

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2001

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

## PHA Plan Agency Identification

**PHA Name: Housing Authority of Lancaster**

**PHA Number: KY052**

**PHA Fiscal Year Beginning: (mm/yyyy) 01/2001**

### PHA Plan Contact Information:

Name: Lisa Smith

Phone: 859/792-3813

TDD: 1-800-648-6056

Email (if available):

### 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.

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| <input type="checkbox"/> Other (List below, providing each attachment name)  |                      |

## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

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

**NOT REQUIRED**

### **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.

The only policy and/or program changes for the upcoming year are the HUD mandated requirements of the implementation of a Pet Policy, the Community Service and Self-Sufficiency Policy, and the affects these have on the Admissions and Occupancy Policy and the Dwelling Lease.

### **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? \$ 119,994

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</b><br><b>(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"/><br>Disposition <input type="checkbox"/>  |  |
| 3. Application status (select one)<br>Approved <input type="checkbox"/><br>Submitted, pending approval <input type="checkbox"/><br>Planned application <input type="checkbox"/>  |  |
| 4. Date application approved, submitted, or planned for submission: (DD/MM/YY)   |  |
| 5. Number of units affected:   |  |
| 6. Coverage of action (select one)<br><input type="checkbox"/> Part of the development<br><input type="checkbox"/> Total development   |  |
| 7. Relocation required (select all that apply)<br><input type="checkbox"/> Section 8 for units<br><input type="checkbox"/> Public housing for units<br><input type="checkbox"/> Preference for admission to other public housing or section 8<br><input type="checkbox"/> Other housing for units (describe below) |  |
| 8. Timeline for activity:<br>a. Actual or projected start date of activity:<br>b. Actual or projected start date of relocation activities:<br>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):

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

The Consolidated Plan of Kentucky and the PHA Plan concur in the objectives of preservation of housing units through modernization enabling the production of safe, decent and affordable housing for low income renter households through sound management efforts.

## 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:**

The Housing Authority of Lancaster defines “substantial deviation” as a change in the capital budget and/or 5-Year PHA Plan of 50% or more of non-emergency work items that would require resubmission of an updated Plan.

The Housing Authority of Lancaster has made no substantial deviations from the 5-Year Plan Policy as outlined in the 2000 Agency Plan submitted to HUD.

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

The Housing Authority of Lancaster will consider the following actions to be significant amendments or modifications:

- Changes to rent or admissions policies or organization of the waiting list with the exemption of HUD mandated changes in these policies
- Addition of non-emergency work items in the amount of 50% of the budget (items not included in the current Annual Statement or 5-Year PHA Plan).

The Housing Authority of Lancaster has not made significant amendments or modifications to the Annual Plan except those that are adopted to reflect changes in HUD regulatory requirements.

## 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>                                |
| X  | 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                                      |
|  |   |  |
| X  | 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 |
|  | Any policy governing occupancy of Police Officers in Public Housing<br><input type="checkbox"/> check here if included in the public housing A&O Policy   | Annual Plan: Eligibility, Selection, and Admissions Policies |
|  | 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<br><input checked="" type="checkbox"/> check here if included in the public housing A & O Policy   | Annual Plan: Rent Determination                              |
| X  | Schedule of flat rents offered at each public housing development<br><input checked="" type="checkbox"/> check here if included in the public housing A & O Policy  | Annual Plan: Rent Determination                              |
|  | Section 8 rent determination (payment standard) policies<br><input type="checkbox"/> check here if included in Section 8 Administrative Plan  | 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  | Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)   | Annual Plan: Operations and Maintenance  |
| X  | Results of latest binding Public Housing Assessment System (PHAS) Assessment   | Annual Plan: Management and Operations   |
| X  | 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   |
|  | Any required policies governing any Section 8 special housing types<br><input type="checkbox"/> check here if included in Section 8 Administrative Plan  | Annual Plan: Operations and Maintenance  |
| X  | Public housing grievance procedures<br><input checked="" type="checkbox"/> check here if included in the public housing A & O Policy   | Annual Plan: Grievance Procedures  |
|  | Section 8 informal review and hearing procedures<br><input 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   |
| X  | 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                                       |
|  | 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   |
|  | Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)  | Annual Plan: Homeownership   |

| <b>List of Supporting Documents Available for Review</b> |  |   |
|--|--|---|
| <b>Applicable &amp; On Display</b>                       | <b>Supporting Document</b>   | <b>Related Plan Component</b>                                   |
|  | Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies   | Annual Plan:<br>Community Service & Self-Sufficiency            |
|  | FSS Action Plan/s for public housing and/or Section 8  | Annual Plan:<br>Community Service & Self-Sufficiency            |
| X  | Section 3 documentation required by 24 CFR Part 135, Subpart E   | Annual Plan:<br>Community Service & Self-Sufficiency            |
|  | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports   | Annual Plan:<br>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)<br><input checked="" type="checkbox"/> check here if included in the public housing A & O Policy   | Pet Policy  |
| X  | 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   |
| X  | Other supporting documents (optional)<br>(list individually; use as many lines as necessary)<br>Community Service & Self Sufficiency Policy  | (specify as needed)<br><br>Community Service & Self-Sufficiency |
| X  | Pet Policy   | Pet Policy  |

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFR)**

|  |  |
|--|--|
| <b>PHA Name:</b><br><br>Housing Authority of Lancaster | <b>Grant Type and Number</b><br>Capital Fund Program: KY36P052-502(01)<br>Capital Fund Program<br>Replacement Housing Factor Grant No: |
|--|--|

|  |   |  |
|--|---|--|
| <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</b> |
| <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> | <input type="checkbox"/> <b>Final Performance and Evaluation Report</b> |  |

| Line No. | Summary by Development Account                            | Total Estimated Cost |         | Other |
|----------|---|----------------------|---------|-------|
|          |   | Original             | Revised |       |
| 1        | Total non-CFP Funds                                       |                      |         |       |
| 2        | 1406 Operations   |                      |         |       |
| 3        | 1408 Management Improvements                              | \$23,000             |         |       |
| 4        | 1410 Administration                                       | \$1,000              |         |       |
| 5        | 1411 Audit  |                      |         |       |
| 6        | 1415 liquidated Damages                                   |                      |         |       |
| 7        | 1430 Fees and Costs                                       | \$16,400             |         |       |
| 8        | 1440 Site Acquisition                                     |                      |         |       |
| 9        | 1450 Site Improvement                                     | \$18,000             |         |       |
| 10       | 1460 Dwelling Structures                                  | \$61,594             |         |       |
| 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)               | \$119,994            |         |       |
| 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/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFR)**

**Part II: Supporting Pages**

|  |   |
|--|---|
| <b>PHA Name:</b><br><br>Housing Authority of Lancaster | <b>Grant Type and Number</b><br>Capital Fund Program #: KY36P052-502(01)<br>Capital Fund Program<br>Replacement Housing Factor #: |
|--|---|

| Development Number<br>Name/HA-Wide<br>Activities | General Description of Major Work<br>Categories | Dev. Acct No. | Quantity | Total Estimated Cost |         |
|--|---|---------------|----------|----------------------|---------|
|  |   |               |          | Original             | Revised |
| PHA Wide   | Administrative Salary                           | 1408          |          | 5,000                |         |
| PHA Wide   | Resident Coordinator Salary                     | 1408          |          | 8,000                |         |
| PHA Wide   | Modernization Improvements Mechanic             | 1408          |          | 10,000               |         |
| PHA Wide   | Advertising                                     | 1410          |          | 1,000                |         |
| PHA Wide   | A/E Fees  | 1430          |          | 7,200                |         |

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

| PHA Name:<br><br>Housing Authority of Lancaster  |   | <b>Grant Type and Number</b><br>Capital Fund Program #: KY36P052-502(01)<br>Capital Fund Program<br>Replacement Housing Factor #: |          |                      |         |
|--|---|---|----------|----------------------|---------|
| Development Number<br>Name/HA-Wide<br>Activities | General Description of Major Work<br>Categories | Dev. Acct No.   | Quantity | Total Estimated Cost |         |
|  |   |   |          | Original             | Revised |
| PHA Wide   | M/C Fees  | 1430  |          | 7,200                |         |
| PHA Wide   | Agency Plan Update                              | 1430  |          | 2,000                |         |
| PHA Wide   | Security Lights                                 | 1450  |          | 10,000               |         |
| PHA Wide   | Landscaping                                     | 1450  |          | 8,000                |         |
| 52-01  | Porch Lights                                    | 1460  |          | 10,000               |         |
| PHA Wide   | HVAC Upgrades                                   | 1460  |          | 51,594               |         |
|  |   |   |          |                      |         |
|  |   |   |          |                      |         |
|  |   |   |          |                      |         |
|  |   |   |          |                      |         |
|  |   |   |          |                      |         |
|  |   |   |          |                      |         |
|  |   |   |          |                      |         |
|  |   |   |          |                      |         |



## Capital Fund Program 5-Year Action Plan

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

| <b>CFP 5-Year Action Plan</b>   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement |  |  |
| Development Number  | Development Name<br>(or indicate PHA wide) |  |
| 52-01   |  |  |
| Description of Needed Physical Improvements or Management Improvements                            | Estimated Cost                             | Planned Start Date<br>(HA Fiscal Year) |
| Kitchen Upgrades (16)   | \$40,000                                   | 2002                                   |
| Paint Dwelling Units (16)   | \$14,400                                   | 2002                                   |
| Carpet Units (16)   | \$19,200                                   | 2002                                   |
| Porch Lights (32)   | \$8,000                                    | 2002                                   |
| Kitchen Upgrades (16)   | \$40,000                                   | 2003                                   |
| Paint Dwelling Units (16)   | \$14,400                                   | 2003                                   |
| Carpet Units (16)   | \$19,200                                   | 2003                                   |
| <b>Total estimated cost over next 5 years</b>   | <b>\$155,200</b>                           |  |

## Capital Fund Program 5-Year Action Plan

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

| <b>CFP 5-Year Action Plan</b>   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement |  |  |
| <b>Development Number</b>   | <b>Development Name<br/>(or indicate PHA wide)</b> |  |
| 52  | PHA-Wide – Modernization                           |  |
| <b>Description of Needed Physical Improvements or Management Improvements</b>                     | <b>Estimated Cost</b>                              | <b>Planned Start Date<br/>(HA Fiscal Year)</b> |
| Playground Equipment  | \$8,000  | 2003   |
| Picnic Shelter  | \$8,200  | 2004   |
| Security Lights   | \$7,500  | 2004   |
| Landscaping   | \$10,000   | 2004   |
| Painting Dwelling Units (10)  | \$9,000  | 2004   |
| Stoves & Refrigerators  | \$9,500  | 2004   |
| Painting Dwelling Units (10)  | \$9,000  | 2005   |
| Water Heaters (20)  | \$5,000  | 2005   |
| Paint Exterior Doors  | \$3,600  | 2005   |
| Interior Door Replacement   | \$17,225   | 2005   |
| <b>Total estimated cost over next 5 years</b>   | <b>\$87,025</b>                                    |  |

## Capital Fund Program 5-Year Action Plan

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

| <b>CFP 5-Year Action Plan</b>   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> <b>Original statement</b> <input type="checkbox"/> <b>Revised statement</b> |  |  |
| <b>Development Number</b>   | <b>Development Name (or indicate PHA wide)</b> |  |
| 52  | <b>Management Improvements – PHA Wide</b>      |  |
| <b>Description of Needed Physical Improvements or Management Improvements</b>                                   |  | <b>Estimated Cost</b>                      |
|   |  | <b>Planned Start Date (HA Fiscal Year)</b> |
| Administrative Salaries   |  | \$23,000                                   |
| Computer Upgrades   |  | \$7,000                                    |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| <b>Total estimated cost over next 5 years</b>   |  | <b>\$99,000</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 \_\_\_\_\_

**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 which highlights the major activities undertaken. It may include a description of the evaluation process. The summary must not exceed more than (5) sentences long

**E. Target Area**

Complete the following by indicating each PHDEP Target Area (development of new activities, etc. completed) total number of units in each PHDEP Target Area and total number of units expected to be available in PHDEP Target Area. Provide a description of activities in each Target Area. The description should be consistent with that available in PHDEP Plan.

| PHDEP Target Area (Name and location for site) | # of units in 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 of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions/waivers. For grant extensions received, place "GE" in column or "W" for waivers.

| Fiscal Year of Funding | PHDEP Funding Received | Grant # | Fund Balance as of Date of Submission | Grant Term End Date | Extensions/Waivers | Grant Start Date | Grant End Date | Grant Term |
|------------------------|------------------------|---------|---------------------------------------|---------------------|--------------------|------------------|----------------|------------|
| FY 1995                |                        |         |                                       |                     |                    |                  |                |            |
| FY 1996                |                        |         |                                       |                     |                    |                  |                |            |
| FY 1997                |                        |         |                                       |                     |                    |                  |                |            |
| FY 1998                |                        |         |                                       |                     |                    |                  |                |            |
| FY 1999                |                        |         |                                       |                     |                    |                  |                |            |

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

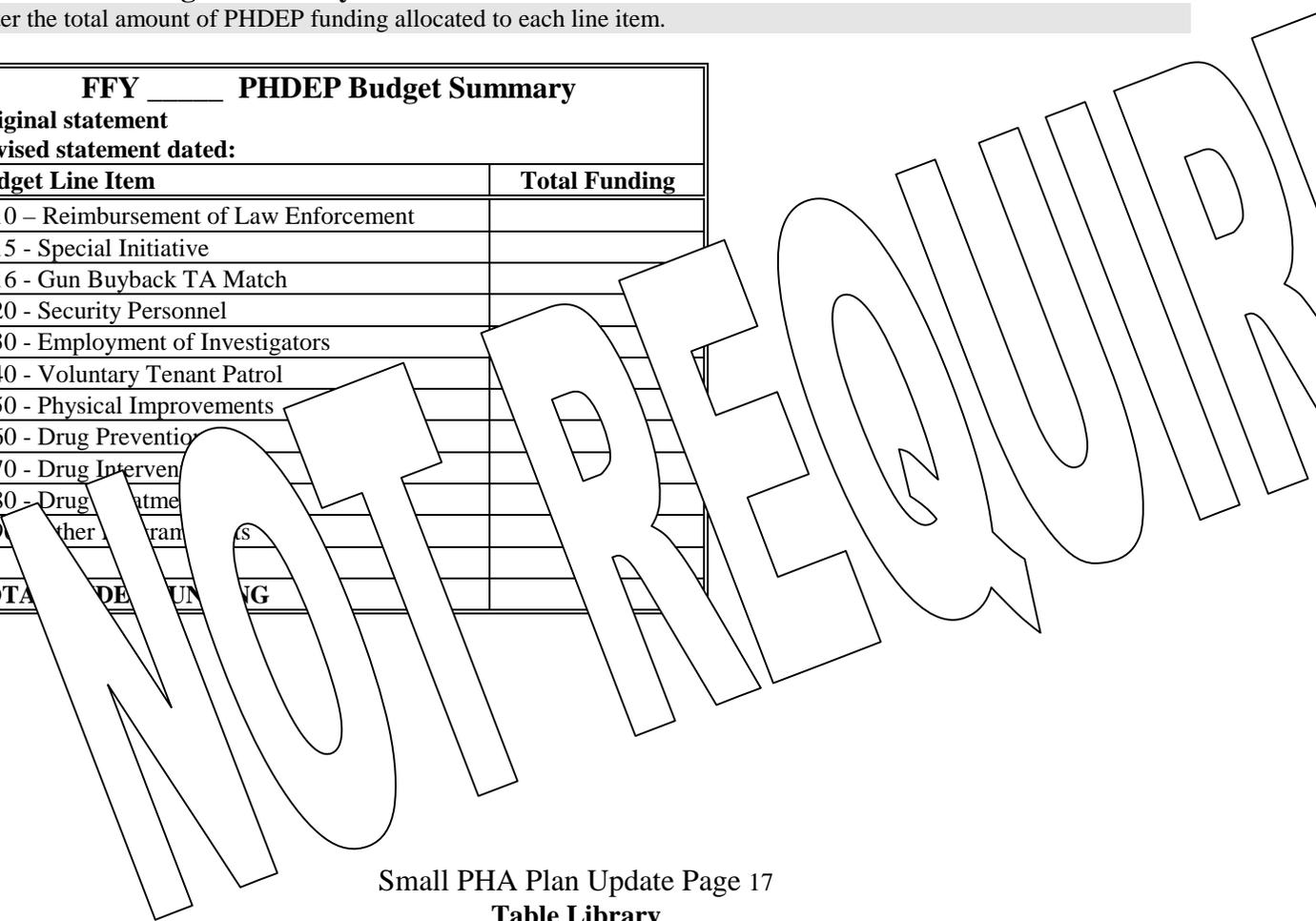
**A. PHDEP Plan Summary**

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.

| FFY ____ PHDEP Budget Summary           |               |
|---|---------------|
| Original statement                      |               |
| Revised statement dated:                |               |
| Budget Line Item                        | Total Funding |
| 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 Programs                   |               |
| <b>TOTAL PHDEP FUNDING</b>              |               |



**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> |                     |                   |            |                        |               |                               | PHDEP Funding: |
|--|---------------------|-------------------|------------|------------------------|---------------|-------------------------------|----------------|
| Goal(s)  |                     |                   |            |                        |               |                               |                |
| Objectives                                     |                     |                   |            |                        |               |                               |                |
| Proposed Activities                            | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount/Source) |                |
| 1.   |                     |                   |            |                        |               |                               |                |
| 2.   |                     |                   |            |                        |               |                               |                |
| 3.   |                     |                   |            |                        |               |                               |                |

| <b>9115 - Social Media</b> |                     |                   |            |                        |               |                               | PHDEP Funding: \$ |
|----------------------------|---------------------|-------------------|------------|------------------------|---------------|-------------------------------|-------------------|
| Goal(s)                    |                     |                   |            |                        |               |                               |                   |
| Objectives                 |                     |                   |            |                        |               |                               |                   |
| Proposed Activities        | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount/Source) |                   |
| 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) |
| 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) |
| 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) |
| 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)  |  |
| 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)  |  |
| 1.                                  |                     |                   |            |                        |               |                                |  |
| 2.                                  |                     |                   |            |                        |               |                                |  |
| 3.                                  |                     |                   |            |                        |               |                                |  |

|                     |                     |                   |            |                        |               |                                |  |
|---------------------|---------------------|-------------------|------------|------------------------|---------------|--------------------------------|--|
| <b>9160 - Drug</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)  |  |
| 1.                  |                     |                   |            |                        |               |                                |  |
| 2.                  |                     |                   |            |                        |               |                                |  |
| 3.                  |                     |                   |            |                        |               |                                |  |

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

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

|                                   |                     |                   |            |                        |                |                                |  |
|-----------------------------------|---------------------|-------------------|------------|------------------------|----------------|--------------------------------|--|
| <b>9190 - Other Program Costs</b> |                     |                   |            |                        |                | <b>Total PHEDEP Funds: \$</b>  |  |
| Goal(s)                           |                     |                   |            |                        |                |                                |  |
| Objectives                        |                     |                   |            |                        |                |                                |  |
| Proposed Activities               | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) |  |
| 1.                                |                     |                   |            |                        |                |                                |  |
| 2.                                |                     |                   |            |                        |                |                                |  |
| 3.                                |                     |                   |            |                        |                |                                |  |

**Required Attachment E: 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:

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

- Elected
- Appointed

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

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: 2003

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

Billy C. Moss, Mayor of Lancaster

**Required Attachment F: 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.)

Betty Wilkerson, President  
Donna Linton  
T. C. Linton  
Judy Anderson  
Georgia Smith

**Required Attachment G: Comments of Resident Advisory Board or Boards & Explanation of PHA Response**

| COMMENTS                 | PHA RESPONSE  |
|--------------------------|---|
| New Sidewalks            | Currently being replaced  |
| Playground Painted       | Scheduled for summer  |
| Air Conditioning         | A/E drawings complete, awaiting bidding   |
| Garbage Cans             | PHA to research   |
| Window Screens           | Windows were replaced with new security screens two years ago – PHA to research                       |
| Carpet                   | Installed in Site 02 and budgeted for Site 01   |
| Stoves and Refrigerators | Both are budgeted to be replaced as needed  |
| Flowers and Trees        | Landscaping has been budgeted for both sites  |
| Dryer Hook-ups           | PHA will consider when budgeting in the future  |
| Doors Required           | Interior door replacements are currently being completed and additional replacement has been budgeted |
| Remove Bedroom Wall      | PHA will retain number of bedrooms in all dwelling structures   |
| Telephone Jacks          | PHA has adequate jacks within units   |
| Fence around unit        | PHA will not fence areas of property near dwelling structures due to safety concerns                  |

GENERAL NOTE: All comments were taken into consideration and responded to accordingly.