

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

---

Small PHA Plan Update  
Annual Plan for Fiscal Year: April 1, 2001

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

## PHA Plan Agency Identification

**PHA Name:** Newark Housing Authority

**PHA Number:** DE003

**PHA Fiscal Year Beginning: (mm/yyyy)** 04/2001

### PHA Plan Contact Information:

Name: Johnnie Jackson

Phone: (302) 366-0826

TDD: (302) 366-0826

Email (if available): jejackson\_nha@yahoo.com

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

### PHA Programs Administered:

- Public Housing and Section 8       Section 8 Only       Public Housing Only

**Annual PHA Plan  
Fiscal Year 2001**  
[24 CFR Part 903.7]

**i. Table of Contents**

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

<b>Contents</b>	<u>Page #</u>
<b>Annual Plan</b>	
i. Executive Summary (optional)	
ii. Annual Plan Information	
iii. Table of Contents	
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	
2. Capital Improvement Needs	
3. Demolition and Disposition	
4. Homeownership: Voucher Homeownership Program	
5. Crime and Safety: PHDEP Plan	
6. Other Information:	
A. Resident Advisory Board Consultation Process	
B. Statement of Consistency with Consolidated Plan	
C. Criteria for Substantial Deviations and Significant Amendments	

**Attachments**

- Attachment A : Supporting Documents Available for Review
- Attachment B : Capital Fund Program Annual Statement
- Attachment C : Capital Fund Program 5 Year Action Plan
- Attachment \_\_: Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment \_\_: Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment D : Resident Membership on PHA Board or Governing Body
- Attachment E : Membership of Resident Advisory Board or Boards
- Attachment \_\_: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)  
Attachment F: Section 8 Voucher Homeownership Program

**ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

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

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

Admission & Continued Occupancy Policy  
Section 8 Voucher Homeownership Program  
Grievance Procedure

### **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A.  Yes  No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 183,109

C.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

#### **(1) Capital Fund Program 5-Year Action Plan**

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

#### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

### **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

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

2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for     units <input type="checkbox"/> Public housing for     units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for     units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

**4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

A.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

**B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply

with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

NHA Staff have been working with several finance instutites and real estates agencies in establishing a program. YWCA of Delaware will be performing the required counseling service. YWCA is a HUD approved counseling provider in Delaware.

**5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

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

B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_

- C.  Yes  No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D.  Yes  No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

**6. Other Information**

[24 CFR Part 903.7 9 (r)]

**A. Resident Advisory Board (RAB) Recommendations and PHA Response**

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

2. If yes, the comments are Attached at Attachment (File name)

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

- The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included  
 Yes  No: below or  
 Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_\_.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA’s consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_\_.
- Other: (list below)

**B. 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)

New Castle County for the State of Delaware

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

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)  
NHA has attempted to receive Mainstream Housing Opportunities for Persons with Disabilities and Section 8 Voucher Homeownership Program
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

Yes  No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:  
NHA has requested that the New Castle County sign a Memorandum of Understanding (MOU) which would allow NHA to administer the Homeownership Program and Mainstream Program to live inside the County jurisdiction

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

**C. Criteria for Substantial Deviation and Significant Amendments**

**1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

**A. Substantial Deviation from the 5-year Plan:**

Increase the Payment Standards from 100% of FMR to 110% of FMR.  
NHA will examine the feasibility of developing a PHDEP Plan.

**B. Significant Amendment or Modification to the Annual Plan:**

The City of Newark is the home of the University of Delaware main campus, which is the largest university within the State of Delaware. The Payment Standard was increase to assist the Section 8 families lease up in this high rental market area.

NHA has be working with the Newark Police Department to see if drug activities has reappeared back in the Cleveland Heights Development.

**Attachment A**  
**Supporting Documents Available for Review**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: 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	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located 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/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any required policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	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
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program (section <u>21</u> of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	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	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	The results of 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) (list individually; use as many lines as necessary)	(specify as needed)

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> Newark Housing Authority		<b>Grant Type and Number</b> Capital Fund Program: DE26P00350101 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> FFY01	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>			
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	\$9,000.00			
4	1410 Administration	\$9,109.00			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$80,000.00			
10	1460 Dwelling Structures	\$85,000.00			
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)	\$183,109.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security	\$85,000.00			

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> Newark Housing Authority		<b>Grant Type and Number</b> Capital Fund Program: DE26P00350101 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> FFY01
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b>	<input type="checkbox"/> <b>Revised Annual Statement (revision no:        )</b>		
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
24	Amount of line 20 Related to Energy Conservation Measures	\$85,000.00			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Newark Housing Authority			<b>Grant Type and Number</b> Capital Fund Program #: DE26P00350101 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> FFY01		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	To cover all miscellaneous cost in executing the above listed projects. Such cost as advertisement, obtaining independent cost estimates, staff training, etc.	1408		\$9,000.00				
HA-Wide	To cover salaries of NHA Staff while working on CFP Projects.	1410		\$9,109.00				
DE001	Install new iron fence around Cleveland Heights & Independence Circle Developments	1450-1		\$20,000.00				
DE001	Complete the damaged sidewalk that were asseted in the Cleveland Heights Development by the City of Newark during the annual city wide sidewalk assetment program.	1450-2		\$60,000.00				
HA-Wide	Complete the exterior doors started from CFP FFY00.	1460		\$85,000.00				

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

PHA Name: Newark Housing Authority		Grant Type and Number Capital Fund Program #: DE26P00350101 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: FFY01			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

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

PHA Name: Newark Housing Authority		Grant Type and Number Capital Fund Program #: DE26P00350101 Capital Fund Program Replacement Housing Factor #:					Federal FY of Grant: FFY01
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
1408	10-1-01			10-1-03			
1410	10-1-01			10-1-03			
1450-1	10-1-01			10-1-03			
1450-2	10-1-01			10-1-03			
1460	10-1-01			10-1-03			



### Capital Fund Program 5-Year Action Plan

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

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
HA-Wide	HA-Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Complete the replacement of the units new exterior steel doors.	\$55,000.00	FFY02
Install new vandal proof lights in the rear of the units of Cleveland Heights & Independence Circle Developments.	\$45,000.00	FFY02
Replace and update all 98 units and Administrative Office heating systems	\$294,000.00	FFY02 - FFY05
HA-Wide Remodel the kitchens by installing new cabinets and appliances	\$205,000.00	FFY05 & FFY06
<b>Total estimated cost over next 5 years</b>	<b>\$599,000.00</b>	

## PHA Public Housing Drug Elimination Program Plan

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

**Section 1: General Information/History**

- A. Amount of PHDEP Grant \$ \_\_\_\_\_
- B. Eligibility type (Indicate with an “x”)      N1 \_\_\_\_\_ N2 \_\_\_\_\_ R \_\_\_\_\_
- C. FFY in which funding is requested \_\_\_\_\_
- D. Executive Summary of Annual PHDEP Plan

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

**E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

**F. Duration of Program**

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

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

**G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

<b>Fiscal Year of Funding</b>	<b>PHDEP Funding Received</b>	<b>Grant #</b>	<b>Fund Balance as of Date of this Submission</b>	<b>Grant Extensions or Waivers</b>	<b>Grant Start Date</b>	<b>Grant Term End Date</b>
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

**Section 2: PHDEP Plan Goals and Budget**

**A. PHDEP Plan Summary**

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

**B. PHDEP Budget Summary**

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

<b>FFY _____ PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
<b>TOTAL PHDEP FUNDING</b>	

**C. PHDEP Plan Goals and Activities**

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

<b>9110 – Reimbursement of Law Enforcement</b>	<b>Total PHDEP Funding: \$</b>
Goal(s)	
Objectives	

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

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

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

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

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

<b>9140 – Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators

1.							
2.							
3.							

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

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

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



**Required Attachment D : Resident Member on the PHA Governing Board**

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

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

Pauline Lathem

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

Elected

Appointed

C. The term of appointment is (include the date term expires): 6 years

April 1, 1998 - April 1, 2004

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

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain):

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

January 17, 2004

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

State of Delaware Governor appoints three members

City of Newark Mayor appoints three members

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

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

Shirley De Bold  
Vanessa Childers  
Marjorie Hall  
Katherine Rewa  
Angela Cropper  
Ginny Cuello  
Alice Pleasenton  
Francis Perez  
Lnida Clark  
Victoria Penn

## **Required Attachment     F     : Section 8 Voucher Homeownership Program**

The Section 8 Homeownership Program was enacted as part of the Quality Housing and Work Responsibility Act of 1998. The Act has been amended and its requirements, as they apply to the Section 8 Tenant-Based Assistance Program, is described in and implemented throughout this program. The Section 8 Homeownership Program is federally funded and administered for the City of Newark by the Newark Housing Authority.

Administration of the Section 8 Homeownership Program and the functions and responsibilities of the Newark Housing Authority (NHA) staff shall be in compliance with the NHA's Personnel Policy and the Department of Housing and Urban Development's (HUD) Section 8 Regulations as well as all Federal, State and local Fair Housing Laws and Regulations.

**NHA Strategic Goal for the homeownership in Section 8** Undertake affirmative measures to provide homeownership for families participating in NHA's Section 8 Assisted Housing Program, regardless of race, color, religion national origin, sex, familial status, and disability. Increase the number and percentage of low and moderate-income families in homeownership.

### **PURPOSE OF THE POLICY**

The purpose of the Section 8 Homeownership Policy is to establish policies for carrying out the programs in a manner consistent with HUD requirements and local goals and objectives contained in the Agency Plan. However, all families that are presently participating in the rental program will remain in effect until the family signs a mortgage loan contract.

NHA is responsible for complying with all changes in HUD regulations pertaining to this program. If such changes conflict with this Policy, HUD regulations will have precedence. NHA will revise this Administrative Plan as needed to comply with changes in HUD regulations. The original Policy and any changes must be approved by the Board of Commissioners of the agency, the pertinent sections included in the Agency Plan, and a copy provided to HUD.

This Section 8 Homeownership Policy is a supporting document to NHA Agency Plan, and is available for public review as required by CFR 24 Part 903.

### **RULES AND REGULATIONS**

This Section 8 Homeownership Policy is set forth to define NHA's local policies for operation of the special housing type programs in the context of Federal laws and Regulations. Such Federal regulations, HUD Memos, Notices and guidelines, or other applicable law governs all issues related to Section 8 Homeownership Program not addressed in this document. The policies in this Section 8 Homeownership Policy have been designed to ensure compliance with the consolidated ACC and all HUD-approved applications for program funding.

### **PROGRAM REQUIREMENTS**

The family must meet the minimum requirements as established in the Homeownership Final Rule. These requirements include but not limited to:

The family is qualified to receive homeownership assistance:

The family must meet minimum income requirements:

The family must secure its own source of finance and mortgage loan:

The family can not have defaulted on a FHA-insured mortgage:

The family must be a first-time homeowner:

The family has satisfactorily completed NHA program required pre-assistance homeowner counseling:

The unit is eligible to be purchase by the family:

The family must be a currently receiving Section 8 rental assistance and successfully complied with all rental program requirements for at least one year:

The family must complete all program requirements, locate a unit to purchase and executed a mortgage loan within nine (9) months from signing the homeownership contract with NHA. NHA may grant an additional three (3) months on a case by case basis.

### **ELIGIBILITY UNITS**

NHA will limited the number of families participating in the Section 8 Homeownership Program to a maximum of twenty-five (25).

The unit is either under construction or already existing at the time NHA determined the family is eligible for homeowner assistance.

The unit is either a one-unit property, single dwelling unit in a cooperative or condominiums.

The unit be inspected by a NHA Staff person and by an independent private certified home inspector

### **INCOME LIMITATIONS**

To be eligible for homeownership assistance the family must satisfies the minimum income requirements:

The family minimum income must be equal to 2,000 hours of annual full time work under the Federal minimum wage.

To determine if the family is income-eligible, NHA compares the Annual Income (excluding welfare assistance) of the family to the applicable income limit for the family's size.

Families whose Annual Income exceeds the income limit will be offered admission to the program.

### **NHA CRITERIA FOR ADMISSIONS**

A family will not be admitted to the program if the family is in good standing regarding their present status under the Section 8 Rental Assistance Program.

A family will not be admitted to the program if the family fails to complete all requirements and sign a mortgage loan within nine (9) months from submitting family contract required by NHA.

NHA will apply the following criteria, in addition to the HUD eligibility criteria, as grounds for denial of admission to the program:

NHA will not determine which household member that will purchase the home, but the family member must be at least 18 years old or older that who had been approved to be listed as a household member receiving the assistance under the present Section 8 Certificate/Voucher Assistance.

### **CHANGES IN ELIGIBILITY PRIOR TO EXECUTING A MORTGAGE CONTRACT**

Changes that occur during the period between issuance of a homeownership assistance and execution of the mortgage loan up may affect the family's eligibility or share of the subsidy payment.

### **HOMEOWNERSHIP COUNSELING**

NHA will require all Homeownership participant to attend and successfully complete a pre-purchase homeownership counseling session before homeownership assistance payment are made and post-purchase counseling session one year after the purchase.

The counseling program must cover the following topics:

Home Maintenance

Budgeting and Money Management

Credit Counseling

How to Negotiate the Purchase Price

Home Financing and Mortgages

How to Find a Home

Advantages of purchasing a Home

Information of Fair Housing

Information on the Real Estates Settlement Procedures Act.

### **HOME INSPECTIONS**

Before NHA will commence any Homeownership Assistance Payment the unit must completed and passes Housing Quality Standards (HQS) Inspection. The unit must have an independent inspection completed by a private home inspector.

NHA Staff does HQS Inspection at no cost to the buyer. The unit must pass HQS standards before assistance payments commence.

Independent Inspections must cover the major building systems and components, including foundation and structure, housing interior and exterior, roofing, plumbing, electrical and heating systems.

The Independent Inspector must be certified with the American Home Inspection Society.

The Independent Inspector may not be an employee, contractor, or other person under control of NHA.

The Independent Inspector must provide a copy of the inspection report to the family and NHA. NHA will not commence homeownership assistance until it has an opportunity to review the report even if it complies with the HQS Inspection.

NHA shall have discretion to disapprove the unit for assistance under the homeownership program because of the information in the report.

### **CONTRACT OF SALE**

The family must enter into a contract of sale before homeownership assistance is commenced. A contract must be executed between the seller and family and a copy provided to NHA.

The contract must specify the following information:

The price and other terms of sale by the seller:

The seller must make available for a pre-purchase inspection:

The family is not obligated to purchase the home unless the inspection is satisfactory to the family:

The family is not obligated to pay for any necessary repairs:

Contain that the seller has not been debarred, suspended, or subject to a limited denial of participation under 24 CFR.

### **FINANCING**

NHA will not approve of seller financing unless it is needed for reasonable accommodation. Any request for seller financing for a reasonable accommodation will be approved on a case-by-case situation.

If financing is with FHA mortgage, such finance is subject to FHA mortgage insurance requirements.

NHA will not approve balloon financing, variable interest rate or any questionable financing that will have the potential to negatively impact a first time homebuyer success.

NHA may review lender qualifications and loan terms before authorizing homeownership assistance.

Participants must contribute a minimum of three (3%) percent of the selling price. One and a half (1½ %) percent must be from the participant's personal resources. The remaining amount can come from other agencies or funding sources (ex. CDBG, First-time Homeownership Downpayment Program, etc.)

### **FAMILY OBLIGATION**

Homeownership assistance will only be paid while the family is residing in the unit. The family will be prohibited from conveyance or transfer of the home.

The family must participate in housing counseling program

The family must comply with the terms of any mortgage requirements.

The family must provide NHA with the required information that is accurate and correct. This information will include, but not limited to any mortgage or other debt incurred to purchase the unit, sales or transfer of the unit, or the family's homeownership expenses.

The family is required to provide NHA with notification of them moving out.

The family will provide NHA with any notice of mortgage default or foreclosure action.

The family is prohibited on ownership interest of another unit, while receiving homeownership assistance.

The family must provide annually evidence of payment of all taxes (real estate, school, city, etc.) for the unit.

### **MAXIMUM TERM FOR HOMEOWNERSHIP ASSISTANCE**

The family will receive a maximum term of fifteen (15) years of homeownership assistance, if the initial mortgage term is twenty (20) years or more. An initial mortgage of nineteen (19) years or less the homeownership assistance maximum is ten (10) years.

The maximum term applies to any member of the family who has ownership interest in the unit during time any homeownership assistance payment is being made for the unit.

Families that are determined to be elderly or disabled the maximum term of homeownership assistance does not apply.

Elderly family must qualifies as an elderly family at the start of the family's participation in the homeownership program. In the case of disabled family, the exception applies at any time during receipt of homeownership assistance to the family.

If, during the course of the homeownership assistance, the family ceases to qualify as a disabled or elderly family, the maximum term becomes applicable from the date the homeownership assistance commenced.

### **AMOUNT AND DISTRIBUTION OF MONTHLY HOMEOWNERSHIP ASSISTANCE PAYMENT**

NHA will pay the monthly homeownership assistance payment on behalf of the family that is equal to the lower of:

The payment standard minus the total tenant payment, or

The family's monthly homeownership expenses minus the total tenant payment.

The payment standard for the family is the lower of:

The payment standard for the family unit size; or

The payment standard for the size unit purchasing.

NHA must use the same payment standard schedule, payment standard amounts and subsidy standards for the homeownership assistance program as for the rental voucher program.

Homeownership Expenses for a homeowner may only include amounts allowed by NHA in accordance with HUD requirements. These expenses includes, but not limited to:

Principal and interest on the initial mortgage debt;

Real Estate taxes and public assessment on the unit;

Homeowner insurance;

NHA allowance for maintenance expense;

NHA allowance for cost of major repairs and replacements;

NHA utility allowance for the unit; and

Principal and interest on mortgage debt incurred to finance costs for major repairs, replacements or improvements for the unit.

NHA will pay the monthly homeownership assistance payment directly to the lender on behalf of the family.

### **PORTABILITY**

Families may use portability only if the receiving housing authority operates a Section 8 Homeownership Assistance Program or NHA has executed a Memorandum Of Understanding with to allow NHA to administer the program within their jurisdiction.

Such assistance would be subject to portability procedures for Section 8 Housing Choice Voucher Assistance.

### **DENIAL OR TERMINATION OF HOMEOWNERSHIP ASSISTANCE**

NHA will deny or terminate homeownership assistance for the family in accordance with this section.

NHA will deny or terminate at any time homeownership assistance in accordance with 24 Code of Federal Register § 982.552 Grounds for denial or termination of assistance or 24 Code of Federal Register § 982.553 Crimes committed by family members.

NHA may terminate or deny assistance for violation of the family's obligations

NHA must deny or terminate homeownership assistance for any member of the family receiving homeownership assistance that is dispossessed from the unit pursuant to a judgment or order of foreclosure on any mortgage securing debt incurred to purchase the unit or any refinancing of such debt.

If a family is terminated as a result of the family's own actions or inaction's, NHA will examine the circumstances to determine whether to allow the family to continue housing assistance under the voucher rental program.

**RECAPTURE OF HOMEOWNERSHIP ASSISTANCE**

NHA will recapture a percentage of the homeownership assistance provided to the family upon the family's sale or refinancing the unit.

NHA will secure the rights to recapture by executing lien documents as required by HUD and consistent with State and local law. The lien securing the recapture of homeownership assistance subsidy may be subordinated to a refinanced mortgage.

In the case of the sale or refinancing of the unit, the recapture shall be in the amount of homeownership assistance provided to the family adjusted. The amount subject to recapture will automatically be reduced over a ten (10) year period, beginning one year from the purchase date, in annual increments of ten (10%) percent. At the end of the tenth (10<sup>th</sup>) year the recapture amount will be zero.