

# PHA Plans

5 Year Plan for Fiscal Years 2000 - 2004  
Annual Plan for Fiscal Year 2002

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

## PHA Plan Agency Identification

**PHAName:** Housing Authority of the City of Opelika

**PHANumber:** AL061

**PHAFiscalYearBeginning:(mm/yyyy)** 07/2002

### 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**  
**PHAF ISCAL YEARS 2000 -2004**  
 [24CFRPart903.5]

**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 Opelika Housing Authority is to provide drug free, decent, safe and sanitary housing for eligible families and to provide opportunities and promote self -sufficiency and economic independence for residents.

**B.Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHA 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 EN COURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS .** (Quantifiable measures would include targetssuch as: numbers of families served or PHAS scores achieved.) PHA should identify these measures in the space 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)
- PHA Goal: Improve the quality of assisted housing  
 Objectives:
  - Improve public housing management: (PHAS score)
  - Improve voucher management: (SEMAP score)
  - Increase customer satisfaction:
  - Concentrate one effort to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)

- Renovate or modernize public housing units:
- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)

- PHA Goal: Increase assisted housing choices  
Objectives:
  - Provide voucher mobility counseling:
  - Conduct outreach efforts to potential voucher landlords
  - Increase voucher payment standards
  - Implement voucher homeownership program:
  - Implement public housing or other homeownership programs:
  - Implement public housing site -based waiting lists:
  - Convert public housing to vouchers:
  - Other: (list below)

**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)

**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: Provides services for youth.

**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 units required:
  - Other: (list below)

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

**AnnualPHAPlan**  
**PHAFiscalYear2002**  
[24CFRPart903.7]

**i. AnnualPlanType:**

SelectwhichtypeofAnnualPlanthePHAwillsubmit.

**StandardPlan**

**StreamlinedPlan:**

- HighPerformingPHA**
- SmallAgency(<250PublicHousingUnits)**
- AdministeringSection8Only**

**TroubledAgencyPlan**

**ii. ExecutiveSummaryoftheAnnualPHA Plan**

[24CFRPart903.79(r)]

ProvideabriefoverviewoftheinformationintheAnnualPlan,includinghighlights ofmajorinitiativesanddiscretionarypolicies thePHAhasincludedintheAnnualPlan.

**TheAnnualPlan,whichisattachedheretowasdevelopedbytheHousingAuthorityoftheCityof Opelika,hereinafterreferredtoastheOHAinthissummaryandintheaccompanyingplan,in accordancewiththeRulesandregulationspromulgatedbyHUD.**

**ThegoalsandobjectivesoftheOHAarecontainedintheFive-YearPlanandtheACOP/Section8 AdministrativePlan.ThesewerewrittentocomplywiththeHUDguidelines,rules,regulationsand FederalLaw.Thebasicgoalsandobjectivesare:**

- 1. Toincreaseavailabilityofdecent,safeandaffordablehousing inOpelika,Alabama.**
- 2. TheOHAwillensureequalopportunityinhousingforallAmericans.**
- 3. TheOHAwillpromoteself-sufficiencyandassetdevelopmentoffamiliesandindividuals.**
- 4. TheOHAwilltakestepstohelpimprovecommunityqualityoflifeanddeconomicvitality.**

**TheOHAdoesnotplantoaveanydeviationsfromtheFive-YearPlan. ThisPlanwaswrittenafterconsultationwithnecessarypartiesand entitiesasprovidedintheguidelinesissuedbyHUD.Allnecessary accompanyingdocumentsareattachedtothedocument,orareavailable uponrequest.**

**iii. AnnualPlanTableofContents**

[24CFRPart903.79(r)]

ProvideatableofcontentsfortheAnnualPlan,includingattachments,andalistofsupportingdocumentsavailableforpublic inspection.

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### 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 Plan file, provide the filename in parentheses in the space to the right of the title.

#### Required Attachments:

- Admissions Policy for Deconcentration: Contained in the OHA ACOP, Section XXVI. (Attachment D).
- FY2001 Capital Fund Program Annual Statement (Attachment A)
- Most recent board -approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- Voluntary Conversion Initial Assessments.

#### Optional Attachments:

- PHA Management Organizational Chart (Attachment C)
- FY2001 Capital Fund Program 5 Year Action Plan (Attachment B)
- Public Housing Drug Elimination Program (PHDEP) Plan (Attachment G)
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) (Attachment K)
- Other (List below, providing each attachment name)
  - 1. FSS Action Plan (Attachment H)
  - 2. Memorandum of Understanding with the Department of Human Resources (Attachment I)

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 jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
	Consolidated Plan for the jurisdiction/s in which the PHA is located (which include 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
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA Board certification 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
X	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
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination



**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	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
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
	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
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	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
X	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program <input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other residents services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	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
X	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. 1415(h)(2))	Annual Plan: Annual Audit

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	
	Troubled PHAs: M O A/Recovery Plan	Troubled PHAs
	Others supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## 1. Statement of Housing Needs

[24 CFR Part 903.79(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	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Income > 30% but ≤ 50% of AMI	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Income > 50% but < 80% of AMI	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Elderly	N /A	N/A	N/A	N/A	N/A	N/A	N/A
Families with Disabilities	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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 type="checkbox"/> Section 8 tenant -based assistance			
<input checked="" 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	60		171
Extremely low income <= 30% AMI	59	98	
Very low income (> 30% but <= 50% AMI)	1	2	
Low income (> 50% but < 80% AMI)	0	0	
Families with children	32	53	
Elderly families	3	5	
1 BR Non Elderly Disabled	20	33	
Families with	9	15	

<b>HousingNeedsofFamiliesontheWaitingList</b>			
Disabilities			
White	7	12	
Black	53	88	
Hispanic	0	0	
Other	0	0	
Characteristicsby BedroomSize (PublicHousing Only)			
1BR	28	47	
2BR	17	28	
3BR	15	25	
4BR	2	3	
5BR	0	0	
5+BR	0	0	
Isthewaitinglistclosed(selectone)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Ifyes: Howlonghasitbeenenclosed(#of months)?			
DoesthePHAexpecttoopenthelistinthePHAPlanyear? <input type="checkbox"/> No <input type="checkbox"/> Yes			
DoesthePHApermitspecificcategoriesoffamiliesontothewaitinglist,evenif generallyclosed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

<b>HousingNeedsofFamiliesontheWaitingList</b>			
<b>SECTION8</b>			
Waitinglisttype:(selectone)			
<input checked="" type="checkbox"/> Section8tenant -basedassistance			
<input type="checkbox"/> PublicHousing			
<input type="checkbox"/> CombinedSection8andPublicHousing			
<input type="checkbox"/> PublicHousingSite -Basedorsub -jurisdictionalwaitinglist(optional)			
Ifused,identifywhichdevelopment/subjurisdiction:			
	#offamilies	%oftotalfamilies	AnnualT urnover
Waitinglisttotal	178		67
Extremelylow income<=30% AMI	30	16%	
Verylowincome (>30%but<=50% AMI)	148	83%	
Lowincome (>50%but<80%	0	0	

**Housing Needs of Families on the Waiting List  
SECTION 8**

AMI)			
Families with children	162	91	
Elderly families	16	9	
Families with Disabilities	19	11	
White	30	17	
Black	148	83	
Hispanic	0	0	
Other	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2BR			
3BR			
4BR			
5BR			
5+BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes: How long has it been closed (# of months)? 2 Months Does the PHA expect to re-open the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 -uprates 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 -uprates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease -uprates 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:**

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special -purpose voucher 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 voucher targeted to families with disabilities, should they become available
- Affirmatively market to local non -profit agencies that assist families with disabilities
- Other: (list below)

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

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

Select if applicable

- 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

[24CFR Part 903.79(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 (FY2001 grants)</b>		
a) Public Housing Operating Fund	1,686,018	
b) Public Housing Capital Fund	1,238,535	
c) HOPEVI Revitalization	0	
d) HOPEVI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	1,539,884	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	155,768	
g) Resident Opportunity and Self-Sufficiency Grants	0	
h) Community Development Block Grant	0	
i) HOME	0	
Other Federal Grants (list below)	0	



<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>	0	
<b>3. Public Housing Dwelling Rental Income</b>	503,430	
<b>4. Other income (list below)</b>	95,520	
Interest/Late Fees/Excess Utilities		
<b>5. Non -federal sources (list below)</b>		
<b>Total resources</b>	5,219,155	

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

[24CFR Part 903.79(c)]

#### **A. Public Housing**

Exemptions: PHA 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)
- Other: (describe) As applications are submitted

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)creditchecks/personalreferences

c.  Yes  No:DoesthePHArequest criminalrecordsfromlocallawenforcementagenciesforscreening purposes?

d.  Yes  No:DoesthePHArequestcriminalrecordsfromStatelawenforcementagenciesforscreening purposes?

e.  Yes  No:DoesthePHAaccessFBIcriminalrecordsfromtheFBIforscreeningpurposes?(either directlyorthroughanNCIC -authorizedsource)

## (2)WaitingListOrganization

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 plan to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously HUD-approved site-based waiting list plan)? If yes, how many lists?

3.  Yes  No: May families be on more than one list simultaneously? If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- PHA main administrative office
- All PHA development management offices
- Management offices at developments with site-based waiting lists
- At the development to which they would like to apply
- Other (list below)

**(3) Assignment**

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

- One
- 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:

**(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 transfer 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 points system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in 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)

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 referencematerialscan applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ThePHA -residentlease
- ThePHA’sAdmissionsand(Continued)Occupancypolicy
- PHAbriefingseminarsorwrittenmaterials
- Othersource(list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- Atanannualreexaminationandleasere renewal
- Anytimefamilycompositionchanges
- Atfamilyrequestforrevision
- Other(list)

**(6)Deco ncentrationandIncomeMixing**

a.  Yes  No DoesthePHAhaveanygeneraloccupancy(family)publichousingdevelopments coveredbythedeconcentrationrule?Ifno,thissectioniscomplete.Ifyes,continuetothe nextquestion.

b.  Yes  No: Doanyofthesecovereddevelopmentshaveaverageincomesaboveorbelow85%to 115%oftheaverageincomesofallsuchdevelopments?Ifno,thissectioniscomplete.

c. Iftheanswertob wasyes,whatchangeswereadopted?(selectallthatapply)

- Adoptionofsite basedwaitinglists  
Ifselected,listtargeteddevelopmentsbelow:
- Employingwaitinglist“skipping”toachievedeconcentrationofpovertyor incomemixinggoalsat targeteddevelopments  
Ifselected,listtargeteddevelopmentsbelow:
- Employingnewadmissionpreferencesattargeteddevelopments  
Ifselected,listtargeteddevelopmentsbelow:
- Other(listpol iciesanddevelopmentstargetedbelow)  
Adoptedflatrents

d.  Yes  No: DidthePHAadoptanychangesto **other**policiesbasedontheresultsoftherequired analysisoftheneedfordeconcentrationofpovert yandincomemixing?

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

- 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: PHA 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 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 or 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)

Name & address of family's current and/or prior landlords(s) if available

**(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:  
Medical problems prohibited family's search for a unit.  
Difficulty locating appropriate size unit.

**(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
- Highrentburden(rentis>50percentofincome)

Otherpreferences(selectallthatapply)

- Workingfamiliesandthoseunabletoworkbecauseofageordisability
- Veteransandv eterans’families
- Residentswholiveand/orworkinyourjurisdiction
- Thoseenrolledcurrentlyineducational,training,orupwardmobilityprograms
- Householdsthatcontributetomeetingincomegoals( broadrangeofincomes)
- Householdsthatcontributetomeetingincomerequirements(targeting)
- Thosepreviouslyenrolledineducational,training,orupwardmobilityprograms
- Victimsofreprisalsorh atecrimes
- Otherpreference(s)(listbelow)

3.IfthePHAwillemployadmissionspreferences,pleaseprioritizebyplacinga“1”in thespacethat representsyourfirstpriority,a“2”intheboxrepresentingyour secondpriority,an dsoon.Ifyougive equalweighttooneormoreofthese choices(eitherthroughanabsolutehierarchyorthroughapointsystem), placethe samenumbertoeach.Thatmeansyoucanuse“1”morethanonce,“2”more than once,etc.

DateandTime

FormerFederalpreferences

- InvoluntaryDisplacement(Disaster,GovernmentAction,ActionofHousingOwner,Inaccessibility, PropertyDisposition)
- Victimsofdomesticviolence
- Substandardhousing
- Homelessness
- Highrentburden

Otherpreferences(selectallthatapply)

- Workingfamiliesandthoseunabletoworkbecauseofageordisability
- Veteransandveterans’families
- Residentswholiveand/orworkinyourjurisdiction
- Thoseenrolledcurrentlyineducational,training,orupwardmobilityprograms
- Householdsthatcontributetomeetingincomegoals(broadrangeofinco mes)
- Householdsthatcontributetomeetingincomerequirements(targeting)
- Thosepreviouslyenrolledineducational,training,orupwardmobilityprograms
- Victimsofreprisalsorhatecrimes
- Otherpreference(s)(listbelow)

4.Amongapplicantsonthewaitinglistwithequalpreferencestatus,howareapplicantssselected?(selectone)

- Dateandtimeofapplication
- Drawing(lottery)orotherrandomo mchoicetechnique



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 admission 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)

Public Service Announcements

## **4. PHA Rent Determination Policies**

[24 CFR Part 903.79(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 :  
Policies listed in the Dwelling Lease and OHAACOP. (See Attachment F for Minimum Rent Hardship Exemption Policy)

c. Rents set at less than 30% than adjusted income  
Long term/Short term hardship determination can include temporary or permanent loss of income, death of a family member with wages etc.

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:

- a. flat rent or 30% option -family choice
- b. minimum rent \$25.00

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

- For the earned income of a previously unemployed household member
- 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)

- 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)

- 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 determination:

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
- Anytime the family experiences an income increase
- Anytime a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) \_\_\_\_\_
- Other (list below)

Residents are required to report changes in family composition immediately.

New family members are added to the dwelling lease and increases or decreases in income are used to recalculate rent, if applicable.

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.)

- This section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below)

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

Exemptions: PHA 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)

- 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)

- 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 repayment standards reevaluated for adequacy? (select one)

- Annually
- Other (list below)

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 burden 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)

Loss of income  
Loss of life

**5. Operations and Management**

[24CFR Part 903.79(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>ProgramName</b>	<b>UnitsorFamilies ServedatYear Beginning</b>	<b>Expected Turnover</b>
PublicHousing	634	171
Section8Vouchers	490	47
Section8Certificates	N/A	N/A
Section8ModRehab	N/A	N/A
SpecialPurposeSection 8Certificates/Vouchers (listindividually)	N/A	N/A
PublicHousingDrug EliminationProgram (PHDEP)	634	171
OtherFederal Programs(list individually)	N/A	N/A

### **C.ManagementandMaintenancePolicies**

ListthePHA'spublichousingmanagementandmaintenancepolicydocuments,manualsandhandbooksthatcontaintheAgency's rules,standards,andpolicies 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)PublicHousingMaintenanceandManagement :(listbelow)

1. AdmissionsandcontinuedOccupancyPolicy
2. RentCollectionPolicy
3. DrugandAlcoholPolicy
4. PestControlPolicy
5. DeconcentrationPolicy
6. PetPolicy
7. OneStrikeYou'reOutPolicy
8. PreventionandEradicationofPestInfestationPolicy
9. OHAMangement PolicyHandbook
10. OSHARulesandRegulations

TheOpelikaHousingAuthorityhastakenthefollowingmeasurestopreventanderadicatepest infection:

- Enteredintoacontractwithalicensedpestcontrolcompanytoprovidepest control/eradicationintheapartments/officesoftheOpelikaHousingAuthority.

- The pest Control Company will visit each apartment monthly in accordance with the schedule provided by the Opelika Housing Authority.
- The pest Control Company will respond to work order requests for treatment of ants and rodents both inside and outside the OHA apartments.
- Treatment for termites, snakes, bees, and cockroach infestation will be accomplished under contract as required.

(2) Section 8 Management: (list below)

1. Administrative Plan

**6. PHAGrievance Procedures**

[24CFR Part 903.79(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 24CFR Part 966, Subpart B, for residents of public housing?

If yes, list addition to federal requirements below:

2. Which PHA offices should residents or applicant 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 addition to federal requirements below:

2. Which PHA offices 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

[24CFR Part 903.79(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 Form D-52837.

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name): See Attachment A

-or-

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

#### **(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 Form D-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) "Capital Improvements"

-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 there)

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

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPEVI 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 HOPEVI 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 HOPEVI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
  - Revitalization Plan under development
  - Revitalization Plans 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 HOPEVI revitalization grant in the Plan year? If yes, list development name/s below:

- Yes  No: d) Will the PHA be engaging in any mixed -financed development activities for public housing in the Plan year? If yes, list developments or activities below:

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

## **8. Demolition and Disposition**

[24CFR Part 903.79(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 on 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**

[24CFR Part 903.79(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 as 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/YY)</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**

[24CFR Part 903.79(j)]

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

### **A. Assessment 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.

**Conversion of Public Housing Activity Description**

1a. Development name:

1b. Development (project) number:

2. What is the status of the required assessment?

- Assessment underway
- Assessment results submitted to HUD
- Assessment results approved by HUD (if marked, proceed to next question)
- Other (explain below)

3.  Yes  No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)

4. Status of Conversion Plan (select the statement that best describes the current status)

- Conversion Plan in development
- Conversion Plan submitted to HUD on: (DD/MM/YYYY)
- Conversion Plan approved by HUD on: (DD/MM/YYYY)
- Activities pursuant to HUD - approved Conversion Plan underway

5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)

- Units addressed in a pending or approved demolition application (date submitted or approved: )
- Units addressed in a pending or approved HOPEVI demolition application (date submitted or approved: )
- Units addressed in a pending or approved HOPEVI 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**

See Attachment J.

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

# 11. Homeownership Programs Administered by the PHA

[24CFR Part 903.79(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. 1437a-aa) 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"/> HOPEI <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 24CFR 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: See Section 8 Administrative Plan

### 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:

The Program gives priority to Section 8 families who are enrolled in the Housing Authority City of Opelika's FSSP program and the Welfare -to-Work Program. Other qualified Section 8 participants and eligible person(s) may be considered as the capacity of the program permits.

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

[24CFR Part 903.79(l)]

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

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

#### 1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? 04/19/1999

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- Client referrals
- Information sharing regarding mutual clients (for rent determination 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 program 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/ PHAMain office/ other provider name)	Eligibility (public housing or section 8 participants or both)
<i>Section 8 Home Ownership Program</i>	<i>490</i>	<i>See Administrative Plan</i>	<i>PHAMain Office</i>	<i>Section 8 participants</i>

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

a. Participation Description

<b>Family Self Sufficiency (FSS) Participation</b>		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	25	2/6/02-14
Section 8	25	2/6/02-5

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 plan to take to achieve at least the minimum program size? the  
 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 training 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

## 13. PHA Safety and Crime Prevention Measures

[24CFR Part 903.79(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 area 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 level 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 anti-crime/anti-drug programs
- Other (describe below)

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

1. North Antioch Circle
2. Raintree Circle
3. Pleasant Circle

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

1. List the crime prevention activities the PHA has undertaken or plan 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 -risky youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)
  1. Boy Scout/Girl Scout
  2. Athletic Sports
  3. The Arts
  4. Field Trips
  5. After-School Tutorial Programs
  6. Computer Labs/Skills Training

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

1. North Antioch
2. Raintree Circle
3. Pleasant Circle

**C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precinct 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 HO using 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)

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

1. North Antioch Circle
2. Raintree Circle
3. Pleasant Circle

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

PHAs eligible for FY2000 PHDEP funds must provide a PHDEP Plan meetings 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 FY2001 in this PHA Plan?  
 Yes  No: This PHDEP Plan is an Attachment. (Attachment G)

### **14. RESERVED FOR PET POLICY**

[24CFR Part 903.79(n)]

See Attachment E ---- Pet Policy

### **15. Civil Rights Certifications**

[24CFR Part 903.79(o)]

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

### **16. Fiscal Audit**

[24CFR Part 903.79(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)?

## **17. PHA Asset Management**

[24CFR Part 903.79(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 Housing Asset Management Table? **optional Public**

## **18. Other Information**

[24CFR Part 903.79(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 (K)
  - 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.

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)

Candidates selected by Mayor of the City

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 Mayor of the City of Opelika makes the selection

### 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: (City of Opelika Consolidated Plan)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
  
- Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: See "The Housing Authority of the City of Opelika - A.C.O.P. Policy" Sections: VIII, XI, XVIII, XXVI, and XXVIII Adopted 9/20/99

**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.

- ATTACHMENT A.....CAPITAL FUND PROGRAM ANNUAL STATEMENT
- ATTACHMENT B.....CAPITAL FUND PROGRAM 5 -YEAR ACTION PLAN
- ATTACHMENT C.....OHA ORGANIZATION CHART
- ATTACHMENT D.....OHA ADMISSIONS POLICY FOR DECONCENTRATION
- ATTACHMENT E.....PET POLICY
- ATTACHMENT F.....MINIMUM RENT HARDSHIP EXEMPTION POLICY
- ATTACHMENT G.....PH DEPARTMENT ANNUAL PLAN 2002
- ATTACHMENT H.....FAMILY SELF SUFFICIENCY
- ATTACHMENT I.....MOU WITH THE DEPARTMENT OF HUMAN RESOURCES
- ATTACHMENT J.....VOLUNTARY CONVERSION INITIAL ASSESSMENTS
- ATTACHMENT K.....MINUTES FROM RESIDENT ADVISORY BOARD MEETING
- ATTACHMENT L.....RESIDENT ADVISORY BOARD
- ATTACHMENT M.....RESIDENT MEMBERSHIP OF THE PHA GOVERNING BOARD

# ATTACHMENT A



**PHAPlan  
TableLibrary**

**CAPITALFUNDPROGRAMTABLESSTARTHERE**

<b>AnnualStatement/PerformanceandEvaluationReport</b>					
<b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary</b>					
<b>PHAName:OpelikaHousingAuthority</b>		<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: A109P061501-00 ReplacementHousingFactorGrantNo:			<b>FederalFYofGrant:</b> 2000
<input type="checkbox"/> <b>OriginalAnnualStatement</b> <input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b> <input type="checkbox"/> <b>RevisedAnnualStatement(revisionno:    )</b> <input type="checkbox"/> <b>PerformanceandEvaluationReportforPeriodEnding:</b> <input checked="" type="checkbox"/> <b>FinalPerformanceandEvaluationReport</b>					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds	0			
2	1406Operations	19,881.00	19,881.00	19,881.00	19,881.00
3	1408ManagementImprovementsSoftCosts	73,531.31	57,027.22	73,531.31	57,027.22
	ManagementImprovementsHardCosts	0			
4	1410Administration	100,500.00	100,876.38	100,500.00	100,876.38
5	1411Audit	0		0	
6	1415LiquidatedDamages	0		0	
7	1430FeesandCosts	8,376.00	2,805.13	2,805.13	2,805.13
8	1440SiteAcquisition	0		0	
9	1450SiteImprovement	83,828.00	85,128.00	85,128.00	85,128.00
10	1460DwellingStructures	904,999.95	926,799.73	926,799.73	926,799.73
11	1465.1DwellingEquipment —Nonexpendable	20,656.64	19,755.66	19,755.66	19,755.66
12	1470NondwellingStructures	0	0	0	0
13	1475NondwellingEquipment	0	1,471.88	1,972.10	1,471.88

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

PHAName: Opelika Housing Authority	Grant Type and Number Capital Fund Program Grant No: A109P061501-00 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
14	1485 Demolition	0		0	
15	1490 Replacement Reserve	0		0	
16	1492 Moving to Work Demonstration	0		0	
17	1495.1 Relocation Costs	0		0	
18	1499 Development Activities	0		0	
19	1502 Contingency Activities	0		0	
		<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
20	Amount of Annual Grant: (sum of lines 1 -19)	1,213,745.00		1,213,745.00	
21	Amount of line 20 Related to LBP Activities	0		0	
22	Amount of line 20 Related to Section 504 compliance	50,000.00		50,000.00	
23	Amount of line 20 Related to Security -Soft Costs	N/A			
24		N/A			
25		N/A			
26		N/A			

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

PHA Name: Opelika Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09061501-00 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
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
PHA-WIDE	<b>Operations</b>		1406					
PHA-WIDE	Truck W/Utility Bed		1406.1	1EA	19,881.00	19,881.00		Completed
PHA-WIDE	<b>Management Improvement</b>		1408					
PHA-WIDE	Sports Initiatives W/B&G Club		1408.1	1LS	25,000.00	25,000.00		Completed
PHA-WIDE	Resident Initiatives		1408.2	1YR	30,000.00	32,027.22		Completed
PHA-WIDE	Salary Allocation		1408.3	1YR	18,531.31	0		
PHA-WIDE	<b>Administration Costs</b>		1410					
PHA-WIDE	Director of Technical Services W/Benefits		1410.1	1YR	43,000.00	44,130.22		Completed
PHA-WIDE	Travel and Sundry Costs		1410.2	1YR	2,500.00	0		
PHA-WIDE	Salary Allocation		1410.3	1YR	55,000.00	56,746.16		Completed
	<b>Fees and Costs</b>		1430					
	Architect Fees Site 61 -3		1430.1	1LS	7,800.00	2,229.13		Completed
	Advertisement for Bids @ 61 -3		1430.2	1LS	576.00	576.00		Completed
	<b>Site Improvements</b>		1450					
61-3	Land Clearing @ Antioch North		1450.1	1LS	4,500.00	4,500.00		Completed
61-3	Security Fence @ Antioch North		1450.2	1LS	77,888.00	77,888.00		Completed
61-6	Land Clearing @ Fruitwood		1450.3	1LS	1,440.00	2,740.00		Completed
	<b>Dwelling Units</b>		1460					
PHA-WIDE	Renovate Dwelling Units 61 -3		1460.1	61DU	772,549.95	861,650.83		Completed
	Renovate 555 Bldg Antioch South		1460.2	2DU	132,450.00	65,148.90		Completed

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages									
PHAName: Opelika Housing Authority			Grant Type and Number Capital Fund Program Grant No: AL09061501-00 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
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
PHA-WIDE	<b>Dwelling Equipment</b>		1465						Completed
	Security Deadbolt Locks		1465.1	1LS	20,656.64		19,755.66		Completed
PHA-WIDE	<b>Non Dwelling Equipment</b>		1475						
	Key Cabinet		1475.1	1LS	1,972.00		1,471.88		Completed
PHA-WIDE									
PHA-WIDE									
PHA-WIDE									
PHA-WIDE									

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Opelika Housing Authority		Grant Type and Number Capital Fund Program Grant No: A109P061501-01 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds	0	0	0	0

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

PHA Name: Opelika Housing Authority	Grant Type and Number Capital Fund Program Grant No: A109P061501-01 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement    Reserve for Disasters/Emergencies    Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:    Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
2	1406 Operations	0	0	0	0
3	1408 Management Improvements Soft Costs	67,750.00	0	67,750.00	0
	Management Improvements Hard Costs	0	0	0	0
4	1410 Administration	100,500.00	0	100,500.00	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	52,500.00	0	52,500.00	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	450,000.00	0	450,000.00	0
10	1460 Dwelling Structures	547,785.00	0	547,785.00	0
11	1465.1 Dwelling Equipment — Nonexpendable	20,000.00	0	20,000.00	0
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1502 Contingency	0	0	0	0

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

PHA Name: Opelika Housing Authority	Grant Type and Number Capital Fund Program Grant No: A109P061501-01 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHAN Name: Opelika Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09P061501-01 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement    Reserve for Disasters/Emergencies    Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:    Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost	Total Actual Cost
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Original Annual Statement    Reserve for Disasters/Emergencies    Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:    Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost	Total Actual Cost
20	Amount of Annual Grant: (sum of lines.....)	1,238,535	1,238,535
21	Amount of line XX Related to LBP Activities	0	0
22	Amount of line XX Related to Section 504 compliance	50,603	50,603
23	Amount of line XX Related to Security --Soft Costs	N/A	
24	Amount of Line XX related to Security --Hard Costs	N/A	
25	Amount of line XX Related to Energy Conservation Measures	N/A	
26	Collateralization Expenses or Debt Service	N/A	

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

PHAN Name: Opelika Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09061501-01 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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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
	Management Improvement	1408			152,750.00	

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

PHAName:OpelikaHousingAuthority		<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: AL09061501-01 ReplacementHousingFactorGrantNo:					<b>FederalFYofGrant: 2001</b>		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories		Dev. Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
					Original	Revised	Obligated	Expended	
	SummarybyDevelopmentAccount								
PHA-WIDE	ComputerSoftware		1408.1	1LS	25,000.00	110,000.00	152,750.00		
PHA-WIDE	ResidentInitiatives		1408.2	1YR	30,000.00	30,000.00			
PHA-WIDE	SummerYouthProgram		1408.3	1YR	12,750.00	12,750.00			
	<b>AdministrationCosts</b>		1410				100,000.00		
PHA-WIDE	DirectorofTechnicalServices W/Benefits		1410.1	1YR	43,000.00	43,000.00			
PHA-WIDE	TravelandSundryCosts		1410.2	1YR	2,500.00	2,500.00			
PHA-WIDE	SalaryAllocation		1410.3	1YR	55,000.00	55,000.00			
	<b>FeesandCosts</b>		1430				115,000.00		
61-3	ArchitectFeesSite61 -3		1430.1	1LS	50,000.00	50,000.00			
61-3	Advertisementfor555AntiochSouth		1430.2	1LS	2,500.00	25,000.00			
	StrategicFacilitiesAnalysis		1430.3	1LS	0.00	40,000.00			
	<b>SiteImprovements</b>		1450				303,000.00		
61-3	SecurityFence@AntiochSouth		1450.2	1LS	200,000.00	200,000.00			
61-3	Side-walkImprovements		1450.3	1LS	250,000.00	103,000.00			
	<b>DwellingUnits</b>		1460				526,285.00		
61-3	RenovateDwellingUnits61 -3 Electrical,CounterTops,Flooring,New Paint&Parkinglots@61 -3		1460.1	61DU	330,000.00	330,000.00			
61-3	Renovate555BldgAntiochSouth		1460.2	2DU	68,000.00	68,000.00			
61-6	ReplaceKitchenCabinets,Countertops andShowerheads@61 -6		1460.3	102DU	149,785.00	128,285.00			
PHA-WIDE	<b>DwellingEquipment</b>		1465		0.00	21,000.00	21,000.00		

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

PHAName: Opelika Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09061501-01 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 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
	Security Deadbolt Locks		1465.1	1LS	20,000.00	20,000.00	20,000.00		
	Nondwelling Equipment		1475						
	Truck		1475.1	1LS	0.00	21,000.00	21,000.00		
	<b>Total Grant</b>				1,238,535.00				



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

PHAName: <b>Opelika Housing Authority</b>		Grant Type and Number Capital Fund Program No: <b>AL09061501-01</b> Replacement Housing Factor No:				Federal FY of Grant: <b>2001</b>	
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	
PHA-WIDE							
Management Improvement	9-30-2001			9-30-2001			
PHA-WIDE							
Administration Costs	9-30-2001			9-30-2001			
PHA-WIDE							
Fees & Costs	9-30-2001			9-30-2001			
AL61 -02							
Site Improvement	9-30-2001			9-30-2001			
61-03							
Dwelling Units	9-30-2001			9-30-2001			
PHAWIDE							
Dwelling Equipment	9-30-2001			9-30-2001			
PHAWIDE							
NonDwelling Equipment	9-30-2001			9-30-2001			

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

<b>PHAName:</b> Opelika Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: AI09P061501-02 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2002
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**Original Annual Statement**     **Reserve for Disasters/Emergencies**     **Revised Annual Statement (revision no:    )**  
 **Performance and Evaluation Report for Period Ending:**     **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds	0	0	0	0
2	1406 Operations	118,330.00	0	0	0
3	1408 Management Improvements Soft Costs	87,150.00	0	0	0
	Management Improvements Hard Costs	0	0	0	0
4	1410 Administration	115,940.00	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	62,500.00	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement (61 -4)	310,670.00	0	0	0
10	1460 Dwelling Structures (61 -4)	447,763.00	0	0	0
11	1465.1 Dwelling Equipment — Nonexpendable	20,000.00	0	0	0
12	1470 Non Dwelling Structures	0	0	0	0
13	1475 Non Dwelling Equipment	21,000.00	0	0	0
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1502 Contingency	0	0	0	0

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

PHAName: Opelika Housing Authority	Grant Type and Number Capital Fund Program Grant No: A109P061501-02 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement    Reserve for Disasters/Emergencies    Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:    Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost	Total Actual Cost
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**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHAName: Opelika Housing Authority	Grant Type and Number Capital Fund Program Grant No : AL09P061501-02 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement    Reserve for Disasters/Emergencies    Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:    Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost	Total Actual Cost
20	Amount of Annual Grant: (sum of lines . . . .)	1,183,353	
21	Amount of line XX Related to LBP Activities	N/A	
22	Amount of line XX Related to Section 504 compliance	N/A	
23	Amount of line XX Related to Security --Soft Costs	N/A	
24	Amount of Line XX related to Security --Hard Costs	N/A	
25	Amount of line XX Related to Energy Conservation Measures	N/A	
26	Collateralization Expenses or Debt Service	N/A	

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

PHAName:OpelikaHousingAuthority		<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: AL09061501-02 ReplacementHousingFactorGrantNo:				<b>FederalFYofGrant:</b> 2002		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev. Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
	<b>ManagementImprovement</b>	1408		87,150.00		0		
	SummarybyDevelopmentAccount			Original	Revised	Obligated	Expended	
PHA-WIDE	ComputerSoftware	1408.1	1LS	25,000.00	0	0		
PHA-WIDE	ResidentInitiatives	1408.2	1YR	49,400.00	0	0		
PHA-WIDE	SummerYouthProgram	1408.3	1YR	12,750.00	0			
	<b>AdministrationCosts</b>	1410		115,940.00	0	0		
PHA-WIDE	DirectorofTechnicalServices W/Benefits	1410.1	1YR	67,160.00	0	0		
PHA-WIDE	TravelandSundryCosts	1410.2	1YR	2,500.00	0			
PHA-WIDE	SalaryAllocation	1410.3	1YR	46,280.00	0			
	<b>FeesandCosts</b>	1430		62,500.00	0	0		
61-4	ArchitectFeesSite61 -4	1430.1	1LS	50,000.00	0			
61-4	AdvertisementforBids	1430.2	1LS	2,500.00				
	GrantApplications	1430.3	1LS	10,000.00	0			
	<b>SiteImprovements</b>	1450		310,670.00		0		
61-4	SecurityFence@61 -4	1450.1	1LS	60,670.00	0			
61-4	Side-walkImprovements/Replacements 61-4	1450.2	1LS	250,000.00	0			
	<b>DwellingUnits</b>	1460		447,763.00				
61-4	RenovateDwellingUnits61 -4 Electrical,CounterTops,Flooring,New Paint&Parkinglots@61 -4	1460.1	61DU	229,978.00	0			
61-4	ReplacementofKitchenCabinets - Toomer	1460.2	2DU	68,000.00	0			

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

PHAName: Opelika Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09061501-02 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 2002			
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
61-4	Replace Kitchen Cabinets Cherry Circle		1460.3	102 DU	149,785.00	0			
PHA-WIDE	<b>Dwelling Equipment</b>		1465		20,000.00	0	0		
	Security Deadbolt Locks		1465.1	1 LS	20,000.00	0	0		
	Nondwelling Equipment		1475						
	Truck		1475.1	1 LS	21,000.00	0	0		
	<b>Total Grant</b>				1,183,353.00				

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

PHAName: <b>Opelika Housing Authority</b>		Grant Type and Number Capital Fund Program No: <b>AL09061501-02</b> Replacement Housing Factor No:				Federal FY of Grant: <b>2002</b>	
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	
PHA-WIDE							
Management Improvement	9-30-2002			9-30-2002			
PHA-WIDE							
Administration Costs	9-30-2002			9-30-2002			
PHA-WIDE							
Fees & Costs	9-30-2002			9-30-2002			
AL61 -04							
Site Improvement	9-30-2002			9-30-2002			
61-04							
Dwelling Units	9-30-2002			9-30-2002			
PHAWIDE							
Dwelling Equipment	9-30-2002			9-30-2002			
PHAWIDE							
NonDwelling Equipment	9-30-2002			9-30-2002			

# **ATTACHMENT B**

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

**Table Library**

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA 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 or information included in the Capital Fund Program Annual Statement.

-wide physical or management improvements  
for the 5 - Year cycle, because this

<b>Optional 5 - Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>AL61 -03</b>	<b>South Antioch Circle</b>	<b>61</b>	<b>100%</b>
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Renovation of DU's Including: Electrical LBP; Doors; Counter Tops; Flooring; Point; Shower Heads</b>		<b>\$700,000</b>	<b>FFY2000</b>
<b>Renovation of Dwelling Units Including: New Sinks; Drain Lines, New Closet Space/New Paint</b>		<b>\$735,000</b>	<b>FFY2001</b>
<b>Total estimated cost over next 5 years</b>		<b>\$1,435,000</b>	



<b>Optional 5 -year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>61-05</b>	<b>Camp Hill</b>	<b>7</b>	<b>19.44%</b>
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimate Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Renovation of DU's Including : Electrical/LBP; Doors; Counter Tops; Flooring; Paint; Shower Heads</b>		<b>\$735,000</b>	<b>FFY2002</b>
<b>Total estimated cost over next 5 years</b>		<b>\$735,000</b>	

**Optional 5 -year Action Plan Tables**

<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>61-06</b>	<b>Raintree</b>	<b>99</b>	<b>1%</b>

<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimate Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Renovation of DU's Including: Wall Replacement</b>	<b>\$91,000</b>	<b>FFY 2000</b>
<b>Total estimated cost over next 5 years</b>	<b>\$91,000</b>	

<b>Optional 5 -year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>61-7</b>	<b>Hyatt</b>	<b>0</b>	<b>0%</b>
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimate Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Renovation of Dwelling Units Including: New Sinks; New Closet Space; New Paint</b>		<b>\$700,000</b>	<b>FFY 2003</b>
<b>Total estimated cost over next 5 years</b>		<b>\$700,000</b>	

<b>Optional 5 -year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
N/A	PHA-Wide	N/A	N/A
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimate Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Sports Initiative W/B & G Club		\$25,000	FFY2001
Residents Initiative W/B & G Club		\$30,000	FFY2001
Summer Youth Program		\$12,750	FFY2001
<b>Total estimated cost over next 5 years</b>		<b>\$67,750</b>	

<b>Optional 5 -year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
N/A	PHA-Wide	N/A	N/A
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimate Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Sports Initiatives W/B & G Club		\$25,000	FFY2002
Resident Initiatives		\$30,000	FFY2002
Summer Youth Program		\$12,750	FFY2002
<b>Total estimated cost over next 5 years</b>		<b>\$67,750</b>	

<b>Optional 5 -year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
N/A	PHA Wide	N/A	N/A
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimate Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Sports Initiatives W/B & G Club		\$25,000	FFY 2003
Resident Initiatives W/B & G Club		\$30,000	FFY 2003
Summer Youth Program		\$12,750	FFY 2003
<b>Total estimated cost over next 5 years</b>		<b>\$67,750</b>	

<b>Optional 5 -year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
N/A	PHA-Wide	N/A	N/A
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimate Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Sports Initiative W/B & G Club		\$25,000	FFY2004
Residents Initiative W/B & G Club		\$30,000	FFY2004
Summer Youth Program		\$12,750	FFY2004
<b>Total estimated cost over next 5 years</b>		<b>\$67,750</b>	

# **ATTACHMENTC**



# Opelika Housing Authority

BoardofCommissioners

ExecutiveDirector

LegalCounsel

AdministrativeAssistant

DirectorofHousing  
Services

Directorof  
TechnicalServices

DirectorofFinance  
&Administration

DirectorofResident  
Services

AssistantDirector  
ofHousing  
Services

Housing  
Manager(3)

SeniorWorking  
Foreman

MaintenanceClerk

AccountantI

ResidentServices  
Coordinator

Section8  
Counselor

AssistantHousing  
Manager

Maintenance  
Mechanic(6)

SocialEvent  
Specialists

Teachers

HQSInspector

Administrative  
Clerk

Maintenance  
Assistant(5)

Maintenance  
Laborer(3)

InventoryControl  
Clerk

Assistant  
Teachers

FamilySelf-  
Sufficiency  
Coordinator

GroundsLaborer  
(3)

**ATTACHMENTD**

## DECONCENTRATION POLICY

AL\_\_061

Required Attachments:

Admissions Policy for Deconcentration: The admissions policy for deconcentration for Public Housing is contained in HA's Admissions and Continued Occupancy Policy (ACOP) as follows: Section XI 3 D of the ACOP, which is the Tenant Selection and Assignment Plan, states that "Provided, however, the provisions of the deconcentration rule, contained within this policy, shall supercede the selection of applicants based on the date and time and local preference, if applicable, and allow the HA to skip families on the waiting list to accomplish this goal." The Deconcentration Policy of the HA for Public Housing is contained in Section XXVI of the ACOP, and reads as follows:

### **Deconcentration Rule for Public Housing:**

1. Objective: The objective of the Deconcentration Rule for public housing units is to ensure that families are housed in a manner that will prevent a concentration of poverty families and/or a concentration of higher income families in any one development. The specific objective of the housing authority is to house no less than 40 percent of its public housing inventory with families that have income at or below 30% of the area median income by public housing development. Also the housing authority will take actions to insure that no individual development has a concentration of higher income families in one or more of the developments. To insure that the housing authority does not concentrate families with higher income levels, it is the goal of the housing authority not to house more than 60% of its units in any one development with families whose income exceeds 30% of the area median income. The housing authority will track the status of family income, by development, on a monthly basis by utilizing income reports generated by the housing authority's computer system.

2.. Actions: To accomplish deconcentration goals, the housing authority will take the following actions:

A. At the beginning of each housing authority fiscal year, the housing authority will establish a goal for housing 40% of its new admissions with families whose incomes are at or below the area median income. The annual goal will be calculated by taking 40% of the total number of move-ins from the previous housing authority fiscal year.

B. To accomplish the goal of:

(1) Housing not less than 40% of its public housing inventory on an annual basis with families that have incomes at or below 30% of area median income, and

(2) No housing families with incomes that exceed 30% of the area median income in developments that have 60% or more of the total household living in the development with incomes that exceed 30% of the area median income. The housing authority's Tenant Selection and Assignment Plan, which is a part of this policy, provides for skipping families on the waiting list to accomplish these goals.

# ATTACHMENTE

# Pet Policy

## Opelika Housing Authority (HA)

### Section I.

1. Pet ownership: A tenant may own one or more common household pets or have one or more common household pets present in the dwelling unit of such tenant, subject to the following conditions:
  - A. Each Head of Household may own up to two pets. If one of the pets is a cat, (or other four-legged animal), the second pet must be contained in a cage or an aquarium for fish. Each bird or other animals, other than fish, shall be counted as one pet.
  - B. If the pet is a dog or cat, it must be neutered/spayed by the age of six (6) months, and cats must be declawed by the age of three (3) months. The evidence can be provided by a statement/bill from a veterinarian and/or staff of the humane society. The evidence must be provided prior to the execution of this agreement and/or within 10 days of the pet becoming of the age to be neutered/spayed or declawed. Tenant must provide water proof and leak proof litter boxes for cat waste, which must be kept inside the dwelling unit. Cardboard boxes are not acceptable and will not be approved. The Tenant shall not permit refuse from litter boxes to accumulate or to become unsightly or unsanitary. Also, the weight of a cat cannot exceed 10 pounds (fully grown) and a dog may not exceed 20 pounds in weight (fully grown). All other four-legged animals are limited to 10 pounds (fully grown).
  - C. If the pet is a bird, it shall be housed in a bird cage and cannot be let out of the cage at any time.
  - D. If the pet is a fish, the aquarium must be twenty gallons or less, and the container must be placed in a safe location in the unit. The Tenant is limited to one container for the fish; however, there is no limit on the number of fish that can be maintained in the container as long as the container is maintained in a safe and non-hazardous manner.
  - E. If the pet is a cat or dog, it must have received rabies and distemper inoculations or boosters, as applicable. Evidence of inoculations can be provided by a statement/bill from a veterinarian or staff of the humane society and must be provided before the execution of this agreement.
  - F. All pets must be housed within the unit and no facilities can be constructed outside of the unit for any pet. No animal shall be permitted to be loose and if the pet is taken outside it must be taken outside on a leash and kept off other Tenant's lawns. Also, all pets must wear collars with identification at all times. Pets without a collar will be picked up immediately and transported to the Humane Society or other appropriate facility.

G. All authorized pet(s) must be under the control of an adult. An unleashed pet, or one tied to a fixed object, is not considered to be under the control of an adult. Pets which are unleashed, or leashed and unattended, on HA property may be impounded and taken to the local Humane Society. It shall be the responsibility of the Tenant to reclaim the pet to the Humane Society; the Tenant will be charged \$50 to cover the expense of taking the pet(s) to the Humane Society.

H. Pet(s) may not be left unattended for more than twenty-four consecutive hours. If it is reported to HA staff that a pet(s) has been left unattended for more than a twenty-four (24) consecutive hour period, HA staff may enter the unit and remove the pet and transfer the pet to the humane society. Any expense to remove and reclaim the pet from any facility will be the responsibility of the Tenant. In the case of an emergency, the HA will work with the resident to allow more than 24 hours for the resident to make accommodations for the pet.

I. Pet(s), as applicable, must be weighed by a veterinarian or staff of the humane society. A statement containing the weight of the pet must be provided to the HA prior to the execution of this agreement and upon request by the HA.

**Note:**  
**Any pet that is not fully grown will be weighed every six months. Also, any pet that exceeds the weight limit at any time during occupancy will not be an eligible pet and must be removed from HA property.**

2. Responsible Pet Ownership: Each pet must be maintained responsibly and in accordance with this pet ownership lease addendum and in accordance with all applicable ordinances, state and local public health, animal control, and animal anti-cruelty laws and regulations governing pet ownership. Any waste generated by a pet must be properly and promptly disposed of by the tenant to avoid any unpleasant and unsanitary odor from being in the unit.

3. Prohibited Animals: Animals or breeds of animals that are considered by the HA to be vicious and/or intimidating will not be allowed. Some examples of animals that have a reputation of a vicious nature are: reptiles, rottweiler, doberman pinscher, pit bull dog, and/or any animal that displays vicious behavior. This determination will be made by a HA representative prior to the execution of this lease addendum.

4. Pet(s) shall not disturb, interfere or diminish the peaceful enjoyment of other tenants. The terms, "disturb, interfere or diminish" shall include but not be limited to barking, howling, chirping, biting, scratching and other like activities. This includes any pets whom make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one-half hour or more and therefore disturbs any person at any time of the day or night. The Housing Manager will terminate this authorization if a pet disturbs other tenants under this section of the lease addendum. The Tenant will be given one week to make other arrangements for the care of the pet or the dwelling lease will be terminated.

5. If the animal should become destructive, create a nuisance, represent a threat to the safety and security of other persons, or create a problem in the area of cleanliness and sanitation, the Housing Manager will notify the tenant, in writing, that the

animal must be removed from the Public Housing Development, within 10 days of the date of the notice from the HA. The Tenant may request a hearing, which will be handled according to the HA's established grievance procedure. The pet may remain with the tenant during the hearing process unless the HA has determined that the pet may be a danger or threat to the safety and security of other persons. If this determination has been made by the HA, the pet must be immediately removed from the unit upon receipt of the notice from the HA.

6. The Tenant is solely responsible for cleaning up the waste of the pet within the dwelling and on the premises of the public housing development. If the pet is taken outside it must be on a leash at all times. If there is any visible waste by the pet it must be disposed of in a plastic bag, securely tied and placed in the garbage receptacle for their unit. If the HA staff is required to clean any waste left by a pet, the Tenant will be charged \$25 for the removal of the waste.

7. The Tenant shall have pets restrained so that maintenance can be performed in the apartment. The Tenant shall, whenever an inspection or maintenance is scheduled, either be at home or shall have all animals restrained or caged. If a maintenance person enters an apartment where an animal is not restrained, maintenance shall not be performed, and the Tenant shall be charged a fee of \$25.00. If this same situation again occurs, the pet shall be removed from the premises. Pets that are not caged or properly restrained may be impounded by animal control officers or by HA staff and taken to the local Humane Society. It shall be the responsibility of the Tenant to reclaim the pet at the expense of the Tenant. Also, if a member of the HA staff takes a pet to the Humane Society the Tenant will be charged an additional \$50 to cover the expense of taking the pet(s) to the Humane Society. The housing authority shall not be responsible if any animal escapes from the residence due to maintenance, inspections or other activities of the landlord.

8. Pets may not be bred or used for any commercial purposes.

**Section II.**

**SCHEDULE OF ANNUAL FEES AND INITIAL DEPOSIT**

**FEE AND DEPOSIT SCHEDULE**  
(An Annual Fee and Deposit is required for each pet)

Type of Pet	Fee	Deposit
Dog	\$150	\$250
Cat	\$100	\$150
Fish Aquarium	\$50	\$100
Fish Bowl ( Requires no power and no larger than two gallons)	\$0	\$25
Caged Pets	\$100	\$150

**Note: The above schedule is applicable for each pet; therefore, if a tenant has more than one pet, they must pay the applicable annual fee and deposit for each pet.**

The entire annual fee and deposit (subject to the examination listed below) must be paid prior to the execution of the lease addendum. No pet shall be allowed in the unit prior to the completion of the terms of this pet policy.

The annual fee shall be paid at the time of re-examination each year and all proof of inoculations and other requirements shall be made available to the HA at such time. The Annual Fee is not reimbursable. The deposit made shall be utilized to offset damages caused by the pet and/or tenant. Any balance, if any from the deposit will be refunded to the tenant. **THERE SHALL BE NO REFUND OF THE ANNUAL FEE.**

It shall be a serious violation of the lease for any tenant to have a pet without proper approval and without having complied with the terms of this policy. Such violations shall be considered to be a violation of Paragraph IV (P) of the lease (a serious violation) and the HA will issue a termination notice. The tenant will be entitled to a grievance hearing in accordance with the provisions of Paragraph 5 of this Pet Policy or the Grievance Procedure, as applicable.



**RESIDENT ACKNOWLEDGEMENT**

After reading and/or having read to me this lease addendum I, \_\_\_\_\_ agree to the following:  
(Print Name)

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

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

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

I agree to pay a non-refundable pet deposit of \$ \_\_\_\_\_ to cover some of the additional operating cost incurred by the HA. I also understand that this fee is due and payable prior to the execution of this lease addendum and each twelve months thereafter.

I agree to pay a refundable pet deposit of \$ \_\_\_\_\_ to the HA. The Annual Fee and Initial Deposit must be paid prior to the execution of this lease addendum. The pet deposit may be used by the Landlord at the termination of the lease toward payment of any rent or toward payment of any other costs made necessary because of Tenant's occupancy of the premises. Otherwise, the pet deposit, or any balance remaining after final inspection, will be returned to the Tenant after the premises are vacated and all keys have been returned.

**I AGREE AND UNDERSTAND THAT ALL INFORMATION CONCERNING MY PET(S) MUST BE UPDATED ANNUALLY AND PROVIDED TO THE HA AT THE ANNUAL REEXAMINATION. ANNUAL FEES SHALL BE PAYABLE IN FULL TWELVE MONTHS FROM THE APPROVAL DATE.**

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

**I ALSO UNDERSTAND THAT I MUST OBTAIN PRIOR APPROVAL FROM THE HA BEFORE MAKING A CHANGE OF A PET FOR WHICH THIS POLICY WAS APPROVED OR ADDING A SECOND PET. ALSO, A PICTURE MAY BE TAKEN BY THE HA STAFF OF THE PET(S) FOR DOCUMENTATION.**

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Authority Representative Signature

\_\_\_\_\_  
Date

# **ATTACHMENT**



## MINIMUM RENT HARDSHIP EXEMPTIONS:

- A. The HA shall immediately grant an exemption from application of the minimum monthly rent to any family making a proper request in writing who is unable to pay because of financial hardship, which shall include:
- (1) The family has lost eligibility for, or is awaiting an eligibility determination from a federal, state, or local assistance program, including a family that includes a member who is an alien lawfully admitted for permanent residence under the immigration and nationalization act who would be entitled to public benefits but for Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.
  - (2) The family would be evicted as a result of the implementation of the minimum rent (this exemption is only applicable for the initial implementation of a minimum rent or increase to the existing minimum rent).
  - (3) The income of the family has decreased because of changed circumstance, including loss of employment.
  - (4) A death in the family has occurred which affects the family circumstances.
  - (5) Other circumstances which may be decided by the HA on a case by case basis.

All of the above must be proven by the Resident providing verifiable information in writing to the HA prior to the rent becoming delinquent and before the lease is terminated by the HA.

- B. If a resident requests a hardship exemption (prior to the rent being delinquent) under this section, and the HA is reasonable in determining the hardship to be of a temporary nature, exemption shall not be granted during a ninety day period beginning upon the making of the request for the exemption. A resident may not be evicted during the ninety day period for non-payment of rent. In such a case, if the resident thereafter demonstrates that the financial hardship is of a long term basis, the HA shall retroactively exempt the resident from the applicability of the minimum rent requirement for such ninety day period. This Paragraph does not prohibit the HA from taking eviction action for other violations of the lease.

# **ATTACHMENTG**

# 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.

## Annual PHDEP Plan Table of Contents:

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

## Section 1: General Information/History

A. Amount of PHDEP Grant \$155,768

B. Eligibility type (Indicate with an "x")

N1 \_\_\_\_\_ N2 \_\_\_\_\_ R   x  

C. FFY in which funding is requested 2002

## 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.

1. Continue After -school programming for Raintree Learning Center
2. Continue funding for Learning Center staff
3. Continue funding for Youth Sports and Activities
4. Continue to foster learning opportunities in the Computer Lab
5. Security Services

## 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.

PHDEPTargetAreas (Nameofdevelopment(s)orsite)	Total#ofUnitswithin thePHDEPTarget Area(s)	TotalPopulationto beServedwithin thePHDEPTarget Area(s)
61 -1	75	51
61 -2	76	147
61 -3	N/A	N/A
61 -4	100	209
61 -6	100	72
61 -7	100	254
61 -8	30	29
61 -9	30	54
61 -5	36	59
61-10	25	49

### 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).

6Months \_\_\_\_\_ 12Months \_\_\_\_\_ 18Months \_\_\_\_\_ 24Months \_\_\_x\_\_\_ Other \_\_\_\_\_

### G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Anticipated Completion Date
FY2000X	145,327	AL09DEP0610100	64,572		6/30/2002
FY2001X	155,768	AL09DEP0610101	155,768		12/31/2003

**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.

1. Implement activities to build strong and healthy communities
2. Provide supportively living environments for people of all income levels
3. Implement activities to eliminate drug-related crime in and around public housing communities
4. Implement educational, enrichment and youth sports programs and activities
5. Plan partners will provide in-kind support, materials and staff
6. System for monitoring/evaluating activities will be youth report cards, conferences with parents and teachers, surveys and school system evaluation.

**B. PHDEP Budget Summary**

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

<b>FY_2001___PHDEP Budget Summary</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 – Reimbursement of Law Enforcement	\$85,673
9120 -Security Personnel	
9130 -Employment of Investigators	
9140 -Voluntary Tenant Patrol	
9150 -Physical Improvements	
9160 -Drug Prevention	\$70,095
9170 -Drug Intervention	
9180 -Drug Treatment	
9190 -Other Program Costs	
<b>TOTAL PHDEP FUNDING</b>	<b>\$155,768</b>



### C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategies 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: \$85,673</b>		
Goal(s) Improve public perception of law enforcement officers and provide for safety of residents							
Objectives Increase visibility and positive interactions at OHA functions and on the street							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1. Attend Youth Activities			07/01/01	06/30/03	\$2,836.50	0	↑ in positive interaction w/tenants
2. Provide security			07/01/01	06/30/03	\$2,836.50	0	↓ in criminal activity. Improved perception of law enforcement by tenants.
3.							

<b>9120 -Security Personnel</b>					<b>Total PHDEP Funding: \$</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>9130 -EmploymentofInvestigators</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9140 - VoluntaryTenantPatrol</b>					<b>TotalPHDEPFunding: \$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							

3.							
----	--	--	--	--	--	--	--

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$</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>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$70,095</b>		
Goal(s) Increase opportunities for success and economic independence							
Objectives Continue After - school tutorials and establish computer literacy classes							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. Contract certified teachers			02/01/02	01/31/04	\$16,800	0	↑ in academic performance and self-esteem.
2. Hire asst. teachers			02/01/02	01/31/04	\$10,000	0	↑ in academic performance and self-esteem.
3. Contract Social Events Specialist			02/01/02	01/31/04	\$27,360	0	↑ in involvement in extra-curricular

							activities. ↓drug and delinquent activity.
4. Provide cultural/educational activities/trips	101	Ages 5 to 18	02/01/02	01/31/04	\$13,295	0	↑involvement in extra-curricular activities. ↓drug and delinquent activity.
6. Continue Boy/Girl Scouting program	101	Ages 5 to 18	02/01/02	01/31/04	\$2,640	0	↑interaction w/caring adults. ↓involvement in delinquent behavior.

<b>9170 -Drug Intervention</b>					<b>Total PHDEP Funding: \$</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>9180 -Drug Treatment</b>	<b>Total PHDEP Funding: \$</b>
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Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9190 -OtherProgramCosts</b>					<b>TotalPHDEPFunds:\$</b>		
Goal(s)							
Objectives							
ProposedA ctivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

**Section3:Expenditure/ObligationMilestones**

IndicatebyBudgetLineItemandtheProposedActivity(basedontheinformationcontainedinSection2PHDEPPlanBudgetandGoals),the%offundsthatwillbeexpended(at least25%ofthetotalgrantaward)andobligated(atleast50%ofthetotalgrantaward)within12monthsofgrantexecution.

<b>BudgetLine Item#</b>	<b>25%Expenditure ofTotalGrantFunds ByActivity#</b>	<b>TotalPHDEPFunding Expended(sumofthe activities)</b>	<b>50%Obligationof TotalGrantFundsby Activity#</b>	<b>TotalPHDEPFunding Obligated( sumofthe activities)</b>
<i>e.gBudgetLineItem# 9120</i>	<i>Activities1,3</i>		<i>Activity2</i>	
9110	Activities1,2	\$85,673	Activity1,2	\$85,673
9120				
9130				
9140				
9150				
9160	Activities1,2,3,4,5,6,	\$70,095	Activities1,2,3,4,5,6	\$70,095
9170				
9180				
9190				
<b>TOTAL</b>		\$155,768		\$155,768

**Section4:Certifications**

A comprehensive certification of compliance with respect to the PHDEP Plans submission is included in the “PHA Certification of Compliance with the PHA Plan and Related Regulations.”

## **ATTACHMENT**





# OPELIKA HOUSING AUTHORITY FAMILY SELF -SUFFICIENCY ACTION PLAN

This Action Plan is to govern how all activities are to be carried out under the Housing Authority of the City of Opelika Family Self -Sufficiency Program.

## Goal

The Housing Authority of the City of Opelika's goal is to develop and implement a successful Family Self -Sufficiency Program. The Program will be designed to offer educational opportunities and job training as well as all supportive services needed to assist the participant in returning to the productive mainstream of society.

## Demographics of Prospective Applicants

1.	<b><u>Households Served:</u></b>	<b><u>Section 8</u></b>	<b><u>Public Housing</u></b>
		490	632
2.	<b><u>Racial Composition :</u></b>	<b><u>Section 8</u></b>	<b><u>Public Housing</u></b>
	African-American	1150	2,454
	Caucasian	98	53
3.	<b><u>Average Household Size</u></b>	<b><u>Section 8</u></b>	<b><u>Public Housing</u></b>
	Families	3.07	2.83
	Elderly:	1.79	1.53
3.	<b><u>Average Head of Household Age</u></b>	<b><u>Section 8</u></b>	<b><u>Public Housing</u></b>
	Age	47.24	44.04
3.	<b><u>Average Household Income</u></b>	<b><u>Section 8</u></b>	<b><u>Public Housing</u></b>
	All families	\$7,624.28	6,667.17
	Employed residents	\$6,579.00	6,256.99
	TANF	\$8,770.00	5,139.08
	Disabled residents	\$11,095.00	7,848.26
3.	<b><u>Source of Income By Family</u></b>	<b><u>Section 8</u></b>	<b><u>Public Housing</u></b>
	General Assistance	26	60

ChildSupport	99		103
Employment	145		168
SSI	123	177	
SocialSecurity	95		136
Pension	49		
FederalWage	15		11
UnemploymentBenef its	9		13
NonWageSource	26	81	
TANF	25		35
Asset	0		1

3.	<u>FamilyComposition</u>	<u>Section8</u>	<u>PublicHousing</u>
	1 child	75	122
	2children	90	94
	3children	99	56
	4children	55	23
	5children	27	6
	6children	08	3
	7children	02	1
	8children	0	1

3.	<u>MaritalStatus :</u>	<u>Section8</u>	<u>PublicHousing</u>
	MarriedFamilies	6	21
	SingleFamilies	394	471

3.	<u>AgeComposition :</u>	<u>Section8</u>	<u>PublicHousing</u>
	0to5yearsofage	193	256
	6to12yearsofage	258	210
	13to18yearsofage	138	98
	19to25yearsofage	141	141
	26to35yearsofage	147	36
	36to45yearsofage	87	106
	46to55yearsofage	43	72
	55to65yearsofage	31	65
	65andover	30	77

3.	<u>GroupComposition</u>	<u>Section8</u>	<u>PublicHousing</u>
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Adults		384	477
Elderly	95		110
Children		589	602

11. Length of Residency	Section 8		Section 8 Public Housing	
	Non-elderly	Elderly	Non-elderly	Elderly
2 years or less	102	24	0.7	0.8
3 to 5 years	45	12	3.3	3.5
6 to 10 years	1843		7.6	7.4
11 to 20 years	36	15	14.1	14.9
21 years and over	673820.9	20.8		

**Family Self - Sufficiency Family Selection:**

The Housing Authority of the City of Opelika will give preference for up to 50% of its Family Self - Sufficiency slots to Section 8 and Public Housing families who have one or more family members currently enrolled in a Family Self - Sufficiency related service program. The Housing Authority of the City of Opelika may limit these selection preferences to participants and applicants for the Family Self - Sufficiency related service programs. The Housing Authority of the City of Opelika estimates that a combined total of fifty (50) Section 8 and Public Housing families can reasonably be expected to receive supportive services under the FSS Program based on available and anticipated federal, tribal, state and private resources.

1. 50% of the total number of Family Self - Sufficiency slots will be given a selection preference if:

- a. The Family Self - Sufficiency related service programs would give a selection preference to the participants or applicants.
- a. The method of outreach and the selection of families with one or more members participating in the Family Self - Sufficiency related programs are identified.

**Family Self - Sufficiency Non - Preference**

The Family Self - Sufficiency slots for which the Housing Authority of the City of Opelika has left must be filled with eligible families in accordance with the objective selection semester, which will be the date the family expressed an interest in the participating of the Family Self - Sufficiency Program. They will be offered the Family Self - Sufficiency Program on a first come, first serve basis until the slots are filled.

**Timetable for Program Implementation**

Operation of the FSS Program to incorporate Section 8 families will begin within thirty (30) days of notification from HUD of approval of the revised Action Plan, to incorporate the Section 8 Program. Within six months 25% of our overall program goal of fifty slots will be filled and within two years there will be 100% enrollment.

### **Participation Outreach Program**

The program will be started by notifying all Section 8 and Public Housing residents. The letter will explain the program and its requirements. The letter will request that those who wish to participate must personally return an enclosed card to the Housing Authority of the City of Opelika by a certain deadline. Upon receipt each card will be dated and numbered. The Family Self-Sufficiency Program will be offered to both Section 8 and Public Housing residents.

If after Section 8 and Public Housing residents have been contacted and there are still open positions, the general public outreach program will be instituted. The Housing Authority of the City of Opelika's outreach will be designed to assure that both minority and non-minority groups are informed about the Family Self-Sufficiency Program. This will be done through flyers delivered to all Public Housing and Section 8 apartment/home locations, posters in public agencies, waiting rooms, advertisements in the Opelika Auburn News and media targeted to minority groups. The remaining positions will be filled by the first prospective participants that complete and return applications. These applications will be numbered as they are received.

### **Supportive Services**

The following is a list of services needed for program participants:

1. Child Care
2. Transportation
3. GED Classes (Remedial Education)
4. Jobs/Skill Training and Preparation
5. Counseling
6. Substance Abuse Treatment and Counseling
7. Parenting and Homemaking Training
8. Budgeting/Money Management Training
9. Household Management Training
10. Job Placement, Resume Writing, Interviewing
11. Legal Assistance
12. Training in Homeownership Responsibility

### **Description of the Activities and Supportive Services to be Provided to Participating Families:**

The services that will be provided should represent a vast majority of the spectrum of services that will be vital to participants if they are to be successful. Each family under the program will be eligible and will be offered the following services:

- A. Transportation: The Lee Russell Council of Governments will be contacted to provide this service.
- B. Child Care: Lee County Department of Human Resources and Child Care Resources will work together to provide this service.
- C. Remedial Education/GED classes: Southern Union Adult Basic Education and the Lee County Literacy Coalition will design this program.
- C. Jobs/skill Training: Assessment Center has classes that will be integrated into this program.
- C. Counseling and Substance Treatment: East Alabama Mental Health will provide this service.

- C. HomemakingandParentingskillstraining :EastAlabamaMentalHealth
- G Budgeting/MoneyManagement:ExtensionService,ConsumerCreditCounseling .
- H. HouseholdManagementTraining :ExtensionService
- I. LegalAssistance :LegalServices
- J. TraininginHomeownersResponsibility:HabitatForHumanity,AlabamaCouncilOnHumanRelations \_\_\_\_\_
- J. AlabamaStateEmploymentOffice, JobPlacement
- L. AlabamaCareerCenter, Jobtraining,resumewriting,adulthoodeducationclasses

**Motivation**

The client is interviewed and must show a strong interest to participate in the Family Self Sufficiency program. The Housing Authority of the City of Opelika should solely look after the interest of the participant and the motivation they have for the program.

**Permissible Motivational Screening Factors**

Family Self Sufficiency participants will be required to attend orientation sessions and are assigned certain tasks which will indicate the families willingness to undertake the obligations which may be imposed by the Contract of Participation which is to be signed by the family. The tasks assigned will be those which may be accomplished by the family based on educational level and disabilities. Accommodations will be made for families with manual sensory, speech impediments and mental or developmental disabilities.

The Housing Authority of the City of Opelika will not discriminate because of the family's educational level, test results, previous job history, job performance, credit rating, marital status, number of children, manual skills or any other such factors with disabilities or minority or non-minority group.

The Housing Authority of the City of Opelika with HUD approval may make available and utilize the common area's in Public Housing for any type of services that may be needed for the Family Self Sufficiency participants.

**Contract of Participation**

Each family that is selected will be required to sign a Contract of Participation with the Housing Authority of the City of Opelika. The Contract of Participation shall be signed by the head of household of the Family Self Sufficiency family.

The Contract of Participation sets forth the terms and conditions of participation in the Family Self Sufficiency Program. It also includes the rights and responsibilities of the Family Self Sufficiency family and the Housing Authority of the City of Opelika. The services that are to be provided to the family, the activities the family should complete and the name of each adult member participating in the program is added to the Contract of Participation.

**Interim Goals**

The Individual Training and Service Plan in the Contract of Participation shall establish specific beginning goals and final goals in which the Housing Authority of the City of Opelika and the family measure their progress toward fulfilling its obligations and eventually becoming self-sufficient.

If the Family Self -Sufficiency participant is receiving family assistance, the Housing Authority of the City of Opelika shall establish a goal that the family will become independent from family assistance at least one year before the expiration of the term of the Contract of Participation.

### **Compliance With Lease Terms**

The Contract of Participation shall provide that each member of the Family Self -Sufficiency family is to comply with the terms of the Section 8 and Public Housing Lease Agreements.

### **Employment Obligation**

The head of the Family Self -Sufficiency family shall be required under the Contract of Participation to seek and maintain suitable employment during the term of the Contract. Only the head of the Family Self -Sufficiency family is required to seek and maintain suitable employment.

### **Seek Employment**

The obligation to seek employment means that the Family Self -Sufficiency head of household has applied for employment, attends job interviews and has followed through on employment opportunities.

### **Determination of Suitable Employment**

Suitable employment determinations shall be made by the Housing Authority of the City of Opelika based on the skills, education and training of the individual that is head of the Family Self -Sufficiency family and based on the availability of jobs in the Family Self -Sufficiency coverage area.

### **Consequences of Non-Compliance With the Contract**

The Contract of Participation should specify that if the Family Self -Sufficiency family fails to comply with the terms and conditions of the Contract of Participation which includes compliance with the Section 8 and Public Housing leases, the Housing Authority of the City of Opelika may at its discretion:

1. Withhold the supportive services
2. Terminate the family's participation in the Family Self -Sufficiency Program.

### **Contract Term**

The Contract of Participation shall provide that each Family Self -Sufficiency family will be required to fulfill those obligations to which the participating family has committed itself under the Contract of Participation no later than five years after the effective date of the contract.

### **Contract Extension**

The Housing Authority of the City of Opelika shall in writing extend the term of the Contract of Participation not to exceed two years for any Family Self -Sufficiency family that requests in writing an extension of the Contract provided that the Housing Authority of the City of Opelika finds “good cause” for the extension. The family must specifically state and give a description of the need for the extension.

**“Good Cause”** means circumstances beyond the control of the Family Self-Sufficiency family. **“Good Cause”** may be serious illness, involuntary loss of employment and things of this nature. Extension of the Contract of Participation will entitle the Family Self-Sufficiency family to continue to have amounts credited to the family’s Family Self-Sufficiency account.

**Unavailability of Supportive Services**

If a social service agency fails to deliver supportive services to a Family Self-Sufficiency family member’s Individual Training and Service Plan, the Housing Authority of the City of Opelika shall make good faith effort to obtain services from another agency.

**Assessment of Necessity of Services**

If the Housing Authority of the City of Opelika is unable to obtain services from another agency, the Housing Authority of the City of Opelika shall reassess the family members’ needs and determine what other available services would achieve the same purpose. If other supportive services cannot achieve the same purpose, the Housing Authority of the City of Opelika should determine whether or not available services are integral to the Family Self-Sufficiency family’s advancement toward self-sufficiency.

**If services are not available :**

1. The Housing Authority of the City of Opelika will revise the individual Training and Service Plan and delete the unavailable services and modify the Contract of Participation to remove any obligation on the part of the Family Self-Sufficiency family to accept the unavailable services.
2. Determine the integral to the Family Self-Sufficiency family’s advancement toward self-sufficiency and the Opelika Housing Authority should declare the Contract of Participation null and void.

**Modification**

The Housing Authority of the City of Opelika and the Family Self-Sufficiency family must mutually agree to modify the Contract of Participation. It must be modified in writing with respect to the Individual Training and Supportive Service Plans, the Family Self-Sufficiency Contract of Participation and with the head of the Family Self-Sufficiency family.

**Completion of Contract**

**The Contract of Participation is completed when one of the following occurs:**

1. The Family Self-Sufficiency family has fulfilled all of its obligations under the Contract of Participation on or before expiration of the term of the contract.
1. 30% of the monthly adjusted income of the Family Self-Sufficiency participant does not exceed the published existing housing fair market rent for the same unit which the Family Self-Sufficiency family qualifies.

**Termination of the Contract/Program Termination/Withholding of Services and Available Grievance Procedures**

The Contract of Participation may be terminated before the expiration date and any extension by:

1. Mutual consent of parties
2. The failure of the Family Self-Sufficiency family to meet its obligations under the Contract of Participation.
3. The family's withdrawal from the Family Self-Sufficiency Program.
4. By operation of law.

The Housing Authority of the City of Opelika Grievance Procedures will be utilized for those FSS families who have been terminated from the FSS Program

**TRANSITIONAL SUPPORTIVE SERVICES**

The Housing Authority of the City of Opelika may continue to offer a former Family Self-Sufficiency family who has completed its Contract of Participation and whose head of household is unemployed, Family Self-Sufficiency services to continue to help them in becoming self-sufficient.

**Increases In FSS Income**

Any increase in earned income of a Family Self-Sufficiency family during participation in the Family may not be considered as income or a resource for the purpose of eligibility of the Family Self-Sufficiency family for benefits or amount of benefits payable to the Family Self-Sufficiency, under any other program administered by HUD unless the income of the Family Self-Sufficiency family exceeds 80% of the median income of the area.

**Family Self-Sufficiency Account**

The Housing Authority of the City of Opelika shall deposit the Family Self-Sufficiency account funds, of all families participating in the Family Self-Sufficiency Program into a single account. The Housing Authority of the City of Opelika will deposit the Family Self-Sufficiency account funds in one or more of HUD approved investments.

**Accounting For Family Self-Sufficiency Account Funds**

The total combined Family Self-Sufficiency account funds will be supported in the Housing Authority of the City of Opelika accounting records by a subsidiary ledger showing the balance applicable to each Family Self-Sufficiency family. During the term of contract, the Housing Authority of the City of Opelika should credit periodically but not less than annually to each family's Family Self-Sufficiency account.

**Proration Of Investment Income**

The investment income funds in the Family Self-Sufficiency account will be prorated and credited to each family's Family Self-Sufficiency account at the end of the period for which the investment income is credited.

**Reduction of Amounts Due By The Family Self-Sufficiency Family**

If the Family Self-Sufficiency family has not paid the family's contribution towards rent, or the amount, if any, due under the Section 8 or Public Housing lease, the balance in the accounts should be reduced by that amount before prorating the interest income.

If the Family Self-Sufficiency family has fraudulently under-reported income, the amount credited to the Family Self-Sufficiency account will be based on the income amounts originally reported by the Family Self-Sufficiency family.

**Reporting on the Family Self-Sufficiency Account**

The Housing Authority of the City of Opelika will be required to make a report at least once annually to each Family Self-Sufficiency family on the status of the family's Self-Sufficiency account. The report will include the following:

1. The balance at the beginning of the reporting period.



1. The amount of the family's rent payment that was credited to the Family Self Sufficiency account during that period.
1. Any deductions made from the account for the amount due to the Housing Authority of the City of Opelika before interest is distributed.
1. The amount of interest earned on the account during the year.
1. The total in the account at the end of the report period.

**Family Self Sufficiency Credit**

1. For Family Self Sufficiency families who are very low income the Family Self Sufficiency amount computed shall be the amount which is lesser of:
  - a. 30% of the current monthly adjusted income less the family rent, or
  - a. The current family rent less the family rent at the time of the effective date of the Contract of Participation.

For Family Self Sufficiency families who are low income families but not very low income families. The Family Self Sufficiency credit shall be the amount not to exceed the amount computed for more than 50% of the median income.

**Ineligibility For Family Self Sufficiency Credit**

Family Self Sufficiency families who are not low income families shall not be entitled to any Family Self Sufficiency credit.

**Cessation of Family Self Sufficiency Credit**

The Housing Authority of the City of Opelika shall not make any additional credits to the Family Self Sufficiency account, when the family has completed the Contract of Participation.

**Disbursement of the Family Self Sufficiency Account Funds Before Expiration of the Contract Terms**

If the Housing Authority of the City of Opelika determines that the Family Self Sufficiency family has fulfilled its obligations under the Contract of Participation before the expiration of the contract term, and the head of the Family Self Sufficiency family submits a certification that to the best of his or her knowledge and belief no member of the Family Self Sufficiency family is a recipient of welfare assistance, the amount in the Family Self Sufficiency family's account in excess of any amount owed to the Housing Authority of the City of Opelika shall be paid to the head of the Family Self Sufficiency family. If the Housing Authority of the City of Opelika determines that the Family Self Sufficiency family has fulfilled certain interim goals established in the Contract of Participation and needs a portion of the Family Self Sufficiency account funds for the purposes consistent with the Contract of Participation, such as completion of education, job training, or to meet startup expenses involved in the creation of a small business, the Housing Authority of the City of Opelika may, at the Housing Authority of the City of Opelika's sole option, disburse a portion of the funds from the family's Family Self Sufficiency account to assist the family in order to meet such expenses.

**Verification of Family Certification**

Before disbursement of the Family Self Sufficiency account funds to the family, the Housing Authority of the City of Opelika may verify that the Family Self Sufficiency family is no longer a recipient of family assistance by requesting copies of any documents which might indicate whether the family is receiving any family assistance and by contacting family assistance agencies.

**Succession of Family Self Sufficiency Account:**

If the head of the Family Self-Sufficiency family ceases to reside with other family members in the Section 8 existing housing unit or Public Housing unit, the remaining members of the Family Self-Sufficiency family, after consultation with the Housing Authority of the City of Opelika shall have the right to designate another family member to complete the contract terms and interim store receive the funds.

**Use of Family Self-Sufficiency Account for Homeownership**

Any Family Self-Sufficiency family may use its Family Self-Sufficiency account funds for the purchase of a home, including the purchase of a home under the HUD's Homeownership Programs.

**Forfeiture of Family Self-Sufficiency Account**

Amounts in the Family Self-Sufficiency account shall be forfeited upon occurrence of the following:

1. The Contract of Participation is terminated.

1. The Contract of Participation is completed by the family, but the Family Self-Sufficiency family is receiving family assistance at the time of expiration of the term of the Contract of Participation; including any extension thereof.

**Treatment of Forfeited Family Self-Sufficiency Account Funds:**

The Family Self-Sufficiency funds forfeited by the Family Self-Sufficiency family will be credited to the Opelika Housing Authority operating reserves and counted as other income in the calculation of the PFS operating subsidy eligibility for the next budget year.

**Reporting**

The Housing Authority of the City of Opelika will submit a report to HUD regarding the Family Self-Sufficiency Program, the report will include the following information:

1. A description of the activities carried out under the program.

1. A description of the effectiveness of the program in assisting families to achieve economic independence and self-sufficiency.

1. A description of the effectiveness of the program in coordinating resources in the community to assist families to achieve economic independence and self-sufficiency.

1. Any recommendations by the Housing Authority of the City of Opelika or the appropriate local Program Coordinating Committee for legislative or administrative action that would improve the Family Self-Sufficiency Program and ensure the effectiveness of the program.

**Certification of Coordination**

This is certification that the development of services and activities has been coordinated with the Alabama State Employment Service, Lee County Department of Human Resources (JOBS Program), Central Alabama Skills Center, East Alabama Multi-System Adult Education Program, Southern Union State Community College, Childcare Resource Center, Alabama Department of Rehabilitation Services and Alabama Council On Human Relations. Implementation will continue to be coordinated in order to avoid duplication of services and activities.

## **ATTACHMENTI**

**ATTACHMENTJ**



# **COMPONENT 10(B) VOLUNTARY CONVERSION INITIAL ASSESSMENTS**

A. How many of the PHA's developments are subject to the Required Initial Assessments?

**Answer: 10**

B. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g. elderly and/or disabled developments not general occupancy projects)?

**Answer: 0**

C. How many Assessments were conducted for the PHA's covered developments?

**Answer: 10**

D. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

**Answer: N/A**

<b>Development Name</b>	<b>Number of Units</b>

E. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:

**Answer: N/A**

# **ATTACHMENTK**

The Opelika Housing Authority met with the Resident Advisory Board on Wednesday, February 13, 2002, prior to the 45-day comment period. The purpose of the meeting was to explain and discuss the contents of the OHA Annual Plans, and solicit comments, questions, and suggestions. The membership of the OHA Resident Advisory Board consists of fourteen (14) public housing residents and nine (9) Section 8 tenants.

Comments and questions are listed below:

a. What will happen to OHA drug elimination programs once the PHDEP funding is gone?

Ans.: We will have to seek further funding through grants. We will still have some funds available but our programs will not be as large scale as they are presently.

b. If you presently live in Section 8 housing and your landlord becomes deceased, will you lose your housing?

Ans.: If the family keeps the home under the Section 8 program you can continue to live there. If not, as long as you still qualify for Section 8 you can move to another home.

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c. When will modernization begin in the other communities following the completion of the Antioch area?



Ans.: We will modernize other areas according to their level of priority. The Samford Area will be the second area we will work on. We are going to do painting and landscaping throughout the entire area.

d. When will something be done about the streetlights in the Plum Area?

Ans.: We have fought to get the City to place a light in the Plum area. If we have to go to the Mayor we will. There will soon be an iron fence placed around the Plum Area.

e. Comment:

"I just wanted to say that my grandson attends the OHA After-School Program and they are really doing a good job. I really appreciate what they are doing to help the children."

# **ATTACHMENTL**

**OPELIKAHOUSINGAUTHORITYRESIDENTADVISORYBOARDMEMBERS  
2002-2003**

**Antioch**

EvaDallas  
KatieMoody

**Fruitwood/Raintree**

PeggyLockhart  
PatrinaBrooks  
JuriaMorgan

**Pleasant**

JenniferDavis  
GenevaLockhart

**Samford**

RuthWallace  
DolethaFarrow  
BerniceTolbert

**CampHill**

JoyceLewis  
MaryBailey

**Section8**

JerriGriggs  
DorethaHeard  
MarianEdwards  
LouiseGilmore  
LucilleWhite  
EvelynGentry  
CharlotteBorum  
DebraReese  
DanavianBarrow



# **ATTACHMENTM**

**OPELIKAHOUSINGAUTHORITY**  
RESIDENTCOMMISSIONER

Ms.StephanieRoss