

PHA Plans

5 Year Plan for Fiscal Years 2000 - 2004
Annual Plan for Fiscal Year 2001

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

PHA Plan Agency Identification

PHAName: Woburn Housing Authority

PHANumber: MA019

PHAFiscalYearBeginning: 07/2001

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)

5-YEAR PLAN
PHAF ISCAL YEARS 2000 -2004
[24CFRPart903.5]

A.Mission

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

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

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

The Woburn Housing Authority (WHA) was duly established in January 1946 as a Public Corporation. The mission then, as it is now, was to provide decent, safe, sanitary and affordable housing primarily to persons of low income.

The Woburn Housing Authority agrees and endeavors to maintain those basic requirements of law enabling equal and fair treatment toward those applying for and participating in, all of its public housing and tenant based programs.

Those persons seeking eligibility may do so without bias or prejudice and will be assured of equal opportunity. It is therefore a requirement of the Woburn Housing Authority, to adhere to all Federal and State regulations. Additionally it is our mission to abide by all Fair Housing Standards and Laws.

While it is important that our citizens have equal access, it is also a primary standard that the Authority assemble and provide mechanisms that improve the quality of life for our low-income community. It is the goal of this agency to never settle for mediocre or status quo.

This mission statement reflects the highest ideals of the Woburn Housing Authority. We recognize that our community needs change, it is prudent that our purpose and deployment methodologies, be re-evaluated and adjusted accordingly.

B.Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHA may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD -suggested objectives or their own, **PHAS ARE STRONGLY EN COURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS .** (Quantifiable measures would include target sets such as: numbers of families served or PHA scores achieved.) PHA should identify these measures in the space to the right of or below the stated objectives.

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

X PHA Goal: Expand the supply of assisted housing

Objectives:

- Apply for additional rental vouchers:
- X Reduce public housing vacancies:
- Leverage private or other public funds to create additional housing opportunities:
- Acquire or build units or developments
- X Other (list below)
 - Reduce all vacancies through customer satisfaction.
 - Implement more aggressive management strategies.
 - Improve screening procedures.

X PHA Goal: Improve the quality of assisted housing

Objectives:

- Improve public housing management: (PHAS score) 93.14%
- X Improve voucher management: (SEMAP score)
- X Increase customer satisfaction:
 - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
 - X Renovate or modernize public housing units:
 - Demolish or dispose of obsolete public housing:
 - Provide replacement public housing:
 - Provide replacement vouchers:
 - X Other: (list below)
 - Increase marketability.
 - Strive to attain a move-out rate of 10% or lower.

X PHA Goal: Increase assisted housing choices

Objectives:

- X Provide voucher mobility counseling:
- X Conduct outreach efforts to potential voucher landlords
- X Increase voucher payment standards
- X Implement voucher homeownership program:
 - Implement public housing or other homeownership programs:
 - Implement public housing site-based waiting lists:
 - Convert public housing to vouchers:
 - Other: (list below)

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

- X PHAGoal:Providean improvedlivingenvironment
Objectives:
- Implement measurestodeconcentratepovertybybringinghigherincome publichousinghouseholdsin tolowerincomedevelopments:
 - Implementmeasurestopromoteincomemixinginpublichousingby assuringaccessforlowerincomefamiliesinto higher income developments:
 - X Implementpublichousingsecurityimprovements:
 - Designateddevelopmentsorbuildingsforparticularresidentgroups (elderly, personswithdisabilities)
 - X Other:(listbelow)

TheWHA’sWeedandSeedProgrampresents residentswitheducational opportunitiesandourpartnershipwithCSNpresents tenantswithjobsandjob training.Itisourgoaltoofferourresidentsabetterqualityoflife.(Copiesof bothprogramsareavailableforreview).

HUDStrategicGoal:Promoteself -sufficiencyandassetdevelopmentoffamilies andindividuals

- X PHAGoal:Promoteself -sufficiencyandassetdevelopmentofassisted households
Objectives:
- Increasethenumberandpercentageofemployedpersonsinassisted families:Weed&SeedPrograms
 - X Provideor attractsupportiveservicestoimproveassistancerecipients’ employability:Weed&SeedPrograms
 - Provideor attractsupportiveservicestoincreaseindependenceforthe elderlyorfamilieswithdisabilities.
 - Other:(listbelow)

HUDStrategicGoal:EnsureEqualOpportunityinHousingforallAmericans

- X PHAGoal:Ensureequalopportunityandaffirmativelyfurtherfairhousing
Objectives:
- X Undertakeaffirmativemeasures toensureaccesstoassistedhousing regardless ofrace,color,religionnationalorigin,sex,familialstatus,and disability: viaadvertisementsandpublicnotices.
 - Undertakeaffirmativemeasures toprovideasuitablelivingenvironment forfamilieslivinginassistedhousing,regardless ofrace,color,religion nationalorigin,sex,familialstatus,anddisability:

- Undertakeaffirmativemeasuresstoensureaccessiblehousingtopersons
withallvarietiesofdisabilitiesregardl essofunitsizerequired:
- Other:(listbelow)

OtherPHAGoalsandObjectives:(listbelow)

- MaintainManagementandMaintenancedeliverysystemsthatoperate
costeffectivelyandwithefficiency.
- Expandcommunitypartnershipsby seekinglocalandjurisdictional
decision-makingleaders.
- Developsolidgoal -orientedinitiativesthroughsuchresourcesaspublicsafety
officials,residentadvisors,non -profits,serviceproviders,schoolfinancial
institutions,businesses,andemploy ers.
- Promoteandassistourcommunitymembershipthroughselfsufficiencyprograms
andassetdevelopment;raisingthebarforemploymentandeducational
opportunities.
- Pursuegrants,outsideresourcesandactivelyemployinnovation.
- Seektoincrea setheavailabilityofaffordablerentalpropertyandhomeownership
programs.
- Developandimprovepoliciesandprocedurestoensurethephysicaland
socialviabilityofourcommunity.
- Re-evaluateperformancecriteriaandtargets.

AnnualPHAPlan
PHAFiscalYear2001
[24CFRPart903.7]

i. AnnualPlanType:

SelectwhichtypeofAnnualPlanthePHAwillsubmit.

StandardPlan

StreamlinedPlan:

- HighPerformingPHA**
 SmallAgency(<250PublicHousingUnits)
 AdministeringSection8Only

TroubledAgencyPlan

ii. ExecutiveSummaryoftheAnnualPHAPlan

[24CFRPart903.79(r)]

ProvideabriefoverviewoftheinformationintheAnnualPlan,includinghighlightsofmajorinitiativ
es
anddiscretionarypolicies,thePHAhasincludedintheAnnualPlan.

TheWoburnHousingAuthority(WHA),aswitnessedbyit'sMissionStatement, strivestoachieveacomprehensivemanagementstrategywhichincludestheincreased marketabilityofourpr operties,andreductioninvacantunitturnaroundtime.The commondirectionofallofoureffortshoweverhasbeen,andwillcontinuetobe, providingsafeandaffordablehousingforitslargelylow -incomeapplicants.Astrong allianceexistsbetweentheWHAandthelocaljurisdiction.Thisalliancehas encouragedlinkageeffortsbetweenthelocaljurisdictionandtheprivatesectorin planningfuturehousinginitiatives.Ourtenantadvisorygroupisactiveinassistingthe designingofinitiativesf oritsfellowsresidents.TheseinitiativesthroughexistingWeed andSeedprograms,providesresidentswitheducationandtraining,andourservice programsthroughCommunityServicesNetworks,Inc.,enableourresidentstoobtain informationandassistance infindingadequateemploymenttoenhancetheirqualityof life.

PHAsarerequiredtodefineandadopttheirownstandards ofsubstantialdeviationfromthe5 -yearPlan andSignificantAmendmenttotheAnnualPlan.Thedefinitionofsignificantamendme ntisimportant becauseitdefineswhenthePHAwillsubjectachangetothepoliciesoractivitiesdescribedinthe AnnualPlantofullpublichearingandHUDreviewbeforeimplementation.

A.SubstantialDeviationfromthe5 -yearPlan:SubstantialDevia tionisany changeinPolicywhichsignificantlyorsubstantiallyalterstheauthority'smission andstatedpurpose.Example:DemolitionofpublichousingoraHome ownership/conversionprogramwouldbesubstantialdeviations.

B. Significant Amendment or Modification to the Annual Plan: A Discretionary or an Administrative amendment consonant with the authority's stated overall mission and basic objectives will not be considered a Significant Amendment or Modification to the Annual Plan.

The Woburn Housing Authority hereby defines substantial deviation and significant amendment or modification as any change in policy which significantly and substantially alters the Authority's stated mission and the person the Authority serves. This would include admissions preferences, demolition or disposition activities and conversion programs. Discretionary or administrative amendments consonant with the Authority's stated overall mission and basic objectives will not be considered substantial deviations or significant modifications

iii. Annual Plan Table of Contents

[24CFR Part 903.79(r)]

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

Table of Contents

	<u>Page#</u>
Annual Plan	
i. Executive Summary	1
ii. Table of Contents	2
1. Housing Needs	5
2. Financial Resources	12
3. Policies on Eligibility, Selection and Admissions	13
4. Rent Determination Policies	23
5. Operations and Management Policies *	28
6. Grievance Procedures*	28
7. Capital Improvement Needs	29
8. Demolition and Disposition	31
9. Designation of Housing	32
10. Conversions of Public Housing	33
11. Homeownership	34
12. Community Service Programs	36
13. Crime and Safety	40
14. Pets	41
15. Civil Rights Certifications (included with PHA Plan Certifications)	42
16. Audit	42
17. Asset Management	42

18. Other Information

- A) Resident Advisory Board
- B) Section 8 Homeownership Capacity
- C) Statement concerning progress of meeting goals 43

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 filename in parentheses in the space to the right of the title.

Required Attachments:

- Admissions Policy for Deconcentration
- X FY2000 and FY2001 Capital Fund Program Annual Statement (ma019cv05)
- Most recent board - approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- PHA Management Organizational Chart
- X FY2000 Capital Fund Program 5 Year Action Plan
- X Public Housing Drug Elimination Program (PHDEP) Plan (ma019ev05)
- X Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) ATTACHMENT (ma019gv05)
- Other (List below, providing each attachment name)

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
✓	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
✓	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
✓	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 jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
✓	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair	Annual Plan: Housing Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	
✓	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources;
✓	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
✓	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
NA-	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
✓	Public housing rent determination policies, including the methodology for setting public housing flat rents ✓ check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
✓	Schedule of flat rents offered at each public housing development ✓ check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
✓	Section 8 rent determination (payment standard) policies ✓ check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
✓	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
✓	Public housing grievance procedures ✓ check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
✓	Section 8 informal review and hearing procedures ✓ check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
✓	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year ATTACHMENT MA019cV05	Annual Plan: Capital Needs
✓	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant ATTACHMENT ma019dv05	Annual Plan: Capital Needs
✓	Most recent, approved 5 Year Action Plan for the Capital	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	Fund/Comprehensive Grant Program, if not included as an attachment MA019cV05	
N/A	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of feasible 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
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
✓	Policies governing any Section 8 Homeownership program <input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan Attachment MA019iv05	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
N/A	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) ATTACHMENT MA019eV05	Annual Plan: Safety and Crime Prevention
✓	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
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
✓	Woburn City of –1999 Census DHCD –Community Profile –Woburn WHAMemo of Understanding/Community Serv. Network WHAPet Policy WHA and Woburn Police Department •Contract for the Provision of Supplemental Police Services WHA Tenant Handbook WHA Vacancy Rehab and Occupancy Report ATTACHMENT MA019gV05	Annual Plan: Additional Support Documentation

1. Statement of Housing Needs

[24CFR Part 903.79(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	Affordability	Supply	Quality	Accessibility	Size	Location
Income ≤ 30% of AMI	227045	5	5	3	3	4	3
Income > 30% but ≤ 50% of AMI	127542	5	5	3	3	4	3
Income > 50% but < 80% of AMI	144431	5	5	3	3	4	3
Elderly	166185	5	5	3	3	4	3
Families with Disabilities	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity(1)	44,472	5	5	3	3	5	3
Race/Ethnicity(2)	31,377	5	5	3	3	5	3
Race/Ethnicity(3)	28,524	5	5	3	3	5	3
Race/Ethnicity(4)	394645	5	5	3	3	5	3

(1)=Hispanic (2)=Black(3)Asian/Pacific Islander/Alaskan Native/Native American
(4)=White

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

- X Consolidated Plan of the Jurisdiction/s
Indicate year: 1999
- X U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- X Other sources: (list and indicate year of information)
MISER - July 1999 - University of Massachusetts

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.

Housing Needs of Families on the Waiting List			
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	387		8
Extremely low income <= 30% AMI	312	80.62%	
Very low income (> 30% but <= 50% AMI)	66	17.05%	
Low income (> 50% but < 80% AMI)	9	2.32%	
Families with children	292	75.45%	
Elderly families	28	7.23%	
Families with Disabilities	64	16.53%	
Other Singles	3	.781%	
Race/ethnicity(1)	240	62.01%	
Race/ethnicity(2)	137	35.40%	
Race/ethnicity(3)	4	1.03%	
Race/ethnicity(4)	6	1.55%	
1 White 2 Hispanic 3 Black 4 American Indian/Asian/Pacific			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	97	25%	1
2BR	116	30%	3
3BR	143	37%	3
4BR	31	8%	1

Housing Needsof Familiesonthe WaitingList			
5BR	N/A	N/A	N/A
5+BR	N/A	N/A	N/A
Isthewaitinglistclosed(selectone)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Ifyes:			
Howlonghasitbeenclosed(#ofmonths)?2Months			
DoesthePHAexpecttoopenthe listinthePHAPlanyear? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
DoesthePHApermitspecificcategoriesoffamiliesontothewaitinglist,evenifgenerallyclosed?XNo <input type="checkbox"/> Yes			

Housing Needsof Familiesonthe WaitingList			
Waitinglisttype:(selectone)			
<input checked="" type="checkbox"/> Section8tenant -basedassistance			
<input type="checkbox"/> PublicHousing			
<input type="checkbox"/> CombinedSection8andPublicHousing			
<input type="checkbox"/> PublicHousingSite -Basedorsub -jurisdictionalwaitinglist(optional)			
Ifused,identifywhichdevelopment/subjurisdiction:			
	#offamilies	%oftotalfamilies	AnnualTurnover
Waitinglisttotal	174		8
Extremelylow income<=30%AMI	122	70%	
Verylowincome (>30%but<=50%AMI)	40	22%	
Lowincome (>50%but<80%AMI)	12	6.8%	
Familieswith children	104	59%	
Elderlyfamilies	7	4%	
Familieswith Disabilities	55	31%	
OtherSingles	11	6%	
Race/ethnicity(1)	85	48%	
Race/ethnicity(2)	38	22%	
Race/ethnicity(3)	49	28%	
Race/ethnicity(4)	4	2%	
1White2Hispanic3Black4Ame ricanindian/asian/pacific			
Characteristicsby BedroomSize			

Housing Needs of Families on the Waiting List			
(Public Housing Only)			
1BR	65	37%	2
2BR	69	40%	4
3BR	34	20%	4
4BR	6	3%	0
5BR	0	N/A	N/A
5+BR	0	N/A	N/A
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)? 28 Months			
Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" 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			

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.

- Continue to foster positive relationship between the local government and the WHA.
- Encourage linkage with private developers and the local government.
- Maintain and improve current housing stock.
- Improve vacant unit turnover.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

- X Employee effective maintenance and management policies to minimize the number of public housing units off -line
- X Reduce turnover time for vacated public housing units
- X Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed financed development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- X Maintain or increase section 8 lease -up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- X Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required

- Maintain or increase section 8 lease -uprates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- X Maintain or increase section 8 lease -uprates by effectively screening Section 8 applicants to increase owner acceptance of program
- X Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

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

Select all that apply

- X Apply for additional section 8 units should they become available
- X 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.
- X Other: (list below)
Work with the City to meet the State 418 Criteria of affordable housing development

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
- X Adopt rent policies to support and encourage work
- Other: (list below)

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

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

Select all that apply

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

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
- X Apply for special -purpose voucher 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
- X Apply for special -purpose voucher targeted to families with disabilities, should they become available
- X 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

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

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

(2) Reasons for Selecting Strategies

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

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

2. Statement of Financial Resources

[24CFR Part 903.79(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 support services, Section 8 tenant-based assistance, Section 8 support services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2001 grants)		
a) Public Housing Operating Fund	\$143,310	
b) Public Housing Capital Fund	\$196,843	
c) HOPE VI Revitalization	N/A	
d) HOPE VI Demolition	N/A	
e) Annual Contributions for Section 8 Tenant-Based Assistance	\$2,204,648	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	\$25,000	
g) Resident Opportunity and Self-Sufficiency Grants	N/A	
h) Community Development Block Grant	N/A	
i) HOME	N/A	
Other Federal Grants (list below)		

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
2. Prior Year Federal Grants (unobligated funds only) (list below)		
CIAP	\$119,118	
CFP	\$193,692	
DEP	\$24,260.80	
3. Public Housing Dwelling Rental Income (6/30/2000)	\$332,392	Operations
4. Other income (list below)	N/A	
4. Non -federal sources (list below)	N/A	
Total resources	\$3,239,263.80	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24CFR Part 903.79(c)]

A. Public Housing

Exemptions: PHA 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: 1 - 20 on the list.
- When families are within a certain time of being offered a unit: 60 days
- Other: (describe)

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

- X Criminal or Drug -related activity
- X Rental history
- X Housekeeping
- X Other (describe) Credit History

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

d. X 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)

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

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

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

c. If the PHA plan 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 lists 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)

- X One
- Two
- Three or More

b. X Yes No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

a. Income targeting:

Yes X 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 transfer take precedence over new admissions? (list below)

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

c. Preferences

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

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:

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

Other preferences: (select below)

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

Operation Safe Homes

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 points system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

1 Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

- 3 Working families and those unable to work because of age or disability
- Veterans and veterans' families
- 2 Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- 1 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:

- X 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)

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

Resident handbook.

b. How often must residents notify the PHA of changes in family composition?

(select all that apply)

- X At an annual reexamination and lease renewal
- X Anytime family composition changes
- X At family request for revision
- Other (list)

(6) Deconcentration and Income Mixing

a. X Yes No: Did the PHA's analysis of its family (general occupancy) development strategies determine concentrations of poverty and indicate the

need for measures to promote deconcentration of poverty or income mixing?

b. X 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 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:

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

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

Other (list policies and development targeted below)

d. X 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

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

Other (list below)

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

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

List (any applicable) developments below:

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

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

List (any applicable) developments below:

B. Section 8

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)
- Previous landlord's name and address.

(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 assistance? (select all that apply)

X PHA main administrative office

Other (list below)

Newspapers.

(3) Search Time

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

If yes, state circumstances below:

Due to difficulty locating adequate housing.

(4) Admissions Preferences

a. Income targeting

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

Lottery.

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 points system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

1 Lottery,

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
- 1 Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Household that contribute to meeting income goals (broad range of incomes)
- Household 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 the equal preference status, how are applicants selected? (select one)

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

5.IfthePH Aplanstoemploypreferencesfor“residentstholiveand/orworkinthe jurisdiction”(selectone)

X This preference has previously been reviewed and approved by HUD

The PHA requests approval for this preference through this PHA Plan

6.Relationshipofpreferencesto incometargeting requirements:(selectone)

The PHA applies preferences within income tiers

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

(5) Special Purpose Section 8 Assistance Programs

a.Inwhichdocumentsorotherreferencematerialsarethepoliciesgoverning eligibility,selection,andadmissionstoanyspecial -purpose section 8 program administeredbythePHAcontained?(selectallthatapply)

X The Section 8 Administrative Plan

X Briefing sessions and written materials

Other (list below)

b. HowdoesthePHAannouncetheavailabilityofanyspecial -purpose section 8 programstothe public?

X Through published notices

X Other (list below)

Boston Clearinghouse.

4.PHARentDeterminationPolicies

[24CFR Part 903.79(d)]

A.PublicHousing

Exemptions: PHA 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---

X ThePHAemploysdiscretionarypoliciesfordeterminingincomebasedrent(If selected,continuetoquestionb.)

b. MinimumRent

1. WhatamountbestreflectsthePHA'sminimumrent?(selectone)

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

2. YesXNo: HasthePHAadoptedanydiscretionaryminimumrenthardship exemptionpolicies?

3. Ifyestoquestion2, listthesepoliciesbelow :

c. Rentssetatlessthan30% thanadjustedincome

1. XYes No: DoesthePHAplantocharge rentsatafixedamountor percentagelessthan30% ofadjustedincome?

2. Ifyestoabove, listtheamountsorpercentageschargedandthecircumstances underwhichthesewillbeusedbelow:
\$50.00permonthminimumrentamountwhenpersonalincomeisless.
FlatRentscouldbelessthan30%

d. Whichofthediscretionary(option al)deductionsand/orexclusionspoliciesdoesthe PHAplantoemploy(selectallthatapply)

- Fortheearnedincomeofapreviouslyunemployedhouseholdmember
- Forincreasesinearnedincome
- Fixedamount (otherthangeneralrent -settingpolicy)
Ifyes, stateamount/sandcircumstancesbelow:
- Fixedpercentage (otherthangeneralrent -settingpolicy)
Ifyes, statepercentage/sandcircumstancesbelow:
- Forhouseholdheads
- Forotherfamilymembers
- Fortransportationexpenses
- Forthenon -reimbursedmedicalexpensesofnon -disabledornon -elderly families
- Other(describepbelow)

e. Ceilingrents***HavebeenPhasedout.

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

f. Rent redeterminations:

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
- Anytime the family experiences an income increase
- Anytime a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) _____
- X Other (list below)

Anytime there is a change in family composition or income. The Housing Authority will recalculate all changes in family composition and if the change in income is greater than 10% or if the income decreases.

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.)

- This 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

- X Reflects market or submarket
- X To increase housing options for families
- Other (list below)

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

- X 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)

- X Success rates of assisted families
- X 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
- X \$26-\$50

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

5. Operations and Management

[24CFR Part 903.79(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.)

Program Name	Units or Families Served at Year	Expected Turnover
--------------	----------------------------------	-------------------

	Beginning	
PublicHousing	100	6
Section8Vouchers	259	10
Section8Certificates		0
Section8ModRehab		
SpecialPurposeSection8Certificates/Vouchers (listindividually)		
PublicHousingDrug EliminationProgram (PHDEP)	100	
OtherFederal 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)

WHA Administration Plan

(2) Section 8 Management: (list below)

Section 8 Administration Plan

6. PHA Grievance Procedures

[24CFR Part 903.79(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. X Yes No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA offices 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. X 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 offices should applicant so r 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 903.79(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 (Capital Fund 2000) (Capital Fund 2001) Attachment MA019cV05

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

b. If yes to question a, select one:

X The Capital Fund Program 5 -Year Action Plan is provided as an attachment to the PHA Plan at Attachment (Capital Fund 2001) Attachment MA019cV05

-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. HOPEVI and Public Housing Development and Replacement Activities (Non -Capital Fund)

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

- Yes X No: a) Has the PHA received a HOPEVI 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 HOPEVI 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 -financed 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

[24CFR Part 903.79(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.)

Demolition/Disposition Activity Description
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:	(DD/MM/YY)
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 903.79(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 as 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.

Designation of Public Housing Activity Description	
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: <u> (DD/MM/YY)</u>	
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

[24CFR Part 903.79(j)]

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

A. Assessment of Reasonable Revitalization Pursuant to Section 202 of the HUD FY1996 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 FY1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete as 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.

Conversion of Public Housing Activity Description	
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)	

<p>question) <input type="checkbox"/> Other(explain below)</p>
<p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No:IsaConversionPlanrequired?(Ifyes,gotoblock4;ifno,goto block5.)</p>
<p>4.StatusofConversionPlan(selectthestatementthatbestdescribesthecurrent status) <input type="checkbox"/> Conv ersionPlanindevelopment <input type="checkbox"/> ConversionPlansubmittedtoHUDon:(DD/MM/YYYY) <input type="checkbox"/> ConversionPlanapprovedbyHUDon:(DD/MM/YYYY) <input type="checkbox"/> ActivitiespursuanttoHUD -approvedConversionPlanunderway</p>
<p>5.Descri ptionofhowrequirementsofSection202arebeingsatisfiedbymeansother thanconversion(selectone) <input type="checkbox"/> Unitsaddressedinapendingorapproveddemolitionapplication(date submittedorapproved: <input type="checkbox"/> UnitsaddressedinapendingorapprovedHOPEVIDemolitionapplication (datesubmittedorapproved:) <input type="checkbox"/> UnitsaddressedinapendingorapprovedHOPEVIREvitalizationPlan (datesubmittedora pproved:) <input type="checkbox"/> Requirementsnolongerapplicable:vacancyratesarelessthan10percent <input type="checkbox"/> Requirementsnolongerapplicable:sitenowhaslessthan300units <input type="checkbox"/> Other:(describellow)</p>

B.ReservedforConversionspursuanttoSection22oftheU.S.HousingActof 1937

C.ReservedforConversionspursuanttoSection33oftheU.S.HousingActof 1937

11.HomeownershipProgramsAdministeredbythePHA

[24CFRPart903.79(k)]

A.PublicHousing

ExemptionsfromComponent11A:Section8onlyPHAsarenotrequiredtocomplete11A.

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

2. Activity Description

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

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPEI <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) <input type="checkbox"/> Part of the development <input type="checkbox"/> 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 24CFR 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

[24CFR Part 903.79(1)]

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 programs
- X Other (describe)

WHA Community Service and Self-Sufficiency Programs

Homelessness Intercept Program/Housing Services Program:

The Homelessness Intercept Program/Housing Services Program (HIP/.HSP) provides a variety of support services for families and individuals designed to ensure that families who are in a housing crisis situation are able to secure and retrain permanent housing. Implementation of the program includes pursuing an aggressive housing placement program, mediation, landlord/tenant disputes resolution, involvement of diverse community resources, and training in money management.

The focus of the program is preventative through offering the type of support that enables families to undertake a greater share of responsibility for their lives, and to help them retain stable housing.

The goals of the HIP program are three-fold:

1. Provide housing search for non-homeless families in housing crisis.
2. Provide mediation and prevention services for families in an effort for them to maintain their current housing.
3. Provision of stabilization services for a family assisted out of a housing crisis situation.

The HIP/HSP program is funded by the state Department of Transitional Assistance, and by the Department of Housing and Community Development. In FY'99, \$4,610,226 was allocated to 25 agencies forming a statewide homelessness prevention network. The following goals were accomplished:

- 23,172 families received program-related assistance.
- 2,867 families moved from substandard housing to stable, suitable housing.
- 1,390 families were able to maintain their tenancy.
- 10,125 families received follow-up stabilization services.

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 home ownership option participation
- Preference/eligibility for section 8 home ownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office/ PHA main office/ other provider name)	Eligibility (public housing or section 8 participants or both)
Drug Elimination	100 families	Scheduled Action Plans	WHA/WPD	Public Housing

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8	25	25 as of 02/01/2001

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

C. Welfare Benefit Reductions

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

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

13.PHASafetyandCrimePreventionMeasures

[24CFRPart903.79(m)]

ExemptionsfromComponent13:HighperformingandsmallPHAsnotparticipatinginPHDEPand Section8OnlyPHAsmayskipcomponent15.HighPerformingandsmallPHAs thatare participatinginPHDEPandareshsubmittingaPHDEPPlanwiththisPHAPlanmayskip to sub componentD.

A.Needformeasurestoensurethesafetyofpublichousingresidents

1.Describetheneedformeasurestoensurethesafetyofpublichousingresidents

(selectallthatapply)

- Highincidenceofviolentand/or drug -relatedcrimeinsomeorallofthePHA's developments
- Highincidenceofvi olentand/or drug -relatedcrimeintheareassurroundingor adjacenttothePHA'sdevelopments
- X Residentsfearfulfortheirsafetyand/orthesafetyoftheirchildren
- Observedlower -levelcrime,vandalismand/orgraffiti
- Peopleonwaitinglistunwillingtomoveintooneormoredevelopmentsdueto perceivedand/oractuallevelsofviolentand/or drug -relatedcrime
- X Other(describellow)
Loitering –Lowlevelsalesofillegalsubstance –Sporadicviolence –minimal Graffitiandvehiclevandalism

2.WhatinformationordatadidthePHAusedtodeterminetheneedforPHAactions toimprovesafetyofresidents(selectallthatapply).

- X Safetyandsecuritysurveyofresidents
- X Analysisofcrimestatisticsovertimefor crimescommitted“inandaround” publichousingauthority
- Analysisofcosttrendsovertimeforrepairofvandalismandremovalofgraffiti
- X Residentreports
- PHAemployeereports
- X Policereports
- X Demonstrable,quantifiablesuccesswithpreviousorongoinganticrime/anti drugprograms
- Other(describellow)

3.Whichdevelopmentsaremostaffected?(listbelow)

SpringCourtExtension

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

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

- X Contracting with outside and/or resident organizations for the provision of crime-and/or drug-prevention activities
- X Crime Prevention Through Environmental Design
- X Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- X Other (describe below)
Resident Crimeline, domestic violence workshop, drug education initiatives, coordination with Probation, Clean Start Court Diversion

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

C. Coordination between PHA and the police

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

- X Police involvement in development, implementation, and/or ongoing evaluation of drug elimination plan
- X Police provide crime data to housing authority staff for analysis and action
- X Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- X Police regularly testify in and otherwise support eviction cases
- X Police regularly meet with the PHA management and residents
- X Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- X Other activities (list below)
ERI, Youth Court Diversion Program

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

D. Additional information as required by PHDEP/PHDEP Plan

PHA eligible for FY2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

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

X Yes No: Has the PHA included the PHDEP Plan for FY2000 in this PHA Plan?

X Yes No: This PHDEP Plan is an Attachment. (Attachment ma019ev04)

14. RESERVED FOR PET POLICY

[24CFR Part 903.79(n)]

The Woburn Housing Authority has adopted a pet policy in conjunction with the Resident Advisory Board and has adopted a lease addendum concerning pets. See attachment ma019kv04

15. Civil Rights Certifications

[24CFR Part 903.79(o)]

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

16. Fiscal Audit

[24CFR Part 903.79(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

[24CFR Part 903.79(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

[24CFR Part 903.79(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 (RAB Meeting) (ma019fv05)

Provided below:

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 in 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 there a 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

- X 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
- X Other (list) Head of Household or Significant other on the HUD 50058

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
- X Other (list) Head of Household or Significant other on the HUD 50058

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: Commonwealth of Massachusetts Department of Community Development.

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

- X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- X Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
 - Through linkage with our local jurisdiction and the private sector, to expand the supply of permanent affordable housing for low and moderate income households.
 - To continue efforts to develop options for homeless families that lead to permanent and safe housing opportunities.
 - To develop a strategy for persons with disabilities to obtain and maintain housing.
 - With aggressive maintenance strategies and scheduling, preserve, maintain and upgrade assisted and unassisted affordable housing.

Other:(listbelow)

4.TheConsolidatedPlanofthejurisdictionssupportsthePHAPlanwiththefollowing actionsandcommitments:(describebelow)

ThroughreviewoftheCommunityActionStatements(CAS)ithas receivedfrom acrosstheCommonwealth,ithasestablishedthreecommonandvitalcommunity priorities:

- Theeconomicdevelopmentneedsofourcommunity,withtheemphasison creatingpermanentemploymentopportunitiesforindividualsoflowandmoderate income.
- Theneedforinfrastructurereplacementandrepair,asafactorinbotheconomic developmentactivitiesandincreatingorimprovinglowandmoderateincome housing.
- Thestabilizationofolderneighborhoods,creatingdesirableplacesforpeopletolive,work,andshop,therebystemmingtheeffectsofdeteriorationabandonment, andcrime.

D.OtherInformationRequiredbyHUD

UsethissectiontoprovideanyadditionalinformationrequestedbyHUD.

(A)

ResidentAdvisoryBoard

MariaMartinez 67SpringCtExt,Woburn,MA01801
KathleenGallagher38SpringCtExt,Woburn,MA01801
RamonMoreno129SpringCtExt,Woburn,MA01801
MargueriteRebal111SpringCtExt,Woburn,MA01801
MargaretStewart46SpringCtExt,Woburn,MA01801
JoPerryAl Idredge269CambridgeRd,Woburn,MA01801

ElectedBoardMember

KathleenGallagher38SpringCtExt

(B)

SECTION8HOMEOWNERSHIPCAPACITY

As provided in the final rule at 982.625, a PHA can demonstrate its capacity to administer the program by satisfying one of the following criteria:

- a) Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment come from the family's resources;
- b) Requiring that financing for purchase of a home under its section 8 homeownership program will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards; or

The Woburn Housing Authority satisfies the criteria because it has adopted in its administration plan both criteria a) and b) above. By this adoption the Woburn Housing Authority will be considered to have capacity to administer the program. The PHA's statement that it is employing any of these provisions is all that is required in the capacity statement. *APHA that has adopted and specified either of the first two criteria in its Administrative Plan may also implement this program prior to review and approval of the PHA Plan.*

(C)

Progress Statement

The Woburn Housing Authority has expanded the supply of both assisted affordable housing and the procurement of homes by low –income households.

It has done so through linkage requirements with private developers, first time home buyers program, beginning and IDA rent escrow program for the Federal Development and rent escrow agreement on our State family programs, working to expand the section 8 program and land banking.

In addition the Woburn Housing Authority consistently works to provide improved management and maintenance delivery systems as well as breaking down barriers that restrict resident opportunities and growth, (for example acquiring computers to set up a computer training and homework center in the community building.

Attachments

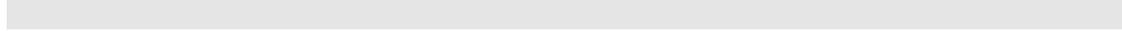
Use this section to provide any additional attachments referenced in the Plans

Attachment a: Notice of Hearing

Attachment b: Board Resolution Annual Plan

Attachment c: Capital Fund report/5 year action plan 2000 & 2001

Attachmentd:WHACIAPBudget/ProgressReport
Attachmente:WHADrugEliminationPrograms1999 -2000
Attachmentf:ResidentAdvisoryMeeting/Comments
Attachmentg:WHAVacancyRehabandOccupancyReport
Attachmenth:Firsttime HomebuyerQualificationsHousingChoiceVoucher
Attachmenti:HousingChoiceVoucherHomebuyerAmendment
Attachmentj:PublicHousingCommunityServiceAmendment
Attachmentk:PetPolicy



**PHAPlan
TableLibrary**

CAPITALFUNDPROGRAMTABLESSTARTRER E

AnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary					
PHAName:WOBURNHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgramGrantNo:MA06P01 950100 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2000
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:) XPerformanceandEvaluationReportforPeriodEnding:12/2000 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds	8308			
2	1406Operations				
3	1408ManagementImprovementsSoftCosts				
	ManagementImprovementsHardCosts				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430Feesand Costs				
8	1440SiteAcquisition				
9	1450SiteImprovement	36692			
10	1460DwellingStructures	136,692			
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment	20308			
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHAName: WOBURN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MA06P01 950100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
-----------------------------------	--	------------------------------

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/2000
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	193,692			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security --Soft Costs				
	Amount of Line XX related to Security --Hard Costs	10,000			
	Amount of line XX Related to Energy Conservation Measures	15,000			
	Collateralization Expenses or Debt Service				

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

PHAName : WOBURNHOUSINGAUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P01950100 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000			
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
MA06-P019	REPAIR/SEALSIDEWALKS		1450		25000				
	FENCING		1450		25000				
	LIGHTING		1450		10000				
	HOTWATERBOILERS		1460		12000				
	HOTWATERBLEEDERS		1460		15000				
	SIDING		1460		100000				
	VEHICLE*		1475		20308				
KEY*	ProratedutilizingStateOperating								

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

PHAName: WOBURN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: MA06P0 1950100 Replacement Housing Factor No:					Federal FY of Grant: 2000
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	
MA06-P019							
1450	7/2001						
1450	7/2001						
1450	7/2001						
1460	7/2001						
1460	7/2001						
1460	7/2001						
1475	7/2001						

CapitalFundProgramFive -YearActionPlan
PartI:Summary

PHANameWOBURNHOUSING		XOriginal5 -YearPlan <input type="checkbox"/> RevisionNo:			
Development Number/Name/HA-Wide	Year1	WorkStatementforYear2 FFYGrant:2001 PHAFY:2002	WorkStatementforYear3 FFYGrant:2002 PHAFY:2003	WorkStatementforYear4 FFYGrant:2003 PHAFY:2004	WorkStatementforYear5 FFYGrant:2004 PHAFY:2005
MA06P019 SPRINGCOURT EXT	Annual Statement	MA06019	MA06019	MA06019	MA06019
		BRICKWORKPAINTING	KITCHENREPLACEMENTSPH1	KITCHENSPH2	KITCHENPH3
		504NEEDSASSESSMENT	BATHROOMREPLACEMENTPH1	BATHROOMSPH2	BATHROOMSPH3
		BOBCATW/ATTACHMENTS*			
		SIDEWALK/PARKING			
		DUMPTRUCK*			
		LEARNINGC ENTER			
TotalCFPFunds (Est.)	193,692	196843	196843	196843	196843
TotalReplacement HousingFactorFunds					

Optional Public Housing Asset Management Table

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

Public Housing Asset Management								
Development Identification		Activity Description						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition/disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion <i>Component 10</i>	Home-ownership <i>Component 11a</i>	Other (describe) <i>Component 17</i>
N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A

NOTICE OF HEARING AND AVAILABILITY OF FIVE (5) YEAR PLAN

IN ACCORDANCE WITH FEDERAL REGULATIONS AND THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT GUIDELINES, on February 5, 2001 the Woburn Housing Authority will make available, at the Main Office to interested parties, the Annual Update to the Federal Public Housing Five (5) Year Plan for review and comment. There will be 3 Public Hearings on the Annual plan update. They will be held on February 8, 2001 at 6:00 PM at the Community Building at Spring Court Extension, on March 22, 2001 at 6:00 PM at the Spring Court Extension Community Room and on April 11, 2001. Please Note that the Authority has not changed its plan from the Original Five Year Plan Submitted to HUD last year. At all hearings interested parties may make comments to the plan. Comments may be submitted in writing to the authority. The comments will be noted at the hearings and made available to HUD when the final plan is submitted in April. Send all comments, in writing, to:

WOBURN HOUSING AUTHORITY

Attn: 5 - Year Plan

59 CAMPBELL STREET

WOBURN, MA 01801

RESOLUTION2001 -04-02

**RESOLUTIONAUTHORIZINGADOPTIONOFTHEANNUALPLAN
FORTHEFEDERALPROGRAMSBEGINNINGJULY2001**

WHEREAS TheauthorityhasreceivedadirectivefromHUDthattheAuthoritymustcreatea
FiveyearPlanandanAnnualPlanfortheFede ralPublicHousingandtheSection8
Programs,and

WHEREAS AfterreviewingthedocumentationsentbyHUDandwithdiligentthoughtand
inputfromthoseconcernedandinterestedparties,theAuthorityhasreviewedthe
Fiveyearplanandhassubmittedthe attachedAnnualplan,whichisacontinuation
ofandconsistentwiththeoriginalFiveyearplan,foryearbeginningJuly2001,

NOWTHEREFOREBEITRESOLVEDthattheWoburnHousingAuthorityadopttheaboveplan
andsendtheplantoHUDforapproval,bee xecutedandadopted.

Adopted4/24/2001

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: WOBURN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P01950100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:)		<input type="checkbox"/> Final Performance and Evaluation Report
X Performance and Evaluation Report for Period Ending: 12/2000					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds	8308			
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	47,000			
10	1460 Dwelling Structures	136,692			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	20308			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHAName: WOBURN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MA06P01950100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
-----------------------------------	---	------------------------------

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/2000
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines.....)	193,692			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security --Soft Costs				
	Amount of Line XX related to Security --Hard Costs	10,000			
	Amount of line XX Related to Energy Conservation Measures	15,000			
	Collateralization Expenses or Debt Service				

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

PHAName: WOBURNHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgramGrantNo:MA06P01950100 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2000			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories		Dev. Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
MA06-P019	REPAIR/SEALSIDEWALKS		1450		25000				
	FENCING		1450		25000				
	LIGHTING		1450		10000				
	HOTWATERBOILERS		1460		12000				
	HOTWATERBLEEDERS		1460		15000				
	SIDING		1460		100000				
	VEHICLE*		1475		20308				
KEY*	Proratedutilizing StateOperating								

CapitalFundProgramFive -YearActionPlan
PartI:Summary

PHANameWOBURNHOUSING		<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:			
Development Number/Name/HA-Wide	Year1	WorkStatementforYear2 FFYGrant:2001 PHAFY:2002	WorkStatementforYear3 FFYGrant:2002 PHAFY:2003	WorkStatementforYear4 FFYGrant:2003 PHAFY:2004	WorkStatementforYear5 FFYGrant:2004 PHAFY:2005
MA06P019 SPRINGCOURT EXT	Annual Statement	MA06019	MA06019	MA06019	MA06019
		BRICKWORKPAINTING	KITCHENREPLACEMENTSPH1	KITCHENSPH2	KITCHENPH3
		504NEEDSASSESSMENT	BATHROOMREPLACEMENTPH1	BATHROOMSPH2	BATHROOMSPH3
		BOBCATW/ATTACHMENTS*			
		SIDEWALK/PARKING			
		DUMPTRUCK*			
		LEARNINGCENTER			
TotalCFPFunds (Est.)	193,692	215,000	200,000	200,000	200,000
TotalReplacement HousingFactorFunds					

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PH Name: WOBURN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P01950101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: June 30, 2001 <input type="checkbox"/> 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	7,157			
2	1406 Operations				
3	1408 Management Improvements Soft Costs	10,000			
	Management Improvements Hard Costs	15,000			
4	1410 Administration	6,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	38,000			
10	1460 Dwelling Structures	75,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	52843			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHAName: WOBURN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MA06P01950101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
-----------------------------------	---	------------------------------

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: **June 30, 2001**
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	196,843			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security --Soft Costs				
	Amount of Line XX related to Security --Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHAName: WOBURNHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgramGrantNo:MA06P01950101 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2001			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories		Dev. Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
MA06-P019	LEARNINGCENTER		1408		25000				
	ADMINISTRATION		1410		6000				
	SIDEWALK/PARKING		1450		63000				
	BRICK/SIDINGWORK		1460		75000				
	BOBCAT*		1475		0				
	DUMPTRUCKW/PLOW*		1475		0				
	NEEDSASSESSMENT		1430						
	FENCING		1450		25000				
	LIGHTING		1450		10000				
KEY*	ProratedutilizingStateOperating								

CapitalFundProgramFive -YearActionPlan
PartI:Summary

PHANameWOBURNHOUSING		<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:			
Development Number/Name/HA-Wide	Year1	WorkStatementforYear2 FFYGrant:2002 PHAFY:2003	WorkStatementforYear3 FFYGrant:2003 PHAFY:2004	WorkStatementforYear4 FFYGrant:2004 PHAFY:2005	WorkStatementforYear5 FFYGrant:2005 PHAFY:2006
MA06P019	Annual Statement	MA06019	MA06019	MA06019	MA06019
		KITCHENREPLACEMENTSPH1	KITCHENREPLACEMENTSPH2	KITCHEN REPLACEMENTSPH3	EXPANDTHESQFOOT SIZEOFTHE APARTMENTS
		BATHROOMR EPLACEMENTS PH1	BATHROOMREPLACEMENTS PH2	BATHROOM REPLACEMENTSPH3	
TotalCFPFunds (Est.)	196843	196843	196843	196843	196843
TotalReplacement HousingFactorFunds					

CIAP Budget/Progress Report

Part I: Summary

Comprehensive Improvement Assistance Program (CIAP)

U.S. Department of Housing

and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0044 (exp. 1/31/96)

Public Reporting Burden for this collection of information is estimated to average 12.0 hours per response, including the time for reviewing instructions: searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden the Reports Management Officer, Office of information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0044), Washington, D.C. 20503. Do not send this completed form to either of these addresses.

HA Name WOBURN HOUSING AUTHORITY	Modernization Project Number MA06 - P019 - 912 - 99	FFY of Grant Approval 1999
-------------------------------------	--	-------------------------------

Original CIAP Budget Revised CIAP Budget/Revision Number 1- Oct 29,2000 Progress Report for Period Ending 12/ 31/ 2000 Final Progress Report

Line No.	Summary by Development Account	Total Funds Approved		Total Funds	
		Original	Revised	Obligated	Expended
1	Total Non-CIAP Funds				
2	1408 Management Improvements				
3	1410 Administration	10424	10424	10424	
4	1415 Liquidated Damages				
5	1430 Fees and Costs	5000	10974	474	474
6	1440 Site Acquisition				
7	1450 Site Improvement	2500	5726	1712	1712
8	1460 Dwelling Structures	151000	126800	24,668	23,107.00
9	1465.1 Dwelling Equipment-Nonexpendable				
10	1470 Nondwelling Structures	35000	50,000	35,000	34,158.00
11	1475 Nondwelling Equipment				
12	1495.1 Relocation Cost				
13	Amount of CIAP Grant (sum of lines 2-12)	203924	203924	72278	59451.00
14	Amount of line 13 Related to LBP Testing				
15	Amount of line 13 Related to LBP Abatement				
16	Amount of line 13 Related to Section 504 Compliance				

Signature of Executive Director and Date X Robert McNabb, Executive Director 01/31/2001	HUD certification: In approving this budget and providing assistance to a specific housing development(s). I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account taking into account assistance from other government sources(24 CFR 12.50).
---	---

	Signature of Field Office Manager (or Regional Public Housing Director in co-located office) OIP Director and Date X
--	---

Public Housing Drug Elimination Program Plan

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

Annual PHDEP Plan Table of Contents:

1. General Information/History
2. PHDEP Plan Goals/Budget
3. Milestones
4. Certifications

Section 1: General Information/History

A. Amount of PHDEP Grant \$ 25,000

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R _____

C. FFY in which funding is requested 1999

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
SPRING COURTEXENSION	100	300

F. Duration of Program

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

6 Months _____ **12 Months** X **18 Months** _____ **24 Months** _____ **Other** _____

G. PHDEPProgramHistory

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place "GE" in column "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Anticipated Completion Date
FY1992	50,000	MA06DEP0190192	CLOSED		
FY1995	50,000	MA06DEP0190195	CLOSED		
FY1997	50,000	MA06DEP0190197	CLOSED		
FY1999	25,000	MA06DEP0190199	24260.80		01/30/2002
FY2000	25000	MA06DEP0190100	25000		11/30/2002

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary

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

FY 1999 PHDEP Budget Summary	
Budget Line Item	Total Funding
9110 -Reimbursement of Law Enforcement	14,619
9120 -Security Personnel	
9130 -Employment of Investigators	
9140 -Voluntary Tenant Patrol	
9150 -Physical Improvements	10,381
9160 -Drug Prevention	
9170 -Drug Intervention	
9180 -Drug Treatment	
9190 -Other Program Costs	
TOTAL PHDEP FUNDING	25,000

C. PHDEP Plan Goals and Activities

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

9110 - Reimbursement of Law Enforcement						Total PHDEP Funding: \$14,619	
Goal(s)	PROMOTE A SAFE AND HEALTHY LIVING ENVIRONMENT						
Objectives	REDUCE CRIME RATE, PROMOTE HEALTHY DECISION MAKING, REDUCE DRUGS						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1. Community Policing			4/2000	11/2001	10,000	10,000	Lower crime Rate
2. Drug Investigations			8/2000	11/2001	2,619	2,619	Reduced drug activity
3. Community Education			8/2000	11/2001	2,000	2,000	Healthy Decisions

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

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

9140 - Voluntary Tenant Patrol						Total PHDEP Funding: \$	
Goal(s)							
Objectives							

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

9150 - PhysicalImprovements					TotalPHDEPFunding: \$10,381		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.Equipment			6/2001	1/2002	10,381		Tracklowleveldealers
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$0		
Goal(s)		Trackyouthprogressinschool,homeandthecommunity					
Objectives		Provideandassistyouthwirthcareerplanningandhealthydecisionmaking					
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.Tracking	20	20	6/2001	10/2001	0	0	LowerTruancy
2.DrugPreventionCareer developments	20	20	6/2001	10/2001	0	0	Lessa rrests
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
----------------------------	--	--	--	--	-----------------------------	--	--

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

9190 -Other Program Costs					Total PHDEP Funds:\$		
Goal(s)	Develop computer aided presentations						
Objectives	Have the ability to update education programs						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Section 3: Expenditure/Obligation Milestones

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

Budget Line Item #	25% Expenditure of Total Grant Funds By Activity #	Total PHDEP Funding Expended (sum of the activities)	50% Obligation of Total Grant Funds by Activity #	Total PHDEP Funding Obligated (sum of the activities)
<i>e.g Budget Line Item #9120</i>	<i>Activities 1,3</i>		<i>Activity 2</i>	
9110	Activities 1,2,3	10000	Activities 1,2,3	14,619
9120				
9130				
9140				
9150	Activity 1	5000	Activity 1	10,381
9160				
9170				
9180				
9190				
TOTAL		\$15000		\$25,000

Section 4: Certifications

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the “PHA Certification of Compliance with the PHA Plan and Related Regulations.”

Public Housing Drug Elimination Program Plan

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

Annual PHDEP Plan Table of Contents:

1. General Information/History
2. PHDEP Plan Goals/Budget
3. Milestones
4. Certifications

Section 1: General Information/History

A. Amount of PHDEP Grant \$ 25,000

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R _____

C. FFY in which funding is requested 2000

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
SPRINGCOURT EXTENSION	100	300

F. Duration of Program

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

6 Months _____ 12 Months _____ 18 Months _____ 24 Months _____ **X** Other _____

G. PHDEPProgramHistory

Indicate each FY that funding has been received under the PHDEPP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Anticipated Completion Date
FY1992	50,000	MA06DEP0190192	CLOSED		
FY1995	50,000	MA06DEP0190195	CLOSED		
FY1997	50,000	MA06DEP0190197	CLOSED		
FY1999	25,000	MA06DEP0190199	24260.80		01/30/2002
FY2000	25,000	MA06DEP0190100	25000		11/30/2002

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary

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

FY 2000 PHDEP Budget Summary	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	20,000
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	5,000
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	25,000

D. PHDEP Plan Goals and Activities

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

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding: \$15,000		
Goal(s)	TO REDUCE DRUG AND CRIMINAL ACTIVITY IN THE DEVELOPMENT						
Objectives	REDUCE YOUTH ON DRUGS, DOMESTIC VIOLENCE, CONDUCT DRUG INVESTIGATIONS AND FOLLOW UP POLICE CALLS						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1. Community Policing			5/2002	5/2003	10,000		Follow up police calls
2. Drug & Crime prevention			5/2002	5/2003	5,000		Educate youth on drugs
3. Drug Investigations			5/2002	5/2003	5,000	6,000 - WPD	Eradicated drug dealing

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

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

9140 - Voluntary Tenant Patrol					Total PHDEP Funding: \$		
---------------------------------------	--	--	--	--	--------------------------------	--	--

Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

9150 - PhysicalImprovements					TotalPHD EPFunding:		
Goal(s)	Reducecrimethroughenvironmentaldesign						
Objectives	IncreaseLightingindarkareasand/orputsurveillancecameras						
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$5,000		
Goal(s)	Trackyouthprogressinschool,homeandthecommunity						
Objectives	Provideandassistyouthwithcareerplanningandhealthydecisionmaking						
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.Tracking	20	20	6/2001	10/2001	2500	2500	LowerTruancy
2.DrugPreventionCareer developments	20	20	6/2001	10/2001	2500	2500	Lessarrests
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

Section3:Expenditure/ObligationMilestones

IndicatebyBudgetLineItemandtheProposedActivity(basedontheinformationcontainedinSection2PHDEPPlanBudgetand Goals),the%offundsthatwillbeexpended(atleast25%ofthetotalgrantaward)andobligated(atleast50%ofthetotalgrant award)within12monthsofgrantexecution.

BudgetLine Item#	25%Expenditure ofTotalGrant FundsByActivity #	TotalPHDEP Funding Expended(sumof theactivities)	50%Obligation ofTotalGra nt FundsbyActivity #	TotalPHDEP Funding Obligated(sumof theactivities)
<i>e.gBudgetLine Item#9120</i>	<i>Activities1,3</i>		<i>Activity2</i>	
9110	Activities1,2	10,000	Activities1,2,3	20,000
9120				
9130				
9140				
9150				
9160	Activities1,2	5000	Activities1,2	5,000
9170				
9180				
9190				
TOTAL		\$15,000		25,000

Section 4: Certifications

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the “PHA Certification of Compliance with the PHA Plan and Related Regulations.”

TENANT RAB MEETING ANNUAL PLAN & RESIDENT SURVEY 3/22/01 Meeting

On 2/22/01, the Executive Director, Federal Public Housing Manager and Police Sgt had an open meeting with the RAB Council and Tenants to discuss the Annual Plan, Pet Policy, Community Service Requirement, and Completed Resident Survey. Residents and staff had the following comments about these topics .

RESIDENT SURVEY QUESTIONS & RESPONSE

- **STAFF QUESTION** - The tenants present at the meeting were unable to enlighten the staff about some of the low scores on the resident survey. Although we scored low on locks in the units we are unaware of broken locks and our work orders reflect approximately two work orders every 6 months for lock related issues. In the case that there is a work order the locks are fixed the same day.
- **STAFF QUESTION** - The Housing Authority scored low on police response. The police log reflects fewer calls for service within Spring Ct Ext than many other parts of the community. There are also less calls for service in Spring Ct than past years. A resident guessed that the reason for the low score was that many residents have scanners so calls over the police radio are tracked by the tenants having a party. When the police arrive the party is disbursed and starts again after the police leave. We discussed the importance of calling the police back or explaining to the dispatcher that the party has a radio so the call should not be broadcasted over the air.
- **STAFF QUESTION** - The Manager asked specifically why a fairly low score was received on enforcing lease violations. Although the tenants did not have a response to this as well as not having any complaints, I would like to suggest that the low score could be a reflection of difficulty winning in court for residents allowing boyfriends to reside with them illegally. We have been successful in court with blatant lease violations such as rent enforcement and drug related crime; however legal services punches holes in most unauthorized guest violations. Unfortunately it is extremely difficult to prove that an individual illegally resides in a unit full time.
- **TENANT QUESTION** : Tenants did express interest in having a meeting on methods to report crime and deal with teenagers drinking during the summer.
- **STAFF RESPONSE** : A meeting is scheduled for May 14th to discuss the development of a crime reporting hotline and intervening in teenage noise at night.
- Staff will also be working one night a week with the police to meet with tenants and follow up on police calls for service each week. We also have community policing details scheduled for the late night hours.

- **TENANT QUESTION:** Tenants felt the most unsafe in the parking lots and behind the building at night.
- **STAFF RESPONSE** – Since last year we have installed overall lights with drug elimination funds.

UPDATE ON ANNUAL PLAN

- The WHA purchased a Bobcat for shoveling and moving objects
- The WHA completed replacing hot water boilers
- The WHA is presently replacing kitchen cabinets
- We discussed the replacement of bath room appliances
- There were not many comments on the pet policy since we have recently had several meetings.
- There were no comments on the recently implemented community Service Requirement for Welfare Recipients.

WOBURN HOUSING AUTHORITY

SECTION 8 FIRST TIME HOME BUYERS PROGRAM QUALIFICATIONS

- 1) MUST HAVE A SECTION 8 HOUSING CHOICE VOUCHER.
- 2) MUST HAVE \$10,300 INCOME. CURRENTLY 2000 HOURS AT THE FEDERAL MINIMUM WAGE
- 3) MUST HAVE ATTENDED AND COMPLETED A CERTIFIED FIRST TIME HOME BUYER COUNSELING PROGRAM.
- 4) MUST HAVE BEEN WORKING FOR AT LEAST A YEAR. IF DISABLED, YOU DO NOT NEED TO BE WORKING BUT STILL NEED TO MEET THE MINIMUM INCOME REQUIREMENT.
- 5) MUST MEET WITH A BANK MORTGAGE OFFICER TO SEE IF THEY ARE ELIGIBLE FOR A MORTGAGE. WHAT MORTGAGE PROGRAMS AND THE AMOUNT OF MORTGAGE THEY WOULD RECEIVE. THE MORTGAGE OFFICER WILL GET IN TOUCH WITH THE HOUSING AUTHORITY TO SEE HOW MUCH OF THE SECTION 8 HOUSING CHOICE VOUCHER WILL BE INCLUDED TOWARD THE MORTGAGE. THE HEAD OF HOUSEHOLD OR SPOUSE MUST QUALIFY FOR A STANDARD MORTGAGE.
- 6) THE AMOUNT OF THE SECTION 8 PAYMENT DEPENDS ON THE ELIGIBLE BEDROOM SIZE OF THE VOUCHER AND THE PAYMENT STANDARD, WHICH IS THE AMOUNT OF FUNDS ALLOWED FOR THE BEDROOM SIZE AND TOWN OR CITY THE PERSON IS LOOKING TO BUY IN. THIS WILL MAKE A DIFFERENCE IN THE AMOUNT OF A MORTGAGE THE FAMILY WILL QUALIFY FOR.
- 7) THE FAMILY WILL NEED CLOSING COSTS AND DOWN PAYMENT MONEY. THAT IS USUALLY BETWEEN \$5,000 TO \$10,000.
- 8) FOR A DISABLED PERSON THE TERM OF ASSISTANCE IS THE TERM OF THE MORTGAGE. FOR A PERSON WHO IS WORKING IF THE TERM OF MORTGAGE IS OVER 20 YEARS THE ASSISTANCE WILL BE FOR 15 YEARS. A MORTGAGE UNDER 20 YEARS WILL QUALIFY FOR 10 YEARS OF ASSISTANCE.
- 9) IF THE HOUSE IS SOLD WITHIN TEN (10) YEARS THERE IS A RECAPTURE OF FUNDS PROVISION.
- 10) YOU ARE NOT ALLOWED TO USE THE HCV TOWARDS AT TWO OR THREE FAMILY HOUSES.

HOUSING CHOICE VOUCHER HOMEOWNERSHIP OPTION ADMINISTRATION PLAN AMENDMENT

On September 12, 2000 HUD published the Final Rule for the Section 8 Homeownership Option. The Woburn Housing Authority Board of Commissioners has adopted a position to offer this option to the Section 8 Families who meet HUD's and the Woburn Housing Authority's following minimum rules.

The Woburn Housing Authority will currently limit the number of families who apply to use their Housing Choice Voucher for Homeownership to a maximum of 25 at any one time. Anyone wishing to join the program must have a valid Housing Choice Voucher issued to the family.

FAMILY ELIGIBILITY REQUIREMENTS

The Woburn Housing Authority has a memorandum of understanding with Community Service Network, Inc. concerning First Time Homebuyer Counseling Classes. Community Service Network, Inc. is a HUD Certified and Massachusetts State Certified First Time Homebuyer Counseling Agency. They will also provide follow up with those families who are and have used their Housing Choice Voucher to purchase a home. All First Time Homebuyers must attend a First Time Homebuyer Counseling Program and receive a Completion Certificate to be eligible for the Housing Choice Voucher First Time Homebuyer Program.

HUD's definition of a First Time Homebuyer is a person or family that has not owned a home for the past three years. The restriction on prior ownership does not apply to a single parent or displaced homemaker who owned a home with spouse while married to a family who already own shares in a cooperative. Families cannot have previously defaulted on S8 Homeownership assistance.

EMPLOYMENT AND MINIMUM FAMILY INCOME

A family must have an income equal to the Federal minimum wage times 2000 hours, currently at least \$10,300. Welfare or Temporary Assistance from the State or the Federal Government is not to be considered. At least one adult has to have worked full time (at least 30 hours per week or more) for the prior year. Interruptions in work time will be reviewed on a case by case basis.

Elderly and disabled families. Families whose head or spouse is elderly or is disabled are Exempt from the full time employment requirement.

SEARCH TIME

Because any family looking for a home must have a current Housing Choice Voucher the time necessary to locate, finance and close the purchase will be determined by the market conditions and the family's ability to save for a down payment. Any family looking to purchase a home must contact the Authority in writing and make sure that they meet the eligibility requirements.

ELIGIBLE HOMES

Only a single-unit home, condo or coop can be purchased under this program. Only homes that have passed a HQS inspection AND a HOME inspection by a certified, licensed and insured HOME inspector. A copy of the inspection will be given to the Authority. All inspections will be reviewed by the Authority. Any offer to purchase will include a contingency concerning approval of the Authority based on a review of the Home Inspection. If S8 funds are being sent monthly toward home purchase/mortgage, there will be a HQS inspection conducted on or before the annual recertification date.

DOWN PAYMENT AND FINANCING

Families must secure their own financing.

The Woburn Housing Authority will use the HUD down payment requirements of (at least 3% down, including at least 1% of the family's own funds) and HUD financing standards.

There is no prohibition on using state, local or other subsidized financing in combination with S8 homeownership assistance.

Balloon mortgages will not be permitted.

ARM mortgages will not be generally permitted. All ARM's must be reviewed and approved by the Housing Authority.

Seller financing though not prohibited must be reviewed and approved by the Authority.

All financing will be reviewed and approved by the authority. If it seems that the family will not be able to afford the financing, the purchase will not be approved.

AMOUNT OF S8 ASSISTANCE

Assistance will be the difference between the Payment Standard or Monthly Homeownership Expenses if less and 30% of the family's monthly adjusted income. Payments may be made to the homeowner or to the lender. Payments to the homeowner will continue as long as the authority receives a copy of the paid mortgage invoice each month.

HOMEOWNERSHIP EXPENSES

Monthly home ownership expenses include:

Principal and interest payments on the mortgage (original mortgage, any refinancing plus insurance, taxes.

Any costs incurred to finance work to make a unit accessible for a family member with Disabilities if needed as a reasonable accommodation

Utility allowance (same as the rest of the program)

Allowance for maintenance expenses

Allowance for major repairs and replacements

Condo and cooperative fees

ANNUAL RE - CERTIFICATION AND PAYMENT STANDARD

Re-exams will be conducted under the same terms and conditions for the Housing Choice Voucher Program.

Payment standards approved for the regular HCV program will be used for the homebuyers program. If HUD decreases the Payment Standard, the Payment standard cannot be less than the Payment Standard at the time of the original purchase of the home.

In determining annual income, the value of the home is not included for the first 10 years after the purchase date.

MAXIMUM TERM OF ASSISTANCE

Families can receive home ownership assistance for a maximum of 15 years if using a mortgage term of 20 years or more; otherwise for only 10 years. The total time will be counted from first assistance if a family sells the first home and buys a second unit under the program

Elderly or Disabled families are not included in the time limits. If the head of household or spouse becomes disabled then the time limits are not applicable.

If a family loses its elderly or disabled status, it becomes subject to the time limits that would have otherwise applied when the family started receiving home ownership assistance, except that it is entitled to receive a minimum of 6 months Home ownership assistance after the change in status is determined.

POST-PURCHASE REQUIREMENTS FOR FAMILIES.

WOBURN HOUSING AUTHORITY: COMMUNITY SERVICE POLICY

GENERAL REQUIREMENTS

As part of the Quality Housing and Work Responsibility Act of 1998, Congress imposed a requirement that all adult residents of federally funded public housing, unless exempted, must perform community service activities or participate in an economic self-sufficiency program to remain eligible for public housing assistance. Therefore, the federal public housing law now requires that all non-exempt residents must:

- Contribute 8 hours per month of community service (not including political activity); or
- Participate in an economic self-sufficiency program for 8 hours per month; or
- Perform eight hours each month of combined community service and self-sufficiency activities.

DEFINITIONS

Community Service: For the purpose of this policy, community service is the performance of voluntary work for the public benefit that serves to improve the quality of life and/or enhance residents' self-sufficiency, and/or increase the self-responsibility of the resident in the community. Community service is not limited to a single type of activity or a single location. Acceptable community service activities include, but are not limited to, improving the physical environment of the resident's development; volunteer work in a local school, hospital, or child care center; working with youth organizations, human services agencies, tenant associations, or other non-profit organizations; or helping neighborhood groups on special projects. By statute, political activity is not an eligible form of community service. Political activity is activity on behalf of candidates for elected public office or on behalf of a political party.

Economic self-sufficiency Program: For the purpose of this policy, an economic self-sufficiency program is any program 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, but are not limited to: programs for job training, employment counseling, work placement, basic skills training, education, English language proficiency, workfare, financial or household management, apprenticeship, and any program necessary to ready a participant to work, such as substance abuse or mental health treatment.

NOTIFICATION OF RESIDENTS

The Woburn Housing Authority will notify all residents of the new community service requirements before the implementation of this policy. The notification will include an explanation of the program and will list the categories of individuals who are exempt from performing community service activities. The notifications will describe the verification that will be required to establish an exemption. Definitions and examples of community service and economic self-sufficiency activities will be part of the notice.

The notification will also advise families when the community service obligation will begin. Non-exempt residents will be required to begin performing community service at their first annual redetermination date following the adoption of this policy.

This general notification and all other notices sent to residents regarding this Policy shall include a statement that the resident has the right to request a hearing under the grievance procedure and shall include the names, addresses, and telephone numbers of the local tenant's organization and local legal services organizations.

EXEMPTIONS

Resident household members who are 18 years of age are exempt. The following residents over the age of eighteen are also exempt from this requirement:

- Resident household members who are 62 years old or older.
- Resident household members who are blind or disabled as defined in the Social Security Act (Section 216(I)(1) or Section 1614 of the Social Security Act (42 USC 416(I)(1); 1382c).

The Social Security Act defines disability as the "inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than twelve months."

Blindness is defined as "central visual acuity of 20/200 or less in the better eye with the use of a correction lens. A eye which is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no less than 20 degrees shall be considered for purposes of this paragraph as having a central visual acuity of 20/200 or less."

1. Residents who claim exemptions because of disability or blindness must also certify that because of this blindness or disability they are unable to comply with the community service requirement. If a resident does not meet this definition of blindness or disability and believes that he or she is unable to perform community service or economic self-sufficiency activity, he or she may apply for an exemption from the requirement as a reasonable accommodation.
2. Resident household members who are the primary caregiver of a blind or disabled individual as previously described.
3. Resident household members who are engaged in a work activity. Work activities include but are not limited to the following:
 - Unsubsidized employment; subsidized private sector employment;
 - Subsidized public sector employment;
 - Work experience, including work associated with refurbishing; publicly assisted housing, if sufficient private sector employment is not available;
 - On-the-job training;
 - Job search and job readiness assistance;
 - Community service programs;
 - Vocational education training not to exceed twelve months;
 - Job skill training directly related to employment;
 - Education directly related to employment for a resident who has not received a high school diploma or a certificate of high school equivalency;
 - Satisfactory attendance at a secondary school or in a course of study leading to a certificate of general equivalence for a resident who has not completed high school or received such a certificate; or
 - The provision of child care services to an individual who is participating in a community service program.

4. Resident household members who meet the requirements for being exempted from work activity under Part A of Title IV of the Social Security Act (42 USC Section 601 et seq.) or under any other state welfare program, including a State -administered welfare-to-work program. Current exemptions from state welfare programs include but are not limited to the following:
 - Disabled person as defined in the Mass. TAFDC program;
 - Pregnant woman (TAFDC);
 - Caretaker of a child under the age of 6 years (TAFDC) and under the age of 18 years; and person over the age of 60 years old (TAFDC).
5. Resident household member of a family receiving assistance, benefits or services under a State program funded under part A of Title IV of the Social Security Act (42 USC 601 et seq.) or under any other state welfare program, including a State -administered welfare-to-work program, and who has not been found in non -compliance with that program.

In accordance with HUD guidelines, persons eligible for a disability deduction in rent are not automatically exempt from the community service requirement. A resident is exempt only to the extent the disability makes the person “unable to comply” with the community service requirement.

INITIAL DETERMINATION OF EXEMPTION

For the first year after the implementation of this policy, a comprehensive information sheet describing the community service requirement will accompany the letters sent to each head of household asking them to come into the development management office to begin the Tenant Status Review (TSR) process. The notice will describe the exemption and outline the verification required to establish each exemption. The head of household will be asked to provide the required verification to the property manager during the ninety-day status review period.

All applicants will be provided with an information sheet describing the community service/self-sufficiency requirement at the same time they make their final application. At the time the lease is signed, the property manager will again provide the head of household with the community service information sheet. The head of household will be asked to declare which household members are exempt from community service and provide the appropriate verification.

In order to establish an exemption the following verification must be provided:

- **Disability or Blindness.** Receipt by a household member of Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), or Emergency Aid to Elderly, Dependents, and Children (EAEDC) disability benefits or receipt of a determination of exemption from TAFDC, Food Stamps, or other state welfare program's work activity requirements shall be deemed proof of disability under this policy. A household member whose application for SSDI, SSI, or EAEDC disability benefits is pending shall be deemed disabled unless and until denial of the application is received. Any resident who believes they meet the definition of disability included in this policy may submit a statement from their treating physician providing SHA staff with facts that will assist them in determining whether the resident is disabled within the definition applicable under this policy. If a resident does not meet this definition but still believes that he or she is unable to perform community service, the resident may apply for a reasonable accommodation. Residents who are determined to be exempt because of blindness or disability under SSDI or SSI shall also sign a statement certifying that they are unable to comply with the community service requirement because of the blindness or disability.
- **Primary caregiver of a disabled or blind person.** A statement from the person being cared for or his or her guardian affirming that the resident seeking exemption acts as the primary caregiver and the period during which (s) he is expected to continue in that role shall be adequate verification.
- **Engaged in work activity.** The verification of employment income provided to SHA for rent determination shall be adequate for this purpose. Verification of participation in job training or other qualifying program must be submitted by the providing organization or school.
- **Exempt from work activity under state welfare program.** Verification of the exemption should be obtained from the Mass. Department of Transitional Assistance if the resident is a TAFDC, EAEDC. Non -recipients should provide appropriate third party documentation of exempt status.
- **Member of a family who receives assistance from a state welfare program and is not in non-compliance with that program.** Verification of receipt of program assistance and compliance should be obtained from the Department of Transitional Assistance.

The manager will make a determination of exempt status and notify the resident. If the resident disagrees with the determination, he or she may file a grievance under the SHA grievance procedure. The exemption status for each household member will be entered on the client worksheet.

NOTIFICATION OF ELIGIBLE ACTIVITIES

Prior to the effective date of this policy, and at least once annually thereafter, the SHA shall contact a reasonable number of eligible community service host agencies for the purpose of developing a list of community service placements.

The SHA shall provide families with non-exempt members with a list of approved community service placements containing a brief description of the opportunities and the name, address, and telephone number of the contact person.

The SHA shall provide families with non-exempt members unless it first provides the family with an appropriate and available placement, with due regard to the non-exempt member's linguistic capabilities, disabilities, and transportation needs.

If a non-exempt household member elects to perform community service at an organization not identified on the SHA-prepared list, the member may seek approval from the SHA.

CONTINUING DETERMINATION OF EXEMPTION AND COMPLIANCE

Each year, as part of the Tenant Status Review, the property manager will determine whether each non-exempt household member has complied with the community service requirement of 96 hours per year and whether each exempt household member continues to be exempt.

Included with the letter requesting the head of household to come to the office for the status review will be a reminder that resident compliance with and/or exemption from community service will be determined as part of the status review. A list of exemption categories, a reminder that certain exemptions from the community service requirement must be reviewed annually and a description of the documentation needed to support each exemption will be attached to the letter. Also included with the letter will be Verification of Compliance forms for each household member who was required to perform community service. These forms must be completed and returned to the property manager at least thirty (30) days before the lease term expires. The form includes confirmation of :

- The number of hours of community service/self-sufficiency work completed,
- The type of work completed
- The community organization where the work was completed
- The signature, name, title, address and phone number of the person supervising completion of the work.

At the time of the status review the manager will reconfirm the exemption status of each household member. The head of household may provide the property manager with the required documentation for any change in status claimed by an adult family member. The manager will reconfirm the following exemption categories annually:

- Blindness or disability
- Primary caregiver
- Engaged in work activity under a state welfare program
- Exempt from work activity under a state welfare program
- Exempt through receipt of assistance, benefits or services from a state welfare program and not in non-compliance with that program.

If a household member becomes exempt from the community service requirement during a lease term and informs the manager so that the exemption can be verified, he or she shall be exempt from performing community service for the entire year. Unemployed residents, for example, may request an exemption if they find work or start a job-training program. If a resident is determined by SHA to become exempt during the year, s/he will be excused from the entire annual 96-hour requirement. There is no obligation for a resident to report a change in status from exempt to non-exempt between regular status reviews. If a resident previously determined to be exempt becomes non-exempt during a lease term, he or she is not required to report the change in status to the manager until the next status review.

If a household is found to be in compliance with the community service/self-sufficiency requirement, the lease will be automatically renewed. An annual lease signing process is not necessary.

NON-COMPLIANCE

If the SHA determines that a non-exempt resident has not complied with the community service/self-sufficiency requirement, the property manager must notify the head of household of the non-compliance in writing. This notification must inform the resident that:

- a non-exempt member of their household has been found in non-compliance with a statement of the specific facts and sources of those facts supporting such determination;
- the determination of non-compliance is subject to the SHA's grievance procedure unless the resident enters into an agreement to cure or the non-compliant adult no longer resides in the unit, the lease of the family of which the non-compliant adult is a member shall not be renewed; and the
- resident has the opportunity to cure the non-compliance during the next twelve-month period, if approved by HUD.

To take advantage of the statutory opportunity to cure, then on -compliant adult and the head of household must sign an agreement stating that then on -compliant adult will complete, over the next 12 -month term of the lease, the additional hours of community service or economic self -sufficiency activity needed to reach the required total of 96 hours for the prior year.

As is required by law, continued non -compliance after the opportunity to cure will result in the commencement of eviction proceedings against the entire household, unless the non-compliant family member is no longer part of the household.

DOCUMENTATION

The property manager must retain documentation of community service or economic self-sufficiency participation and/or exemption in the resident/s file.

At lease signing for new residents or at the Tenant Status Review for current residents, the manager must ensure a Certification of Exemption Status form is completed for each adult household member claiming an exemption from the community service/self -sufficiency requirement. Supporting documentation will be requested of the resident to verify exempt status and copies of the verification will be retained in the file.

At the time of the annual Tenant Status Review, the head of household is responsible for ensuring that a Verification of Compliance form is completed by the appropriate authority for every non -exempt household member. This form will also be maintained in the resident file.

GRIEVANCE PROCEDURE

Upon filing a written request, as provided in the Woburn Housing Authority grievance procedure, any resident who disagrees with any SHA action or failure to act in accordance with the Community Service Policy shall be entitled to a grievance hearing.

PROHIBITION AGAINST THE REPLACEMENT OF EMPLOYEES

In implementing the community service requirement, the Woburn Housing Authority will not substitute community service work for work ordinarily performed by public housing employees or replace a job at any location where community work requirements are performed.

MONITORING

The Woburn Housing Authority intends to exercise its option to administer the community service/self-sufficiency requirement through one or more of the following alternatives:

- directly administers some qualifying community service and economic self-sufficiency activities
- makes such activities available through partnerships with qualified organizations, including resident organizations and community agencies or institutions.

CommunityServiceExemptionQuestionnaire

These questions are to be answered in order. If the answer to any particular question and its predecessor questions means that there are no adult household members left who are not exempt, the questionnaire is complete, and the remaining questions do not need to be answered. **NOTE:**

Persons under the age of 18 at the time of recertification are not covered by the community service requirement; it only covers adults who are 18 or older.

1. Does the household include persons who are 59 years of age or older (and who will turn 60 before the next annual recertification)? If so, with verification, **exempt all such persons.**

2. (A) Does the household include persons who have a disability or are blind? (Not that verification of this can include pending application for, or receipt of, SSI or OASDI disability benefits, or EAEDC disability benefits, work-related disability benefits (such as through insurance or worker's compensation), or through medical documents.)

(B) If the answer to (A) is yes, for each such individual, is there a self-certification that the person is unable to perform community service due to such disability, or acceptable verification of the same from a third party?

If the answer to (A) and (B) is yes, and adequate verification/certification, **exempt all such persons.**

3. Does the household include any persons who are primary caretaker either for: (a) persons with disabilities of any age, who reside either within or outside the home; or (b) minor children who are in the home and who have not yet reached the age of six, or who have not yet begun first grade, whichever is later? If so, and there is adequate verification, **exempt all such persons.**

4. Does the household include any persons who are involved in "work activities" as defined in the Act? (WHA staff should consult the listing of all possible activities which meet the definition. Not that there is no requirement for a minimum amount or number of hours for such activity. In addition, persons who are unemployed and receiving unemployment benefits while engaging in "job search" activities can be considered involved with work activities.) If so, and there is adequate verification, **exempt all such persons.**

5. Does the household include any woman who is pregnant? If so, and adequate verification, **exempt all such persons.**

6. (A) Is anyone in the household receiving TAFDC, EAEDC, SSI, or Food Stamp benefits?

(B) If so, any written statement from DTA that the household is not in compliance with work activity requirements for such a program (if there are any)?

If answer to (A) is yes and answer (B) is no, and adequate verification, **exempt all household members.**

WOBURN HOUSING AUTHORITY
PET POLICY GUIDELINES
And LEASE RIDER

Pet Policy guidelines are developed by the Woburn Housing Authority to create a safe environment where residents and pets may co-exist in a peaceful community atmosphere. These guidelines were designed to meet the needs of pet owning tenants, non-pet owning tenants, housing employees, and pets.

Each household may own up to two pets. One pet may be a dog or a cat. Residents may not have two dogs, two cats, or a dog and a cat. If you choose to have a dog or a cat, the second animal must be a small caged animal (see guideline 2) or an aquarium that is 20 gallons or less.

I. GUIDELINES

1. Any tenant who wishes to keep a companion animal will inform management in writing. Management will send the tenant a copy of the Pet Policy Guidelines/Lease Pet Rider to be signed immediately by the tenant as well as fill out the pet information form with an attached picture of the animal.
2. A companion animal will be defined as a common household pet such as a non-aggressive breed of a dog, a non-aggressive cat, bird, guinea pig, gerbil, hamster, rabbit, fish, or turtle. Reptiles other than turtles and birds of prey are not considered household pets.
3. Dogs and cats must be kept in a kennel inside the unit when a resident is not home. This will cut down on damage in the apartment and assure that the maintenance department may enter and exit the apartment without compromising an employee's safety. When maintenance work is done in an apartment dogs must be kenneled and cats must be out of the way of work being performed. Other animals must have suitable housing. (e.g. cages or aquariums) If an animal is not kenneled when a maintenance employee enters the unit they may refuse to complete the assigned work.
4. The mature size of newly acquired dogs is limited to a weight not to exceed 20 pounds and a cat may not exceed 10 pounds. Pets must be weighed by the veterinarian or staff of the Humane Society.
5. Animals or breeds of animals that are considered by the HA to be vicious and/or intimidating will not be allowed. Some examples of animals that have a reputation of a vicious nature are: reptiles, rottweilers, doberman pinscher, pit bull dog, and/or any animal that displays vicious behavior.
6. All female dogs over the age of six months and all female cats over the age of five months must be spayed. All male dogs over the age of eight months and all male cats over the age of ten months must be neutered, a veterinarian's certificate will be necessary to allow the pet to become a resident of the development.
7. Cats must be declawed by the age of three months. This evidence can be provided by a statement/bill from a veterinarian and/or the staff of the humane society.

II. PET SECURITY DEPOSIT & ANNUAL FEE An annual Fee and Deposit is required for each pet.

TYPE OF PET	FEE	DEPOSIT
Dog	\$150	\$250
Cat	\$50	\$100
Fish/Aquarium	\$0	\$100
Caged Pets	\$25	\$100

Note: The above schedule is applicable for each pet; therefore, if a tenant has more than one pet, he or she must pay the applicable annual fee and deposit for each pet. The entire annual fee and deposit (subject to the exception listed below) must be paid prior to the execution of the lease addendum. No pet shall be allowed in the unit prior to the completion of the terms of this pet policy. The annual fee shall be paid at the time of reexamination each year and all proof of inoculations and other requirements shall be made available to the HA at such time. The Annual Fee is not reimbursable. The deposit made shall be utilized to offset damages caused by the pet and/or tenant. Any balance, if any, from the deposit will be refunded to the tenant. THERE SHALL BE NO REFUND OF THE ANNUAL FEE.

III. TENANT OBLIGATIONS

1. The pet owner will be responsible for proper pet care, good nutrition, grooming, exercise, flea control, routine veterinary care and yearly inoculations. Dogs and cats must wear identification tags (dog license) and collars when outside the unit.
2. The pet owner is responsible for cleaning up after the pet inside the apartment and anywhere on development property. A "pooper scooper" and disposable plastic bag should be carried by the owner. All wastes will be bagged and properly disposed of in a trash receptacle in the owners' yard. This receptacle must be emptied on trash day weekly. Toilets are not designed to handle pet litter. Under no circumstances should any pet debris be deposited in a toilet as blockages will occur. If the housing Authority staff is required to clean away waste left by the pet, the tenant will be charged \$25.00 for the removal of the waste.
3. The pet owner will keep the unit and backyard free of pet odors, insect infestation, waste and litter, and maintain the unit in a sanitary condition at all times.
4. The pet owner will restrain and prevent the pet from gnawing, chewing, scratching, or otherwise defacing doors, walls, windows and floors as well as shrubs and landscaping of the facility. Pet owners will be responsible for payment of damages caused by pets.
5. Pets will be restrained at all times. A dog outside must be walked on a 3-foot leash. No dog shall be loose in any common area or outside within the development property. Pets are not to be tied outside or left in the backyard unattended. If an animal is not leashed or tied to an object, it may be impounded and taken to the local Humane Society. If the animal is taken by a HA staff to the humane society or elsewhere, the tenant will pay \$50.00 to the Housing Authority.

as well as costs associated with the animal's stay or treatment at the Humane Society.

6. Tenants will not alter their unit or outside area to create an enclosure for an animal.
7. No pet is to remain unattended, without proper care, for more than 24 hours, except in the case of a dog which shall be no more than 12 hours. If it is reported to the Housing Authority staff that a pet has been left unattended for more than 24 hours, HA staff may enter the unit and remove the pet and transfer the pet to the humane society. Any expense associated with the removal will be at the expense of the tenant. ed
8. Pets will not be allowed to disturb the health, safety, rights, comfort, or quiet enjoyment of other tenants. A pet should not create an nuisance to neighbors with excessive barking, whining, chirping, or other unruly behavior. This includes any pets whom make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one -half hour or more and therefore disturbs any person at any time of the day or not. The Housing Manager will terminate this authorization if a pet disturbs other tenants under this section of the lease addendum. The tenant will be given one week to make other arrangements for the care of the pet or the dwelling lease will be terminated.
9. The tenant is responsible for providing management with the following information and documents which are to be kept on file in the tenant's folder. (The tenant is responsible for keeping management informed of any change of information.)
 - ✓ Photo of the pet
 - ✓ Veterinarian's name, address, and phone number.
 - ✓ Veterinary certificates of spaying or neutering, rabies, distemper, parvovirus, feline leukemia, and other inoculations, when applicable.
 - ✓ Dog licensing certifications in accordance with local and state law.
 - ✓ Names of two alternate caretakers, their names, addresses, and telephone numbers, who will assume immediate responsibility for the care of the pet should the owner, become incapacitated.
 - ✓ If the health or safety of a companion animal is threatened by incapacity or death of the owner, the management reserves the right to contact the caretakers, animal control officer, or specified boarding facility. Management also has the right in this situation to enter the unit to place the animal with one of these individuals or organizations.
 - ✓ Name of emergency boarding accommodation in case of emergency.

IV. LIABILITY OF PET OWNER FOR DAMAGE OR INJURY

1. The pet owner is responsible for cleaning, deodorizing and sanitizing floors, and fixtures in the unit common areas of the development.
2. Charges for pet damage will include materials and labor. Repairing or replacing damaged areas of the exterior, interior, doors, walls, floors, fixtures in the unit, common areas or other areas damaged by the tenant's pet.

3. The Woburn Housing Authority strongly recommends that as the tenant you purchase personal liability insurance or other insurance to cover the cost of pet damage or personal injury to an individual.
4. The tenant fully agrees to hold harmless the Woburn Housing Authority, WHA staff, Directors and Commissioners, from any liability and costs that are caused by any pet damage to property or personal injury. Further the tenant must bear all legal costs that may arise as a result of negligence or said damages and injuries in the event of a lawsuit or legal action.

V. RESOLUTION OF COMPLAINTS and REMOVAL OF PET

1. The management will be responsible for resolving complaints in regard to pet ownership and responsibility. Complaints will be made in writing to management to resolve. Management will meet with the pet owner to resolve small complaints. In the case that several different complaints are received in regard to one pet, management reserves the right to mandate that the tenant permanently remove the animal from WHA property.
2. In the case of more serious complaints such as a dog bite, management reserves the right to require that the owner permanently remove the animal from WHA property.
3. In the case that the pet owner is in violation of these guidelines which the pet owner has agreed to abide by through signing a lease rider, the management may start termination of lease proceedings. Termination of lease proceedings may also be instituted if the pet owner has been warned several times for guideline infractions, a serious incident that threaten the health and safety of others, or the tenant does not remove the animal from WHA property after being informed to do so.
4. Not reporting a presence of a pet to the Housing Authority is a violation of the lease. The Housing Authority reserves the right to start eviction procedures against tenants in violation of not reporting an animal residing in their unit.

PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ AND UNDERSTAND THE ABOVE STATED PET GUIDELINES.

As a pet owner I fully understand that I and my family are fully responsible to follow the guidelines stated in the above Pet Guidelines. I understand these guidelines and agree to follow the above stated policy.

Tenant Signature

Date

PHA Certifications of Compliance with the PHA Plans and Related Regulations Board Resolution to Accompany the PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year Plan and Annual Plan for PHA fiscal year beginning July 2001, hereinafter referred to as the Plan of which this document is a part and make the following certifications and agreements with the Department of Housing Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
4. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
5. The PHA will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
6. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
7. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's MTCS in an accurate, complete and timely manner (as specified in PIH Notice 99-2);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).

8. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
9. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
10. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low- or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
11. The PHA has submitted with the Plan a certification with regard to a drug free workplace required by 24 CFR Part 24, Subpart F.
12. The PHA has submitted with the Plan a certification with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.
13. For PHA Plan that includes a PHDEP Plan as specified in 24 CFR 761.21: The PHDEP Plan is consistent with and conforms to the "Plan Requirements" and "Grantee Performance Requirements" as specified in 24 CFR 761.21 and 761.23 respectively and the PHA will maintain and have available for review/inspection (at all times), records or documentation of the following:
 - Baseline law enforcement services for public housing developments assisted under the PHDEP plan;
 - Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);
 - Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;
 - Coordination with other law enforcement efforts;
 - Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and
 - All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.
14. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
15. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
16. The PHA will provide HUD or the responsible entity any documentation that the Department needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58.
17. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
18. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
19. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act and 24 CFR Part 35.
20. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments) and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments.).
21. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.

22. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and attachments at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.

WOBURN HOUSING AUTHORITY
PHA Name

MA019
PHA Number

Signed/Dated by PHA Board Chair or other authorized PHA official