

*PHA Plans for the  
Housing Authority of the  
City of Eagle Pass*

5 Year Plan for Fiscal Years 2001 - 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:** *Housing Authority of the City of Eagle Pass*

**PHA Number:** *TX019*

**PHA Fiscal Year Beginning: (mm/yyyy)** *07/2001*

**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 2001 - 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)

- 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)  
*The mission of the Housing Authority of the City of Eagle Pass is to promote decent, safe and sanitary housing to the low-income families. The Housing Authority of the City of Eagle Pass shall allow qualified families the opportunity to obtain community wide housing, by improving their living conditions through affordable rent payments. The Housing Authority will continue to serve as a stepping stone and encourage the families to participate in the various programs (Self-sufficiency Program, Employment Program, Educational Programs and Counseling Programs) that are designed to promote self-sufficiency. The mission of the Housing Authority is to assist as many qualified families as possible, by providing them the opportunity of improving their lifestyles and becoming self-sufficient.*

**Progress Statement:** *During FY 2000, the PHA was successful in achieving the goals listed in the Mission statement and will continue during the upcoming year.*

**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 HUD-suggested 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 the stated objectives.

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

- PHA Goal: Expand the supply of assisted housing  
Objectives:
- Apply for additional rental vouchers:
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities:

- Acquire or build units or developments
- Other (list below)

**Progress Statement:** *The PHA applied for additional rental vouchers and increased lease-up by 5%. Regarding public housing vacancy PHA maintains a 97% lease-up rate. PHA has a non-profit tax credit corporation and applied for additional units. Unit development will be achieved through non-profit corporation.*

- PHA Goal: Improve the quality of assisted housing

Objectives:

- Improve public housing management: (PHAS score) 99
- Improve voucher management: (SEMAP score) *Not Graded Yet*
- Increase customer satisfaction:
  - 1). *Monitoring of Staff; 2). Training Staff*
  - 3). *Suggestion Box in Lobby; 4). Residents' Survey*
- Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
- Renovate or modernize public housing units:
  - 1). *Continue to renovate units with CGP*
  - 2). *If we can financially afford it, we plan to install A/C units.*
- Demolish or dispose of obsolete public housing:
- Provide replacement public housing: **removed**
- Provide replacement vouchers:
- Other: (list below)

**Progress statement:** *PHA will continue to maintain high performer status with PHAS and strive to receive passing SEMAP score. Regarding renovation, PHA has begun the process of accepting bids for the installation of the A/C units.*

- PHA Goal: Increase assisted housing choices

Objectives:

- Provide voucher mobility counseling:
  - 1). *Have a work plan where staff will provide 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)

**Progress Statement:** *The PHA provides mobility counseling to new participants at briefing sessions and to current participants at recertification and unit transfer. Outreach to landlords are done and needed and payment standards are 100% of FMR.*

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

- PHA Goal: Provide an improved living environment  
Objectives:
  - Implement measures to deconcentrate poverty by bringing 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:
  - Implement public housing security improvements:
  - Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
  - Other: (list below)
    - 1). *Staff will continue to do referrals to other agencies*

***Progress Statement:*** *The PHA was successful in achieving the above goals through the Tenant Selection process. When discrimination Security improvements were physical – lighted unit numbers to assist with emergency access and bike patrols.*

**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:
  - 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)
    - 1). *Increase meaningful Resident participation in the improvement of their developments and neighborhoods.*
    - 2). *Continue to network with the local agencies, school district and city.*

***Progress Statement:*** *The PHA was successful in achieving its goals. Has hired an activity coordinator to provide recreational activities and PHA refers residents to agencies that can assist with transportation and other needs of its elderly/disabled residents.*

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

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:
  - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
  - 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:
  - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
  - Other: (list below)

***Progress Statement:*** *The PHA was successful in achieving the goals above and will continue on an on-going basis. When discrimination complaints are received, residents are referred to HUD for investigation.*

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

*Retain high quality employees who are an asset to the Housing Authority*

*Conduct annual evaluation of employees.*

*Monitor Staff and will continue to post anti-discrimination posters.*

**Annual PHA Plan**  
**PHA Fiscal Year 2001**  
[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.

***Introduction:***

*The City of Eagle Pass is located in the Southwestern Region of Texas, the Texas-Mexico border, contiguous counties are Uvalde, Dimmit, Valverde and Zavala, the County of Maverick, in 1849 the City has consistently grown in size and population. The City of Eagle Pass minority population is 19,658.00. The Hispanic population represents 90% of the total community.*

*The long waiting list indicates that the area residents cannot afford housing in the local market.*

*The Board of Commissioners and staff selected six priority goals or results for the five years, which are as follows:*

- Retain high quality employees. Conduct evaluations and have scheduled training sessions on a continuous basis.*
- Apply for Vouchers as soon as NOFA is issued.*
- Apply for all Grants that the Housing Authority can qualify for.*
- Apply for Tax Credit to build affordable housing to produce additional resources.*

*The Housing Authority of the City of Eagle Pass certifies that it has and will continue to adhere to all Civil Rights requirements and will affirmatively further fair housing. the Housing Authority of the City of Eagle Pass has included a copy of its most recent*

*fiscal year audit report as part of the documentation made available for public review during the 45 days prior to submission of the Housing Authority of the City of Eagle Pass Agency Plan to HUD on July 3, 2001.*

### **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**

	<u>Page #</u>
<b>Annual Plan</b>	
i. Executive Summary	1
ii. Table of Contents	2
1. Housing Needs	6
2. Financial Resources	12
3. Policies on Eligibility, Selection and Admissions	13
4. Rent Determination Policies	22
5. Operations and Management Policies	27
6. Grievance Procedures	29
7. Capital Improvement Needs	30
8. Demolition and Disposition	32
9. Designation of Housing	33
10. Conversions of Public Housing	35
11. Homeownership	37
12. Community Service Programs	39
13. Crime and Safety	42
14. Pets (Inactive for January 1 PHAs)	44
15. Civil Rights Certifications (included with PHA Plan Certifications)	44
16. Audit	44
17. Asset Management	45
18. Other Information	46

#### **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. Note: 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 **TX019a05**
- FY 2001 Capital Fund Program Annual Statement **TX019b05**
- 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 **TX019n05**
- Public Housing Drug Elimination Program (PHDEP) Plan **TX019d05**
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) **TX019i05**
- Other (List below, providing each attachment name)
  - 2000 Annual Statement **TX019c05**
  - Substantial Deviation and Significant Amendment or Modification **TX019e05**
  - Community Service Policy **TX019f05**
  - Pet Ownership Policy **TX019g05**
  - Resident Member on PHA Board of Governing Body **TX019h05**
  - Membership of Resident Advisory Board or Boards **TX019i05**
  - Progress Statement **TX019j05**
  - Summary of Policy or Program Changes for the Upcoming Year **TX019k05**
  - 1999 Annual Statement **TX019m05**

**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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
<i>X</i>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<i>X</i>	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
<i>X</i>	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<i>X</i>	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<i>X</i>	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
<i>X</i>	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
<i>X</i>	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
<i>X</i>	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<i>X</i>	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
<i>X</i>	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
<i>X</i>	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
<i>N/A</i>	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
<i>N/A</i>	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
<i>X</i>	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
<i>N/A</i>	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
<i>N/A</i>	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
<i>N/A</i>	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
<i>X</i>	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
<i>X</i>	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
<i>N/A</i>	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
<i>X</i>	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
<i>X</i>	The most recent fiscal year audit of the PHA conducted 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	Annual Plan: Annual Audit
<i>N/A</i>	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (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-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	877	5	5	5	5	5	5
Income >30% but <=50% of AMI	487	5	5	5	5	5	5
Income >50% but <80% of AMI	346	5	5	5	5	5	5
Elderly	328	5	5	5	5	5	5
Families with Disabilities	N/A	N/A	N/A	N/A	N/A	N/A	N/A
White (non-hispanic)	54	5	5	5	5	5	5
Black (non-hispanic)	0	0	0	0	0	0	0
Hispanic	1656	5	5	5	5	5	5
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:
- 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			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	311		
Extremely low income <=30% AMI	0	0	
Very low income (>30% but <=50% AMI)	311	100%	
Low income (>50% but <80% AMI)	0	0	
Families with children	55	55%	
Elderly families	48	48%	
Families with Disabilities	0	0	
Race/ethnicity ( <i>white</i> )	6	6%	
Race/ethnicity ( <i>hispanic</i> )	92	92%	
Race/ethnicity ( <i>asian</i> )	2	2%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	N/A	N/A	N/A
2 BR	N/A	N/A	N/A
3 BR	N/A	N/A	N/A
4 BR	N/A	N/A	N/A
5 BR	N/A	N/A	N/A
5+ BR	N/A	N/A	N/A

### Housing Needs of Families on the Waiting List

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

If yes:

How long has it been closed (# of months)?

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

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

#### 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
- 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
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based 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 to families at or below 50% of AMI**

Select all that apply

- 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: N/A**

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
- 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: N/A**

Select if applicable

- 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:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community



- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- 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 for the 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, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2001 grants)</b>		
a) Public Housing Operating Fund	691,387.00	
b) Public Housing Capital Fund	822,993.00	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	1,362,855.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	123,337.00	
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<i>Moderate Rehabilitation</i>	57,738.00	<i>Other</i>
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
1999 PHDEP TX59DEP0190199	77,487.88	<i>Public housing safety and security</i>
2000 PHDEP TX59DEP0190100	115,070.00	<i>Public housing safety and security</i>
1999 CIAP TX59PO19707	20,000.00	<i>Public housing capital improvements</i>
2000 CFP TX59PO1950100	372,993.00	<i>Public housing capital improvements</i>
<b>Sub-total</b>	<b>3,643,860.88</b>	
<b>3. Public Housing Dwelling Rental Income</b>	636,610.00	<i>Public housing operations</i>
<b>4. Other income (list below)</b>		
<i>Interest on General Funds investments:</i>	31,053.00	<i>Public housing operations</i>
<i>Miscellaneous other income</i>	30,896.00	<i>Public housing operations</i>
<b>5. Non-federal sources (list below)</b>		
<i>Texas Office of the Governor (after school programs)</i>	14,374.00	<i>Public housing supportive services</i>
<b>Sub-total</b>	<b>712,993.00</b>	
<b>Total resources</b>	<b>4,356,853.88</b>	

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[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)

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- CHANGED**
- Other: (describe) *When name is reached on waiting list.*

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)  
*(1). Credit check*

c.  Yes  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**

*N/A*

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 previously-HUD-approved site based waiting list plan)?

If yes, how many lists? *not applicable*

3.  Yes  No: May families be on more than one list simultaneously

If yes, how many lists? *not applicable*

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)? *not applicable*

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

Two

Three or More

b.  Yes  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: *n/a*

### **(4) Admissions Preferences**

a. Income targeting:

Yes  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:

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
- 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 box representing 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.

### 3 Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- 2 Veterans and veterans' families
- 1 Residents who live and/or work in the jurisdiction
- 1 Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- 1 Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- 1 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**

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 policy
- 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
- Other (list)

**(6) Deconcentration and Income Mixing**

a.  Yes  No: Did the PHA’s analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b.  Yes  No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply) *n/a*

Adoption of site based waiting lists  
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  
If selected, list targeted developments below:

Other (list policies and developments targeted below)

d.  Yes  No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply) *n/a*

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- 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)

- 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 sub-component 3B. **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) 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)
  - Other (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)
- Criminal or drug-related activity
  - Other (describe below) ***Current and former landlords name and mailing address. Last know name and mailing address of participant.***

### **(2) Waiting List Organization**

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- None
  - Federal public housing
  - Federal moderate rehabilitation
  - Federal project-based certificate program
  - Other federal or local program (list below)



b. Where may interested persons apply for admission to section 8 tenant-based 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: *for elderly/disabled medical reasons*

**(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 area income?

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  
 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)

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 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.

**3 Date and Time**

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- 2 Veterans and veterans’ families
- 1 Residents who live and/or work in your jurisdiction
- 1 Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- 1 Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- 1 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: (select one)

- 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 sub-component 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))

---or---

- 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  
 \$26-\$50

2.  Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below: *N/A*

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: *n/a*

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply) *n/a*

For the earned income of a previously unemployed household member

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

Other (describe below)

e. Ceiling rents

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

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)

*Not applicable*

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 describe how you arrive at ceiling rents (select all that apply)

*Not applicable*

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 **\$3,600.00**)

Other (list below)

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)

***Used 85% of the Fair Market Rents***

## B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based 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) *n/a*

- 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? (select all that apply) *Not applicable*

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- Annually
- Other (list below) ***The FMR's in our area are decreasing and therefore the payment standards are monitored and changed when needed.***

e. What factors will the PHA consider 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** *Not applicable*

[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.

(select one)

- An organization chart showing the PHA’s management structure and organization is attached.
- 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 families served 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.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing		
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug 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 Management: (list below)
  
- (2) Section 8 Management: (list below)

## **6. PHA Grievance Procedures – *Not applicable***

[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  
 PHA development 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) **TX019b05**

-or-

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.  Yes  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) **TX019n05**

-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)

*1999 Performance and Evaluation Report – TX019m05*

## 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 the Capital Fund Program Annual Statement.

- 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)  
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name: *N/A*
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 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  No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?  
If yes, list developments or activities below:  
***Through non-profit (Eagle Pass housing assistance cooperation) will construct 60 additional units. Plans in pre-development stage.***

- Yes  No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?  
If yes, list developments or activities 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 this 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.)

<b>Demolition/Disposition Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/>	
Disposition <input type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> 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.  Yes  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.

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

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

[24 CFR Part 903.79 (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**

1.  Yes  No: 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.

<b>Conversion of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> 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)	
<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway	
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)	
<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved):	



- Units addressed in a pending or approved HOPE VI demolition application  
(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.

1.  Yes  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.)

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> 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) <input type="checkbox"/> Part of the development <input type="checkbox"/> 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 program in addition to HUD criteria?

If yes, list criteria below:

**12. PHA Community Service and Self-sufficiency Programs – Not applicable**

[24 CFR Part 903.7 9 (I)]

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  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

- Preference/eligibility for section 8 homeownership option participation
- 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. )

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

**(2) Family Self Sufficiency program/s**

a. Participation Description

<b>Family Self Sufficiency (FSS) Participation</b>		
Program	Required Number of Participants (start of FY 2001 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

- b.  Yes  No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?  
If no, list steps the PHA will take below:

**C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.
- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

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

*See attachment TX019f05 – Community Service Policy*

### **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)

2. What information or data did the PHA use to determine the need for PHA actions to 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)

- 1). Project 7**
- 2). Mundo Nuevo**
- 3). Los Angeles**
- 4). Loma de la Cruz**

**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
- Fundraising Activities for Scholarships
- Drug Prevention Educational Program
- Other (describe below)

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

*Loma de la Cruz – Commercial & Church, Eagle Pass Texas*

*Mundo Nuevo – 980 Comal, Eagle Pass, Texas*

*Thomson Additional – 938 Comal, Eagle Pass, Texas*

*Mabe Terrace – 1431 Buckely, Eagle Pass, Texas*

*El Centenario – 2095 Main Street, Eagle Pass, Texas*

*Los Angeles Heights – Brazos & Roosevelt, Eagle Pass, Texas*

*Barrera Heights – 1751 Mase Dr., Eagle Pass, Texas*

*Project 7 – 2350 Daisy Diaz, Eagle Pass, Texas*

**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)

*Eagle Pass Police Department has Community Officers in our developments*

*Eagle Pass Police Department conduct Neighborhood Watch training*

*Eagle Pass Police Department will start a sports program in our developments*

*Eagle Pass Police Department prepares quarterly reports for the Housing Authority on all activities taking place in our developments.*



2. Which developments are most affected? (list below)  
*Mundo Nuevo, Loma de la Cruz, Los Angeles, Project 7*

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

PHAs eligible for FY 2001 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY 2001 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: TX019d05)

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

*see attachment: TX019g03*

**15. Civil Rights Certifications**

[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.

*(Certifications is included in the plan)*

*The Housing Authority of the City of Eagle Pass certifies that it has and will continue to adhere to all Civil Rights requirements and will affirmatively further fair housing. The Housing Authority of the City of Eagle Pass has included a copy of its most recent fiscal year audit report as part of the documentation made available for public review during the 45 days prior to submission of the Housing Authority of the City of Eagle Pass agency plan to HUD on April 26, 2000.*

**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.)
2.  Yes  No: 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)?  
***Not applicable***

### **17. PHA Asset Management – *Not applicable***

[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?
  
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)  
 Attached at Attachment (File name) ***TX019105***  
 Provided below:
  
3. In what manner did the PHA address those comments? (select all that apply)  
 Considered comments, but determined that no changes to the PHA Plan were necessary. ***Remedies to residents complaints have already been included in PHA Plan.***  
 The PHA changed portions of the PHA Plan in response to comments  
List changes below:  
 Other: (list below)

### **B. Description of Election 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 Resident Election Process
  - a. Nomination of candidates for place on the ballot: (select all that apply)  
 Candidates were nominated by resident and assisted family organizations  
 Candidates could be nominated by any adult recipient of PHA assistance  
 Self-nomination: Candidates registered with the PHA and requested a place on ballot  
 Other: (describe) ***The Executive Director provides names of residents who have expressed interest in serving on the Board of Commissioners. The Mayor interviews and selects one of the candidates.***
  
  - b. Eligible candidates: (select one)  
 Any recipient of PHA assistance  
 Any head of household receiving PHA assistance

- Any adult recipient of PHA assistance
- Any adult member of a resident or assisted family organization
- Other (list)

c. Eligible voters: (select all that apply)

- All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- Representatives of all PHA resident and assisted family organizations
- Other (list) ***The residents notify the Executive Director of interest and the final decision is made by the Mayor.***

### 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: (provide name here) ***State of Texas***
  
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)
    - *Modernize units*
    - *Expand the Voucher program*
  - Other: (list below)
  
3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)
  - *To preserve and rehabilitate the City's existing housing stock primarily for extremely low, very low and low-income families (0-80 percent of median income).*
  - *To expand economic opportunities in the community particularly for lower income residents.*
  - *To continue to encourage and support non-profit organizations in seeking additional funding sources and assist them in obtaining such funding whenever possible.*

### 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.

# 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 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	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	
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 Measures	

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

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



**Annual Statement**

**Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	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 Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Total estimated cost over next 5 years</b>				

## **Optional Public Housing Asset Management Table**

See Technical Guidance for instructions on the use of this table, including information to be provided.

<b>Public Housing Asset Management</b>								
<b>Development Identification</b>		<b>Activity Description</b>						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition / disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion <i>Component 10</i>	Home-ownership <i>Component 11a</i>	Other (describe) <i>Component 17</i>

**DECONCENTRATION AND INCOME TARGETING POLICY  
FOR THE  
EAGLE PASS HOUSING AUTHORITY  
EAGLE PASS, TEXAS**

**DECONCENTRATION AND INCOME TARGETING POLICY**  
*(of the Public Housing Admissions and Occupancy Policy)*

Sub-Title A, Section 513 of the Quality Housing and Work Responsibility Act of 1998 (QHWRA), establishes two interrelated requirements for implementation by Public Housing Authorities: (1) Economic Deconcentration of public housing developments and (2) Income Targeting to assure that families in the “extremely low” income category are proportionately represented in public housing and that pockets of poverty are reduced or eliminated. Under the deconcentration requirement, PHAs are to implement a program which provides that families with lowest incomes will be offered units in housing developments where family incomes are the highest and high-income families will be offered units in developments where family incomes are the lowest. In order to implement these new requirements the PHA must promote these provisions as policies and revise their Admission and Occupancy policies and procedures to comply.

Therefore, the Eagle Pass Housing Authority (PHA) hereby affirms its commitment to implementation of the two requirements by adopting the following policies:

1. Economic Deconcentration:

Admission and Occupancy policies are revised to include the PHA’s policy of promoting economic deconcentration of its housing developments by offering low-income families, selected in accordance with applicable preferences and priorities, units in developments where family incomes are highest. Conversely, families with higher incomes will be offered units in developments with the lowest average family incomes.

Implementation of this program will require the PHA to: (1) determine and compare the relative tenant incomes of each development and the incomes of families in the census tracts in which the developments are located, and (2) consider what policies, measures or incentives are necessary to bring high-income families into low-income developments (or into developments in low-income census tracts) and low-income families into high-income developments (or into developments in high-income census tracts).

In addition, an assessment of the average family income for each development is necessary. Families will be provided with an explanation of the policy during the application/screening process and/or the occupancy orientation sessions and given opportunities to discuss the options available to them. The families will also be informed that should they choose not to accept the first unit offered under this system, their refusal will not be cause to drop their name to the bottom of the list.

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Implementation may include one or more of the following options:

- Skipping families on the waiting list based on income;
- Establishing preferences for working families;
- Establish preferences for families in job training programs;
- Establish preferences for families in education or training programs;
- Marketing campaign geared toward targeting income groups for specific developments;
- Additional supportive services;
- Additional amenities for all units;
- Ceiling rents;
- Flat rents for developments and unit sizes;
- Different tenant rent percentages per development;
- Different tenant rent percentages per bedroom size;
- Saturday and evening office hours;
- Security Deposit waivers;
- Revised transfer policies;
- Site-based waiting lists;
- Mass Media advertising/Public service announcements; and
- Giveaways.

## 2. Income Targeting

As public housing dwelling units become available for occupancy, responsible PHA employees will offer units to applicants on the waiting list. In accordance with the Quality Housing and Work Responsibility Act of 1998, the PHA encourages occupancy of its developments by a broad range of families with incomes up to eighty percent (80%) of the median income for the jurisdiction in which the PHA operates. At a minimum, 40% of all new admissions to public housing **on an annual basis** will be families with incomes at or below thirty percent (30%) (extremely low-income) of the area median income. The offer of assistance will be made without discrimination because of race, color, religion, sex, national origin, age, handicap or familial status.

The PHA may employ a system of income ranges in order to maintain a public housing resident body composed of families with a range of incomes and rent paying abilities representative of the range of incomes among low-income families in the PHA's area of operation, and will take into account the average rent that should be received to maintain financial solvency. The selection procedures are designed so that selection of new public housing residents will bring the actual distribution of rents closer to the projected distribution of rents.

In order to implement the income targeting program, the following policy is adopted:

- ▶ The PHA may select, based on date and time of application and preferences, two

(2) families in the extremely low-income category and two (2) families from the lower/very low-income category alternately until the forty percent (40%) admission requirement of extremely low-income families is achieved (2 plus 2 policy).

- ▶ After the minimum level is reached, all selections may be made based solely on date, time and preferences. Any applicants passed over as a result of implementing this 2 plus 2 policy will retain their place on the waiting list and will be offered a unit in order of their placement on the waiting list.
- ▶ To the maximum extent possible, the offers will also be made to effect the PHA's policy of economic deconcentration.
- ▶ For the initial year of implementation, a pro-rated percentage of the new admissions will be calculated from April 1, 1999 through the end of the fiscal year. Following the initial implementation period, the forty percent (40%) requirement will be calculated based on new admissions for the fiscal year.
- ▶ The PHA reserves the option, at any time, to reduce the targeting requirement for public housing by no more than ten percent (10%), if it increases the target figure for its Section 8 program from the required level of seventy-five percent (75%) of annual new admissions to no more than eighty-five percent (85%) of its annual new admissions. (Optional for PHAs with both Section 8 and Public Housing programs)

## NOTICE

*Although we have made our best effort to comply with regulations, laws, and Federal/local policies the Nelrod Company does not offer advice on legal matters or render legal opinions. We recommend that this policy be reviewed by the Housing Authority's general counsel and/or attorney prior to approval by the Board of Commissioners.*

*The Nelrod Company is not responsible for any changes made to these policies by any party other than the Nelrod Company.*



**CAPITAL FUND PROGRAM TABLES START HERE**

**Annual Statement /Performance and Evaluation Report**

**Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: Housing Authority of the City of Eagle Pass "Amended"	Grant Type and Number: Capital Fund Program No: TX59PO1950101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
-----------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------	------------------------------

<input checked="" type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserved for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement/Revision Number _____	<input type="checkbox"/> Final Performance and Evaluation Report for Program Year Ending _____
<input type="checkbox"/> Performance and Evaluation Report for Program Year Ending _____			

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operations	85,963.00			
3	1408 Management Improvements	95,720.00			
4	1410 Administration	83,979.00			
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	29,500.00			
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	13,000.00			
10	1460 Dwelling Structures	494,346.00			
11	1465.1 Dwelling Equipment-Nonexpendable	29,940.00			
12	1470 Nondwelling Structures	0.00			
13	1475 Nondwelling Equipment	0.00			
14	1485 Demolition	0.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration	0.00			
17	1495.1 Relocation Costs	0.00			
18	1499 Development Activities	0.00			
19	1501 Collateralization or Debt Service	0.00			
20	1502 Contingency	7,346.00			
21	<b>Amount of Annual Grant (sums of lines 2-20)</b>	<b>839,794.00</b>			
22	Amount of line 21 Related to LBP Activities	0.00			
23	Amount of Line 21 Related to Section 504 Compliance	0.00			
24	Amount of Line 21 Related to Security - Soft Costs	0.00			
25	Amount of Line 21 Related to Security - Hard Costs	0.00			
26	Amount of Line 21 Related to Energy Conservation Measures	0.00			

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

PHA Name: Housing Authority of the City of Eagle Pass		Grant Type and Number: Capital Fund Program No: TX59PO1950101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Agency-Wide	<b>Operations</b> (may not exceed 20% of total grant)	1406		85,963.00				
	<b>Subtotal</b>			<b>85,963.00</b>				
	<b>Management Improvements</b>							
	General Technical Assistance	1408		11,500.00				
	Staff & Commissioners' Training	1408		5,000.00				
	Resident Training	1408		1,500.00				
	Energy Audit Study	1408		5,000.00				
	Utility Allowance Study	1408		6,000.00				
	Grant Writer/FSS Coordinator	1408		30,000.00				
	Resident Coordinator	1408		18,000.00				
	Benefits	1408		18,720.00				
	<b>Subtotal</b>			<b>95,720.00</b>				
	<b>Contingency</b>							
	May not exceed 8% total grant	1502		7,346.00				
	<b>Subtotal</b>			<b>7,346.00</b>				
	<b>Administration</b>							
	Capital Fund Coordinator	1410		25,000.00				
	Clerk of the Works	1410		17,500.00				
	Prorated Salaries	1410		22,226.00				
	Benefits	1410		19,253.00				
	<b>Subtotal</b>			<b>83,979.00</b>				
	<b>Fees and Costs</b>							
	A/E Services	1430		20,000.00				
	Inspection Costs	1430		3,000.00				
	Printing Costs	1430		1,500.00				
	Consultant Fees-Capital Fund Annual Statement	1430		5,000.00				
	<b>Subtotal</b>			<b>29,500.00</b>				
	<b>Dwelling Equipment - Nonexpendable</b>							
	Replace Stoves	1465		8,023.00				
	Replace Refrigerators	1465		10,634.00				
	Replace Water Heaters	1465		11,283.00				
	<b>Subtotal</b>			<b>29,940.00</b>				
			<b>Page Total</b>	<b>325,102.00</b>				

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

PHA Name: Housing Authority of the City of Eagle Pass		Grant Type and Number: Capital Fund Program No: TX59PO1950101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
TX019-001	<b>Dwelling Structures</b>							
Loma de la Cruz	Provide exterior cutoff valve	1460	46 ea.	13,000.00				
	Replace vinyl flooring tile	1460	20500 sf	25,272.00				
	Painting interior units	1460	18000 sf	19,891.00				
	Upgrade electrical services	1460	46 ea.	147,140.00				
	<b>Subtotal</b>			<b>205,303.00</b>				
				<b>Page Total</b>	<b>205,303.00</b>			



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

PHA Name: Housing Authority of the City of Eagle Pass		Grant Type and Number: Capital Fund Program No: TX59PO1950101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
TX019-003	<b>Dwelling Structures</b>							
Thomson Addition	Replace entry door w/hardware - front	1460		11,172.00				
	Replace entry door w/hardware - rear	1460		11,172.00				
	Replace interior light fixtures	1460		18,962.00				
	Painting interior units	1460		36,792.00				
	<b>Subtotal</b>			<b>78,098.00</b>				
				<b>Page Total</b>	<b>78,098.00</b>			



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

PHA Name: Housing Authority of the City of Eagle Pass	Grant Type and Number: Capital Fund Program No: TX59PO1950101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
----------------------------------------------------------	----------------------------------------------------------------------------------------------------------	------------------------------

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
Agency-Wide	3/31/02			9/30/03			
TX019-001 Loma de la Cruz	3/31/02			9/30/03			
TX019-002 El Mundo Nuevo	3/31/02			9/30/03			
TX019-003 Thomson Addition	3/31/02			9/30/03			
TX019-005A El Centenario	3/31/02			9/30/03			

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHA Name:</b> EAGLE PASS HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No.: TX019-501 Replacement Housing Factor Grant No.:	<b>Federal FY of Grant:</b>  2000
--------------------------------------------------	--------------------------------------------------------------------------------------------------------------------	-----------------------------------------

Original Annual Statement     
 Reserve for Disasters/Emergencies     
 Revised Annual Statement (revision No. )  
 Performance and Evaluation Report for Period Ending: \_12/31/00.     
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Rivised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	78,000.00		78,000.00	0.00
3	1408 Management Improvement Soft Costs	74,650.00		0.00	0.00
	Management Improvement Hard Costs				
4	1410 Administration	51,136.00		0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	34,584.00		34,584.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	49,800.00		49,800.00	0.00
10	1460 Dwelling Structures	317,238.00		170,616.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable	197,585.00		97,000.00	0.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	20,000.00		20,000.00	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	822,993.00	0.00	450,000.00	0.00
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security - Soft Costs	74,650.00		0.00	0.00
	Amount of line XX Related to Security - Hard Costs				
	Amount of line XX Related to Energy Conservation Measures	0.00		0.00	0.00
	Collateralization Expenses or Debt Service				



**Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary  
 Part III: Implementation Schedule**

PHA Name: HIDALGO COUNTY HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No.: TX59-PO19-50100 Replacement Housing Factor Grant No.:			Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
Agency Wide	9/30/01		12/31/01	9/30/03		12/31/01	
TX019-001 Loma de la Cruz	9/30/01		12/31/01	9/30/03		12/31/01	
TX019-002 El Mundo Nuevo	9/30/01		12/31/01	9/30/03		12/31/01	
TX019-003 Thomson Addition	9/30/01		12/31/01	9/30/03		12/31/01	
TX019-05A El Centenario	9/30/01		12/31/01	9/30/03		12/31/01	

# Public Housing Drug Elimination Program Plan

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

**Section 1: General Information/History**

**A. Amount of PHDEP Grant \$** 123,337.00

**B. Eligibility type (Indicate with an "x")**      N1 \_\_\_\_\_ N2 X      R \_\_\_\_\_

**C. FFY in which funding is requested** 2001

**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 Eagle Pass Housing Authority manages 502 public housing units in developments across the city currently housing 1628 residents. The Housing Authority has developed an innovative approach to eliminate the drug problem in the public housing community. We plan to continue the employment of security personnel for the safety of our residents, implement a tenant patrol program, educational programs for high school graduates, youth educational and sporting programs.*

**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. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
TX59-019-001	46	160
TX59-019-002	54	192
TX59-019-003	39	150
TX59-019-004	74	238
TX59-019-005A	100	113
TX59-019-005B	100	378
TX59-019-006	34	138
TX59-019-007	30	135
TX59-019-008	25	124

**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).

**12 Months** \_\_\_\_\_      **18 Months** \_\_\_\_\_      **24 Months** X \_\_\_\_\_

## 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 have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999	\$110,410	TX59DEP0190199	102,346.75	NONE	5/14/00	5/14/01
FY 2000	\$115,070	TX59DEP0190100	115,070.00	6 months	9/29/00	9/28/01
FY 2001	\$123,337	TX59DEP0190101	123,337.00	NONE	7/31/01	6/30/03

## 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 Eagle Pass Housing Authority in continued efforts to provide security, protective services, surveillance, research and reporting tasks for the projects will be working in conjunction with the Eagle Pass Police Department. The Eagle Pass Police Department will continue providing services at the Eagle Pass Housing Authority substation and will coordinate crime and auto theft prevention services. A voluntary tenant patrol unit will be established and local police department staff will train volunteers. The Housing Authority is providing the tenants the exposure to law enforcement careers in efforts to promote self-sufficiency. In efforts to promote safe, drug free and self-sufficiency, the Housing Authority supports the computer centers education opportunities, family support services, and vocational and economic opportunity. The Eagle Pass Housing Authority will provide a leadership training camp to a minimum of ten students that excel academically. Scholarships will be awarded to two high school children at the end of the school year that have excelled academically in efforts to promote higher education. High Education book assistance program will be initiated for those parents and children wanting to continue their schooling and this will awarded to one or two interested people.*

## B. PHDEP Budget Summary

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

<b>FY <u>2001</u> PHDEP Budget Summary</b>	
<b>Original Statement 4-17-01</b>	
<b>Revised Statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 - Reimbursement of Law Enforcement	0.00
9115 - Special Initiative	0.00
9116 - Gun Buyback TA Match	0.00
9120 - Security Personnel	30,000.00
9130 - Employment of Investigators	0.00
9140 - Voluntary Tenant Patrol	4,000.00
9150 - Physical Improvements	16,000.00
9160 - Drug Prevention	26,337.00
9170 - Drug Intervention	0.00
9180 - Drug Treatment	0.00
9190 - Other Program Costs	48,000.00
<b>TOTAL PHDEP FUNDING</b>	<b>\$123,337.00</b>

## 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.

<b>9110 - Reimbursement of Law Enforcement</b>						<b>Total PHDEP Funding: \$ 0.00</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

<b>9115 – Special Initiatives</b>						<b>Total PHDEP Funding: \$ 0.00</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

<b>9116 – Gun Buyback TA Match</b>					<b>Total PHDEP Funding: \$ 0.00</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

<b>9120 – Security Personnel</b>					<b>Total PHDEP Funding: \$ 30,000.00</b>		
Goal(s)							
<i>To reduce and eliminate drug related crime at the Housing Authority Developments.</i>							
Objectives							
<i>To enhance a better neighborhood environment and resident safety.</i>							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1. <i>Contract 2 part-time Security Personnel to perform above the baseline services vehicle, foot and 1 bike patrol to their assigned housing developments M-Sun 20 hours per week.</i>			7-31-01	6-30-03	30,000		<i>Logs and reports will be maintained by the contract personnel to evidence any drug and crime related responses to incidents. Security personnel will need to provide continuing education seminars to other staff and tenant patrol. A survey will be conducted to assess continued resident satisfaction.</i>
2.							
3.							

<b>9130 - Employment of Investigators</b>					<b>Total PHDEP Funding: \$ 0.00</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

<b>9140 - Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$ 4,000.00</b>		
<b>Goal(s)</b>		<i>To assist the security personnel in providing information in efforts to reduce drug-related activity.</i>					
<b>Objectives</b>		<i>To enhance tenant participation in the neighborhood activity and to promote self-sufficiency.</i>					
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. <i>Select a group of volunteers that will serve their community as role models through their participation in tenant patrol. They will participate at least 10 hours per week, and will need to satisfy continuing education courses for training at least every six months, and sign a contract with the Housing Authority.</i>	1,628	PHA Wide	7/31/01	6/30/03	4,000.00		<i>Participants will be screened for their performance based on their background, current status with the Housing Authority. They will need to keep a weekly log of their activity and participation with security personnel. Continuing Education results will be taken into consideration for their continued participation.</i>
2.							
3.							

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$ 16,000.00</b>		
<b>Goal(s)</b>		<i>To reduce involvement in any drug related activity.</i>					
<b>Objectives</b>		<i>To provide the means for alternative activities in each of the housing developments.</i>					
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. <i>Renovate recreational areas throughout PHA developments for youth and family involvement.</i>			7/31/01	6/30/03	14,000.00	0	<i>Maintain a monthly count (for 6 months) of the number of persons who utilize the recreational area. This information will be used to develop future activities for residents.</i>
2. <i>To provide lighting to these areas for the safety of the children and provide visibility to any person in case of emergency.</i>			7/31/01	6/30/03	2,000.00		<i>Improved lighting will assist emergency person with locating units in a timelier manner and residents to feel safer in and around their communities.</i>
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$ 26,337.00		
Goal(s)	<i>Positively affect the factors leading to drug and crime-related problems and risks affecting residents.</i>						
Objectives	<i>Reduce the risks associated with drug and crime-related problems affecting residents through focusing on supportive services, sports education, and counseling referrals.</i>						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. <i>D.A.R.E. Program</i>	50	1,628	7/31/01	6/30/03	2,000.00		<i>Sign in sheets will be utilized and maintained for all anti-drug and crime-related initiatives in order to evidence the level of resident involvement. Data will be compiled and analyzed to reflect actual results. A survey will be conducted to assess continued resident interest and satisfaction.</i>
2. <i>Drug Education Opportunities</i>	200	1,628	7/31/01	6/30/03	3,000.00		<i>Sign in sheets will be utilized and maintained for all anti-drug and crime-related initiatives in order to evidence the level of resident involvement. Data will be compiled and analyzed to reflect actual results. A survey will be conducted to assess continued resident interest and satisfaction.</i>
3. <i>Youth Sports</i>	100	1,628	7/31/01	6/30/03	10,337.00		<i>Sign in sheets will be utilized and maintained by the Youth Program coordinator to evidence the level of youth involvement within the three centers. Data will be compiled and analyzed to reflect actual results. A survey will be conducted to assess continued resident interest and satisfaction.</i>
4. <i>Scholarships</i>	2	1628	7/31/01	6/30/03	4,000.00		<i>Two high school children living in housing developments will be selected based on high academic performance as indicated by the school district. Children must submit an application for reward and reviewed by EPHA staff and/or housing commissioners for selection.</i>
5. <i>Higher Education Assistance (books)</i>	2	1628	7/31/01	6/30/03	1,000.00		<i>Two residents will be awarded money to assist with their books and an application must be submitted indicating need</i>

							<i>for this assistance. They must have been registered as a higher institution for two consecutive semesters and will provide evidence of good academic standings.</i>
6. Youth Leadership Training Camp	10	1628	7/31/01	6/30/03	5,000.00		<i>10 children will be selected to attend a leadership training and selection will be based on their overall school performance and grade point average. Children must submit a letter of Interest and state reasons why they deserve to attend the camp. Selection will be made by HA staff and/or Housing Commissioners.</i>

<b>9170 - Drug Intervention</b>						<b>Total PHDEP Funding: \$ 0.00</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9180 - Drug Treatment</b>						<b>Total PHDEP Funding: \$ 0.00</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							



9190 - Other Program Costs					Total PHDEP Funds: \$ 48,000.00		
Goal(s)		<i>To assure that the PHDEP program is completed and the established goals are met.</i>					
Objectives		<i>To effectively operate the daily activities program.</i>					
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. <i>Grant Coordinator</i>			7/31/01	6/30/03	12,000.00		<i>Coordinator will submit the required reports on a timely basis. Collect the required documentation to satisfy HUD regulations.</i>
2. <i>Youth Specialist</i>			7/31/03	6/30/03	34,000.00		<i>15 personnel will be hired to assist in the youth sport activities during the summer months starting June 4 through August 10 and operating hours 8am – 8 pm Monday – Friday. The youth program coordinator will maintain attendance and performance logs. Their continued employment will be based n their performance status.</i>
3. <i>Supplies</i>			7/31/01	6/30/03	2,000.00		<i>Supplies will be purchased for the operation of the daily activities of the program. Receipts will be provided for accounting purposes.</i>

## Housing Authority of the City of Eagle Pass

1. 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.

2. Significant Amendment or Modification to the Annual Plan:

- Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement;
- Any change in a 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, Demolition/Disposition, Designated Housing or Homeownership programs; and
- Any change inconsistent with the local, approved Consolidated Plan, in the discretion of the Executive Director.

# COMMUNITY SERVICE/SELF-SUFFICIENCY POLICY

## 1. Background

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

## 2. Definitions

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

1. Work at a local school, hospital, or child care center
2. Work with youth organizations
3. Work at the Authority to help improve physical conditions
4. Work at the Authority to help with children's programs
5. Helping neighborhood groups with special projects
6. Working through resident organization to help other residents with problems

**NOTE: Political activity is excluded.**

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

1. Job training programs
2. Substance abuse or mental health counseling
3. English proficiency or literacy (reading) classes
4. Budgeting and credit counseling
5. Any kind of class that helps a person toward economic independence

***Exempt Adult*** - an adult member of the family who

1. Is 62 years of age or older
2. Has a disability that prevents him/her from being gainfully employed
3. Is the caretaker of a disabled person
4. Is working at least 20 hours per week
5. Is participating in a welfare to work program
6. Is receiving assistance from TANF and is in compliance with job training and work activities requirements of the program.

## 3. Requirements of the Program

1. The eight (8) hours per month may be either volunteer work or self sufficiency program activity or a combination of the two.
2. At least eight (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration. The Authority will make the determination of whether to allow or disallow a deviation from the schedule.
3. Activities must be performed within the community and not outside the jurisdictional area of the Authority.
4. Family obligations
  1. At lease execution or re-examination after October 1, 1999, all adult members (18 or older) of a public housing resident family must
    - 1) provide documentation that they are exempt from Community Service requirement if they qualify for an exemption, and
    - 2) sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the Community Service requirement will result in non-renewal of their lease.
  2. At each annual re-examination, non-exempt family members must present a completed documentation form (to be provided by the Authority) of activities performed over the previous twelve (12) months. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.
  3. If a family member is found to be noncompliant at re-examination, he/she and the Head of Household will sign an agreement with the Authority to make up the deficient hours over the next twelve (12) month period.
  4. Change in exempt status:
    - 1) If, during the twelve (12) month period, a non-exempt person becomes exempt, it is his/her responsibility to report this to the Authority and provide documentation of such.
    - 2) If, during the twelve (12) month period, an exempt person becomes non-exempt, it is his/her responsibility to report this to the Authority. The Authority will provide the person with the

Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.

5. Authority obligations

1. To the greatest extent possible and practicable, the Authority will
  - 1) provide names and contacts at agencies that can provide opportunities for residents, including disabled, to fulfill their Community Service obligations. *(According to the Quality Housing and Work Responsibility Act, a disabled person who is otherwise able to be gainfully employed is not necessarily exempt from the Community Service requirement)*
  - 2) provide in-house opportunities for volunteer work or self sufficiency programs.
2. The Authority will provide the family with exemption verification forms and Recording/Certification documentation forms and a copy of this policy at initial application and at lease execution
3. The Authority will make the final determination as to whether or not a family member is exempt from the Community Service requirement. Residents may use the Authority's Grievance Procedure if they disagree with the Authority's determination.
4. Noncompliance of family member
  - 1) At least thirty (30) days prior to annual re-examination and/or lease expiration, the Authority will begin reviewing the exempt or non-exempt status and compliance of family members.
  - 2) If the Authority finds a family member to be noncompliant, the Authority will enter into an agreement with the noncompliant member and the Head of Household to make up the deficient hours over the next twelve (12) month period.
  - 3) If, at the next annual re-examination, the family member still is not compliant, the lease will not be renewed and the entire family will have to vacate, unless the noncompliant member agrees to move out of the unit.
  - 4) The family may use the Authority's Grievance Procedure to protest the lease termination.

## PET OWNERSHIP POLICY

### A. Pet Rules

The following rules shall apply for the keeping of pets by Residents living in the units operated by the Housing Authority. These rules do not apply to animals used by persons with disabilities.

1. Common household pets as authorized by this policy means a domesticated animals, such as cats, dogs, fish, birds, rodents (including rabbits) and turtles, that are traditionally kept in the home for pleasure rather than for commercial purposes.
2. Residents will register their pets with the Authority **BEFORE** it is brought onto the Authority premises, and will update the registration annually. The registration will include: (*Appendix 1*)
  - a. Information sufficient to identify the pet and to demonstrate that it is a common household pet and a picture;
  - b. A certificate signed by a licensed veterinarian or a State or Local Authority empowered to inoculate animals, stating that the pet has received all inoculations required by applicable State and Local Law;
  - c. The name, address, and telephone number of one or more responsible parties who will care for the pet if the pet owner dies, is incapacitated, or is otherwise unable to care for the pet.
  - d. The registration will be updated annually at the annual re-examination of Residents income.
  - e. A statement indicating that the pet owner has read the pet rules and agrees to comply with them; (*Appendix 2*)
  - f. The Authority may refuse to register a pet if:
    - 1) The pet is not a common household pet;
    - 2) The keeping of the pet would violate any applicable house pet rule;
    - 3) The pet owner fails to provide complete pet registration information;
    - 4) The pet owner fails annually to update the pet registration;

- 5) The Authority reasonably determines, based on the pet owners habits and practices and the pets temperament, that the pet owner will be unable to keep the pet in compliance with the pet rules and other legal obligations;
  - 5) Financial ability to care for the pet will not be a reason for the Authority to refuse to register a pet.
- g. The Authority will notify the pet owner if the Authority refuses to register a pet. The notice will:
- 1) State the reasons for refusing to register the pet;
  - 2) Be served on the pet owner in accordance with procedure outlined in paragraph B1 of this policy; and
  - 3) Be combined with a notice of a pet rule violation if appropriate.
3. Cats and dogs shall be limited to small breeds where total weight shall not exceed twenty (20) pounds and total height shall not exceed twelve (12) inches. Seeing-eye dogs are excluded to height and weight.
  4. No chows, pit bulls, german police dogs, or any other known fighter breed will be allowed on the premises.
  5. All cat and dog pets shall be neutered or spayed and verified by veterinarian, cost to be paid by the owner. Pet owners will be required to present a certificate of health from their veterinarian verifying all required annual vaccines initially and at re-examination.
  6. A **\$300.00** pet fee shall be made to the Housing Authority. Such fee will be a one-time fee (per pet) and shall be used to help cover cost of damages to the unit caused by the pet.
  7. Pets shall be quartered in the Residents unit.
  8. Dogs and cats shall be kept on a leash and controlled by a responsible individual when taken outside.
  9. No doghouses will be allowed on the premises.
  10. Pets (dogs and cats), shall be allowed to run only on the owners lawn and owners shall clean up after pets EACH day.

11. The City Ordinance concerning pets will be complied with.
12. Pets shall be removed from the premises when their conduct or condition is duly determined to constitute a nuisance or a threat to the health and safety of the pet owner and occupants of the Authority in accordance with paragraph B3 below.
13. Birds must be kept in regular birdcages and not allowed to fly throughout the unit.
14. Each resident family will be allowed to house only one (1) animal at any time. Visiting guests with pets will not be allowed.
15. Dishes or containers for food and water will be located within the owners' apartment. Food and/or table scraps will not be deposited on the owners porches or yards.
16. Residents will not feed or water stray animals or wild animals.
17. Pets will not be allowed on specified common areas (under clotheslines, social rooms, office, maintenance space, etc.).
18. Each resident family will be responsible for the noise or odor caused by their pet. Obnoxious odors can cause health problems and will not be tolerated.

**B. Pet Violation Procedure**

1. **NOTICE OF PET RULE VIOLATION (Appendix 3):** When the Authority determines on the basis of objective facts supported by written statements, that a pet owner has violated one or more of these rules governing the owning or keeping of pets, the Authority will:
  - a. Serve a notice of the pet rule violation on the owner by sending a letter by first class mail, properly stamped and addressed to the Resident at the leased dwelling unit, with a proper return address, or serve a copy of the notice on any adult answering the door at the Residents leased dwelling unit, or if no adult responds, by placing the notice under or through the door, if possible, or else by attaching the notice to the door;
  - b. The notice of pet rule violation must contain a brief statement of the factual basis for the determination and the pet rule or rules alleged to be violated;
  - c. The notice must state that the pet owner has ten (10) days from the effective date of service of notice to correct the violation (including, in appropriate circumstances, removal of the pet) or to make a written request for a meeting to discuss the violation, (the effective date of service is that day that the



notice is delivered or mailed, or in the case of service by posting, on the day that the notice was initially posted);

- d. The notice must state that the pet owner is entitled to be accompanied by another person on his or her choice at the meeting;
- e. The notice must state that the pet owners' failure to correct the violation, to request a meeting, or to appear at a requested meeting may result in initiation of procedures to terminate the pet owners residency.

2. **PET RULE VIOLATION MEETING:** If the pet owner makes a timely request for a meeting to discuss an alleged pet rule violation, the Authority shall establish a mutually agreeable time and place for the meeting to be held within fifteen (15) days from the effective date of service of the notice of pet rule violation (unless the Authority agrees to a later date).

1. The Authority and the pet owner shall discuss any alleged pet rule violation and attempt to correct it and reach an agreeable understanding.
2. The Authority may, as a result of the meeting, give the pet owner additional time to correct the violation.
3. Whatever decision or agreements, if any, are made will be reduced to writing, signed by both parties, with one copy for the pet owner and one copy placed in the Authorities Resident file.

3. **NOTICE OF PET REMOVAL:** If the pet owner and the Authority are unable to resolve the pet rule violation at the pet rule violation meeting, or if the Authority determines that the pet owner has failed to correct the pet rule violation within any additional time provided for this purpose under paragraph B1 above (or at the meeting, if appropriate), requiring the pet owner to remove the pet. This notice must:

- a. Contain a brief statement of the factual basis for the determination and the pet rule or rules that have been violated;
- b. State that the pet owner must remove the pet within ten (10) days of the effective date of service of notice or pet removal (or the meeting, if the notice is served at the meeting);
- c. State the failure to remove the pet may result in initiation of procedures to terminate the pet owners' residency.

4. **INITIATION OF PROCEDURE TO TERMINATE PET OWNERS**

**RESIDENCY:** The Authority will not initiate procedure to terminate a pet owners residency based on a pet rule violation unless:

- a. The pet owner has failed to remove the pet or correct the pet rule violation within the applicable time period specified in paragraph 3b above;
- b. The pet rule violation is sufficient to begin procedures to terminate the pet owners residency under the terms of the lease and application regulations;
- c. Provisions of Residents Lease, Section XV: "Termination of Lease" will apply in all cases.

**C. Protection of the Pet**

1. If the health or safety of a pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet, the Authority may:

- a. Contact the responsible party or parties listed in the registration form and ask that they assume responsibility for the pet;
- b. If the responsible party or parties are unwilling or unable to care for the pet, the Authority may contact the appropriate State or Local Authority (or designated agent of such Authority) and request the removal of the pet;
- c. If the Authority is unable to contact the responsible parties despite reasonable efforts, action as outlined in 1b above will be followed; and
- d. If none of the above actions reap results, the Authority may enter the pet owners unit, remove the pet, and place the pet in a facility that will provide care and shelter until the pet owner or a representative of the pet owner is able to assume responsibility for the pet, but no longer than thirty (30) days. The cost of the animal care facility provided under this section shall be borne by the pet owner.

**D. NUISANCE OR THREAT TO HEALTH OR SAFETY**

Nothing in this policy prohibits the Authority or the Appropriate City Authority from requiring the removal of any pet from the Authority property. If the pets conduct or condition is duly determined to constitute, under the provisions of State or Local Law, a nuisance or a threat to the health or safety or other occupants of the Authority property or of other persons in the community where the project is located.

**E. APPLICATION OF RULES**

1. Pet owners will be responsible and liable for any and all bodily harm to other residents or individuals and destruction of personal property belonging to others caused by owners pet will be the moral and financial obligation of the pet owner.
2. All pet rules apply to resident and/or residents guests.

# Housing Authority of the City of Eagle Pass

## Required Attachment TX019h01: Resident Member on the PHA Governing Board

1.  Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: *Fernando Martinez*

B. How was the resident board member selected: (select one)?

Elected

Appointed

C. The term of appointment is (include the date term expires): *May 24, 2000*

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? *n/a*

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

*Jose Aranda, Jr., Mayor of Eagle Pass*

## **Required Attachment TX019i01: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

<i>Mrs. Graciela Arreola</i>	<i>#42</i>	<i>Loma de la Cruz</i>	<i>President</i>
<i>Mr. Fernando Martinez</i>	<i>#47</i>	<i>Mundo Nuevo</i>	
<i>Mrs. Olivia Rodriguez#125</i>		<i>Thompson Addition</i>	
<i>Mr. Valente Garcia</i>	<i>#190</i>	<i>Mabe Terrace</i>	<i>Vice-President</i>
<i>Mrs. Pascuala Montoya</i>	<i>#467</i>	<i>Project 7</i>	
<i>Mrs. Rosa Elia Menchaca</i>	<i>#414</i>	<i>Barrera Heights</i>	<i>Treasurer</i>
<i>Mrs. Gloria Gonzalez</i>	<i>#369</i>	<i>Los Angeles Heights</i>	
<i>Mrs. Lourdes Vargas</i>	<i>#481</i>	<i>Chemita Oyervides</i>	<i>Secretary</i>

Housing Authority of the City of Eagle Pass  
PHA Plan Update for FYB 2001

Statement of Progress  
Attachment: TX019j01

The Housing Authority has been successful in achieving its mission and goals in the year 2000. Goals are either completed or on target for completion by the end of the year.

Concerning modernization approximately \$\_\_\_\_\_ was either spent or obligated. Rehabilitation of units will continue with CGP funds. If affordable, A/C units will be installed at PHA sites.

Concerning self-sufficiency and crime and safety, the Public Housing Drug Elimination Program (PHDEP) efforts reduced crime in the communities through additional pro-active police patrols and community activities. An activity coordinator hired to coordinate recreational activities for PHA elderly/disabled residents.

PHDEP programs also provided PHA residents with service through alternative educational and sporting activities through the D.A.R.E. Program, Drug Education Opportunities and Youth Sports Program.

To ensure compliance with the Public Housing Reform Act of 1998, every policy was reviewed and updated as needed. Most significant was the update to the Admissions and Occupancy Policy and the Section 8 Administrative Plan.

Concerning ensuring equal opportunity outreach efforts have been made via speaking engagements, written materials, special mailings, research to establish a website, and making renewed partnerships with community groups and medical facilities.

## **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

*Adoption of Community Service Policy*

*Adoption of Pet Ownership Policy*

Eagle Pass Housing Authority  
Resident Advisory Board Comments  
Attachment: TX019101

Public hearing was held on Monday, April 2, 2001 at 5:30 p.m. at El Centenario Community Center.

Everyone was in agreement with the 5-Year Plan. However, there were other concerns brought up by tenants.

Unit #1 – Gabriela Martinez commented that she is very satisfied in her unit.

Unit #90 – Sara G. Gonzalez also commented that she is very satisfied in her unit.

Unit #352 – Ramona Mendez questioned if security lights installed in units were of high voltage. She was worried that her electric bill would increase since the lights are on day and night. She was informed that the lights are not of high voltage and she should not see a significant difference in her electric bill.

Unit# 361 – Xochitl Aguilera commented that she is very satisfied in her unit.

Unit # 420 – Guadalupe Guajardo complained that he has problems with roaches. A work order was placed to fumigate unit. He also commented that the security light posts are not working. A work order was placed with Central Power & Light to repair security lights.

Unit # 414 – Rosa Elia Menchaca commented that they are pleased to see that the children in their development are participating with the Girl Scouts.

However, they do not have a place to meet. She was informed that arrangements will be made with Mrs. Rankin.

Unit #236 – Petra Burciaga asked when her contract would be ready. She was informed that program manager will have contracts as soon as possible.

Unit # 294 – Magdalena T. Lopez asked to have communication with Interim Executive Director. It was suggested that she speak with program manager before setting up an appointment with Ms. Mancha.

Unit # 235 – Cuca Guerrero complained about unit being infested with roaches. Fumigation has been done, but problem persists. Work order was generated.

Unit # 246 – Armando Hinojosa commented that the second floor is very hot. Maintenance is in the process of replacing new motor for A/C system.

Unit #274 – Maria Cassady complained about laundry being left unattended. We will be posting signs at each laundry room stating not to leave laundry unattended since we are not responsible for lost items.

Unit # 228 – Jesus T. Silva complained that upstairs tenant makes too much noise during the night. Program manager will meet with Mr. Eligio Munoz (upstairs tenant).

Unit #266 – Marisa Guerra and Maria E. Sanchez of Unit #291 informed that there is too much traffic in the middle of the night through Exit doors. Security will patrol area more often.





**Annual Statement /  
Performance and Evaluation Report**

**Part I: Summary  
Comprehensive Grant Program (CGP)**

**U.S. Department of Housing  
and Urban Development**

Office of Public and Indian Housing

707 P&E Report (03/26/2001)

OMB Approval No. 2577-0157 (Exp. 7/31/95)

H A Name <b>EAGLE PASS HOUSING AUTHORITY</b>	Comprehensive Grant Number <b>TX59-PO19-707</b>	FFY of Grant Approval <b>1999</b>
-------------------------------------------------	----------------------------------------------------	--------------------------------------

Original Annual Statement    
  Reserved for Disasters/Emergencies    
  Revised Annual Statement/Revision Number \_\_\_\_\_    
  Performance and Evaluation Report for Program Year Ending 12/31/2000

Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	1406 Operating Expenses	0.00	0.00	0.00	0.00
2	1408 Management Improvements	72,944.00	66,944.00	66,944.00	24,859.32
3	1410 Administration	47,156.00	47,156.00	47,156.00	36,027.17
4	1411 Audit	0.00	0.00	0.00	0.00
5	1415 Liquidated Damages	0.00	0.00	0.00	0.00
6	1430 Fees and Costs	60,493.00	35,317.00	35,317.00	8,365.12
7	1440 Site Acquisition	0.00	0.00	0.00	0.00
8	1450 Site Improvement	0.00	0.00	0.00	0.00
9	1460 Dwelling Structures	315,199.00	371,888.00	371,888.00	337,026.19
10	1465.1 Dwelling Equipment-Nonexpendable	0.00	0.00	0.00	0.00
11	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
12	1475 Nondwelling Equipment	15,000.00	20,000.00	20,000.00	18,824.00
13	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
14	1490 Replacement Reserve	0.00	0.00	0.00	0.00
15	1502 Contingency (may not exceed 8% of line 16)	30,513.00	0.00	0.00	0.00
16	<b>Amount of Annual Grant (Sum of Lines 2 - 15)</b>	<b>541,305.00</b>	<b>541,305.00</b>	<b>541,305.00</b>	<b>425,101.80</b>
17	Amount of Line 16 Related to LBP Activities	0.00	0.00	0.00	0.00
18	Amount of Line 16 Related to Section 504 Compliance	0.00	0.00	0.00	0.00
19	Amount of Line 16 Related to Security	0.00	0.00	0.00	0.00
20	Amount of Line 16 Related to Energy Conservation Measures	12,414.00	12,414.00	0.00	0.00

(2) To be completed for the Performance and Evaluation Report

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

form HUD-52837 (01/05/95)

ref Handbook 7485-3

# Annual Statement/Performance and Evaluation Report

## Part II: Supporting Pages

### Comprehensive Grant Program (CGP)

## U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

Eagle Pass Housing Authority

707 P&E Report (03/26/2001)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
1. TX019-001	<b>Dwelling Structures</b>							
Loma de la Cruz	Painting Interior Units	1460	57600 sf	21,888.00	21,888.00	21,888.00	21,888.00	Complete Work
	Exterior Unit Painting	1460	28260 sf	16,956.00	16,956.00	16,956.00	6,956.00	On Going
	Replace Vinyl Flooring	1460	16200 sf	25,272.00	25,272.00	25,272.00	25,272.00	Complete Work
	<b>Subtotal</b>			<b>64,116.00</b>	<b>64,116.00</b>	<b>64,116.00</b>	<b>54,116.00</b>	
	<b>Subtotal for this Development</b>			<b>64,116.00</b>	<b>64,116.00</b>	<b>64,116.00</b>	<b>54,116.00</b>	

1) To be completed for Performance and Evaluation Report or a Revised Annual Statement

2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administration and Date

**Annual Statement/Performance and Evaluation Report**

**Part II: Supporting Pages**

**Comprehensive Grant Program (CGP)**

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

Eagle Pass Housing Authority  
707 P&E Report (03/26/2001)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
2. TX019-002 El Mundo Nuevo	<b>Dwelling Structures</b>							
	Replace Vinyl Flooring Tile	1460	12600 sf	19,656.00	32,336.00	32,336.00	32,336.00	Complete Work
	Painting Interior Units	1460	8792 sf	3,937.00	3,937.00	3,937.00	3,937.00	Complete Work
	Replace Kitchen Wall Cabinets	1460	276 sf	35,416.00	40,425.00	40,425.00	40,425.00	Complete Work
	Replace Kitchen Base Cabinets	1460	260 sf	20,225.00	20,225.00	20,225.00	20,225.00	Complete Work
	Replace Rangehood	1460	15 ea	2,676.00	2,676.00	2,676.00	2,676.00	Complete Work
	Replace Grease Shield	1460	30 ea	1,263.00	1,263.00	1,263.00	1,263.00	Complete Work
	<b>Subtotal</b>			<b>83,173.00</b>	<b>100,862.00</b>	<b>100,862.00</b>	<b>100,862.00</b>	
	<b>Subtotal for this Development</b>			<b>83,173.00</b>	<b>100,862.00</b>	<b>100,862.00</b>	<b>100,862.00</b>	

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**Annual Statement/Performance and Evaluation Report**

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**U.S. Department of Housing and Urban Development**

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Eagle Pass Housing Authority

707 P&E Report (03/26/2001)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
3. TX019-004 Mabe Terrace	<b>Dwelling Structures</b>							
	Replace Vinyl Flooring	1460	22369 sf	34,896.00	34,896.00	34,896.00	34,896.00	Complete Work
	Replace Windows Blinds/Shades	1460	3458 sf	12,414.00	12,414.00	12,414.00	12,414.00	Complete Work
	Termite Treatment	1460	67900 sf	18,333.00	18,333.00	18,333.00	18,333.00	Complete Work
	<b>Subtotal</b>			<b>65,643.00</b>	<b>65,643.00</b>	<b>65,643.00</b>	<b>65,643.00</b>	
	<b>Subtotal for this Development</b>			<b>65,643.00</b>	<b>65,643.00</b>	<b>65,643.00</b>	<b>65,643.00</b>	

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Eagle Pass Housing Authority

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				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
4. TX019-005A El Centenario	<b>Dwelling Structures</b>							
	Replace Kitchen Base Cabinet	1460	350 lf	27,727.00	37,727.00	37,727.00	37,727.00	Complete Work
	Replace Counter Top	1460	350 lf	10,294.00	18,294.00	18,294.00	18,294.00	Complete Work
	Replace Kitchen Sink	1460	50 ea	16,746.00	21,746.00	21,746.00	21,746.00	Complete Work
	Replace Kitchen Sink Faucet	1460	50 ea	3,662.00	5,662.00	5,662.00	5,662.00	Complete Work
	Replace Rangehood	1460	50 ea	8,920.00	18,920.00	18,920.00	18,920.00	Complete Work
	Replace Grease Shield	1460	50 ea	2,106.00	6,106.00	6,106.00	6,106.00	Complete Work
	Replace Vinyl Tile Flooring	1460	21023 sf	32,812.00	32,812.00	32,812.00	7,950.19	On Going
	<b>Subtotal</b>			<b>102,267.00</b>	<b>141,267.00</b>	<b>141,267.00</b>	<b>116,405.19</b>	
	<b>Subtotal for this Development</b>			<b>102,267.00</b>	<b>141,267.00</b>	<b>141,267.00</b>	<b>116,405.19</b>	

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				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
5. Agency-Wide	A/E Services	1430		23,284.00	10,317.00	10,317.00	0.00	
Fees and Costs	Inspection Costs	1430		6,209.00	0.00	0.00	0.00	
(A&E)	Printing Costs	1430		1,000.00	0.00	0.00	0.00	
	Provide New Agency Plan (New Regulation)	1430		25,000.00	20,000.00	20,000.00	8,000.00	Complete
	Consultant Fees, Annual Statemet	1430		5,000.00	5,000.00	5,000.00	365.12	On Going
	<b>Subtotal</b>			<b>60,493.00</b>	<b>35,317.00</b>	<b>35,317.00</b>	<b>8,365.12</b>	
Contingency	Contingency (May not exceed 8% of Total Grant)	1502		30,513.00	0.00	0.00	0.00	
	<b>Subtotal</b>			<b>30,513.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
Management Improvement	a. General Technical Assistance/PHAS	1408		5,000.00	5,000.00	5,000.00	0.00	
	b. Update Policies and Procedures	1408		5,000.00	0.00	0.00	0.00	
	c. Conduct Utility Allowance Study	1408		6,900.00	6,900.00	6,900.00	0.00	
	e. Develop PHA Management Plan	1408		18,500.00	18,500.00	18,500.00	15,256.80	On Going
	v. Staff Training:							
	v1. New PHMAP Requirements	1408		3,000.00	3,000.00	3,000.00	0.00	
	v3. Board of Commissioners	1408		3,000.00	3,000.00	3,000.00	0.00	
	v4. Admissions and Occupancy	1408		1,000.00	0.00	0.00	0.00	
	w. Update Automated Systems:							
	w2. Update Software	1408		2,500.00	2,500.00	2,500.00	0.00	
	x. Resident Training:							
	x1. Housekeeping	1408		1,000.00	1,000.00	1,000.00	0.00	
	x3. Self-Sufficiency	1408		1,200.00	1,200.00	1,200.00	0.00	
	x6. Resident Youth Drug Awareness and Leaders	1408		3,750.00	3,750.00	3,750.00	0.00	
	y. Management Improvement Staffing:							
	y1. Economic Self-sufficiency Coordinator	1408		16,995.00	16,995.00	16,995.00	9,602.52	On Going
	y3. Benefits	1408		5,099.00	5,099.00	5,099.00	0.00	
	<b>Subtotal</b>			<b>72,944.00</b>	<b>66,944.00</b>	<b>66,944.00</b>	<b>24,859.32</b>	

1) To be completed for Performance and Evaluation Report or a Revised Annual Statement

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Signature of Public Housing Director/Office of Native American Programs Administration and Date

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Eagle Pass Housing Authority

707 P&E Report (03/26/2001)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
Agency-Wide Administration	a. CGP Coordinator	1410		24,720.00	24,720.00	24,720.00	20,011.48	On Going
	b. Clerk of the Work	1410		15,020.00	15,020.00	15,020.00	13,556.86	On Going
	e. Benefits	1410		7,416.00	7,416.00	7,416.00	2,458.83	On Going
	<b>Subtotal</b>			<b>47,156.00</b>	<b>47,156.00</b>	<b>47,156.00</b>	<b>36,027.17</b>	
	<b>Non-Dwelling Equipment</b>							
	Provide Computer Hardware	1475		10,000.00	10,000.00	10,000.00	9,514.00	On Going
	Provide Computer Pentium II	1475		5,000.00	10,000.00	10,000.00	9,310.00	On Going
	<b>Subtotal</b>			<b>15,000.00</b>	<b>20,000.00</b>	<b>20,000.00</b>	<b>18,824.00</b>	
	<b>Grand Total for CGP 707</b>			<b>541,305.00</b>	<b>541,305.00</b>	<b>541,305.00</b>	<b>425,101.80</b>	

1) To be completed for Performance and Evaluation Report or a Revised Annual Statement

2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administration and Date



**Annual Statement/Performance  
and Evaluation Report**

**Part III: Implementation Schedule  
Comprehensive Grant Program (CGP)**

**U.S. Department of Housing  
and Urban Development**

Office of Public and Indian Housing

Eagle Pass Housing Authority

707 P&E Report (03/26/2001)

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
TX 019-001 Loma de la Cruz	03/31/01	03/31/01	11/15/00	09/30/02	09/30/02	12/31/00	On Going
TX 019-002 El Mundo Nuevo	03/31/01	03/31/01	11/15/00	09/30/02	09/30/02	12/31/00	On Going
TX 019-004 Mabe Terrace	03/31/01	03/31/01	11/15/00	09/30/02	09/30/02	12/31/00	On Going
TX 019-005A El Centenario	03/31/01	03/31/01	11/15/00	09/30/02	09/30/02	12/31/00	On Going
Mgmt.Improvement							
a	03/31/01	03/31/01	11/15/00	09/30/02	09/30/02	12/31/00	On Going
b	03/31/01			09/30/02			
c	03/31/01	03/31/01	11/15/00	09/30/02	09/30/02	12/31/00	On Going
e	03/31/01	03/31/01	11/15/00	09/30/02	09/30/02	12/31/00	On Going
v1	03/31/01	03/31/01	11/15/00	09/30/02	09/30/02	12/31/00	On Going
v3	03/31/01	03/31/01	11/15/00	09/30/02	09/30/02	12/31/00	On Going
v4	03/31/01			09/30/02			
w1	03/31/01	03/31/01	11/15/00	09/30/02	09/30/02	12/31/00	On Going
w2	03/31/01	03/31/01	11/15/00	09/30/02	09/30/02	12/31/00	On Going
x1	03/31/01	03/31/01	11/15/00	09/30/02	09/30/02	12/31/00	On Going
x3	03/31/01	03/31/01	11/15/00	09/30/02	09/30/02	12/31/00	On Going
x6	03/31/01	03/31/01	11/15/00	09/30/02	09/30/02	12/31/00	On Going
y1	03/31/01	03/31/01	11/15/00	09/30/02	09/30/02	12/31/00	On Going
y2	03/31/01	03/31/01	11/15/00	09/30/02	09/30/02	12/31/00	On Going

1) To be completed for Performance and Evaluation Report or a Revised Annual Statement

2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administration and Date

**Annual Statement/Performance and Evaluation Report**

**Part III: Implementation Schedule  
Comprehensive Grant Program (CGP)**

**U.S. Department of Housing and Urban Development**

Office of Public and Indian Housing

Eagle Pass Housing Authority

707 P&E Report (03/26/2001)

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
Administration							
a	03/31/01	03/31/01	11/15/00	09/30/02	09/30/02	12/31/00	On Going
b	03/31/01	03/31/01	11/15/00	09/30/02	09/30/02	12/31/00	On Going
c	03/31/01	03/31/01	11/15/00	09/30/02	09/30/02	12/31/00	On Going

1) To be completed for Performance and Evaluation Report or a Revised Annual Statement

2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administration and Date

## Capital Fund Program 5-Year Action Plan

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.

<b>CFP 5-Year Action Plan</b>				
<b>X Original statement</b>		<b>Revised Statement</b>		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<i><u>Year #2</u></i>				
<i>El Mundo Nuevo (see detail page #18)</i>			<i>172,179.00</i>	<i>9/30/02</i>
<i>Thomson Addition (see detail page #19)</i>			<i>148,762.00</i>	<i>9/30/02</i>
<i>Mabe Terrace (see detail page #20)</i>			<i>198,196.00</i>	<i>9/30/02</i>
<i>Management Improvement (see detail page #25)</i>			<i>106,750.00</i>	<i>9/30/02</i>
<i>Administration (see detail page #26)</i>			<i>69,265.00</i>	<i>9/30/02</i>
<i>Operations (see detail page #26)</i>			<i>60,000.00</i>	<i>9/30/02</i>
<i>Contingency (see detail page #26)</i>			<i>2,602.00</i>	<i>9/30/02</i>
<i>Fees and Costs (see detail page #27)</i>			<i>40,000.00</i>	<i>9/30/02</i>
<i>Dwelling Equipment-Nonexpendable (see details page #27)</i>			<i>24,689.00</i>	<i>9/30/02</i>
<b>Total estimated cost over next 5 years</b>			<b>822,993.00</b>	

## Capital Fund Program 5-Year Plan

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.

<b>CFP 5-Year Action Plan</b>				
<b>X Original statement</b>		<b>Revised Statement</b>		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b><u>Year #3</u></b>				
<i>Loma de la Cruz (see detail page #17)</i>			<i>35,123.00</i>	<i>9/30/03</i>
<i>El Centenario (see detail page #21)</i>			<i>339,924.00</i>	<i>9/30/03</i>
<i>Los Angeles Heights (see detail page #22)</i>			<i>129,068.00</i>	<i>9/30/03</i>
<i>Management Improvement (see detail page #25)</i>			<i>116,150.00</i>	<i>9/30/03</i>
<i>Administration (see detail page #26)</i>			<i>69,265.00</i>	<i>9/30/03</i>
<i>Operations (see detail page #26)</i>			<i>60,000.00</i>	<i>9/30/03</i>
<i>Contingency (see detail page #26)</i>			<i>8,774.00</i>	<i>9/30/03</i>
<i>Fees and Costs (see detail page #27)</i>			<i>40,000.00</i>	<i>9/30/03</i>
<i>Dwelling Equipment-Nonexpendable (see detail page #27)</i>			<i>24,689.00</i>	<i>9/30/03</i>
<b>Total estimated cost over next 5 years</b>			<b>822,993.00</b>	

## Capital Fund Program 5-Year Action Plan

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.

<b>CFP 5-Year Action Plan</b>				
<b>X Original statement</b>		<b>Revised Statement</b>		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b><u>Year #4</u></b>				
<i>Los Angeles Heights (see detail on page #22)</i>			<i>276,816.00</i>	<i>9/30/04</i>
<i>Barrera Heights (see detail on page #23)</i>			<i>162,507.00</i>	<i>9/30/04</i>
<i>Project 7 (see detail on page #24)</i>			<i>53,723.00</i>	<i>9/30/04</i>
<i>Management Improvement (see detail on page #25)</i>			<i>98,150.00</i>	<i>9/30/04</i>
<i>Administration (see detail on page #26)</i>			<i>69,265.00</i>	<i>9/30/04</i>
<i>Operations (see detail on page #26)</i>			<i>60,000.00</i>	<i>9/30/04</i>
<i>Contingency (see detail on page #26)</i>			<i>9,853.00</i>	<i>9/30/04</i>
<i>Fees and Costs (see detail on page #27)</i>			<i>40,000.00</i>	<i>9/30/04</i>
<i>Dwelling Equipment-Nonexpendable (see detail on page #27)</i>			<i>24,689.00</i>	<i>9/30/04</i>
<i>Non-dwelling equipment (see detail on page #27)</i>			<i>28,000.00</i>	<i>9/30/04</i>
<b>Total estimated cost over next 5 years</b>			<b>822,993.00</b>	

## Capital Fund Program 5-Year Action Plan

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.

<b>CFP 5-Year Action Plan</b>				
<b>X Original statement</b>		<b>Revised Statement</b>		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<i>Year #5</i>				
<i>Loma de la Cruz (see detail page #17)</i>			<i>148,270.00</i>	<i>9/30/05</i>
<i>El Centenario (see detail on page #21)</i>			<i>106,000.00</i>	<i>9/30/05</i>
<i>Project 7 (see detail on page #21)</i>			<i>261,103.00</i>	<i>9/30/05</i>
<i>Management Improvement (see detail page #25)</i>			<i>95,750.00</i>	<i>9/30/05</i>
<i>Administration (see detail on page #26)</i>			<i>69,265.00</i>	<i>9/30/05</i>
<i>Operations (see detail on page #26)</i>			<i>60,000.00</i>	<i>9/30/05</i>
<i>Contingency (see detail on page #26)</i>			<i>7,916.00</i>	<i>9/30/05</i>
<i>Fees and Costs (see detail on page #26)</i>			<i>40,000.00</i>	<i>9/30/05</i>
<i>Dwelling Equipment-NonExpendable (see detail on page #27)</i>			<i>24,689.00</i>	<i>9/30/05</i>
<i>Non-dwelling Equipment (see detail on page #27)</i>			<i>10,000.00</i>	<i>9/30/05</i>
<b>Total estimated cost over next 5 years</b>			<b>822,993.00</b>	

## Capital Fund Program 5-Year Action Plan

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.

<b>CFP 5-Year Action Plan</b>				
<b>X Original statement</b>		<b>Revised Statement</b>		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
<i>TX019-001</i>	<i>Loma de la Cruz</i>			
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<i>Provide Site Lights</i>			<i>3,789.00</i>	<i>9/30/03</i>
<i>Painting Interior Units</i>			<i>21,888.00</i>	<i>9/30/03</i>
<i>Replace Mailboxes</i>			<i>9,446.00</i>	<i>9/30/03</i>
<i>Replace Roofing Shingles</i>			<i>148,270.00</i>	<i>9/30/03</i>
<b>Total estimated cost over next 5 years</b>			<i>183,393.00</i>	

## Capital Fund Program 5-Year Action Plan

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.

<b>CFP 5-Year Action Plan</b>				
<b>X Original statement</b>		<b>Revised Statement</b>		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
<i>TX019-002</i>	<i>El Mundo Nuevo</i>			
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<i>Upgrade Electrical Services</i>			<i>172,729.00</i>	<i>9/30/02</i>
<b>Total estimated cost over next 5 years</b>			<i>172,729.00</i>	



## Capital Fund Program 5-Year Action Plan

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.

<b>CFP 5-Year Action Plan</b>				
<b>X Original statement</b>		<b>Revised Statement</b>		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
<i>TX019-003</i>	<i>Thomson Addition</i>			
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<i>Replace Chain Link Fence</i>			<i>14,17.00</i>	<i>9/30/02</i>
<i>Repair Parking Area</i>			<i>3,842.00</i>	<i>9/30/02</i>
<i>Roaches and Vermin Treatment</i>			<i>6,000.00</i>	<i>9/30/02</i>
<i>Upgrade Electrical Services</i>			<i>124,749.00</i>	<i>9/30/02</i>
<b>Total estimated cost over next 5 years</b>			<i>148,762.00</i>	

## Capital Fund Program 5-Year Action Plan

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.

<b>CFP 5-Year Action Plan</b>			
<b>X Original statement</b>		<b>Revised Statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<i>TX019-004</i>	<i>Mabe Terrace</i>		
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>
			<b>Planned Start Date (HA Fiscal Year)</b>
<i>Provide top soil</i>			<i>3,876.00</i>
<i>Provide grass re-seed</i>			<i>2,560.00</i>
<i>Repair sidewalks</i>			<i>27,659.00</i>
<i>Painting exterior units</i>			<i>24,284.00</i>
<i>Replace bathtubs</i>			<i>35,000.00</i>
<i>Replace GFIC Outlet</i>			<i>43,361.00</i>
<i>Replace Toilets</i>			<i>2,000.00</i>
<i>Replace lavatory w/faucet</i>			<i>17,626.00</i>
<i>Replace vanity</i>			<i>21,000.00</i>
<i>Replace medicine cabinet</i>			<i>14,900.00</i>
<i>Replace bathroom accessories</i>			<i>2,730.00</i>
			<i>3,200.00</i>
<b>Total estimated cost over next 5 years</b>			<b>198,196.00</b>

## Capital Fund Program 5-Year Action Plan

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.

<b>CFP 5-Year Action Plan</b>			
<b>X Original statement</b>		<b>Revised Statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<i>TX019-005A</i>	<i>El Centenario</i>		
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>
			<b>Planned Start Date (HA Fiscal Year)</b>
<i>Replace sidewalks</i>			<i>8,510.00</i>
<i>Repair curbs</i>			<i>3,539.00</i>
<i>Replace smoke detectors</i>			<i>12,383.00</i>
<i>Painting interior units</i>			<i>106,536.00</i>
<i>Replace vinyl flooring</i>			<i>77,870.00</i>
<i>Replace baseboard</i>			<i>56,022.00</i>
<i>Replace light fixtures</i>			<i>26,704.00</i>
<i>Replace windows blinds/shades</i>			<i>48,360.00</i>
<i>Replace electric stove</i>			<i>65,000.00</i>
<i>Replace refrigerator</i>			<i>53,300.00</i>
<i>Replace water heaters</i>			<i>6,000.00</i>
<i>Repair plumbing pipes &amp; valves</i>			<i>35,000.00</i>
<i>Repair ceramic tile/shower surround</i>			<i>49,020.00</i>
<i>Replace bathroom toilet</i>			<i>33,896.00</i>
<i>Replace bathroom lavatory</i>			<i>33,031.00</i>
<i>Replace bathroom faucet</i>			<i>6,840.00</i>
<i>Replace bathroom grab bars for HC/elderly</i>			<i>12,634.00</i>
<i>Replace bathroom shower head</i>			<i>7,735.00</i>
<i>Replace bathroom medicine cabinet</i>			<i>9,132.00</i>
<i>Replace bathroom accessories</i>			<i>6,122.00</i>
<b>Total estimated cost over next 5 years</b>			<b>657,634.00</b>

## Capital Fund Program 5-Year Action Plan

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.

<b>CFP 5-Year Action Plan</b>			
<b>X Original statement</b>		<b>Revised Statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<i>TX019-005B</i>	<i>Los Angeles Heights</i>		
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>
			<b>Planned Start Date (HA Fiscal Year)</b>
<i>Replace chain link fence</i>			<i>30,691.00</i>
<i>Replace entry door w/hardware</i>			<i>21,221.00</i>
<i>Replace entry door w/hardware</i>			<i>21,221.00</i>
<i>Upgrade electrical services</i>			<i>59,935.00</i>
<i>Replace exterior storage closet</i>			<i>3,696.00</i>
<i>Replace exterior storage door</i>			<i>2,222.00</i>
<i>Replace water heater</i>			<i>14,288.00</i>
<i>Roaches &amp; vermin termite treatment</i>			<i>17,194.00</i>
<i>Repair dry wall/plaster</i>			<i>38,163.00</i>
<i>Replace vinyl flooring tile</i>			<i>37,481.00</i>
<i>Painting interior units</i>			<i>76,000.00</i>
<i>Replace interior lights</i>			<i>43,382.00</i>
<i>Replace heating units (furnace)</i>			<i>41,165.00</i>
<i>Replace thermostat</i>			<i>3,215.00</i>
<i>Replace roofing singles</i>			<i>190,985.00</i>
<b>Total estimated cost over next 5 years</b>			<b>596,859.00</b>

## Capital Fund Program 5-Year Action Plan

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.

<b>CFP 5-Year Action Plan</b>			
<b>X Original statement</b>		<b>Revised Statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<i>TX019-006</i>	<i>Barrera Heights</i>		
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>
			<b>Planned Start Date (HA Fiscal Year)</b>
<i>Trim trees</i>			<i>1,183.00</i>
<i>Replace sidewalk</i>			<i>3,404.00</i>
<i>Repair parking area</i>			<i>2,600.00</i>
<i>Replace smoke detector</i>			<i>4,210.00</i>
<i>Replace interior lights</i>			<i>9,732.00</i>
<i>Replace entry door w/hardware – front</i>			<i>9,496.00</i>
<i>Replace exterior door lock set</i>			<i>7,185.00</i>
<i>Painting exterior units</i>			<i>19,757.00</i>
<i>Painting interior units</i>			<i>9,940.00</i>
<i>Replace roofing shingle</i>			<i>95,000.00</i>
<b>Total estimated cost over next 5 years</b>			<i>162,507.00</i>

## Capital Fund Program 5-Year Action Plan

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.

<b>CFP 5-Year Action Plan</b>			
<b>X Original statement</b>		<b>Revised Statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<i>TX019-007</i>	<i>Project 7</i>		
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>
			<b>Planned Start Date (HA Fiscal Year)</b>
<i>Replace interior light fixtures</i>			<i>10,419.00</i>
<i>Replace heater unit (furnace)</i>			<i>18,112.00</i>
<i>Replace thermostat</i>			<i>1,929.00</i>
<i>Replace interior door</i>			<i>5,999.00</i>
<i>Replace interior door set</i>			<i>3,275.00</i>
<i>Replace interior door closet</i>			<i>7,892.00</i>
<i>Replace bedroom shelvin g</i>			<i>1,667.00</i>
<i>Replace mail boxes</i>			<i>4,430.00</i>
<i>Replace vinyl flooring tile</i>			<i>31,977.00</i>
<i>Replace kitchen wall cabinet</i>			<i>58,514.00</i>
<i>Replace kitchen base cabinet</i>			<i>35,472.00</i>
<i>Replace countertop</i>			<i>13,410.00</i>
<i>Replace kitchen sink</i>			<i>10,048.00</i>
<i>Replace kitchen sink faucet</i>			<i>2,264.00</i>
<i>Replace range hood</i>			<i>2,676.00</i>
<i>Replace grease shield</i>			<i>1,264.00</i>
<i>Replace water heater</i>			<i>10,478.00</i>
<i>Replace roofing shingles</i>			<i>95,000.00</i>
<b>Total estimated cost over next 5 years</b>			<b>314,826.00</b>

## Capital Fund Program 5-Year Action Plan

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.

<b>CFP 5-Year Action Plan</b>			
<b>X Original statement</b>		<b>Revised Statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<i>TX059P019</i>	<i>Agency-Wide</i>		
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>
			<b>Planned Start Date (HA Fiscal Year)</b>
<b><i>Management Improvement:</i></b>			
<i>General Technical Assistance PHAS</i>			<i>24,000.00</i>
<i>Staff &amp; Commissioners Training</i>			<i>40,000.00</i>
<i>Resident Training</i>			<i>6,000.00</i>
<i>Maintenance Technical Training</i>			<i>4,800.00</i>
<i>Update Software</i>			<i>6,000.00</i>
<i>Resident Self-sufficiency training</i>			<i>5,000.00</i>
<i>Energy Audit Study</i>			<i>5,000.00</i>
<i>Utility Allowance Study</i>			<i>6,000.00</i>
<i>PHAS new plan training</i>			<i>8,000.00</i>
<i>Waiting List System</i>			<i>8,000.00</i>
<i>Tracking System</i>			<i>3,000.00</i>
<i>Grant Writer/FSS Coordinator</i>			<i>120,000.00</i>
<i>Salaries Comparability</i>			<i>15,000.00</i>
<i>Economic Self-sufficiency Coordinator</i>			<i>100,000.00</i>
<i>Benefits</i>			<i>66,000.00</i>
<b>Total estimated cost over next 5 years</b>			<b>389,800.00</b>

## Capital Fund Program 5-Year Action Plan

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.

<b>CFP 5-Year Action Plan</b>			
<b>X Original statement</b>		<b>Revised Statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<i>TX59P019</i>	<i>Agency Wide</i>		
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>
<b>Planned Start Date (HA Fiscal Year)</b>			
<b>Administration:</b>			
<i>CFP Coordinator</i>			<i>100,000.00</i>
<i>Pro-rata Salaries</i>			<i>48,000.00</i>
<i>Clerk of the Work</i>			<i>76,200.00</i>
<i>Benefits</i>			<i>52,860.00</i>
<b>Subtotal</b>			<b>277,060.00</b>
<b>Operations:</b>			
<i>May not exceed 20% of total grant</i>			<i>240,000.00</i>
<b>Subtotal</b>			<b>240,000.00</b>
<b>Contingency:</b>			
<i>May not exceed 8% of total grant</i>			<i>29,145.00</i>
<b>Subtotal</b>			<b>29,145.00</b>
<b>Total estimated cost over next 5 years</b>			<b>546,205.00</b>



## Capital Fund Program 5-Year Action Plan

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.

<b>CFP 5-Year Action Plan</b>				
<b>X Original statement</b>		<b>Revised Statement</b>		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
<i>TX59P019</i>	<i>Agency-wide</i>			
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	
<b>Planned Start Date (HA Fiscal Year)</b>				
<b><i>Non-dwelling Equipment:</i></b> <i>Provide Small Tools</i> <i>Replace Pick-up Truck</i> <div style="text-align: right;"><b><i>Subtotal</i></b> </div>			20,000.00 18,000.00 <b>38,000.00</b>	9/30/04-05 9/30/04
<b><i>Dwelling Equipment non-expendable:</i></b> <i>Replace stove</i> <i>Replace refrigerator</i> <i>Replace water heater</i> <div style="text-align: right;"><b><i>Subtotal</i></b> </div>			33,868.00 44,888.00 20,000.00 <b>78,756.00</b>	9/30/02-05 9/30/02-05 9/30/02-05
<b><i>Contingency:</i></b> <i>A/E services</i> <i>Inspection Costs</i> <i>Consultant Fees, Annual Statement CFP Program</i> <i>New PHA Plan Submission</i> <div style="text-align: right;"><b><i>Subtotal</i></b> </div>			100,000.00 16,000.00 20,000.00 24,000.00 <b>160,000.00</b>	9/30/02-05 9/30/02-05 9/30/02-05 9/30/02-05
<b>Total estimated cost over next 5 years</b>			<b>296,756.00</b>	