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Office of Public and Indian Housing

PHA Plans

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

PHA Plan  
Agency Identification

PHA Name: Warren County Housing Authority, Betsey Baker, Exec. Dir.  
301 N. Buxton, Suite 210, Indianola, IA 50125

(515) 961-1073

PHA Number: IA120

PHA Fiscal Year Beginning: (mm/yyyy) 10/1999

Public Access to Information

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

- FORMCHECKBOX Main administrative office of the PHA
- FORMCHECKBOX PHA development management offices
- FORMCHECKBOX 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)

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

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

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

5-Year Plan  
PHA Fiscal Years 2000 - 2004  
[24 CFR Part 903.5]

A. Mission

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

FORMCHECKBOX                      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.

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

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, PHAs are strongly encouraged to identify quantifiable measures of success in reaching their objectives over the course of the 5 Years. (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

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

FORMCHECKBOX                      PHA Goal: Expand the supply of assisted housing  
Objectives:

FORMCHECKBOX                      Apply for additional rental vouchers:

FORMCHECKBOX                      Reduce public housing vacancies:

FORMCHECKBOX                      Leverage private or other public funds to create  
additional housing opportunities:

FORMCHECKBOX                      Acquire or build units or developments

FORMCHECKBOX                      Other (list below)

FORMCHECKBOX                      PHA Goal: Improve the quality of assisted  
housing

Objectives:

FORMCHECKBOX                      Improve public housing management: (PHAS  
score)  FORMTEXT

inspections)

- FORMCHECKBOX Renovate or modernize public housing units:
- FORMCHECKBOX Demolish or dispose of obsolete public housing:
- FORMCHECKBOX Provide replacement public housing:
- FORMCHECKBOX Provide replacement vouchers:
- X FORMCHECKBOX Other: (list below)  
Increase number of Quality Control Inspections

X FORMCHECKBOX PHA Goal: Increase assisted housing choices  
Objectives:

- FORMCHECKBOX Provide voucher mobility counseling:
- X FORMCHECKBOX Conduct outreach efforts to potential voucher landlords

- FORMCHECKBOX Increase voucher payment standards
- FORMCHECKBOX Implement voucher homeownership program:
- FORMCHECKBOX Implement public housing or other  
homeownership programs:
- FORMCHECKBOX Implement public housing site-based waiting lists:
- FORMCHECKBOX Convert public housing to vouchers:
- FORMCHECKBOX Other: (list below)

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

- FORMCHECKBOX PHA Goal: Provide an improved living environment  
Objectives:
- FORMCHECKBOX Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- FORMCHECKBOX Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- FORMCHECKBOX Implement public housing security improvements:

FORMCHECKBOX Designate developments or buildings for particular resident groups (elderly, persons with disabilities)  
FORMCHECKBOX Other: (list below)

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

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

Objectives:

FORMCHECKBOX Increase the number and percentage of employed persons in assisted families:

FORMCHECKBOX Provide or attract supportive services to improve assistance recipients' employability:

FORMCHECKBOX Provide or attract supportive services to increase independence for the elderly or families with disabilities.

FORMCHECKBOX Other: (list below)

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

X FORMCHECKBOX PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

FORMCHECKBOX Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:

X FORMCHECKBOX 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:

FORMCHECKBOX Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:

X FORMCHECKBOX Other: (list below)

Promote freedom of housing choice.

Other PHA Goals and Objectives: (list below)

Promote improved living conditions for eligible families while maintaining their rent payments at an affordable level.

Refer families to community resources for assistance in becoming self-sufficient.

Refer supportive services to increase independence for the elderly or families with disabilities.

Maintain standard performer status on SEMAP.

Continue to provide decent, safe and sanitary rental housing for eligible participants.

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

Annual Plan Type:  
Select which type of Annual Plan the PHA will submit.

FORMCHECKBOX      Standard Plan

Streamlined Plan:

FORMCHECKBOX      High Performing PHA

FORMCHECKBOX      Small Agency (<250 Public Housing Units)

X  FORMCHECKBOX      Administering Section 8 Only

FORMCHECKBOX      Troubled Agency Plan

Executive Summary of the Annual PHA Plan  
[24 CFR Part 903.7 9 (r)]

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

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

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment.

Note: If the attachment is provided as a separate file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Required Attachments:

- FORMCHECKBOX Admissions Policy for Deconcentration
  - FORMCHECKBOX FY 2000 Capital Fund Program Annual Statement
  - FORMCHECKBOX Most recent board-approved operating budget
- (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- FORMCHECKBOX PHA Management Organizational Chart
- FORMCHECKBOX FY 2000 Capital Fund Program 5 Year Action Plan
- FORMCHECKBOX Public Housing Drug Elimination Program (PHDEP) Plan
- FORMCHECKBOX Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- FORMCHECKBOX Other (List below, providing each attachment name)

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review    Applicable & 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  Most recent board-approved operating budget for the public housing program  
Annual Plan:  
Financial Resources;  
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 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  
Documentation of the required deconcentration and income mixing analysis  
Annual Plan: Eligibility, Selection, and Admissions Policies Public housing rent determination policies, including the methodology for setting public housing flat rents  
FORMCHECKBOX  check here if included in the public housing A & O Policy Annual Plan: Rent Determination Schedule of flat rents offered at each public housing development  
FORMCHECKBOX  check here if included in the public housing A & O Policy Annual Plan: Rent Determination  Section 8 rent determination (payment standard) policies  
 FORMCHECKBOX  check here if included in Section 8 Administrative Plan Annual Plan: Rent Determination 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 Public housing grievance procedures  
FORMCHECKBOX  check here if included in the public housing A & O Policy Annual Plan: Grievance Procedures  Section 8 informal review and hearing procedures  
 FORMCHECKBOX  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 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 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 FORMCHECKBOX 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 (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan) Annual Plan: Safety and Crime Preventio 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 Audi Troubled PHAs: MOA/Recovery Plan Troubled PHAs Other supporting documents (optional) (list individually; use as many lines as necessary) (specify as needed) X Warren County Housing Survey Annual Plan

1. Statement of Housing Needs  
[24 CFR Part 903.7 9 (a)]

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

Housing Needs of Families in the Jurisdiction  
by Family Type Family Type Overall

	Afford-ability	Supply	Quality															
AMI 873	5	5	5	5	5	5	5	Income <= 30% of										
AMI 708	5	4	5	1	5	4	Income >30% but <=50% of											
AMI 914	3	3	3	1	1	2	Income >50% but <80% of											
							Elderly	841	5	3	3	4	1	2	Families with			

Indicate year: 1995  
FORMCHECKBOX Other sources: (list and indicate year of information)

#### 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 on  
X FORMCHECKBOX Section 8 tenant-based assistance  
FORMCHECKBOX Public Housing  
FORMCHECKBOX Combined Section 8 and Public Housing

### 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

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

FORMCHECKBOX      Reduce turnover time for vacated public housing units

- FORMCHECKBOX Reduce time to renovate public housing units
- FORMCHECKBOX Seek replacement of public housing units lost to the inventory through mixed finance development
- FORMCHECKBOX Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- X FORMCHECKBOX Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- FORMCHECKBOX Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- X FORMCHECKBOX Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- FORMCHECKBOX Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- FORMCHECKBOX Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- X FORMCHECKBOX Other (list below)

Continue current marketing methods to general public and service providers.  
 Strategy 2: Increase the number of affordable housing units by:  
 Select all that apply

- FORMCHECKBOX Apply for additional section 8 units should they become available
- FORMCHECKBOX Leverage affordable housing resources in the community through the creation of mixed - finance housing
- FORMCHECKBOX Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- FORMCHECKBOX 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

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

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

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

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

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

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

Strategy 2: Conduct activities to affirmatively further fair housing  
 Select all that apply

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

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

Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources:

Planned Sources and Uses Sources Planned \$ Planned Uses 1. Federal Grants (FY 2000 grants) Public Housing Operating Fund Public Housing Capital Fund HOPE VI Revitalization HOPE VI Demolition Annual Contributions for Section 8 Tenant-Based Assistance 640,772 Public Housing Drug Elimination Program (including any Technical Assistance funds) Resident Opportunity and Self-Sufficiency Grants Community Development Block Grant HOME Other Federal Grants (list below) 2. Prior Year Federal Grants (unobligated funds only) (list below) 3. Public Housing Dwelling Rental Income 4. Other income (list below) 4. Non-federal sources (list below) Total resources 640,772

3. PHA Policies Governing Eligibility, Selection, and Admissions [24 CFR Part 903.7 9 (c)]

A. Public Housing

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

(1) Eligibility

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

FORMCHECKBOX When families are within a certain number of being offered a unit: (state number)

FORMCHECKBOX When families are within a certain time of being offered a unit: (state time)

FORMCHECKBOX Other: (describe)

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

FORMCHECKBOX Criminal or Drug-related activity

FORMCHECKBOX Rental history

FORMCHECKBOX Housekeeping

FORMCHECKBOX Other (describe)



that apply)?

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | PHA main administrative office                                   |
| <input type="checkbox"/> | All PHA development management offices                           |
| <input type="checkbox"/> | Management offices at developments with site-based waiting lists |
| <input type="checkbox"/> | At the development to which they would like to apply             |
| <input type="checkbox"/> | 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)

- |                          |               |
|--------------------------|---------------|
| <input type="checkbox"/> | One           |
| <input type="checkbox"/> | Two           |
| <input type="checkbox"/> | 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 transfers take precedence over new admissions? (list below)

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

Preferences

1. FORMCHECKBOX Yes FORMCHECKBOX 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)

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:

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

Other preferences: (select below)

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

FORMCHECKBOX	s' families
FORMCHECKBOX	Residents who live and/or work in the jurisdiction
upward mobility programs	Those enrolled currently in educational, training, or
FORMCHECKBOX	Households that contribute to meeting income goals
(broad range of incomes)	
FORMCHECKBOX	Households that contribute to meeting income
requirements (targeting)	

- FORMCHECKBOX      Those previously enrolled in educational, training, or upward mobility programs
- FORMCHECKBOX      Victims of reprisals or hate crimes
- FORMCHECKBOX      Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- FORMCHECKBOX      The PHA applies preferences within income tiers
- FORMCHECKBOX      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)

- FORMCHECKBOX      The PHA-resident lease
- FORMCHECKBOX      The PHA's Admissions and (Continued) Occupancy policy
- FORMCHECKBOX      PHA briefing seminars or written materials
- FORMCHECKBOX      Other source (list)

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

- FORMCHECKBOX      At an annual reexamination and lease renewal
- FORMCHECKBOX      Any time family composition changes
- FORMCHECKBOX      At family request for revision
- FORMCHECKBOX      Other (list)

(6) Deconcentration and Income Mixing

a. FORMCHECKBOX Yes      FORMCHECKBOX 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. FORMCHECKBOX Yes      FORMCHECKBOX 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)

FORMCHECKBOX Adoption of site-based waiting lists

If selected, list targeted developments below:

FORMCHECKBOX Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments

If selected, list targeted developments below:

FORMCHECKBOX Employing new admission preferences at targeted developments

If selected, list targeted developments below:

FORMCHECKBOX Other (list policies and developments targeted below)

d.  FORMCHECKBOX Yes  FORMCHECKBOX 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)

FORMCHECKBOX Additional affirmative marketing

FORMCHECKBOX Actions to improve the marketability of certain developments

FORMCHECKBOX Adoption or adjustment of ceiling rents for certain developments

FORMCHECKBOX Adoption of rent incentives to encourage deconcentration of poverty and income-mixing

FORMCHECKBOX 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)

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

FORMCHECKBOX 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)

FORMCHECKBOX  
need for such efforts

Not applicable: results of analysis did not indicate a

FORMCHECKBOX

List (any applicable) developments below:

## B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

### (1) Eligibility

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

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

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

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

FORMCHECKBOX Other (list below)

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

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

d. FORMCHECKBOX Yes  FORMCHECKBOX 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)

FORMCHECKBOX Criminal or drug-related activity

FORMCHECKBOX Other (describe below)

Previous rental information: address, landlord, any other information in the HA's possession.

### (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)

- FORMCHECKBOX None
- FORMCHECKBOX Federal public housing
- FORMCHECKBOX Federal moderate rehabilitation
- FORMCHECKBOX Federal project-based certificate program
- FORMCHECKBOX 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)

- FORMCHECKBOX PHA main administrative office
- FORMCHECKBOX Other (list below)

### (3) Search Time

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

If yes, state circumstances below:

If documentation is provided, showing inability to find a unit and reasons for same.

### (4) Admissions Preferences

a. Income targeting

FORMCHECKBOX Yes  FORMCHECKBOX 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.  FORMCHECKBOX Yes  FORMCHECKBOX 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

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

FORMCHECKBOX Victims of domestic violence



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

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

FORMCHECKBOX	Date and time of application
FORMCHECKBOX	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)

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

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

FORMCHECKBOX	The PHA applies preferences within income tiers
--------------	---

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

(5) Special Purpose Section 8 Assistance Programs

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

- X FORMCHECKBOX The Section 8 Administrative Plan
- FORMCHECKBOX Briefing sessions and written materials
- FORMCHECKBOX Other (list below)

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

- FORMCHECKBOX Through published notices
- FORMCHECKBOX Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

FORMCHECKBOX 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---

FORMCHECKBOX 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)

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

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

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

Rents set at less than 30% than adjusted income

1. FORMCHECKBOX Yes FORMCHECKBOX 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)

- FORMCHECKBOX For the earned income of a previously unemployed household member
- FORMCHECKBOX For increases in earned income
- FORMCHECKBOX Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

FORMCHECKBOX Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

- FORMCHECKBOX For household heads
- FORMCHECKBOX For other family members
- FORMCHECKBOX For transportation expenses
- FORMCHECKBOX For the non-reimbursed medical expenses of non-disabled or non-elderly families

FORMCHECKBOX 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)

FORMCHECKBOX Yes for all developments  
FORMCHECKBOX Yes but only for some developments  
FORMCHECKBOX No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

FORMCHECKBOX For all developments  
FORMCHECKBOX For all general occupancy developments (not elderly or disabled or elderly only)  
FORMCHECKBOX For specified general occupancy developments  
FORMCHECKBOX For certain parts of developments; e.g., the high-rise portion  
FORMCHECKBOX For certain size units; e.g., larger bedroom sizes  
FORMCHECKBOX Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

FORMCHECKBOX Market comparability study  
FORMCHECKBOX Fair market rents (FMR)  
FORMCHECKBOX 95th percentile rents  
FORMCHECKBOX 75 percent of operating costs  
FORMCHECKBOX 100 percent of operating costs for general occupancy (family) developments  
FORMCHECKBOX Operating costs plus debt service  
FORMCHECKBOX The "rental value" of the unit  
FORMCHECKBOX 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)

- FORMCHECKBOX Never
- FORMCHECKBOX At family option
- FORMCHECKBOX Any time the family experiences an income increase
- FORMCHECKBOX Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- FORMCHECKBOX Other (list below)

g. FORMCHECKBOX Yes FORMCHECKBOX 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

In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

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

## B. Section 8 Tenant-Based Assistance

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

### (1) Payment Standards

Describe the voucher payment standards and policies.

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

- FORMCHECKBOX At or above 90% but below 100% of FMR
- X FORMCHECKBOX 100% of FMR

FORMCHECKBOX Above 100% but at or below 110% of FMR  
FORMCHECKBOX 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)

FORMCHECKBOX FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area

FORMCHECKBOX The PHA has chosen to serve additional families by lowering the payment standard

FORMCHECKBOX Reflects market or submarket

FORMCHECKBOX Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

FORMCHECKBOX FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area

FORMCHECKBOX Reflects market or submarket

FORMCHECKBOX To increase housing options for families

FORMCHECKBOX Other (list below)

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

X FORMCHECKBOX Annually

FORMCHECKBOX Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

X FORMCHECKBOX Success rates of assisted families

X FORMCHECKBOX Rent burdens of assisted families

FORMCHECKBOX Other (list below)

## (2) Minimum Rent

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

X FORMCHECKBOX \$0

FORMCHECKBOX \$1-\$25

FORMCHECKBOX \$26-\$50

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

5. Operations and Management  
[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

FORMCHECKBOX An organization chart showing the PHA's management structure and organization is attached.

FORMCHECKBOX 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

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

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

(2) Section 8 Management: (list below)

Administrative Plan

Warren County Personnel Policy

PHA Grievance Procedures  
[24 CFR Part 903.7 9 (f)]

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

Public Housing

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

If yes, list additions to federal requirements below:

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

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

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office  
 Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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



optional 5 Year Action Plan from the Table Library and insert here)

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

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

FORMCHECKBOX Yes    FORMCHECKBOX 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)

FORMCHECKBOX      Revitalization Plan under development

FORMCHECKBOX      Revitalization Plan submitted, pending approval

FORMCHECKBOX      Revitalization Plan approved

FORMCHECKBOX      Activities pursuant to an approved Revitalization Plan underway

FORMCHECKBOX Yes    FORMCHECKBOX 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:

FORMCHECKBOX Yes    FORMCHECKBOX 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:





Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

1. FORMCHECKBOX Yes FORMCHECKBOX 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

FORMCHECKBOX Yes FORMCHECKBOX 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?

FORMCHECKBOX Assessment underway

FORMCHECKBOX Assessment results submitted to HUD

FORMCHECKBOX Assessment results approved by HUD (if marked, proceed to next question)

FORMCHECKBOX Other (explain below)

site now has less than 300 units

FORMCHECKBOX Other: (describe below)

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

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

11. Homeownership Programs Administered by the PHA



B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

FORMCHECKBOX Yes  FORMCHECKBOX 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)

- FORMCHECKBOX 25 or fewer participants
- FORMCHECKBOX 26 - 50 participants
- FORMCHECKBOX 51 to 100 participants
- FORMCHECKBOX more than 100 participants

b. PHA-established eligibility criteria

FORMCHECKBOX Yes  FORMCHECKBOX 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:

PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (I)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

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

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

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

FORMCHECKBOX Yes FORMCHECKBOX 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) Public Housing Section

b. FORMCHECKBOX Yes FORMCHECKBOX 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)

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

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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).

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

- |              |  |
|--------------|--|
| FORMCHECKBOX | Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities |
| FORMCHECKBOX | Crime Prevention Through Environmental Design  |
| FORMCHECKBOX | Activities targeted to at-risk youth, adults, or seniors   |
| FORMCHECKBOX | Volunteer Resident Patrol/Block Watchers Program   |
| FORMCHECKBOX | Other (describe below)   |

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

C. Coordination between PHA and the police

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

- |              |   |
|--------------|---|
| FORMCHECKBOX | Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan                             |
| FORMCHECKBOX | Police provide crime data to housing authority staff for analysis and action  |
| FORMCHECKBOX | Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence) |

FORMCHECKBOX Police regularly testify in and otherwise support eviction cases

FORMCHECKBOX Police regularly meet with the PHA management and residents

FORMCHECKBOX Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services

FORMCHECKBOX Other activities (list below)

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

D. Additional information as required by PHDEP/PHDEP Plan

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

FORMCHECKBOX Yes  FORMCHECKBOX No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

FORMCHECKBOX Yes  FORMCHECKBOX No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?

FORMCHECKBOX Yes  FORMCHECKBOX No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

#### 14. 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 with the PHA Plans and Related Regulations.

#### 16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1.  FORMCHECKBOX Yes  FORMCHECKBOX 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.  FORMCHECKBOX Yes  FORMCHECKBOX No: Was the most recent fiscal audit submitted to HUD?

3.  FORMCHECKBOX Yes  FORMCHECKBOX No: Were there any findings as the result of that audit?

4.  FORMCHECKBOX Yes  FORMCHECKBOX No: If there were any findings, do any remain unresolved?

If yes, how many unresolved findings remain? \_\_\_\_\_

5. FORMCHECKBOX Yes FORMCHECKBOX No: Have responses to any unresolved findings been submitted to HUD? If not, when are they due (state below)?

17. PHA Asset Management  
[24 CFR Part 903.7 9 (q)]

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

1. FORMCHECKBOX Yes FORMCHECKBOX 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?

What types of asset management activities will the PHA undertake? (select all that apply)

- FORMCHECKBOX Not applicable
- FORMCHECKBOX Private management
- FORMCHECKBOX Development-based accounting
- FORMCHECKBOX Comprehensive stock assessment
- FORMCHECKBOX Other: (list below)

3. FORMCHECKBOX Yes FORMCHECKBOX 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. FORMCHECKBOX Yes X FORMCHECKBOX 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

necessary.

FORMCHECKBOX The PHA changed portions of the PHA Plan in response to comments

List changes below:

FORMCHECKBOX Other: (list below)

## B. Description of Election process for Residents on the PHA Board

1. FORMCHECKBOX Yes X FORMCHECKBOX 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. FORMCHECKBOX Yes X FORMCHECKBOX 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)

FORMCHECKBOX Candidates were nominated by resident and assisted family organizations

FORMCHECKBOX Candidates could be nominated by any adult recipient of PHA assistance

FORMCHECKBOX Self-nomination: Candidates registered with the PHA and requested a place on ballot

FORMCHECKBOX Other: (describe)

#### b. Eligible candidates: (select one)

FORMCHECKBOX Any recipient of PHA assistance

FORMCHECKBOX Any head of household receiving PHA assistance

FORMCHECKBOX Any adult recipient of PHA assistance

FORMCHECKBOX Any adult member of a resident or assisted family organization

FORMCHECKBOX Other (list)

c. Eligible voters: (select all that apply)

FORMCHECKBOX All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)

FORMCHECKBOX Representatives of all PHA resident and assisted family organizations

FORMCHECKBOX Other (list)

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

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

1. Consolidated Plan jurisdiction: (provide name here)

State of Iowa

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)

FORMCHECKBOX The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

FORMCHECKBOX The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

FORMCHECKBOX The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

FORMCHECKBOX Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

FORMCHECKBOX Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

### D. Other Information Required by HUD

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

## Attachments

Use this section to provide any additional attachments referenced in the Pla

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

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

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





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

Capital

Development Number/Name  
HA-Wide Activities  
All Funds Obligated  
(Quarter Ending Date)

All Funds Expended  
(Quarter Ending Date)

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

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

Optional 5-Year Action Plan Tables    Development Number    Development Name  
(or indicate PHA wide)    Number Vacant Units    % Vacancies  
in Development  
Description of Needed Physical Improvements or Manag  
Improvements    Estimated Cost    Planned Start Date  
(HA Fiscal Year)

Total estimated cost over next 5 ye

## 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 Identificati Activity Description Name,  
Number, and

Location

Number an

Type of units Capital Fund Program

Parts II and III

Component 7a Development

Activities

Component 7b Demolition /

disposition

Component 8 Designated housing

Component 9 Conversion

Component 10 Home- ownership

Component 11a Other (describe)

Component

17

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