

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

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# PHA Plans

Annual Plan for Fiscal Year 2001

## ***BOGALUSA HOUSING AUTHORITY BOGALUSA, LOUISIANA***

**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 the City of Bogalusa*

**PHA Number:** *LA024*

**PHA Fiscal Year Beginning: (mm/yyyy)** *10/2001*

**Public Access to Information**

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

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

**Display Locations For PHA Plans and Supporting Documents**

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

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

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

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

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

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Streamlined Plan:**

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

**Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan** *NOT REQUIRED*

[24 CFR Part 903.7 9 (r)]

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

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

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

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**Attachments**

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

Required Attachments:

- Admissions Policy for Deconcentration – *Attachment A* 46
- FY 2000 Capital Fund Program Annual Statement *Attachment G* 53
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- Community Service Implementation Procedures – *Attachment B* 46

Optional Attachments:

- PHA Management Organizational Chart
- FY 2000 Capital Fund Program 5 Year Action Plan – *Attachment H* 57
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
  - Attachment C: Pet Policy* 49
  - Attachment D: Resident Membership of PHA Board* 52
  - Attachment E: Membership of Resident Advisory Board* 52
  - Attachment F: Progress Report* 52
  - Attachment I: Performance and Evaluation Reports for 1999 and 2000 Capital Fund Programs* 61

**Supporting Documents Available for Review**

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input 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
X	Public housing grievance procedures	Annual Plan: Grievance

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	<input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	416	5	4	5	2	2	4
Income >30% but <=50% of AMI	338	5	4	5	2	2	4
Income >50% but <80% of AMI	255	5	4	5	2	2	4
Elderly	190	5	4	5	2	2	4
Families with Disabilities	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	351	5	4	5	2	2	4
Race/Ethnicity	657	5	4	5	2	2	4

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

- Consolidated Plan of the Jurisdiction/s  
Indicate year:
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information) *U.S. Census Data 1990*

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

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

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	94		140
Extremely low income <=30% AMI	30	32%	
Very low income (>30% but <=50% AMI)	16	17%	
Low income (>50% but <80% AMI)	48	51%	
Families with children	68	72%	
Elderly families	3	3%	
Families with Disabilities	24	25%	
Race/ethnicity <i>White</i>	86	92%	
Race/ethnicity <i>Black</i>	8	8%	
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	60	65%	
2 BR	15	16%	
3 BR	17	18%	
4 BR	2	1%	

Housing Needs of Families on the Waiting List			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	48		20
Extremely low income <=30% AMI	17	35%	
Very low income (>30% but <=50% AMI)	18	38%	
Low income (>50% but <80% AMI)	13	27%	
Families with children	39	82%	
Elderly families	1	2%	
Families with Disabilities	8	16%	
Race/ethnicity <i>White</i>	3	7%	
Race/ethnicity <i>Black</i>	45	93%	
Race/ethnicity			
Race/ethnicity			
Characteristics by			

Housing Needs of Families on the Waiting List			
Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? <i>3 months</i>			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

### C. Strategy for Addressing Needs

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

#### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

*The PHA has a large number of people on the waiting list. The area is in great need of housing for all income levels, that is affordable, decent and safe, especially for the very low income and low income.*

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction

- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

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

Select all that apply

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

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

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

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

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

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

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

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

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

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

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

Select if applicable

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

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

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

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

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

**2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

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

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2000 grants)</b>		
a) Public Housing Operating Fund	<i>\$407,568.00</i>	
b) Public Housing Capital Fund	<i>\$670,581.00</i>	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	<i>\$359,816.00</i>	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>3. Public Housing Dwelling Rental Income</b>	<i>\$416,420.00</i>	<i>Operations / Maintenance</i>
<b>4. Other income (list below)</b>		
<i>Reserves (PHA)</i>	<i>\$342,673.00</i>	<i>Reserves</i>
<i>Reserves (Section 8)</i>	<i>\$13,150.00</i>	<i>Reserves</i>
<b>4. Non-federal sources (list below)</b>		
<b>Total resources</b>	<i>\$2,210,208.00</i>	

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

[24 CFR Part 903.7 9 (c)]

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

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

##### **(1) Eligibility**

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

- When families are within a certain number of being offered a unit: (state number) **5**
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe)

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

- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other (describe) *Citizenship status, Social Security Documentation, Consent*

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

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

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

## **(2)Waiting List Organization**

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

- Community-wide list
- Sub-jurisdictional lists
- Site-based waiting lists
- Other (describe)

b. Where may interested persons apply for admission to public housing?

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

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

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

2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?
3.  Yes  No: May families be on more than one list simultaneously  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- PHA main administrative office
  - All PHA development management offices
  - Management offices at developments with site-based waiting lists
  - At the development to which they would like to apply
  - Other (list below)

**(3) Assignment**

- a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)
- One
  - Two
  - Three or More
- b.  Yes  No: Is this policy consistent across all waiting list types?
- c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

**(4) Admissions Preferences**

- a. Income targeting:
- Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
- b. Transfer policies:  
In what circumstances will transfers take precedence over new admissions? (list below)
- Emergencies
  - Overhoused
  - Underhoused

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

c. Preferences

1.  Yes  No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

*l* Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

### **(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

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

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

- At an annual reexamination and lease renewal
- Any time family composition changes *within 10 days of the occurrence*
- At family request for revision
- Other (list)

**(6) Deconcentration and Income Mixing**

**Component 3, (6) Deconcentration and Income Mixing**

- a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b.  Yes  No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

- a.  Yes  No: Did the PHA’s analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?
- b.  Yes  No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?
- c. If the answer to b was yes, what changes were adopted? (select all that apply)
- Adoption of site-based waiting lists  
If selected, list targeted developments below:
- Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below: *All sites*
- Employing new admission preferences at targeted developments  
If selected, list targeted developments below:

Other (list policies and developments targeted below)

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

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

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

## **B. Section 8**

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

### **(1) Eligibility**

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

- Criminal or drug-related activity only to the extent required by law or regulation
- Criminal and drug-related activity, more extensively than required by law or regulation
- More general screening than criminal and drug-related activity (list factors below)

Other (list below)

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

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

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

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

Criminal or drug-related activity

Other (describe below)

### **(2) Waiting List Organization**

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

None

Federal public housing

Federal moderate rehabilitation

Federal project-based certificate program

Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

PHA main administrative office

Other (list below)

### **(3) Search Time**

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

If yes, state circumstances below:

*Hospitalization preventing occupying of a unit, family emergency, requested assistance by tenant after searching for a unit with no success, if unit does not meet HQS inspection requirements, disabled persons.*

**(4) Admissions Preferences**

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

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

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

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

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

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

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

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

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Special Purpose Section 8 Assistance Programs**

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

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

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

- Through published notices
- Other (list below)

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

[24 CFR Part 903.7 9 (d)]

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

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

##### **(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

- The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

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

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

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

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

*If the family has lost their eligibility for or is waiting on eligibility determination for a Federal, State or local assistance program; if the family would be evicted because of the encumbrance of the minimum rent requirement; if the family income has been reduced due to a change in circumstances, including loss of employment; if the family's expenses have increased due to a change in circumstances such as education, childcare, transportation, medical expenses, or similar situations; if the family has experienced a death.*

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

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

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

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

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

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:

- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

*Income earned from children or foster children under 18, income from care of foster children or foster adults, reimbursed medical expenses for any family member, income earned by live-in aide, lump sum amounts from inheritances, insurance settlements, settlements for personal or property loss, deferred periodic amounts from supplemental security income and Social Security benefits, student financial aide, special pay to a family member serving in the Armed Forces who is exposed to hostile fire, sporadic income from temporary work(including gifts), income received, not to exceed \$200 per month, under a resident service stipend program, amounts received from HUD funded training programs, amounts received through publicly assisted programs that are for the reimbursement of out-of-pocket expenses and that are made exclusively to allow participation in a specific program, earnings to any family member who is participating in a qualified State or local job-training program(only during the duration of the training program), amounts received by a person with a disability that are disregarded for a specific time (Supplemental Security Income or PASS), compensation paid by a foreign government for claims filed by persons who were persecuted during the Nazi era, amounts received in excess of \$480 for adoption assistance of an adopted child, amounts earned over \$480 by full-time students 18 years or older, not to include head of household and spouse, incremental earnings from employment during the 12 month period following date of hire shall be excluded(with special circumstances: TANF, unemployed for one or more years, or member of FSS program), compensation by a state agency to assist with the cost of a family member with a developmental disability so that they can live at home, refunds for property taxes that were paid on the dwelling unit, Federal benefits from Domestic Volunteer Services Act of 1973, Job Training Partnership Act, allotment of food stamps, agent orange settlement, childcare under the Child Care and Development Block Grant Act of 1990, living expenses under the Americorps Program, scholarships awarded under Title IV Work Study, earned income tax credit refund, Older Americans Act of 1965 payments, \$480 for each dependent, \$400 for elderly family of disabled family, unreimbursed medical expenses or unreimbursed attendant care (when exceeds 3% of annual income), child care expenses.*

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

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

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

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

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

- Market comparability study
- Fair market rents (FMR)
- 95<sup>th</sup> percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The “rental value” of the unit
- Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option
- Any time the family experiences an income increase *within 10 days of the occurrence*
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) \_\_\_\_\_
- Other (list below)

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

**(2) Flat Rents**

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

- The section 8 rent reasonableness study of comparable housing

- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below)

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

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

### **(1) Payment Standards**

Describe the voucher payment standards and policies.

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

- At or above 90% but below 100% of FMR
- 100% of FMR
- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or submarket
- Other (list below)

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

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)

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

- Annually
- Other (list below)

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

- Success rates of assisted families
- Rent burdens of assisted families
- Other (list below)

**(2) Minimum Rent**

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

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

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

**5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

**A. PHA Management Structure**

Describe the PHA’s management structure and organization.

(select one)

- An organization chart showing the PHA’s management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:



**B. HUD Programs Under PHA Management**

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use “NA” to indicate that the PHA does not operate any of the programs listed below.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	340	140
Section 8 Vouchers	98	10
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

**C. Management and Maintenance Policies**

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

- (1) Public Housing Maintenance and Management: (list below)
  - Admissions and Continued Occupancy Policy*
  - Maintenance Policy*
  - Management Policy*
- (2) Section 8 Management: (list below)
  - Section 8 Administrative Plan*

**6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

**A. Public Housing**

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

If yes, list additions to federal requirements below:

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

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

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

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office  
 Other (list below)

**7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

**A. Capital Fund Activities**

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

**(1) Capital Fund Program Annual Statement**

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

Select one:

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

-or-

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

**(2) Optional 5-Year Action Plan**

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

a.  Yes  No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name): *H*

-or-

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

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

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

- Yes  No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
- b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
  - Revitalization Plan under development
  - Revitalization Plan submitted, pending approval
  - Revitalization Plan approved
  - Activities pursuant to an approved Revitalization Plan underway

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

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

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

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

### 2. Activity Description

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

<b>Demolition/Disposition Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/>	
Disposition <input type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity:	
b. Projected end date of activity:	

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

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

**10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

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

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

1.  Yes  No: Have any of the PHA’s developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If “No”, skip to component 11; if “yes”, complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 11. If “No”, complete the Activity Description table below.

<b>Conversion of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	
<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway	
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)	
<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: ) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)	

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

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

**11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

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

2. Activity Description

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

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

6. Coverage of action: (select one)

- Part of the development  
 Total development

## B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

Yes  No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

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

b. PHA-established eligibility criteria

Yes  No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

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

[24 CFR Part 903.7 9 (l)]

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

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

1. Cooperative agreements:

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

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

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

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

**B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

- Yes  No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-



### C. Welfare Benefit Reductions

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

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

<b>D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937</b>
--

### **13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

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

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

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

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

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

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

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

*All Developments*

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

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

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

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

*All Development*

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

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

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents

- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
  - Other activities (list below)
2. Which developments are most affected? (list below)  
*All Developments*

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

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

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

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

**15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

**16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

- 1.  Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
- 2.  Yes  No: Was the most recent fiscal audit submitted to HUD?
- 3.  Yes  No: Were there any findings as the result of that audit?
- 4.  Yes  No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_\_
- 5.  Yes  No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

**17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

1.  Yes  No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
  
2. What types of asset management activities will the PHA undertake? (select all that apply)  
 Not applicable  
 Private management  
 Development-based accounting  
 Comprehensive stock assessment  
 Other: (list below)
  
3.  Yes  No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
  
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)  
 Attached at Attachment (File name)  
 Provided below:  
*Recommendations brought forth by the Board are as follows:*  
*Repair Playground equipment*  
*Problems with extermination and termite control*  
*Central Heat and Air*  
*Replacement of Old Appliance*  
*Off Street Parking*  
*Swimming Pools*
  
3. In what manner did the PHA address those comments? (select all that apply)

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments  
List changes below:
- Other: (list below)

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

- 1.  Yes  No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
- 2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

- a. Nomination of candidates for place on the ballot: (select all that apply)
  - Candidates were nominated by resident and assisted family organizations
  - Candidates could be nominated by any adult recipient of PHA assistance
  - Self-nomination: Candidates registered with the PHA and requested a place on ballot
  - Other: (describe)
- b. Eligible candidates: (select one)
  - Any recipient of PHA assistance
  - Any head of household receiving PHA assistance
  - Any adult recipient of PHA assistance
  - Any adult member of a resident or assisted family organization
  - Other (list)
- c. Eligible voters: (select all that apply)
  - All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
  - Representatives of all PHA resident and assisted family organizations
  - Other (list)

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

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

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

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

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

*The PHA will continue to strive to meet the goals and objectives as outlined in the consolidated plan by addressing the needs of the very low and low income families within its jurisdiction.*

#### **D. Other Information Required by HUD**

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

#### ***Criteria for Substantial Deviation and Significant Amendments***

- A. *Substantial Deviation from the 5-Year Plan:*
  - B. *Any change to the mission statement such as:*
    - 1.) *50% deletion from or addition to the goals and objectives as a whole.*
    - 2.) *50% or more decrease in the quantifiable measurement of any individual goal or objective*
- C. *Significant Deviation or Modification to the Annual Plan:*
  - ✓ *50% variance in the funds projected in the Capital Fund Program Annual Statement*
  - ✓ *Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement*
  - ✓ *Any change in a policy or procedure that requires a regulatory 30-day posting*
  - ✓ *Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversion, Demolition / Disposition, Designated Housing or Homeownership*
  - ✓ *Any change inconsistent with the local, approved Consolidated Plan*



## **Attachments**

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

### **Attachment A: Admissions Policy for Deconcentration**

#### **Deconcentration**

*In order to achieve deconcentration of poverty and income mixing, the Housing Authority shall offer incentives for eligible families having higher incomes to occupy dwelling units in predominantly lower-income projects or for eligible families having lower incomes to occupy predominantly higher-income projects. Any eligible family has the absolute discretion to accept or reject the incentive such that the Housing Authority will not take any adverse action toward that family should it choose to reject the incentive. Neither shall this policy interfere with the use of site-based waiting lists. Nevertheless, the Housing Authority shall, when able, skip over that family in order to reach another family and implement the policy, since this is not considered an adverse action.*

### **Attachment B: Implementation of Public Housing Community Service Requirements**

*Bogalusa Housing Authority will implement the following Resident Community Service policy by first issuing a letter to all residents explaining the policy and notifying them of their status, either exempt or non-exempt, and the requirements to apply.*

#### **General**

*For families to be eligible for continued occupancy, each adult family member must (1) contribute eight hours per month of community service (not including political activities), or (2) participate in an economic self-sufficiency program, or (3) perform eight hours per month of combined activities as previously described unless they are exempt from this requirement.*

#### **Notification of the Requirements**

*The PHA shall identify all adult family members who are apparently not exempt from the community service requirement. The PHA shall notify all such family members of the community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. The PHA shall verify such claims. The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination on or after October 1, 2000. For families paying a flat rent, the obligation begins on the date their annual*

reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

### **Exemptions**

The following adult family members of tenant families are exempt from this requirement:

- A. Family members who are 62 or older.
- B. Family members who are blind or disabled as defined under 216(I)(1) or 1614 of the Social Security Act (42 U.S.C. 416(I)(1) and who certifies that because of this disability she or he is unable to comply with the community service requirements.
- C. Family members who are the primary care giver for someone who is blind or disabled as set forth in Paragraph B above.
- D. Family members engaged in work activity.
- E. Family members who are exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare to-work program.
- F. Family members receiving assistance, benefits or services under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program.

### **VOLUNTEER OPPORTUNITIES**

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community. An economic self-sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment). The PHA will coordinate with social service agencies, local schools, and the Human Resources Office in identifying a list of volunteer community service positions. Together with the resident advisory councils, the PHA may create volunteer positions such as hall monitoring, litter patrols, and supervising and record keeping for volunteers.

### **THE PROCESS**

*At the first annual reexamination on or after (insert fiscal year beginning after October 1, 2000), and each annual reexamination thereafter, the PHA will do the following:*

- A. Provide a list of volunteer opportunities to the family members.*
- B. Provide information about obtaining suitable volunteer positions.*
- C. Provide a volunteer time sheet to the family member. Instructions for the time sheet require the individual to complete the form and have a supervisor date and sign for each period of work.*
- D. Assign family members to a volunteer coordinator who will assist the family members in identifying appropriate volunteer positions and in meeting their responsibilities. The volunteer coordinator will track the family member's progress monthly and will meet with the family member as needed to best encourage compliance.*
- E. Thirty (30) days before the family's next lease anniversary date, the volunteer coordinator will advise the PHA whether each applicable adult family member is in compliance with the community service requirement.*

#### ***Notification of Non-Compliance with the Community Service Requirement***

*The PHA will notify any family found to be in noncompliance of the following:*

- A. The family member(s) has been determined to be in noncompliance;*
- B. That the determination is subject to the grievance procedure; and*
- C. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated;*

#### ***OPPORTUNITY FOR CURE***

*The PHA will offer the family member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns go toward the current commitment until the current year's commitment is made. The volunteer coordinator will assist the family member in identifying volunteer opportunities and will track compliance on a monthly basis. If any applicable family member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service, the PHA shall take action to terminate the lease.*

## ***Ban Against Replacement of Agency Employees***

*In implementing the service requirement, the PHA may not substitute community service or self-sufficiency activities performed by residents for work ordinarily performed by its employees, or replace a job at any location where residents perform activities to satisfy the service requirement.*

## ***Attachment C: Pet Policy***

### ***Exclusions***

*This policy does not apply to animals that are used to assist persons with disabilities. Animals of assistance are allowed in all public housing facilities with no restrictions other than those imposed on all tenants to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing their neighbors.*

### ***Pets In Public Housing***

*The PHA allows for pet ownership in its developments with the written pre-approval of the Housing Authority. Residents are responsible for any damage caused by their pets, including the cost of fumigating or cleaning their units. In exchange for this right, resident assumes full responsibility and liability for the pet and agrees to hold the PHA harmless from any claims caused by an action or inaction of the pet.*

### ***Approval***

*Residents must have the prior written approval of the Housing Authority before moving a pet into their unit. Residents must request approval on the Authorization for Pet Ownership Form that must be fully completed before the Housing Authority will approve the request. Residents must give the Housing Authority a picture of the pet so it can be identified if it is running loose.*

### ***Types and Number of Pets***

*The PHA will allow only common household pets. This means only domesticated animals such as a dog, cat, bird, rodent (including a rabbit), fish in aquariums or a turtle will be allowed in units. Common household pets do not include reptiles (except turtles). If this definition conflicts with a state or local law or regulation, the state or local law or regulation shall govern.*

*All dogs and cats must be spayed or neutered before they become six months old. A licensed veterinarian must verify this fact.*

*Only 1 pet per unit will be allowed.*

*Any animal deemed to be potentially harmful to the health or safety of others, including attack or fight trained dogs, will not be allowed.*

*No animal may exceed 20 pounds in weight projected to full adult size.*

### ***Inoculations***

*In order to be registered, pets must be appropriately inoculated against rabies,*

*distemper and other conditions prescribed by state and/or local ordinances. They must comply with all other state and local public health, animal control, and anti cruelty laws including any licensing requirements. A certification signed by a licensed veterinarian or state or local official shall be annually filed with the PHA to attest to the inoculations.*

### ***Pet Deposit***

*A pet deposit will not be charged.*

### ***Financial Obligation of Residents***

*Any resident who owns or keeps a pet in their dwelling unit will be required to pay for any damages caused by the pet. Also, any pet-related insect infestation in the pet owner's unit will be the financial responsibility of the pet owner and the PHA reserves the right to exterminate and charge the resident.*

### ***Nuisance or Threat to Health or Safety***

*The pet and its living quarters must be maintained in a manner to prevent odors and any other unsanitary conditions in the owner's unit and surrounding areas.*

*Repeated substantiated complaints by neighbors or PHA personnel regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisance may result in the owner having to remove the pet or move him/herself.*

*Pets who make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one half hour or more to the disturbance of any person at any time of day or night shall be considered a nuisance.*

### ***Designation of Pet areas***

*Pets must be kept in the owner's apartment or on a leash at all times when outside the unit (no outdoor cages may be constructed). Pets will be allowed only in designated areas on the grounds of the property if the PHA designates a pet area for the particular site. Pet owners must clean up after their pets and are responsible for disposing of pet waste.*

*With the exception of animals of assistance, no pets shall be allowed in the community room, community room kitchen, laundry rooms, public bathrooms, lobby, beauty shop, hallways or office in any of our sites.*

*To accommodate residents who have medically certified allergic or phobic reactions to dogs, cats, or other pets, those pets may be barred from certain wings (or floors) in our development(s)/(building(s)). This shall be implemented based on demand for this service.*

### ***Miscellaneous Rules***

*Pets may not be left unattended in a dwelling unit for over 24 hours. If the pet is left unattended and no arrangements have been made for its care, the HA will have the right to enter the premises and take the uncared for pet to be boarded at a local animal care facility at the total expense of the resident.*

*Pet bedding shall not be washed in any common laundry facilities.*

*Residents must take appropriate actions to protect their pets from fleas and ticks.*

*All dogs must wear a tag bearing the resident's name and phone number and the date of the latest rabies inoculation.*

*Pets cannot be kept, bred or used for any commercial purpose.*

*Residents owning cats shall maintain waterproof litter boxes for cat waste. Refuse from litter boxes shall not accumulate or become unsightly or unsanitary. Litter shall be disposed of in an appropriate manner.*

*A pet owner shall physically control or confine his/her pet during the times when Housing Authority employees, agents of the Housing Authority or others must enter the pet owner's apartment to conduct business, provide services, enforce lease terms, etc.*

*If a pet causes harm to any person, the pet's owner shall be required to permanently remove the pet from the Housing Authority's property within 24 hours of written notice from the Housing Authority. The pet owner may also be subject to termination of his/her dwelling lease.*

*A pet owner who violated any other conditions of this policy may be required to remove his/her pet from the development within 10 days of written notice from the Housing Authority. The pet owner may also be subject to termination of his/her dwelling lease.*

*The Housing Authority's grievance procedures shall be applicable to all individual grievances or disputes arising out of violations or alleged violations of this policy.*

### ***Visiting Pets***

*Pets that meet the size and type criteria outlined above may visit the projects/buildings where pets are allowed for up to two weeks without PHA approval. Tenants who have visiting pets must abide by the conditions of this policy regarding health, sanitation, nuisances, and peaceful enjoyment of others. If visiting pets violate this policy or cause the tenant to violate the lease, the tenant will be required to remove the visiting pet.*

### ***Removal of Pets***

*The PHA, or an appropriate community authority, shall require the removal of any pet from a project if the pet's conduct or condition is determined to be a nuisance or threat to the health or safety of other occupants of the project or of other persons in the community where the project is located.*

*In the event of illness or death of pet owner, or in the case of an emergency which would prevent the pet owner from properly caring for the pet, the PHA has permission to call the emergency caregiver designated by the resident or the local Pet Law Enforcement Agency to take the pet and care for it until family or friends would claim the pet and assume responsibility for it. Any expenses incurred will be the responsibility of the pet owner.*

### ***Attachment D: Resident Membership of the PHA Governing Board***

*Resident Board Member: Exie Mae Abram*

*Elected or Appointed: Appointed*

*Term of Appointment: 02/2001 to 01/2006*

*Date of Next Expiring Board Member: 10/2002*

*Appointing Official: Mayor James McGehee*

### ***Attachment E: Membership of Resident Advisory Board***

*Carollyn Gillespie, President*

*Zipphora Abrams, Vice President*

*Pricilla Wilson, Treasurer*

*Patricia Anchrum, Parliamentarian*

*Keith Merrell, Secretary*

### ***Attachment F: Progress Report***

*The Housing Authority has shown some progress in the goals set forth in its first five year plan. Vacancies have been reduced slightly. The management of the Authority and especially in the Section 8 Program has improved. The Authority has received 16 new housing choice vouchers and is in the process of filling those vouchers with eligible families. Income mixing has been improved to some extent. The make up of the waiting list indicates a slight increase in employed persons. The Authority has provided equal opportunity to all Americans in its housing efforts.*

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

PHA Name: <i>Housing Authority of the City of Bogalusa, Louisiana</i>	Grant Type and Number Capital Fund Program Grant No: <i>LA48P02450101</i> Replacement Housing Factor Grant No:	Federal FY of Grant: <i>2001</i>
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Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no:    )  
  Performance and Evaluation Report for Period Ending:      
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	<i>\$67,058.00</i>			
3	1408 Management Improvements	<i>\$134,116.00</i>			
4	1410 Administration	<i>\$20,000.00</i>			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	<i>\$20,000.00</i>			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	<i>\$324,407.00</i>			
11	1465.1 Dwelling Equipment—Nonexpendable	<i>\$80,000.00</i>			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	<i>\$25,000.00</i>			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	<i>\$670,581.00</i>			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

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

PHA Name: <i>Housing Authority of the City of Bogalusa, Louisiana</i>	Grant Type and Number Capital Fund Program Grant No: <i>LA48P02450101</i> Replacement Housing Factor Grant No:	Federal FY of Grant: <i>2001</i>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs	<i>\$60,000.00</i>			
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: <i>Housing Authority of the City of Bogalusa, Louisiana</i>		Grant Type and Number Capital Fund Program Grant No: <i>LA48P02450101</i> Replacement Housing Factor Grant No:			Federal FY of Grant: <i>2001</i>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<i>PHA Wide</i>	<i>Operating funds</i>	<i>1406</i>	<i>1</i>	<i>\$67,058.00</i>				
<i>PHA Wide</i>	<i>Computer Support</i>	<i>1408</i>	<i>1</i>	<i>\$15,000.00</i>				
<i>PHA Wide</i>	<i>Unit turnaround – Resident Hire</i>	<i>1408</i>	<i>130</i>	<i>\$20,000.00</i>				
<i>PHA Wide</i>	<i>Security</i>	<i>1408</i>	<i>1</i>	<i>\$60,000.00</i>				
<i>PHA Wide</i>	<i>Resident Services</i>	<i>1408</i>	<i>1</i>	<i>\$39,116.00</i>				
<i>PHA Wide</i>	<i>Non Tech. Assist. – Resident Hire</i>	<i>1410</i>	<i>1</i>	<i>\$20,000.00</i>				
<i>PHA Wide</i>	<i>A&amp;E Services</i>	<i>1430</i>	<i>1</i>	<i>\$20,000.00</i>				
<i>LA024 – 1</i>	<i>Termite Control</i>	<i>1460</i>	<i>70</i>	<i>\$16,779.00</i>				
<i>LA024 – 2</i>	<i>Termite Control</i>	<i>1460</i>	<i>52</i>	<i>\$13,251.00</i>				
<i>LA024 – 3</i>	<i>Termite Control</i>	<i>1460</i>	<i>56</i>	<i>\$14,060.00</i>				
<i>LA024 – 4</i>	<i>Termite Control</i>	<i>1460</i>	<i>22</i>	<i>\$8,453.00</i>				
<i>LA024 – 5</i>	<i>Termite Control</i>	<i>1460</i>	<i>80</i>	<i>\$30,188.00</i>				
<i>LA024 – 6</i>	<i>Termite Control</i>	<i>1460</i>	<i>60</i>	<i>\$22,292.00</i>				
<i>LA024 – 5</i>	<i>Renew attic insulation</i>	<i>1460</i>	<i>80</i>	<i>\$96,000.00</i>				
<i>LA024 – 6</i>	<i>Renew attic insulation</i>	<i>1460</i>	<i>60</i>	<i>\$72,000.00</i>				
<i>PHA Wide</i>	<i>Repaint apartments – contract work</i>	<i>1460</i>	<i>50</i>	<i>\$51,386.00</i>				
<i>PHA Wide</i>	<i>Appliance Replacement</i>	<i>1465.1</i>	<i>1</i>	<i>\$80,000.00</i>				
<i>PHA Wide</i>	<i>Up-grade Computer Hardware</i>	<i>1475</i>	<i>1</i>	<i>\$7,000.00</i>				
<i>PHA Wide</i>	<i>Replace maintenance vehicle</i>	<i>1475</i>	<i>1</i>	<i>\$18,000.00</i>				

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

PHA Name: <i>Housing Authority of the City of Bogalusa, Louisiana</i>	<b>Grant Type and Number</b> Capital Fund Program No: <i>LA48P02450101</i> Replacement Housing Factor No:	<b>Federal FY of Grant: <i>2001</i></b>
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
<i>PHA Wide</i>	<i>09/30/2003</i>			<i>09/30/2004</i>			
<i>LA024 - 1</i>	<i>09/30/2003</i>			<i>09/30/2004</i>			
<i>LA024 - 2</i>	<i>09/30/2003</i>			<i>09/30/2004</i>			
<i>LA024 - 3</i>	<i>09/30/2003</i>			<i>09/30/2004</i>			
<i>LA024 - 4</i>	<i>09/30/2003</i>			<i>09/30/2004</i>			
<i>LA024 - 5</i>	<i>09/30/2003</i>			<i>09/30/2004</i>			
<i>LA024 - 6</i>	<i>09/30/2003</i>			<i>09/30/2004</i>			

# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name <i>Bogalusa Housing Authority</i>						<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: <i>FY 2002</i> PHA FY: <i>FY 2002</i>	Work Statement for Year 3 FFY Grant: <i>FY 2003</i> PHA FY: <i>FY 2003</i>	Work Statement for Year 4 FFY Grant: <i>FY 2004</i> PHA FY: <i>FY 2004</i>	Work Statement for Year 5 FFY Grant: <i>FY 2005</i> PHA FY: <i>Fy 2005</i>	
	Annual Statement					
<i>PHA Wide</i>		<i>\$670,581.00</i>	<i>\$670,581.00</i>	<i>\$670,581.00</i>	<i>\$670,581.00</i>	
CFP Funds Listed for 5-year planning		<i>\$670,581.00</i>	<i>\$670,581.00</i>	<i>\$670,581.00</i>	<i>\$670,581.00</i>	
Replacement Housing Factor Funds						

Capital Fund Program Five-Year Action Plan

**Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : 2002 FFY Grant: 2002 PHA FY: 2002			Activities for Year: 2003 FFY Grant: 2003 PHA FY: 2003		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
	<i>PHA Wide</i>	<i>Fees &amp; costs</i>	<i>\$40,000.00</i>	<i>PHA Wide</i>	<i>Fees &amp; costs</i>	<i>\$40,000.00</i>
		<i>Computer software and Internet support</i>	<i>\$15,000.00</i>		<i>Computer software and Internet support</i>	<i>\$15,000.00</i>
		<i>Resident job/skill training</i>	<i>\$34,000.00</i>		<i>Resident job/skill training</i>	<i>\$35,200.00</i>
		<i>Security Contract</i>	<i>\$84,000.00</i>		<i>Security Contract</i>	<i>\$63,000.00</i>
		<i>A/C @ Sunset Addition (4)</i>	<i>\$15,122.00</i>		<i>Sunset Acres – repair stairs @ 2-Story units, bathroom floors, provide termite treatments</i>	<i>\$41,500.00</i>
		<i>A/C @ River Terrace (32)</i>	<i>\$194,000.00</i>		<i>Redmond Heights – repair stairs @ 2-Story units, bathroom floors, provide termite treatments</i>	<i>\$46,600.00</i>
		<i>A/C @ Bogue Apts. (60)</i>	<i>\$220,000.00</i>		<i>Oakhill Homes – repair stairs @ 2-Story units, bathroom floors, provide termite treatments</i>	<i>\$48,400.00</i>
		<i>Appliances</i>	<i>\$15,000.00</i>		<i>Sunset Addition – repair stairs @ 2-Story units, bathroom floors, provide termite treatments, sewer system replacement</i>	<i>\$217,150.00</i>
		<i>Miscellaneous Repairs</i>	<i>\$15,000.00</i>		<i>Termite treatment @ Highland Park</i>	<i>\$22,500.00</i>
		<i>Management Training</i>	<i>\$34,334.00</i>		<i>Termite treatment @ River Terrace</i>	<i>\$15,300.00</i>
		<i>Operations</i>	<i>\$4,125.00</i>		<i>Termite treatment @ Bogue Apts.</i>	<i>\$27,900.00</i>
					<i>Appliance replacement</i>	<i>\$15,000.00</i>
					<i>Miscellaneous Repairs</i>	<i>\$5,000.00</i>





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

PHA Name: <i>Bogalusa Housing Authority</i>	Grant Type and Number Capital Fund Program Grant No: <i>LA48P02470799</i> Replacement Housing Factor Grant No:	Federal FY of Grant: <i>1999</i>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: *03/31/2001*  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	<i>\$128,168.00</i>		<i>\$128,168.00</i>	<i>\$122,548.09</i>
4	1410 Administration	<i>\$10,000.00</i>		<i>\$10,000.00</i>	<i>\$5,849.48</i>
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	<i>\$20,000.00</i>		<i>\$20,000.00</i>	<i>\$20,000.00</i>
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	<i>\$425,671.00</i>		<i>\$425,671.00</i>	<i>\$224,248.70</i>
11	1465.1 Dwelling Equipment—Nonexpendable	<i>\$40,000.00</i>		<i>\$40,000.00</i>	<i>\$40,000.00</i>
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	<i>\$17,000.00</i>		<i>\$17,000.00</i>	<i>\$1,025.54</i>
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	<i>\$640,839.00</i>		<i>\$640,839.00</i>	<i>\$413,671.81</i>
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: <i>Bogalusa Housing Authority</i>		Grant Type and Number Capital Fund Program Grant No: <i>LA48P02470799</i> Replacement Housing Factor Grant No:		Federal FY of Grant: <i>1999</i>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <i>03/31/2001</i> <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs	<i>\$42,120.26</i>		<i>\$42,120.26</i>	<i>\$42,120.26</i>
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: <i>Bogalusa Housing Authority</i>		Grant Type and Number Capital Fund Program Grant No: <i>LA48P02470799</i> Replacement Housing Factor Grant No:			Federal FY of Grant: <i>1999</i>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<i>PHA Wide</i>	<i>Computer Support / Internet</i>	<i>1408</i>		<i>\$10,000.00</i>	<i>\$7,680.45</i>	<i>\$7,680.45</i>	<i>\$7,680.45</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>QHWRA Assistance</i>	<i>1408</i>		<i>\$5,000.00</i>	<i>\$2,900.00</i>	<i>\$2,900.00</i>	<i>\$2,900.00</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Resident Services</i>	<i>1408</i>		<i>\$71,168.80</i>	<i>\$75,467.29</i>	<i>\$75,467.29</i>	<i>\$69,847.38</i>	<i>93% Complete</i>
<i>PHA Wide</i>	<i>Security</i>	<i>1408</i>		<i>\$42,000.00</i>	<i>\$42,120.26</i>	<i>\$42,120.26</i>	<i>\$42,120.26</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Non-Technical Assistance</i>	<i>1410</i>		<i>\$10,000.00</i>	<i>\$10,000.00</i>	<i>\$5,849.48</i>	<i>\$5,849.48</i>	<i>58% Complete</i>
<i>PHA Wide</i>	<i>A&amp;E Services</i>	<i>1430</i>		<i>\$20,000.00</i>	<i>\$20,000.00</i>	<i>\$20,000.00</i>	<i>\$20,000.00</i>	<i>Complete</i>
<i>LA024 – 3</i>	<i>Cabinet Replacement</i>	<i>1460</i>		<i>\$153,700.00</i>	<i>\$153,965.00</i>	<i>\$153,965.00</i>	<i>\$153,965.00</i>	<i>Complete</i>
<i>LA024 – 3</i>	<i>Kitchen Light Replacement</i>	<i>1460</i>		<i>\$20,586.16</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	
<i>LA024 – 4</i>	<i>Cabinet Replacement</i>	<i>1460</i>		<i>\$58,000.00</i>	<i>\$58,868.00</i>	<i>\$58,868.00</i>	<i>\$58,868.00</i>	<i>Complete</i>
<i>LA024 – 4</i>	<i>Kitchen Light Replacement</i>	<i>1460</i>		<i>\$8,087.42</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	
<i>LA024 – 1</i>	<i>Bathtub Repair</i>	<i>1460</i>		<i>\$28,000.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	
<i>LA024 – 2</i>	<i>Bathtub Repair</i>	<i>1460</i>		<i>\$20,800.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	
<i>LA024 – 4</i>	<i>Bathtub Repair</i>	<i>1460</i>		<i>\$8,800.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	
<i>LA024 – 5A</i>	<i>Bathtub Replacement</i>	<i>1460</i>		<i>\$19,200.00</i>	<i>\$115,800.00</i>	<i>\$115,800.00</i>	<i>\$768.00</i>	<i>Partial Work</i>
<i>LA024 – 5B</i>	<i>Bathtub Replacement</i>	<i>1460</i>		<i>\$24,000.00</i>	<i>\$87,000.00</i>	<i>\$87,000.00</i>	<i>\$0.00</i>	<i>Contract Signed</i>
<i>LA024 – 6</i>	<i>Bathtub Replacement</i>	<i>1460</i>		<i>\$24,000.00</i>	<i>\$18,000.00</i>	<i>\$18,000.00</i>	<i>\$0.00</i>	<i>Contract Signed</i>
<i>La024 – 6</i>	<i>Attic Insulation</i>	<i>1460</i>		<i>\$49,296.62</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	
<i>PHA Wide</i>	<i>Appliance Replacement</i>	<i>1465.1</i>		<i>\$40,000.00</i>	<i>\$40,000.00</i>	<i>\$40,000.00</i>	<i>\$40,000.0</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Maintenance Vehicle</i>	<i>1475</i>		<i>\$17,000.00</i>	<i>\$17,000.00</i>	<i>\$17,000.00</i>	<i>\$1,025.54</i>	<i>6% Complete</i>

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

PHA Name: <i>Bogalusa Housing Authority</i>		Grant Type and Number Capital Fund Program No: <i>LA48P02470799</i> Replacement Housing Factor No:				Federal FY of Grant: <i>1999</i>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
<b><i>1408</i></b>							
<i>Computer</i>	<i>09/30/01</i>	<i>09/30/00</i>	<i>09/30/00</i>	<i>09/30/01</i>	<i>09/30/00</i>	<i>09/30/00</i>	<i>Completed Early</i>
<i>QHWRA</i>	<i>09/30/01</i>	<i>09/30/00</i>	<i>09/30/00</i>	<i>09/30/01</i>	<i>09/30/00</i>	<i>09/30/00</i>	<i>Completed Early</i>
<i>Resident Services</i>	<i>09/30/01</i>			<i>09/30/01</i>			
<i>Security</i>	<i>09/30/01</i>	<i>12/31/00</i>	<i>12/31/00</i>	<i>09/31/01</i>	<i>12/31/00</i>	<i>12/31/00</i>	<i>Completed Early</i>
<b><i>1410</i></b>							
<i>N/T Assistance</i>	<i>09/30/01</i>			<i>09/30/01</i>			
<b><i>1430</i></b>							
<i>A/E</i>	<i>06/30/00</i>		<i>06/30/00</i>	<i>06/30/00</i>	<i>09/30/00</i>	<i>09/30/00</i>	<i>Late Billing</i>
<b><i>1460</i></b>							
<i>Cabinet</i>	<i>09/30/00</i>		<i>09/30/00</i>	<i>09/30/00</i>		<i>09/30/00</i>	
<i>Tub Replacement</i>	<i>09/30/01</i>						
<b><i>1465.1</i></b>	<i>09/30/00</i>		<i>09/30/00</i>	<i>09/30/00</i>	<i>03/30/01</i>	<i>03/30/01</i>	<i>Over Anticipated Need</i>
<b><i>1475</i></b>	<i>09/30/00</i>	<i>09/30/01</i>		<i>09/30/00</i>	<i>09/30/01</i>		<i>Over Anticipated Need</i>

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

PHA Name: <i>Bogalusa Housing Authority</i>	Grant Type and Number Capital Fund Program Grant No: <i>LA48P02450100</i> Replacement Housing Factor Grant No:	Federal FY of Grant: <i>2000</i>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: *03/31/2001*  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	<i>\$138,456.00</i>		<i>\$90,500.00</i>	<i>\$29,520.16</i>
4	1410 Administration	<i>\$20,000.00</i>		<i>\$5,000.00</i>	<i>\$0.00</i>
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	<i>\$20,000.00</i>		<i>\$3,000.00</i>	<i>\$2,280.03</i>
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	<i>\$530,000.00</i>		<i>\$302,263.17</i>	<i>\$0.00</i>
11	1465.1 Dwelling Equipment—Nonexpendable	<i>\$25,000.00</i>		<i>\$14,000.00</i>	<i>\$3,713.20</i>
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	<i>\$18,000.00</i>		<i>\$3,000.00</i>	<i>\$2,490.00</i>
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	<i>\$10,000.00</i>		<i>\$100.00</i>	<i>\$82.69</i>
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	<i>\$761,456.00</i>		<i>\$417,863.17</i>	<i>\$38,086.08</i>

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

PHA Name: <i>Bogalusa Housing Authority</i>	Grant Type and Number Capital Fund Program Grant No: <i>LA48P02450100</i> Replacement Housing Factor Grant No:	Federal FY of Grant: <i>2000</i>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: *03/31/2001*  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs	<i>\$60,000.00</i>		<i>\$60,000.00</i>	<i>\$18,225.29</i>
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: <i>Bogalusa Housing Authority</i>		Grant Type and Number Capital Fund Program Grant No: <i>LA48P02450100</i> Replacement Housing Factor Grant No:			Federal FY of Grant: <i>2000</i>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<i>PHA Wide</i>	<i>Computer support and Internet Service</i>	<i>1408</i>		<i>\$15,000.00</i>		<i>\$1,152.50</i>	<i>\$1,152.50</i>	<i>.07% Complete</i>
	<i>Security contract with Security Agency</i>	<i>1408</i>		<i>\$60,000.00</i>		<i>\$60,000.00</i>	<i>\$18,225.29</i>	<i>30% Complete</i>
	<i>Resident Training and services</i>	<i>1408</i>		<i>\$63,456.00</i>		<i>\$10,537.37</i>	<i>\$10,537.37</i>	<i>16% Complete</i>
	<i>Non-Technical assistance / resident hire</i>	<i>1410</i>		<i>\$20,000.00</i>		<i>\$0.00</i>	<i>\$0.00</i>	
	<i>A &amp; E Services</i>	<i>1430</i>		<i>\$20,000.00</i>		<i>\$3,000.00</i>	<i>\$2,280.03</i>	<i>11% Complete</i>
	<i>Complete bathtub replacement project</i>	<i>1460</i>		<i>\$153,000.00</i>		<i>\$153,000.00</i>	<i>\$0.00</i>	
	<i>Bathtub replacement project</i>	<i>1460</i>		<i>\$213,000.00</i>		<i>\$213,000.00</i>	<i>\$0.00</i>	
	<i>Bathtub replacement project</i>	<i>1460</i>		<i>\$164,000.00</i>		<i>\$164,000.00</i>	<i>\$0.00</i>	
	<i>Appliance replacement</i>	<i>1465.1</i>		<i>\$25,000.00</i>		<i>\$14,000.00</i>	<i>\$3,713.20</i>	<i>14% Complete</i>
	<i>Purchase maintenance vehicle</i>	<i>1475</i>		<i>\$18,000.00</i>		<i>\$3,000.00</i>	<i>\$2,490.00</i>	<i>13% Complete</i>
	<i>Relocation</i>	<i>1495.1</i>		<i>\$10,000.00</i>		<i>\$100.00</i>	<i>\$82.64</i>	<i>.008% Complete</i>

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

PHA Name: <i>Bogalusa Housing Authority</i>		Grant Type and Number Capital Fund Program No: <i>LA48P02450100</i> Replacement Housing Factor No:				Federal FY of Grant: <i>2000</i>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
<i>PHA Wide</i>	<i>12/30/01</i>	<i>12/30/02</i>		<i>12/30/03</i>			<i>Original Obligated Date Provided For Wrong Year</i>
<i>LA024 – 3</i>	<i>12/30/01</i>	<i>12/30/00</i>	<i>11/15/00</i>	<i>12/30/03</i>			<i>Obligated Early</i>
<i>LA024 – 2</i>	<i>12/30/01</i>	<i>12/30/00</i>	<i>11/15/00</i>	<i>12/30/03</i>			<i>Obligated Early</i>
<i>LA024 – 6</i>	<i>12/30/01</i>	<i>12/30/00</i>	<i>11/15/00</i>	<i>12/30/03</i>			<i>Obligated Early</i>