  |                                                 |                                  |                            |
|                                                  |                                                 |                                  |                            |
|                                                  |                                                 |                                  |                            |
|                                                  |                                                 |                                  |                            |
|                                                  |                                                 |                                  |                            |

| Development<br>Number/Name<br>HA-Wide Activities | All Funds Expended (Quarter Ending Date) |
|--------------------------------------------------|------------------------------------------|
|                                                  |                                          |
|                                                  |                                          |
|                                                  |                                          |
|                                                  |                                          |

# **Optional Table for 5-Year Action Plan for Capital Fund (Component 7)**

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

|                                                                           | Optional 5-Year Actio                      | n Plan Tables             |                               |                                          |
|---------------------------------------------------------------------------|--------------------------------------------|---------------------------|-------------------------------|------------------------------------------|
| Development<br>Number                                                     | Development Name<br>(or indicate PHA wide) | Number<br>Vacant<br>Units | % Vacancies<br>in Development |                                          |
| Description of Needed Physical Improvements or Management<br>Improvements |                                            |                           |                               | d Planned Start Date<br>(HA Fiscal Year) |
| Total estimated o                                                         | cost over next 5 years                     |                           |                               |                                          |

# **Optional Public Housing Asset Management Table**

See Technical Guidance for instructions on the use of this table, including information  $\mathbf{0}$  be provided.

# **Public Housing Asset Management**

| opment                      | Activity Description                                            |                                              |                                              |                                      |                                              |                                        |  |  |  |
|-----------------------------|-----------------------------------------------------------------|----------------------------------------------|----------------------------------------------|--------------------------------------|----------------------------------------------|----------------------------------------|--|--|--|
| fication                    |                                                                 |                                              |                                              |                                      |                                              |                                        |  |  |  |
| Number and<br>Type of units | Capital Fund Program<br>Parts II and III<br><i>Component 7a</i> | Development<br>Activities<br>Component 7b    | Demolition /<br>disposition<br>Component 8   | Designated<br>housing<br>Component 9 | Conversion<br>Component 10                   | Home-<br>ownership<br>Component<br>11a |  |  |  |
|                             |                                                                 | ļ'                                           | ļ'                                           | <u> </u>                             | <u> </u>                                     | <u> </u>                               |  |  |  |
|                             | 11                                                              | <u>                                     </u> | <u>                                     </u> | '                                    | <u>                                     </u> | <u> </u>                               |  |  |  |
|                             |                                                                 | 1 1                                          | 1                                            | · [ '                                | · · · ·                                      | 1                                      |  |  |  |
|                             |                                                                 | l'                                           | '                                            |                                      |                                              |                                        |  |  |  |
|                             |                                                                 |                                              |                                              |                                      | ·                                            |                                        |  |  |  |
|                             |                                                                 |                                              | '                                            |                                      | '                                            |                                        |  |  |  |
|                             |                                                                 | l,                                           | ,                                            |                                      | · · · · · · · · · · · · · · · · · · ·        |                                        |  |  |  |
|                             |                                                                 | I'                                           | ['                                           | []                                   | ['                                           |                                        |  |  |  |
|                             | 1                                                               | ,                                            | ,                                            |                                      | · · · · · · · · · · · · · · · · · · ·        |                                        |  |  |  |
|                             |                                                                 | l,                                           | ,                                            |                                      | · · · · · · · · · · · · · · · · · · ·        |                                        |  |  |  |
|                             | 1                                                               | 1                                            | ,                                            |                                      | · · · · · · · · · · · · · · · · · · ·        |                                        |  |  |  |
|                             | 1                                                               | <u> </u> '                                   |                                              |                                      | <u> </u>                                     |                                        |  |  |  |

| Ann         | ual Statement/Performance and Evaluation            | ation Report (at           | tachment ny014a        | 01)                    |                      |
|-------------|-----------------------------------------------------|----------------------------|------------------------|------------------------|----------------------|
| Cap         | ital Fund Program and Capital Fund P                | <b>Program Replacement</b> | Housing Factor         | (CFP/CFPRHF) ]         | Part 1: Summary      |
| PHA N       | lame:                                               | Grant Type and Number      |                        | · · · ·                | Federal FY of Grant: |
|             | PORT CHESTER HOUSING AUTHORITY                      | Capital Fund Program: NY3  | 6PO14                  |                        |                      |
|             |                                                     | Capital Fund Program       |                        |                        | 2001                 |
|             |                                                     | Replacement Housing Fact   |                        |                        |                      |
|             | ginal Annual Statement                              |                            | sters/ Emergencies Rev | vised Annual Statement | (revision no: )      |
|             | formance and Evaluation Report for Period Ending:   | Final Performance and      | 1                      |                        |                      |
| Line<br>No. | Summary by Development Account                      | Total Estimat              | ted Cost               | Total                  | Actual Cost          |
| INU.        |                                                     | Original                   | Revised                | Obligated              | Expended             |
| 1           | Total non-CFP Funds                                 |                            |                        | 0                      |                      |
| 2           | 1406 Operations                                     | \$58,783.00                |                        |                        |                      |
| 3           | 1408 Management Improvements                        |                            |                        |                        |                      |
| 4           | 1410 Administration                                 | \$68,450.00                |                        |                        |                      |
| 5           | 1411 Audit                                          |                            |                        |                        |                      |
| 6           | 1415 liquidated Damages                             |                            |                        |                        |                      |
| 7           | 1430 Fees and Costs                                 | \$57,500.00                |                        |                        |                      |
| 8           | 1440 Site Acquisition                               |                            |                        |                        |                      |
| 9           | 1450 Site Improvement                               |                            |                        |                        |                      |
| 10          | 1460 Dwelling Structures                            | \$480,000.00               |                        |                        |                      |
| 11          | 1465.1 Dwelling Equipment—Nonexpendable             |                            |                        |                        |                      |
| 12          | 1470 Nondwelling Structures                         |                            |                        |                        |                      |
| 13          | 1475 Nondwelling Equipment                          | \$16,000.00                |                        |                        |                      |
| 14          | 1485 Demolition                                     |                            |                        |                        |                      |
| 15          | 1490 Replacement Reserve                            |                            |                        |                        |                      |
| 16          | 1492 Moving to Work Demonstration                   |                            |                        |                        |                      |
| 17          | 1495.1 Relocation Costs                             |                            |                        |                        |                      |
| 18          | 1498 Mod Used for Development                       |                            |                        |                        |                      |
| 19          | 1502 Contingency                                    | \$30,000.00                |                        |                        |                      |
| 20          | Amount of Annual Grant: (sum of lines 2-19)         | \$710,733.00               |                        |                        |                      |
| 21          | Amount of line 20 Related to LBP Activities         |                            |                        |                        |                      |
| 22          | Amount of line 20 Related to Section 504 Compliance |                            |                        |                        |                      |
| 23          | Amount of line 20 Related to Security               |                            |                        |                        |                      |

| Ann   | ual Statement/Performance and Evalu                                                                   | ation Report                                                                       | (attachment ny014a       | .01)     |                      |  |  |  |  |
|-------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------|----------|----------------------|--|--|--|--|
| Capi  | Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary |                                                                                    |                          |          |                      |  |  |  |  |
| PHA N | ame:                                                                                                  | Grant Type and Number                                                              |                          |          | Federal FY of Grant: |  |  |  |  |
|       | PORT CHESTER HOUSING AUTHORITY                                                                        | Capital Fund Program:                                                              | NY36PO14                 |          |                      |  |  |  |  |
|       |                                                                                                       | Capital Fund Program                                                               |                          |          | 2001                 |  |  |  |  |
|       |                                                                                                       | Replacement Housi                                                                  | ng Factor Grant No:      |          |                      |  |  |  |  |
| ⊠Ori  | ginal Annual Statement                                                                                | <b>Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:</b> ) |                          |          |                      |  |  |  |  |
| Per   | formance and Evaluation Report for Period Ending:                                                     | Final Performan                                                                    | ce and Evaluation Report |          |                      |  |  |  |  |
| Line  | Summary by Development Account                                                                        | Total Estimated Cost                                                               |                          | Total Ac | tual Cost            |  |  |  |  |
| No.   |                                                                                                       |                                                                                    |                          |          |                      |  |  |  |  |
| 24    | Amount of line 20 Related to Energy Conservation                                                      |                                                                                    |                          |          |                      |  |  |  |  |
|       | Measures                                                                                              |                                                                                    |                          |          |                      |  |  |  |  |

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

| PHA Name: PORT | CHESTER HOUSING AUTHORITY         | <b>Grant Type and Number</b><br>Capital Fund Program #: NY36P014 |                  |             |           | Federal FY of Grant: 2001 |           |           |
|----------------|-----------------------------------|------------------------------------------------------------------|------------------|-------------|-----------|---------------------------|-----------|-----------|
|                |                                   |                                                                  |                  |             |           |                           |           |           |
|                |                                   | Capital Fund Progra                                              | am               |             |           |                           |           |           |
|                |                                   |                                                                  | Housing Factor # |             |           |                           |           |           |
| Development    | General Description of Major Work | Dev. Acct No.                                                    | Quantity         | Total Estim | ated Cost | Total Ac                  | tual Cost | Status of |
| Number         | Categories                        |                                                                  |                  |             |           |                           |           | Proposed  |
| Name/HA-Wide   |                                   |                                                                  |                  | Original    | Revised   | Funds                     | Funds     | Work      |
| Activities     |                                   |                                                                  |                  | -           |           | Obligated                 | Expended  | l         |
| PHA-WIDE       | OPERATIONS                        | 1406                                                             |                  |             |           |                           | •         |           |
|                | Operations                        |                                                                  |                  | \$58,783.00 |           |                           |           |           |
|                | Total Account # 1406              |                                                                  |                  | \$58,783.00 |           |                           |           |           |
| PHA-WIDE       | ADMINISTRATION                    | 1410                                                             |                  |             |           |                           |           |           |
|                | Director of Modernization         |                                                                  |                  | \$48,500.00 |           |                           |           |           |
|                | Prorated Salaries                 |                                                                  |                  | \$18,450.00 |           |                           |           |           |
|                | Supplies                          |                                                                  |                  | \$1,500.00  |           |                           |           |           |
|                | Total Account # 1410              |                                                                  |                  | \$68,450.00 |           |                           |           |           |
| PHA-WIDE       | FEES AND COSTS                    | 1430                                                             |                  |             |           |                           |           |           |
|                | A/E Services                      |                                                                  |                  | \$37,000.00 |           |                           |           |           |
|                | Inspection Cost                   |                                                                  |                  | \$19,500.00 |           |                           |           |           |
|                | Printing                          |                                                                  |                  | \$1,000.00  |           |                           |           |           |
|                | Total Account # 1430              |                                                                  |                  | \$57,500.00 |           |                           |           |           |
|                |                                   |                                                                  |                  |             |           |                           |           | <b> </b>  |
|                |                                   |                                                                  |                  |             |           |                           |           |           |
|                |                                   |                                                                  |                  |             |           |                           |           | <u> </u>  |

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

| PHA Name: PO | RT CHESTER HOUSING AUTHORITY      | Grant Type and Number |                  |                                               |            | Federal FY of Grant: 2001 |            |           |
|--------------|-----------------------------------|-----------------------|------------------|-----------------------------------------------|------------|---------------------------|------------|-----------|
|              |                                   | Capital Fund Progr    |                  | 5P014                                         |            |                           |            |           |
|              |                                   | Capital Fund Progr    |                  |                                               |            |                           |            |           |
|              |                                   |                       | Housing Factor # |                                               |            |                           |            |           |
| Development  | General Description of Major Work | Dev. Acct No.         | Quantity         | Total Estim                                   | nated Cost | Total Ac                  | ctual Cost | Status of |
| Number       | Categories                        |                       |                  |                                               |            |                           |            | Proposed  |
| Name/HA-Wide |                                   |                       |                  | Original                                      | Revised    | Funds                     | Funds      | Work      |
| Activities   |                                   |                       |                  |                                               |            | Obligated                 | Expended   |           |
|              | DWELLING STRUCTURES               | 1460                  |                  |                                               |            |                           |            |           |
| NY14-1       | Bathroom renovations              |                       | 120              | \$480,000.00                                  |            |                           |            |           |
|              | Total Account # 1460              |                       |                  | \$480,000.00                                  |            |                           |            |           |
|              |                                   |                       |                  |                                               |            |                           |            |           |
| PHA-WIDE     | NON DWELLING EQUIPMENT            | 1475                  |                  |                                               |            |                           |            |           |
|              | Computer                          |                       |                  | \$10,000.00                                   |            |                           |            |           |
|              | Tools                             |                       |                  | \$6,000.00                                    |            |                           |            |           |
|              | Total Account # 1475              |                       |                  | \$16,000.00                                   |            |                           |            |           |
|              |                                   | 4500                  |                  |                                               |            |                           |            |           |
| PHA-WIDE     | CONTINGENCY                       | 1502                  |                  | <b>*</b> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |            |                           |            |           |
|              | Contingency                       |                       |                  | \$30,000.00                                   |            |                           |            |           |
|              | Total Account # 1502              |                       |                  | \$30,000.00                                   |            |                           |            |           |
|              |                                   |                       |                  |                                               |            |                           |            |           |
|              | GRAND TOTAL CFP 2001              |                       |                  | \$710,733.00                                  |            |                           |            |           |
|              |                                   |                       |                  | φ/10,/33.00                                   |            |                           |            |           |
|              |                                   |                       |                  |                                               |            |                           |            |           |
|              |                                   |                       |                  |                                               |            |                           |            |           |
|              |                                   |                       |                  |                                               |            |                           |            |           |

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

| PHA Name:           |               |              | Type and Nur   |                       |                                  |        | Federal FY of Grant: 2001 |  |  |
|---------------------|---------------|--------------|----------------|-----------------------|----------------------------------|--------|---------------------------|--|--|
| PORT CHESTER HOUSIN | NG AUTHORIT   | - · · · · ·  | al Fund Progra |                       |                                  |        |                           |  |  |
|                     |               |              | -              | m Replacement Hous    | ing Factor #:                    |        |                           |  |  |
| Development Number  | Fund Obligate |              |                | Funds Expended        | Reasons for Revised Target Dates |        |                           |  |  |
| Name/HA-Wide        | (Qua          | rt Ending Da | te)            | (Quarter Ending Date) |                                  | e)     |                           |  |  |
| Activities          |               |              | r              |                       |                                  |        |                           |  |  |
|                     | Original      | Revised      | Actual         | Original              | Revised                          | Actual |                           |  |  |
| Operations          | 03/31/03      |              |                | 03/31/04              |                                  |        |                           |  |  |
| PHA - Wide          |               |              |                |                       |                                  |        |                           |  |  |
| Administration      | 03/31/03      |              |                | 03/31/04              |                                  |        |                           |  |  |
| PHA - Wide          |               |              |                |                       |                                  |        |                           |  |  |
| Fees & Costs        | 03/31/03      |              |                | 03/31/04              |                                  |        |                           |  |  |
| PHA - Wide          |               |              |                |                       |                                  |        |                           |  |  |
| Site                |               |              |                |                       |                                  |        |                           |  |  |
| Improvements        | 03/31/03      |              |                | 03/31/04              |                                  |        |                           |  |  |
| PHA - Wide          |               |              |                |                       |                                  |        |                           |  |  |
| Dwelling            | 03/31/03      |              |                | 03/31/04              |                                  |        |                           |  |  |
| Structures          |               |              |                |                       |                                  |        |                           |  |  |
| NY42-1              |               |              |                |                       |                                  |        |                           |  |  |
|                     |               |              |                |                       |                                  |        |                           |  |  |

# Five-Year Action Plan Part III: Supporting Pages

Management Needs Capital Fun<u>d Program (CFP)</u>

#### (attachment ny014b01)

# U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

| Annual     | Work Statement fo                           | r Year 2 |               | Work Statement for Year 3                   |          |            |
|------------|---------------------------------------------|----------|---------------|---------------------------------------------|----------|------------|
| Statement  | FFY: 20                                     |          |               | FFY:                                        |          |            |
| for Year 1 | Development Number/Name/General Description | Quantity | Estimated     | Development Number/Name/General Description | Quantity | Estimated  |
| 2001       | of Major Work Category                      |          | Cost          | of Major Work Category                      |          | Cost       |
|            | 1406 - OPERATIONS                           |          |               | 1406 - OPERATIONS                           |          |            |
|            |                                             |          | ¢ 107 292 00  |                                             | ¢        | 79,883.00  |
|            | Operations                                  |          |               | Operations                                  | \$       |            |
|            | Subtotal                                    |          | \$ 107,383.00 | Subtotal                                    | \$       | 79,883.00  |
|            | 1410 - ADMINISTARTION                       |          |               | 1410 - ADMINISTARTION                       |          |            |
|            | Director of Modernization                   |          | \$ 50,900.00  | Director of Modernization                   | \$       | 53,400.00  |
| See        | Prorated Salaries                           |          |               | Prorated Salaries                           | \$       |            |
| Annual     | Supplies                                    |          |               | Supplies                                    | \$       |            |
|            | Subtotal                                    |          |               | Subtotal                                    | \$       |            |
|            |                                             |          |               |                                             |          |            |
|            |                                             |          |               |                                             |          |            |
|            |                                             |          |               |                                             |          |            |
|            |                                             |          |               |                                             |          |            |
|            |                                             |          |               |                                             |          |            |
|            |                                             |          |               |                                             |          |            |
|            |                                             |          |               |                                             |          |            |
|            |                                             |          |               |                                             |          |            |
|            |                                             |          |               |                                             |          |            |
|            |                                             |          |               |                                             |          |            |
|            |                                             |          |               |                                             |          |            |
|            |                                             |          |               |                                             |          |            |
|            |                                             |          |               |                                             |          |            |
|            |                                             |          |               |                                             |          |            |
|            |                                             |          |               |                                             |          |            |
|            |                                             |          |               |                                             |          |            |
|            |                                             |          |               |                                             |          |            |
|            |                                             |          |               |                                             |          |            |
|            |                                             |          |               |                                             |          |            |
|            |                                             |          |               |                                             |          |            |
|            |                                             |          |               |                                             |          |            |
|            | Subtotal of Estimated Cost                  |          | \$ 178,233.00 | Subtotal of Estimated C                     | Sost \$  | 153,233.00 |

| Capital Fun                 | d Program (CFP)                                                                                                                                            |            |                |           |                                                                                                 |           |                                          |                                                                 |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|-----------|-------------------------------------------------------------------------------------------------|-----------|------------------------------------------|-----------------------------------------------------------------|
| Annual                      | Work Statement                                                                                                                                             | for Year 4 |                |           | Work Statement f                                                                                | or Year 5 |                                          |                                                                 |
| Statement                   | FFY: 2                                                                                                                                                     | 2004       |                |           | FFY: 2                                                                                          | 005       |                                          |                                                                 |
| for Year 1                  | Development Number/Name/General Description                                                                                                                | Quantity   |                | Estimated | Development Number/Name/General Description                                                     | Quantity  |                                          | Estimated                                                       |
| 2001                        | of Major Work Category                                                                                                                                     |            |                | Cost      | of Major Work Category                                                                          |           |                                          | Cost                                                            |
|                             | 1406 - OPERATIONS<br>Operations<br>Subtotal<br>1410 - ADMINISTARTION<br>Director of Modernization<br>Prorated Salaries<br>Supplies<br>Subtotal<br>Subtotal |            | \$\$\$\$\$\$\$ |           | Subtotal<br>1410 - ADMINISTARTION<br>Director of Modernization<br>Prorated Salaries<br>Supplies |           | \$ <b>\$</b><br>\$ \$ \$ \$ \$ <b>\$</b> | 126,883.00<br>126,883.00<br>57,800.00<br>18,450.00<br>77,750.00 |
|                             |                                                                                                                                                            | 31         |                | e 2 of 2  |                                                                                                 | 031       | \$                                       | <b>204,633.00</b><br>UD-52834                                   |
| Part II: Sup<br>Physical Ne | Action Plan<br>oporting Pages<br>eeds Work Statement(s)<br>ad Program (CFP)                                                                                |            |                | ε 2 UI 2  | U.S. Department of Housing<br>and Urban Development<br>Office of Public and Indian Housing      |           | ⊦orm H                                   | UU-52834                                                        |
| Annual                      | Work Statement                                                                                                                                             | for Year 2 |                |           | Work Statement f                                                                                | or Year 3 |                                          |                                                                 |
| Statement                   | FFY: 2                                                                                                                                                     | 2002       |                |           | FFY: 2                                                                                          | 103       |                                          |                                                                 |

| for Year 1                 | Development Number/Name/General Description                                                                       | Quantity        | Estimated                                        | Development Number/Name/General Description                                                                       | Quantity |                          | Estimated                                                     |
|----------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------|--------------------------|---------------------------------------------------------------|
| 2001                       | of Major Work Category                                                                                            |                 | Cost                                             | of Major Work Category                                                                                            |          |                          | Cost                                                          |
|                            | 1430 - FEES AND COSTS<br>A/E Services<br>Inspection Costs<br>Printing<br>Subtotal                                 |                 |                                                  |                                                                                                                   |          | \$ \$ \$<br>\$ <b>\$</b> | 35,000.00<br>19,500.00<br>1,000.00<br><b>55,500.00</b>        |
|                            | NY14-01 MIDLAND COURT                                                                                             |                 |                                                  | NY14-01 MIDLAND COURT                                                                                             |          |                          |                                                               |
|                            | Rewire individual apt. and provide additional outlets<br>for A/C units.<br>Provide new feeders for each apartment | 40<br>40        | \$270,000.00<br>\$90,000.00                      | Rewire individual apt. and provide additional outlets<br>for A/C units.<br>Provide new feeders for each apartment | 40<br>40 |                          | \$270,000.00<br>\$90,000.00                                   |
|                            | Provide individual metering for ech apartment<br>FFY: 200                                                         | 40<br><b>02</b> | \$60,000.00<br>\$ <b>420,000.00</b>              | Provide individual metering for ech apartment<br>FFY: 200                                                         | 40<br>02 | \$                       | \$60,000.00<br><b>420,000.00</b>                              |
| See<br>Annual<br>Statement | DWELLING EQUIPMENT<br>Stoves<br>Refrigerators<br>FFY: 200                                                         | 02              | \$13,500.00<br>\$23,500.00<br><b>\$37,000.00</b> | FFY: 200                                                                                                          | )2       |                          | \$13,500.00<br>\$23,500.00<br><b>\$37,000.00</b>              |
|                            | NONDWELLING EQUIPMENT<br>Computer<br>Tools<br>FFY: 200                                                            | 02              | \$10,000.00<br>\$10,000.00<br><b>\$20,000.00</b> |                                                                                                                   | )2       | \$                       | \$10,000.00<br>\$10,000.00<br>25,000.00<br><b>\$45,000.00</b> |
|                            | Subtotal of Estimated Cost                                                                                        |                 | \$ 532,500.00<br>Page 1 of 2                     | Subtotal of Estimated Cos                                                                                         | t        | \$                       | <b>557,500.00</b><br>1UD-52834                                |

#### **Five-Year Action Plan** Part II: Supporting Pages

Physical Needs Work Statement(s) Capital Fund Program (CFP)

# U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

|   | Annual     | Work Statement for Year 4                   |                                                                |      | Work Statement for Year 5                                  |  |      |  |
|---|------------|---------------------------------------------|----------------------------------------------------------------|------|------------------------------------------------------------|--|------|--|
| S | Statement  | FFY: 2004                                   |                                                                |      | FFY: 2005                                                  |  |      |  |
| f | for Year 1 | Development Number/Name/General Description | Development Number/Name/General Description Quantity Estimated |      | Development Number/Name/General Description Quantity Estim |  |      |  |
|   | 2001       | of Major Work Category                      |                                                                | Cost | of Major Work Category                                     |  | Cost |  |

|                            | 1430 - FEES AND COSTS                                                                                                                                                                                                                                                              |                             |                                            | 1430 - FEES AND COSTS                                                                                                                                                                                                       |                     |                                                                                    |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------|
|                            | A/E Services                                                                                                                                                                                                                                                                       |                             |                                            | A/E Services                                                                                                                                                                                                                |                     | \$<br>35,000.00                                                                    |
|                            | Inspection Costs                                                                                                                                                                                                                                                                   |                             |                                            | Inspection Costs                                                                                                                                                                                                            |                     | \$<br>19,500.00                                                                    |
|                            | Printing                                                                                                                                                                                                                                                                           |                             | \$ 1,000.00                                | Printing                                                                                                                                                                                                                    |                     | \$<br>1,000.00                                                                     |
|                            | Subtotal                                                                                                                                                                                                                                                                           |                             | \$ 55,500.00                               | Subtotal                                                                                                                                                                                                                    |                     | \$<br>55,500.00                                                                    |
| See<br>Annual<br>Statement | Subtotal 1460 - DWELLING STRUCTURES NY14-03 DREW GARDENS & BROOKSVILLE TERRACE New main door and new access card system New light fixtures Heat radiators and connections NY14-01 MIDLAND COURT Replace existing main distribution system Bldgs 5/7 VCT floor resurfacing Subtotal | 2<br>368<br>166<br>2<br>120 | \$135,000.00<br>\$73,000.00<br>\$31,540.00 | 1460 - DWELLING STRUCTURES<br>NY14-01 MIDLAND COURT<br>New Intercom System<br>Kitchen renovation ( Partial)<br>NY14-02 HARBORVIEW & PARKVIEW TERR.<br>New main door and card acces system<br>New interior door and hardware | 9<br>30<br>2<br>528 | \$90,000.00<br>\$120,000.00<br>\$135,000.00<br>\$105,600.00<br><b>\$450,600.00</b> |
|                            | Subtotal of Estimated Cost                                                                                                                                                                                                                                                         |                             | \$ 511,040.00                              | Subtotal of Estimated Cost                                                                                                                                                                                                  |                     | \$<br>506,100.00                                                                   |
|                            |                                                                                                                                                                                                                                                                                    |                             | Page 2 of 2                                |                                                                                                                                                                                                                             |                     | UUD 52924                                                                          |

Page 2 of 2

Form HUD-52834

# **Public Housing Drug Elimination Program Plan**

(attachment ny014c01)

Note: THIS PHDEP Plan template (HUD 50075PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

#### **Annual PHDEP Plan Table of Contents:**

- **1.** General Information/History
- 2. PHDEP Plan Goals/Budget
- 3. Milestones
- 4. Certifications

# Section 1: General Information/History

- A. Amount of PHDEP Grant \$ 74,800
- B. Eligibility type (Indicate with an "x") N1\_\_\_\_\_ N2\_\_\_\_ R\_\_\_X\_\_\_\_
- C. FFY in which funding is requested \_

# D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

The Port Chester Housing Authority designed a strategy, in collaboration with he residents, the Port Chester Police Department, and Comprehensive Drug Elimination Program tocombat drugs and drug related crime in and around the various complexes.

In general, the proposed methodology includes a strategy that focuses on the experience of those directly involved in the Drug Elimination Program, which is comprised of the Executive Director, Anti-drug program Coordinator, Resident Tenant Association Leaders, and supervisory personnel from the Port Chester Police Department.

It is important to note that this cooperative effort has helped to reduce drug usage and drug **e**lated crime within the various complexes.

The Tutorial and Computer programs continue to be the heart and soul of the Drug Elimination Program. These programs are designed to improve the overall school performances as well as stress the impotance Of self worth and the perils of substance abuse.

# E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

| PHDEP Target Areas<br>(Name of development(s) or site) | Total # of Units within<br>the PHDEP Target<br>Area(s) | Total Population to<br>be Served within<br>the PHDEP Target<br>Area(s) |
|--------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------|
| Harborview                                             | 48                                                     | 133                                                                    |
| Parkview                                               | 48                                                     | 133                                                                    |
| Midland Court                                          | 120                                                    | 324                                                                    |

# F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

| 6 Months | 12 Months_X | 18 Months | 24 Months | _Other |
|----------|-------------|-----------|-----------|--------|
|----------|-------------|-----------|-----------|--------|

# G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs<u>have not</u> been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place "GE" in column or "W" for waivers.

| Fiscal Year of<br>Funding | PHDEP<br>Funding<br>Received | Grant #        | Fund Balance<br>as of Date of<br>this Submission | Grant<br>Extensions<br>or Waivers | Anticipated<br>Completion<br>Date |
|---------------------------|------------------------------|----------------|--------------------------------------------------|-----------------------------------|-----------------------------------|
| FY 1996                   | \$170,000                    | NY36DEP014096  | 0                                                |                                   |                                   |
| FY 1997                   | \$170,000                    | NY36DEP0140197 | \$3,967.                                         |                                   |                                   |
| FY 1998                   | \$102,000                    | NY36DEP0140198 | \$88,165.                                        |                                   |                                   |
| FY1999                    | \$74,800                     | NY36DEP0140199 | \$74,800                                         |                                   |                                   |
| FY 2000                   | \$74,800                     | NY36DEP0140100 | \$74,800.                                        |                                   |                                   |

# Section 2: PHDEP Plan Goals and Budget

#### A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

The PHA will use a proven security and prevention based approach to reduce / eliminate drug related crime. The provision for supplemental municipal law enforcement community policing patrols will combat the problem of drug trafficking in and around public housing. Continuation of successful prevention activities including educational, cultural recreation and employment activities will be provided. The PHA, local and governmental agencies will cooperate to ensure successful activities. Monitoring and evaluation will be based on participant attendance records, surveys and comparison of local crime statistics.

#### **B.** PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

| FY PHDEP Budget Summary                 |                      |  |  |  |  |  |  |
|-----------------------------------------|----------------------|--|--|--|--|--|--|
| Budget Line Item                        | <b>Total Funding</b> |  |  |  |  |  |  |
| 9110 - Reimbursement of Law Enforcement |                      |  |  |  |  |  |  |
| 9120 - Security Personnel               |                      |  |  |  |  |  |  |
| 9130 - Employment of Investigators      |                      |  |  |  |  |  |  |
| 9140 - Voluntary Tenant Patrol          | \$ 500.              |  |  |  |  |  |  |
| 9150 – Physical Improvements            |                      |  |  |  |  |  |  |
| 9160 - Drug Prevention                  | 74,300               |  |  |  |  |  |  |
| 9170 - Drug Intervention                |                      |  |  |  |  |  |  |
| 9180 - Drug Treatment                   |                      |  |  |  |  |  |  |
| 9190 - Other Program Costs              |                      |  |  |  |  |  |  |
|                                         |                      |  |  |  |  |  |  |
| TOTAL PHDEP FUNDING \$74,800            |                      |  |  |  |  |  |  |

# C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

| 9110 - Reimbursement of Law Enforcement |                           |                      |               |                              | Total PHDEP Funding: \$ |                                         |                        |  |
|-----------------------------------------|---------------------------|----------------------|---------------|------------------------------|-------------------------|-----------------------------------------|------------------------|--|
| Goal(s)                                 |                           |                      |               |                              |                         |                                         |                        |  |
| Objectives                              |                           |                      |               |                              |                         |                                         |                        |  |
| Proposed Activities                     | # of<br>Persons<br>Served | Target<br>Population | Start<br>Date | Expected<br>Complete<br>Date | PHEDEP<br>Funding       | Other<br>Funding<br>(Amount/<br>Source) | Performance Indicators |  |
| 1.                                      |                           |                      |               |                              |                         |                                         |                        |  |
| 2.                                      |                           |                      |               |                              |                         |                                         |                        |  |
| 3.                                      |                           |                      |               |                              |                         |                                         |                        |  |

| 9120 - Security Personnel |                           |                      |               |                              |                   | Total PHDEP Funding: \$                 |                        |  |  |
|---------------------------|---------------------------|----------------------|---------------|------------------------------|-------------------|-----------------------------------------|------------------------|--|--|
| Goal(s)                   |                           |                      |               |                              | ·                 |                                         |                        |  |  |
| Objectives                |                           |                      |               |                              |                   |                                         |                        |  |  |
| Proposed Activities       | # of<br>Persons<br>Served | Target<br>Population | Start<br>Date | Expected<br>Complete<br>Date | PHEDEP<br>Funding | Other<br>Funding<br>(Amount<br>/Source) | Performance Indicators |  |  |
| 1.                        |                           |                      |               |                              |                   |                                         |                        |  |  |
| 2.                        |                           |                      |               |                              |                   |                                         |                        |  |  |
| 3.                        |                           |                      |               |                              |                   |                                         |                        |  |  |

| 9130 – Employment of Investigators |                           |                      |               | Total PHDEP Funding: \$      |                   |                                         |                        |
|------------------------------------|---------------------------|----------------------|---------------|------------------------------|-------------------|-----------------------------------------|------------------------|
| Goal(s)                            |                           |                      |               |                              |                   |                                         |                        |
| Objectives                         |                           |                      |               |                              |                   |                                         |                        |
| Proposed Activities                | # of<br>Persons<br>Served | Target<br>Population | Start<br>Date | Expected<br>Complete<br>Date | PHEDEP<br>Funding | Other<br>Funding<br>(Amount<br>/Source) | Performance Indicators |
| 1.                                 |                           |                      |               |                              |                   |                                         |                        |
| 2.                                 |                           |                      |               |                              |                   |                                         |                        |
| 3.                                 |                           |                      |               |                              |                   |                                         |                        |

| 9140 – Voluntary Tenant Patrol | Total PHDEP Funding: \$ 500. |
|--------------------------------|------------------------------|
| Goal(s)                        |                              |
| Objectives                     |                              |

| Proposed Activities | # of<br>Persons<br>Served | Target<br>Population | Start<br>Date | Expected<br>Complete<br>Date | PHEDEP<br>Funding | Other<br>Funding<br>(Amount<br>/Source) | Performance Indicators |
|---------------------|---------------------------|----------------------|---------------|------------------------------|-------------------|-----------------------------------------|------------------------|
| 1.Tenant Patrol     | 590                       | 14-1 / 14-2          | 1/1/01        | 12/31/01                     | 500.              | · · · · · ·                             |                        |
| 2.                  |                           |                      |               |                              |                   |                                         |                        |
| 3.                  |                           |                      |               |                              |                   |                                         |                        |

| 9150 - Physical Improvements |                           |                      |               | Total PHDEP Funding: \$      |                   |                                         |                        |
|------------------------------|---------------------------|----------------------|---------------|------------------------------|-------------------|-----------------------------------------|------------------------|
| Goal(s)                      |                           |                      |               |                              |                   |                                         |                        |
| Objectives                   |                           |                      |               |                              |                   |                                         |                        |
| Proposed Activities          | # of<br>Persons<br>Served | Target<br>Population | Start<br>Date | Expected<br>Complete<br>Date | PHEDEP<br>Funding | Other<br>Funding<br>(Amount<br>/Source) | Performance Indicators |
| 1.                           |                           |                      |               |                              |                   |                                         |                        |
| 2.                           |                           |                      |               |                              |                   |                                         |                        |
| 3.                           |                           |                      |               |                              |                   |                                         |                        |

| 9160 - Drug Prevention  |                 |                      |               | Total PHDEP Funding: \$ 74,300 |                   |                     |                        |
|-------------------------|-----------------|----------------------|---------------|--------------------------------|-------------------|---------------------|------------------------|
| Goal(s)                 |                 |                      |               |                                | ·                 |                     |                        |
| Objectives              |                 |                      |               |                                |                   |                     |                        |
| Proposed Activities     | # of<br>Persons | Target<br>Population | Start<br>Date | Expected<br>Complete           | PHEDEP<br>Funding | Other<br>Funding    | Performance Indicators |
|                         | Served          |                      |               | Date                           |                   | (Amount<br>/Source) |                        |
| 1.Tutorial Program      | 75              | 14-1 / 14-2          | 1/1/01        | 12/31/01                       | 10,800            |                     |                        |
| 2.Computer Program      | 40              | 14-1/14-2            | 1/1/01        | 12/31/01                       | 21,000            |                     |                        |
| 3 Anti-Drug Coordinator | 50              | 14-1/14-2            | 1/0101        | 12/31/01                       | 42,500            |                     |                        |

| 9170 - Drug Intervention |                           |                      |               | Total PHDEP Funding: \$      |                   |                                         |                        |
|--------------------------|---------------------------|----------------------|---------------|------------------------------|-------------------|-----------------------------------------|------------------------|
| Goal(s)                  |                           |                      |               |                              |                   |                                         |                        |
| Objectives               |                           |                      |               |                              |                   |                                         |                        |
| Proposed Activities      | # of<br>Persons<br>Served | Target<br>Population | Start<br>Date | Expected<br>Complete<br>Date | PHEDEP<br>Funding | Other<br>Funding<br>(Amount<br>/Source) | Performance Indicators |
| 1.                       |                           |                      |               |                              |                   |                                         |                        |
| 2.                       |                           |                      |               |                              |                   |                                         |                        |
| 3.                       |                           |                      |               |                              |                   |                                         |                        |

| 9180 - Drug Treatment | Total PHDEP Funding: \$ |
|-----------------------|-------------------------|
|                       |                         |

| Goal(s)             |                           |                      |               |                              |                   |                                         |                        |
|---------------------|---------------------------|----------------------|---------------|------------------------------|-------------------|-----------------------------------------|------------------------|
| Objectives          |                           |                      |               |                              |                   |                                         |                        |
| Proposed Activities | # of<br>Persons<br>Served | Target<br>Population | Start<br>Date | Expected<br>Complete<br>Date | PHEDEP<br>Funding | Other<br>Funding<br>(Amount<br>/Source) | Performance Indicators |
| 1.                  |                           |                      |               |                              |                   |                                         |                        |
| 2.                  |                           |                      |               |                              |                   |                                         |                        |
| 3.                  |                           |                      |               |                              |                   |                                         |                        |

| 9190 - Other Program Costs |                           |                      |               | Total PHDEP Funds: \$        |                   |                                         |                        |
|----------------------------|---------------------------|----------------------|---------------|------------------------------|-------------------|-----------------------------------------|------------------------|
| Goal(s)                    |                           |                      |               |                              |                   |                                         |                        |
| Objectives                 |                           |                      |               |                              |                   |                                         |                        |
| Proposed Activities        | # of<br>Persons<br>Served | Target<br>Population | Start<br>Date | Expected<br>Complete<br>Date | PHEDEP<br>Funding | Other<br>Funding<br>(Amount<br>/Source) | Performance Indicators |
| 1.                         |                           |                      |               |                              |                   |                                         |                        |
| 2.                         |                           |                      |               |                              |                   |                                         |                        |
| 3.                         |                           |                      |               |                              |                   |                                         |                        |

# Section 3: Expenditure/Obligation Milestones

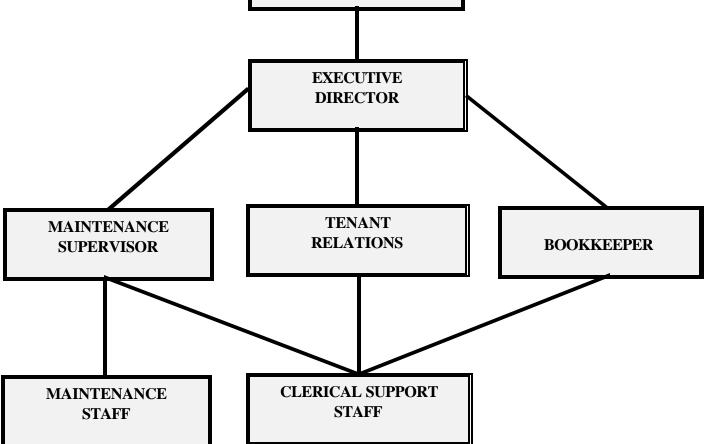
Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

| Budget Line<br>Item #          | 25% Expenditure<br>of Total Grant<br>Funds By Activity<br># | Total PHDEP<br>Funding<br>Expended (sum of<br>the activities) | 50% Obligation<br>of Total Grant<br>Funds by Activity<br># | Total PHDEP<br>Funding<br>Obligated (sum of<br>the activities) |
|--------------------------------|-------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------|
| e.g Budget Line<br>Item # 9120 | Activities 1, 3                                             |                                                               | Activity 2                                                 |                                                                |
| 9110<br>9120                   |                                                             |                                                               |                                                            |                                                                |
| 9130<br>9140                   |                                                             |                                                               |                                                            |                                                                |
| 9150<br>9160                   |                                                             |                                                               |                                                            |                                                                |
| 9170<br>9180                   |                                                             |                                                               |                                                            |                                                                |
| 9190                           |                                                             |                                                               |                                                            |                                                                |
| TOTAL                          |                                                             | \$                                                            |                                                            | \$                                                             |

# Section 4: Certifications

A comprehensive certification of compliance with respect to the PHDEP Plan submission **s** included in the "PHA Certifications of Compliance with the PHA Plan and Related Regulations."

# PORT CHESTER HOUSING AUTHORITY ORGANIZATION CHART (ny014d01) BOARD OF COMMISSIONERS



# Port Chester Housing Authority

(attachment ny014e01)

A. Substantial Deviation from the 5-Year Plan:

Any change to the Mission Statement; 50% deletion from or addition to the goals and objectives as a whole; and 50% or more decrease in the quantifiable measurement of any individual goal or objective.

- B. Significant Amendment or Modification to the AnnualPlan:
  - Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or Capital Fund Program Annual Statement;
  - Any change in policy or procedure that requires a regulatory 30-day posting;
  - Any submission to HUD that requires a separate notification to residents, such as Hope VI, Public Housing Conversion, DemolitionlDisposition, Designated Housing or Homeownership programs; and
  - Any change inconsistent with the local, approved Consolidated Plan, in the discretion of the Executive Director.

# **Port Chester Housing Authority**

(attachment ny014f01)

# **Required Attachment (ny014f01) : Membership of the Resident Advisory Board or Boards**

- 1. Betina Foust
- 2. Nancy Mc Kinnon
- 3. Joseph Stamps
- 4. Kimberly Foust
- 5. Ethel Livingston