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

PHA Plans - GA143v03

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

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

O M B A p p r o v a l N o : 2 5 7 7 - 0 2 2 6
E x p i r e s : 0 3 / 3 1 / 2 0 0 2

PHA Plan
Agency Identification

PHA Name: Housing Authority of the City of Cleveland, Georgia

PHA Number: GA143

PHA Fiscal Year Beginning: (mm/yyyy) 04/2000

Public Access to Information

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

X Main administrative office of the PHA
____ PHA development management offices
X 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)

X Main administrative office of the PHA
X PHA development management offices
____ PHA local offices
X 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)

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

5-YEAR PLAN
PHA FISCAL YEARS 2000 - 2004
[24 CFR Part 903.5]

A. Mission

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

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

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

B. Goals

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

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

_X_ PHA Goal: Expand the supply of assisted housing
Objectives:
- ____ Apply for additional rental vouchers:
- ____ Reduce public housing vacancies:
- _X_ Leverage private or other public funds to create additional housing opportunities:
- _X_ Acquire or build units or developments
- ____ Other (list below)

PHA Goal: Improve the quality of assisted housing
Objectives:
- _X_ Improve public housing management: (to high performer by 12/31/2001)
- ____ Improve voucher management: (SEMAP score)
- _X_ Increase customer satisfaction:
- ____ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
- _X_ Renovate or modernize public housing units:
- _X_ Demolish or dispose of obsolete public housing:
- ____ Provide replacement public housing:
- ____ Provide replacement vouchers:

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_X_ Other: (list below)
Provide training opportunities for appropriate staff.

_X_ 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:
_X_ Implement public housing or other homeownership programs:
____ Implement public housing site-based waiting lists:
____ Convert public housing to vouchers:
_X_ Other: (list below)
Seek Rural Development funding for additional housing.

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

_X_ PHA Goal: Provide an improved living environment
Objectives:
____ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
_X_ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
_X_ Implement public housing security improvements: through PHDEP
____ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
_X_ Other: (list below)
Provide on-site information programs.

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

_X_ PHA Goal: Promote self-sufficiency and asset development of assisted households
Objectives:
_X_ Increase the number and percentage of employed persons in assisted families: (10% increase by 2002)
_X_ Provide or attract supportive services to improve assistance recipients' employability:
_X_ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
____ Other: (list below)

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

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_X_ PHA Goal: Ensure equal opportunity and affirmatively further fair housing
Objectives:

- _X_ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
- _X_ 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:
- _X_ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- ____ Other: (list below)

Other PHA Goals and Objectives: (list below)

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Annual PHA Plan
PHA Fiscal Year 2000
[24 CFR Part 903.7]

Annual Plan Type:

ct which type of Annual Plan the PHA will submit.

_____ **Standard Plan**

Streamlined Plan:

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

____ **Troubled Agency Plan**

Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

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

The plans, statements, budget summary, policies, etc. set forth in the Annual Plan all lead towards the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach towards our goals and objectives and are consistent with the Consolidated Plan. Here are just a few highlights of our Annual Plan:

-We have adopted three local preferences - for applicants who live or work in Cleveland, for working families (seniors and people with disabilities automatically get this preference), and victims of displacement.
-We have adopted an aggressive screening policy for public housing to ensure to the best of our ability that new admissions will be good neighbors. Our screening practices will meet all fair housing requirements.
-We have implemented deconcentration policy.
-Applicants will be selected from the waiting list by preference and in order of the date and time they applied.
-We have established a minimum rent of $0.
-We have established flat rents for all of our developments.

In summary, we are on course to improve the condition of affordable housing in Cleveland.

Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]
Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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Attachments

cate which attachments are provided by selecting all that apply. Provide the attachment's name (A, :c.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **ARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space e right of the title.

Required Attachments:

A X Admissions Policy for Deconcentration

B X FY 2000 Capital Fund Program Annual Statement

____ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

____ PHA Management Organizational Chart

C X FY 2000 Capital Fund Program 5 Year Action Plan

____ Public Housing Drug Elimination Program (PHDEP) Plan

D X Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)

____ Other (List below, providing each attachment name)

Supporting Documents Available for Review

cate which documents are available for public review by placing a mark in the "Applicable & On lay" column in the appropriate rows. All listed documents must be on display if applicable to the gram activities conducted by the PHA.

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

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List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	and Maintenance
X	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
X	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 HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	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
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) 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. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional)	(specify as needed)

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List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	(list individually; use as many lines as necessary)	

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	**Over all**	Afford-ability	Supply	Quality	Access-ibility	2. Size	Loca-tion
Income <= 30% of AMI	55	5	4	3	N/A	2	4
Income >30% but <=50% of AMI	114	5	3	2	N/A	2	3
Income >50% but <80% of AMI	55	4	2	2	N/A	2	3
Elderly	42	4	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	600	4	3	3	2	3	4
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							

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

X Consolidated Plan of the Jurisdiction/s
Indicate year: 1992
X 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)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) ____ Section 8 tenant-based assistance _X_ Public Housing ____ Combined Section 8 and Public Housing ____ 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	15		45
Extremely low income <=30% AMI	9	60%	
Very low income (>30% but <=50% AMI)	6	40%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	8	53%	
Elderly families	2	13%	
Families with Disabilities	4	27%	
Race/ethnicity	14	93%	
Race/ethnicity	1	7%	
Race/ethnicity	0	0	
Race/ethnicity	0	0	
Characteristics by Bedroom Size (Public Housing Only)			

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Housing Needs of Families on the Waiting List			
1BR	6	40%	1
2 BR	5	33%	0
3 BR	4	27%	0
4 BR	0	0	0
5 BR	0	0	0
5+ BR	0	0	0

Is the waiting list closed (select one)? X NO Yes

If yes:

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

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

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

C. Strategy for Addressing Needs

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

ct all that apply

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

X Reduce turnover time for vacated public housing units

____ Reduce time to renovate public housing units

____ Seek replacement of public housing units lost to the inventory through mixed finance development

____ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources

____ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction

X Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required

____ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration

____ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program

X Participate in the Consolidated Plan development process to ensure coordination with broader community strategies

____ Other (list below)

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

ct 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
_X_ 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

ct 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
_X_ 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

ct all that apply

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

B. Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

ct all that apply

____ Seek designation of public housing for the elderly
____ Apply for special-purpose vouchers targeted to the elderly, should they become available
_X_ Other: (list below)
Seek funding for additional designated elderly through any available means.

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

ct all that apply

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____ Seek designation of public housing for families with disabilities
_X_ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
____ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
____ Affirmatively market to local non-profit agencies that assist families with disabilities
_X_ Other: (list below)
Provide additional "visitability" units through modification of selected units.

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:

ct if applicable

_X_ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
____ Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

ct 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:

_X_ Funding constraints
_X_ Staffing constraints
____ Limited availability of sites for assisted housing
_X_ Extent to which particular housing needs are met by other organizations in the community
_X_ 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
_X_ Community priorities regarding housing assistance
____ Results of consultation with local or state government
_X_ Results of consultation with residents and the Resident Advisory Board
____ Results of consultation with advocacy groups

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____ Other: (list below)

Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
1. **Federal Grants (FY 2000 grants)**	$157,473	
a) Public Housing Operating Fund	$63,078	
b) Public Housing Capital Fund	$94,395	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	0	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants	0	
h) Community Development Block Grant	0	
i) HOME	0	
Other Federal Grants (list below)	0	
2. Prior Year Federal Grants (unobligated funds only) (list below) CIAP	1998 $13,154 1999 $102,603	
3. Public Housing Dwelling Rental Income	$47,004	Operations
4. Other income (list below)		
Interest	$6,400	Operations
Tenant Charges	$2,000	Operations

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Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
4. Non-federal sources (list below)		
Total resources	$328,634	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

nptions: PHAs that do not administer public housing are not required to complete subcomponent

(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)
_X_ When families are within a certain time of being offered a unit: (state time)
2 weeks
____ Other: (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?
_X_ Criminal or Drug-related activity
_X_ Rental history
_X_ Housekeeping
____ Other (describe)

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

(2)Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select

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all that apply)
_X_ Community-wide list
____ Sub-jurisdictional lists
____ Site-based waiting lists
____ Other (describe)

b. Where may interested persons apply for admission to public housing?
_X_ PHA main administrative office
_X_ PHA development site management office
____ Other (list below)

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

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

2.____Yes ____No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a 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
_X_ Two
____ Three or More

b. _X_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:

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

b. Transfer policies:
In what circumstances will transfers take precedence over new admissions? (list below)
_X_ Emergencies
____ Overhoused
_X_ Underhoused
____ Medical justification
_X_ Administrative reasons determined by the PHA (e.g., to permit modernization work)
____ Resident choice: (state circumstances below)
____ Other: (list below)

a. Preferences
1. _X_ 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**)

1. 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:
_X_ 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)
_X_ Working families and those unable to work because of age or disability
____ Veterans and veterans' families
_X_ 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,

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and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

_3_ Date and Time

Former Federal preferences:
_1_ Involuntary Displacement (Disaster, Government Action, Action of Housing
____ Owner, Inaccessibility, Property Disposition)
____ Victims of domestic violence
____ Substandard housing
____ Homelessness
____ High rent burden

Other preferences (select all that apply)
_2_ Working families and those unable to work because of age or disability
____ Veterans and veterans' families
_2_ 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
_X_ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)
_X_ The PHA-resident lease
_X_ The PHA's Admissions and (Continued) Occupancy policy
___ PHA briefing seminars or written materials
_X_ Other source (list)
Resident Newsletter

b. How often must residents notify the PHA of changes in family composition? (select all that apply)
_X_ At an annual reexamination and lease renewal
_X_ Any time family composition changes

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____ At family request for revision
____ Other (list)

(6) Deconcentration and Income Mixing

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

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

c. If the answer to b was yes, what changes were adopted? (select all that apply)
____ Adoption of site-based waiting lists
____ If selected, list targeted developments below:

____ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:

____ Employing new admission preferences at targeted developments
If selected, list targeted developments below:

____ Other (list policies and developments targeted below)

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

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

____ 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)
_X_ 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)

_X_ Not applicable: results of analysis did not indicate a need for such efforts

____ List (any applicable) developments below:

B. Section 8 This agency does not administer Section 8.

nptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.
ess otherwise specified, all questions in this section apply only to the tenant-based section 8 stance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

____ Criminal or drug-related activity only to the extent required by law or regulation

____ Criminal and drug-related activity, more extensively than required by law or regulation

____ More general screening than criminal and drug-related activity (list factors below)

____ Other (list below)

b. ____ Yes ____ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. ____Yes ____ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. ____Yes ____ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

____ Criminal or drug-related activity

____ Other (describe below)

(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)

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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:

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

1. ____Yes ____ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

____ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

____ Victims of domestic violence

____ Substandard housing

____ Homelessness

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

Other preferences (select all that apply)

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

____ Veterans and veterans' families

____ Residents who live and/or work in your jurisdiction

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

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

____ Households that contribute to meeting income requirements (targeting)

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

____ Victims of reprisals or hate crimes

____ Other preference(s) (list below)

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

____ Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

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

____ Date and time of application
____ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)

____ This preference has previously been reviewed and approved by HUD
____ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (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

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(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

____ The Section 8 Administrative Plan
____ Briefing sessions and written materials
____ Other (list below)

a. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

____ Through published notices
____ Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

nptions: PHAs that do not administer public housing are not required to complete sub-component

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

_X_ 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

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

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

a. Rents set at less than 30% than adjusted income

1. ____Yes ____ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

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

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

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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)
____ 95th percentile rents
____ 75 percent of operating costs
____ 100 percent of operating costs for general occupancy (family) developments
____ Operating costs plus debt service
____ The "rental value" of the unit
____ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)
____ Never
____ At family option
____ Any time the family experiences an income increase
____ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
____ Other (list below)

g. ____Yes ____ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

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

B. Section 8 Tenant-Based Assistance N/A

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

(1) Payment Standards

cribe the voucher payment standards and policies.

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

____ At or above 90% but below100% 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 payment 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 burdens of assisted families
____ Other (list below)

(2) Minimum Rent

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

____ $0
____ $1-$25
____ $26-$50

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

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

cribe 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.)

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

C. Management and Maintenance Policies

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

(1) Public Housing Maintenance and Management: (list below)

ACOP, Capitalization, Check Signing, Community Space, Criminal Records Management, Drug Free, Equal Housing Opportunity, Hazardous Materials, Investment, Tenant Charges, Pest Control, Personnel, Procurement

(2) Section 8 Management: (list below)

N/A

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

____ PHA main administrative office
____ PHA development management offices
____ Other (list below)

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

____ PHA main administrative office
____ Other (list below)

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7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

_X_ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) ATTACHMENT B

-or-

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

(2) Optional 5-Year Action Plan

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

a. _X_ 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:

_X_ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) ATTACHMENT C

-or-

____ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

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

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licability of sub-component 7B: All PHAs administering public housing. Identify any approved PE VI and/or public housing development or replacement activities not described in the Capital d Program Annual Statement.

____ Yes __X_ No:

a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)

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

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)

____ Revitalization Plan under development
____ Revitalization Plan submitted, pending approval
____ Revitalization Plan approved
____ Activities pursuant to an approved Revitalization Plan underway

____Yes __X_ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name/s below:

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

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

licability of component 8: Section 8 only PHAs are not required to complete this section.

1. _X_Yes ___ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.)

2. Activity Description

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

Demolition/Disposition Activity Description
1a. Development name: 1b. Development (project) number: GA 143-001
2. Activity type: ____Demolition _X_ Disposition
3. Application status (select one) ____ Approved ____ Submitted, pending approval _X_ Planned application
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: N/A Coverage of action (select one) _X_ Part of the development ____ Total development
7. Timeline for activity: a. Actual or projected start date of activity: 01/15/2000 b. Projected end date of activity: 02/10/2000

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

____Yes ____ No: Has the PHA provided all required activity description information

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for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 10. If "No", complete the Activity Description table below.

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

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

1. ____Yes __X__ 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

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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 HOPE VI demolition application (date submitted or approved:) ____ Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:) ____ Requirements no longer applicable: vacancy rates are less than 10 percent ____ Requirements no longer applicable: site now has less than 300 units ____ Other: (describe below)

Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 37
Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 37

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

1. ____Yes _X_ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h)

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homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to component 11B; if "yes", complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

____Yes ____ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 12. If "No", complete the Activity Description table below.)

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: ____ HOPE I ____ 5(h) ____ Turnkey III ____ Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) ____ Approved; included in the PHA's Homeownership Plan/Program ____ Submitted, pending approval ____ Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) ____ Part of the development ____ Total development

B. Section 8 Tenant Based Assistance

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

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2. Program Description:

a. Size of Program
____Yes ____ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)
____ 25 or fewer participants
____ 26 - 50 participants
____ 51 to 100 participants
____ more than 100 participants

b. PHA-established eligibility criteria
____Yes ____No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria? If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

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

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

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

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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Expires: 03/31/2002

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

____ Public housing rent determination policies
____ Public housing admissions policies
____ Section 8 admissions policies
____ Preference in admission to section 8 for certain public housing families
____ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
____ Preference/eligibility for public housing homeownership option participation
____ Preference/eligibility for section 8 homeownership option participation
____ Other policies (list below)

b. Economic and Social self-sufficiency programs

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

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

(2) Family Self Sufficiency program/s

a. Participation Description

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

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Public Housing		
Section 8		

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

C. Welfare Benefit Reductions

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

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

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

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

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

____ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
____ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
____ Residents fearful for their safety and/or the safety of their children
____ Observed lower-level crime, vandalism and/or graffiti

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____ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
____ Other (describe below)
Area remote from high traffic/high visibility.

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

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

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

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

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)
____ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
____ Crime Prevention Through Environmental Design
____ Activities targeted to at-risk youth, adults, or seniors
____ Volunteer Resident Patrol/Block Watchers Program
____ Other (describe below)

2. Which developments are most affected? (list below)
GA 082-1 and 6

C. Coordination between PHA and the police

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

____ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
____ Police provide crime data to housing authority staff for analysis and action

____ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
____ Police regularly testify in and otherwise support eviction cases
____ Police regularly meet with the PHA management and residents
____ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
Other activities (list below)

2. Which developments are most affected? (list below)
GA082-6

D. Additional information as required by PHDEP/PHDEP Plan

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

___Yes _X_ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
___Yes _X_ No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?
___Yes _X_ No: This PHDEP Plan is an Attachment. (Attachment Filename GA082e01:)

. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance .

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. ____Yes _X_ 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

[24 CFR Part 903.7 9 (q)]

O M B A p p r o v a l N o : 2 5 7 7 - 0 2 2 6
E x p i r e s : 0 3 / 3 1 / 2 0 0 2

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

1. ____Yes ___ No: Is the PHA enga

capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)
____ Not applicable
____ Private management
____ Development-based accounting
____ Comprehensive stock assessment
____ Other: (list below)

3. ____Yes ___ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. _X_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)
_X_ Attached at Attachment (File name) ATTACHMENT D
____ Provided below:

3. In what manner did the PHA address those comments? (select all that apply)
_X_ 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. _X_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)

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)

C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here)

State of Georgia Five Year Consolidated Plan 1995-2000

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)

_X_ 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.
_X_ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
_X_ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

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____ Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)
Georgia Department of Community Affairs reviewed and approved the PHA Plan.

D. Other Information Required by HUD

this section to provide any additional information requested by HUD.

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Attachments

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

A	Admissions Policy for Deconcentration
B	FY 2000 Capital Fund Program Annual Statement
C	Capital Fund Program 5 Year Action Plan
D	Comments of Resident Advisory Board

Attachment A
GA143a01

RESOLUTION NO. II

OMB Approval No: 2577-0226
Expires: 03/31/2002

APPROVAL OF DECONCENTRATION CERTIFICATION

WHEREAS, the Quality Housing and Work Responsibility Act (QHWRA) of 1998 was enacted October 21, 1998; and

WHEREAS, initial guidance of the QHWRA as published in the Congressional Federal Register/Vol. 64, No. 32/Thursday, February 18, 1999 prohibits concentration of low-income families in Public Housing (Deconcentration of Poverty); and

WHEREAS, the Housing Authority of the City of Cleveland, Georgia has expeditiously analyzed their public housing stock and incomes; and

WHEREAS, the Housing Authority of the City of Cleveland, Georgia has determined it encourages income-mixing as stated in the current Admissions and Continued Occupancy Policy, and such policy discourages concentration of poverty or race.

THEREFORE, BE IT RESOLVED the Housing Authority of the City of Cleveland, Georgia's Admissions and Continued Occupancy Policy does not require changes at this time.

ATTACHMENT D
GA143d01

AGENCY PLAN

HOUSING AUTHORITY OF THE CITY OF CLEVELAND, GEORGIA
COMMENTS OF RESIDENT ADVISORY BOARD

O MHBU Approval No: 2577-0226
Expires: 03/31/2002

1. **Comment:**
   A resident was concerned that a temporary wheelchair ramp prevented his use of a screen door at the front entrance.

   Answer:
   The housing authority has met the legal requirements to renovate units for handicap accessibility. We make every effort to accommodate residents for additional accommodations when needed. The Executive Director will personally study their request for a more durable and usable ramp and make a decision.

2. **Complaint:**
   "Meetings were scheduled and no one from the housing authority attended."

   Answer:
   Specific times and circumstances could not be supported by the complainant. There was a time when a resident leader scheduled programs for residents in the area. This may have been the situation.

   The Executive Director could not recall any time that a meeting was scheduled by the housing authority but not either attended or rescheduled. The usual problem is that meetings/programs are scheduled but residents fail to attend.

   This problem is certainly not a pattern. Staff will be informed and instructed about the complaint.

3. **Complaint:**
   There remains some sand and some uneven places in the yard from the last modernization at Project GA 143-3.

   Answer:
   It is not possible to remove all sand from a work site. The modernization coordinator will assess the situation to determine the validity of the complaint and discuss his findings with the executive director.

4. **Comment:**
   One resident stated that stray dogs come through the neighborhood causing concerns.

   Answer:
   Please notify and work with local animal control units or police departments to eliminate the problem. Report to management any family who feeds, pets and otherwise encourages animals to come to the area. The housing authority will work with residents to eliminate the stray animal problem. Any animal belonging to a resident must be processed according to the lease.

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5. **One resident had a question about his lease. He was referred to the management/occupancy department.**

No one had specific comments about the proposed Agency Plan.

OHMUBD Approval No: 2577-0226
Expires: 03/31/2002

ATTACHMENT B

PHA Plan
Table Library

Component 7
Capital Fund

Program Annual Statement
Parts I, II, and II

Annual Statement 2000
Capital Fund Program (CFP) Part I: Summary

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CIAP Funds	$0.00
2	1406 Operations	$14,260.00
3	1408 Management Improvements	0
4	1410 Administration	$2,855.00
5	1411 Audit	0
6	1415 Liquidated Damages	0
7	1430 Fees and Costs	$5,520.00
8	1440 Site Acquisition	0
9	1450 Site Improvement	0
10	1460 Dwelling Structures	$55,200.00
11	1465.1 Dwelling Equipment-Nonexpendable	$16,560.00
12	1470 Nondwelling Structures	0
13	1475 Nondwelling Equipment	0
14	1485 Demolition	0
15	1490 Replacement Reserve	0
16	1492 Moving to Work Demonstration	0
17	1495.1 Relocation Costs	0
18	1498 Mod Used for Development	0
19	1502 Contingency	0
20	**Amount of Annual Grant (Sum of lines 2-19)**	$94,395.00
21	Amount of line 20 Related to LBP Activities	0
22	Amount of line 20 Related to Section 504 Compliance	0
23	Amount of line 20 Related to Security	0
24	Amount of line 20 Related to Energy Conservation	0

Annual Statement 2000

ATTACHMENT B

Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
PHA-Wide	Operating Subsidy	1406	$14,260.00
	SUBTOTAL		$14,260.00
	Fees and Costs		
GA 143-1	Architect's fees to prepare bid and	1430.1	$0.00
GA 143-2	documents, assist at bid opening,	1430.1	$0.00
GA 143-3	construction, etc.	1430.1	$5,520.00
GA 143-6		1430.1	$0.00
	SUBTOTAL		$5,520.00
	Administration		
GA 143-1	Modernization Coordinator/Clerk of	1410	0.00
GA 143-2	10% of salary and benefits	1410	0.00
GA 143-3		1410	$2,855.00
GA 143-6		1410	0.00
	SUBTOTAL		$2,855.00
	Dwelling Structures		
GA 143-1	Replace kitchen cabinets	1460	$0.00
GA 143-2		1460	$0.00
GA 143-3		1460	$55,200.00
GA 143-6		1460	0.00
	SUBTOTAL		$55,200.00
	Dwelling Equipment-		
GA 143-1	Replace Ranges and Refrigerators	1465.1	$0.00
GA 143-2		1465.1	$0.00
GA 143-3		1465.1	$16,560.00
GA 143-6		1465.1	0.00
	SUBTOTAL		$16,560.00
	GRAND TOTAL		$94,395.00

ATTACHMENT B

Annual Statement 2000
Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
GA 143-1	N / A	N / A
GA 143-2	N / A	N / A
GA 143-3	9 / 30 / 01	3 / 31 / 02
GA 143-6	N / A	N / A

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

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

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
GA143-1,2,3, 6	PHA WIDE		

Description of Needed Physical Improvements or Management Improvements	**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
Operating Subsidy	$15,000.00	April 1, 2001
	$10,000.00	April 1, 2002
	$15,000.00	April 1, 2003
	$13,000.00	April 1, 2004
Management Improvements	$ 8,000.00	April 1, 2004
Administration	$ 3,000.00	April 1, 2001
	$ 3,500.00	April 1, 2002
	$ 3,500.00	April 1, 2003
	$ 3,500.00	April 1, 2004
Fees & Costs	$ 5,000.00	April 1, 2001
	$ 5,500.00	April 1, 2002
	$ 5,500.00	April 1, 2003
	$ 4,000.00	April 1, 2004
Relocation Costs	$ 5,000.00	April 1, 2002
	$ 3,500.00	April 1, 2003
Total estimated cost over next 5 years	$103,000.00	

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

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

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
GA143-1	White Street Apartments		

Description of Needed Physical Improvements or Management Improvements	**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
Physical Improvements		
Bathroom Renovations	$30,000.00	April 1, 2002
Replace Water Heaters	$ 6,000.00	April 1, 2003
Replace doors, frames & hardware at storage rooms & construct one storage Room and renovate existing storage at 112 White Street	$39,000.00	April 1, 2003
Interior Painting (Random)	$ 5,000.00	April 1, 2004
Total estimated cost over next 5 years	$80,000.00	

ATTACHMENT C

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

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned

in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
GA143-2	White Street Apartments and Hood Street Apartments		

Description of Needed Physical Improvements or Management Improvements	**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
Physical Improvements		
Renovate Bathrooms	$30,103.00	April 1, 2003
Seal and Strip Parking Lot	$ 8,000.00	April 1, 2004
Interior Painting (Random)	$ 5,000.00	April 1, 2004
Replace Water Heaters	$ 6,000.00	April 1, 2004
Replace Doors, Frames & Hardware at Storage Rooms	$ 9,000.00	April 1, 2004
Total estimated cost over next 5 years	$58,103.00	

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

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

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
GA143-3	No Name		

Description of Needed Physical Improvements or Management Improvements	**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
Physical Improvements		
Seal & Strip Parking Lots	$15,000.00	April 1, 2001
Lower Ceilings at Stairwells & Cap L.R. Ceiling	$40,000.00	April 1, 2001
Replace Water Heaters	$12,000.00	April 1, 2001
Provide Playground Equipment	$12,603.00	April 1, 2001
Replace Windows & Screens	$48,603.00	April 1, 2002
Interior Painting	$ 7,103.00	April 1, 2004
Replace Smoke Detectors	$ 6,000.00	April 1, 2004
Install Water Pressure Valves to Meet Local Codes	$25,000.00	April 1, 2004
Total estimated cost over next 5 years	$166,309.00	

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

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

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
GA143-6	Pinecrest Apartments		

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Physical Improvements Interior Painting (Random)	$3,000.00	April 1, 2004
Total estimated cost over next 5 years	$3,000.00	

Optional Public Housing Asset Management Table

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

Public Housing Asset Management								
Development Identification		Activity Description						
Name,	Number and	Capital Fund Program	Development	Demolition /	Designated	Conversion	Home-	Other

Number, and Location	Type of units	Parts II and III *Component 7a*	Activities *Component 7b*	disposition *Component 8*	housing *Component 9*	*Component 10*	ownership *Component 11a*	(describe) *Component 17*