

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2001

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

## PHA Plan Agency Identification

**PHA Name:** MANISTIQUE HOUSING COMMISSION

**PHA Number:** MI049

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

### PHA Plan Contact Information:

Name: Kathleen Schuetter

Phone: (906) 341-5451

TDD: (906) 341-5451

Email (if available): Mhousing@up.net

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

### PHA Programs Administered:

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

## Annual PHA Plan Fiscal Year 2001

[24 CFR Part 903.7]

### i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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

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

**Pet Policy – Added Item #23: Dog and cat owners agree to pay a \$25.00 annual, non-refundable fee to the Manistique Housing Commission for the added paper work required at intake of the pet and the annual requirements.**

**Lease – 1.) Revision to Section II, Part B, Security Deposits: The Tenant agrees to pay a security deposit of the higher of \$150.00 or one month's rent (one month's rent at the time of move-in).**

**2.) Clarification of Section IV, Part B, Guests: Guests or visitors shall mean a person or persons, not a member of a Tenant's immediate family or legal dependent who is listed on the lease, who shall reside in the unit for a period of two (2) weeks or less during any calendar year. Example – one person stays for 2 days, another stays for 3 days. This is a total of 5 days of the allowable 14 days used up for guests or visitors that may stay overnight.**

## **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 101,334.

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

D. Capital Fund Program Grant Submissions

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

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

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

The Capital Fund Program Annual Statement is provided as Attachment B

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

[24 CFR Part 903.7 9 (h)]

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

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

#### 2. Activity Description

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

### **4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

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

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

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

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

[24 CFR Part 903.7 (m)]

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

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

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

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

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

**6. Other Information**

[24 CFR Part 903.7 9 (r)]

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

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

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

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

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

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

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

1. Consolidated Plan jurisdiction: State of Michigan

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

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

3. PHA Requests for support from the Consolidated Plan Agency

- Yes  No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

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

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

**1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

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

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

**Substantial Deviation from the 5-year Plan will be defined by our Housing Commission as any change to our Mission Statement, goals, or objectives.**

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

**Significant Amendment or Modification to the Annual Plan will be defined by our Housing Commission as any change to rent or admissions policies unless these changes are required because of changes in HUD's regulatory requirements, any change with regard to our current demolition or disposition activities or policies, any change with regard to our current homeownership activities or policies.**

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

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b>  MANISTIQUE HOUSING COMMISSION		<b>Grant Type and Number</b> Capital Fund Program: Capital Fund Program MI33P04950101 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  2001
X Original Annual Statement Performance and Evaluation Report for Period Ending:		Reserve for Disaters/Emergencies Final Performance and Evaluation Report		Revised Annual Statement (revision no: )	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations	\$ 10,133			
3	1408 Management Improvements	0			
4	1410 Administration	10,133			
5	1411 Audit	0			
6	1415 liquidated Damages	0			
7	1430 Fees and Costs	17,020			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	49,500			
11	1465.1 Dwelling Equipment—Nonexpendable	7,200			
12	1470 Nondwelling Structures	0			
13	1475 Nondwelling Equipment	7,348			
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	0			
18	1498 Mod Used for Development	0			
19	1502 Contingency	0			
20	Amount of Annual Grant: (sum of lines 2-19)	\$101,334			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Compliance	0			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>						
<b>PHA Name:</b>  MANISTIQUE HOUSING COMMISSION		<b>Grant Type and Number</b> Capital Fund Program: Capital Fund Program MI33P04950101 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  2001	
X Original Annual Statement Performance and Evaluation Report for Period Ending:		Reserve for Disaters/Emergencies Final Performance and Evaluation Report		Revised Annual Statement (revision no: )		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
23	Amount of line 20 Related to Security	0				
24	Amount of line 20 Related to Energy Conservation Measures	0				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Manistique Housing Commission			<b>Grant Type and Number</b> Capital Fund Program #: MI33P04950101 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406	1	10,133				
HA Wide	Administration	1410	1	10,133				
HA Wide	Architect & Engineering Fees	1430	1	9,120				
HA Wide	Energy Audit	1430	1	6,000				
MI049-001	Forensic roof study	1430	1	1,900				
MI049-001	Replace shower controls	1460	35	7,000				
MI049-001	Replace carpet in all hallways	1460	3	10,000				
MI049-002	Replace underlayment and flooring	1460	5	22,500				
MI049-002	Replace wood trim in units	1460	5	10,000				
MI049-002	Replace stoves	1465.1	24	7,200				
MI-049-001	Replace furniture and furnishings in lobbies	1475	3	7,348				



### Capital Fund Program 5-Year Action Plan

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

<b>CFP 5-Year Action Plan</b>		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
HA Wide	PHA Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
#1406 –Operations - 10% for 4 years	\$40,534	2002
#1410 –Administration of Capital Fund for 4 years	40,534	2002
#1430 –Architect and Engineer Fees for 4 years	35,397	2002
<b>Total estimated cost over next 5 years</b>	<b>\$116,465</b>	

### Capital Fund Program 5-Year Action Plan

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

<b>CFP 5-Year Action Plan</b>		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MI049-001	Harborview Towers	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replacement of roof systems – Replace roof membrane, replace drainage system, add insulation where needed.	\$70,000.00	2002
Replace hot water heater	5,996.00	2003
<b>Total estimated cost over next 5 years</b>	<b>\$75,996.00</b>	

### Capital Fund Program 5-Year Action Plan

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

<b>CFP 5-Year Action Plan</b>		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MI049-002	Maple Square Family Units	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace underlayment and floor covering in entire unit with 10 units replaced in 2003, five units replaced in 2004, and five units replaced in 2005.	\$90,000.00	2003, 2004, 2005
Replace wood trim in units as flooring is being replace on the same schedule.	40,000.00	2003, 2004, 2005
Install new counter tops in kitchens of 24 units.	12,000.00	2004
Replace bathroom vanities, sinks, faucets, medicine cabinets, tub surrounds and tub controls in 24 units.	40,000.00	2005
Replace hot water heaters in 25 units.	10,250.00	2004
Replace refrigerators in 25 units.	10,625.00	2004
Replace windows with broken seals as needed in units.	10,000.00	2004
<b>Total estimated cost over next 5 years</b>	<b>\$212,875.00</b>	

## PHA Public Housing Drug Elimination Program Plan

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

### **Section 1: General Information/History**

**A. Amount of PHDEP Grant \$** \_\_\_\_\_

**B. Eligibility type (Indicate with an "x")**      **N1**\_\_\_\_\_ **N2**\_\_\_\_\_ **R**\_\_\_\_\_

**C. FFY in which funding is requested** \_\_\_\_\_

### **D. Executive Summary of Annual PHDEP Plan**

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

### **E. Target Areas**

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

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

### **F. Duration of Program**

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

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

**G. PHDEP Program History**

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

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

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

**A. PHDEP Plan Summary**

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

**B. PHDEP Budget Summary**

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

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

**C. PHDEP Plan Goals and Activities**

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

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

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

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

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

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

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

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

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

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

1.							
2.							
3.							

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

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

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



**Required Attachment 1: Resident Member on the PHA Governing Board**

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

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

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): 5 years

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

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

B. Date of next term expiration of a governing board member: March 2001

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

City of Manistique City Council,  
Alan Housler, City Manager

## **Required Attachment 2: Membership of the Resident Advisory Board or Boards**

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

J. Joseph McDonough  
Evelyn McDonough  
Ann Mikuska  
Beverly Carrier  
Sati Desjarden  
Donald Thoma  
Robert Canary  
Ann LaLonde  
Donna Boynton

## Attachment #4

### Statement of Progress in Meeting 5-Year Plan Mission and Goals

We have been following the Mission Statement that we set for ourselves in our Five-Year Plan. We have been working hard to provide affordable housing and services to the people of Manistique.

One of our goals as a Housing Commission is to network with other Housing Commission's to share administrative practices. By doing this, we feel that successful practices of other Commission's might help our Housing Commission become more efficient and better informed. We have been doing that and have found that this is one of the best ways that we can learn about new rules and regulations from the Department of Housing and Urban Development and this has been especially true in the past year. I believe that networking has been a great help to everyone involved. Since networking has involved more than just our administrative practices, it has helped in maintenance practices and in serving our tenants better.

Working on a better rent collection process was another one of our goals. We have been working toward this and have seen some progress but still feel we can improve upon this goal. We believe that with the increase in incomes and rent, we see increased balances in accounts receivable but have been working with security deposits and earlier intervention when accounts balances warrant it.

Looking for new ways to reduce our vacancy rate and increase our waiting lists have been difficult since I have heard directors from all over the Upper Peninsula of Michigan say that they are or have recently experienced the same problems that we are having in this area. We are still looking to find new ways to draw and keep tenants.

We are still looking for alternative ways to increase our funding so we can provide funding for our long-term projects but to date have not been successful.

We have been working very hard in all these areas but have found that our available time in these areas are limited due to the extra work load created by the additional reporting requirements by the Department of Housing and Urban Development. It is our hope that some of these recent requirements will be reduced in the next few years to come. If we don't see the requirements reduced, we will be forced to look at hiring extra staff which will take funding from some other area(s) of our budget.

## Attachment #6

### Manistique Housing Commission

#### Pet Policy

Whereas, the Manistique Housing Commission owns and operates the Public Housing for the City of Manistique; and

Whereas, the Manistique Housing Commission understands the value of residents general well being of having pets; and

Whereas, it is necessary to establish a policy relating to the ownership of such pets,

1. Residents shall be permitted to have common household pets as listed below:

Birds – Canary, parakeet, finch and other species that are normally kept in cages. Birds of prey are not permitted.

Fish – In tanks or aquariums, not to exceed 20 gallons in capacity. Poisonous or dangerous fish are not permitted.

Rodents – Hamsters and gerbils. Mice or rats are not permitted.

Dogs – Not to exceed 20 lbs. weight and 18" high at full growth. Females must be spayed and males neutered. Seeing eye dogs are the exception. Veterinarian's recommended/suggested types of dogs are as follows:

A. Chihuahua    B. Pekinese    C. Schnauzer    D. Poodle    E. Daschund  
F. Terriers        G. Cocker Poodle

Cats – Cats must be neutered or spayed and de-clawed

2. At no time will the Manistique Housing Commission approve exotic pets, such as snakes, lizards, monkeys, game pets, spiders, etc.

3. Only one pet will be allowed per apartment except for birds or rodents, two allowed and fish, several allowed.

4. No guest will be allowed to bring pets on the premises.

5. Residents will not be allowed to PET SIT or HOUSE A PET without fully complying with this policy.

6. Each dog or cat must be on a leash when not in owner's apartment or house and must be with the owner. Leash must be no longer than 4 feet.

7. Tenants are not allowed to have doghouses, dog tie downs, or runways, etc outside of their apartment or house. This means that no pet shall be tied up or left unattended outside of any building of the Housing Commission.

8. All birds must be provided with and in a cage when outside of resident's apartment or house.

9. Litter boxes must be provided for cats and cats must be litter trained. Litter is not to be dumped on Manistique Housing property.

10. Dogs must be house broken.

11. Dogs and cats shall not be permitted to excrete anywhere in the building except cats must use litter box. Pet owners shall be responsible for immediately removing feces dropped anywhere in the building or on the grounds.

Waste must be placed in a plastic bag, tied securely and deposited directly into the owner's trash receptacle.

Kitty litter must be cleaned on a daily basis, disposing of feces in a plastic bag tied securely and placed in the owner's trash receptacle.

12. Dogs must be provided with a pet bed or box to avoid wear and tear on the carpet.

13. All fur bearing pets must wear flea collars at all times. This rule must be adhered to for the protection of no-pet residents.

14. At no time will pets be allowed in lobbies except when leaving or entering the building with their owners and in restriction or their cages or leash.

15. All apartments with pets must be kept free of pet odors and maintained in a clean and sanitary manner. Resident's apartment will be subject to inspections to make sure that they are kept clean.

16. If the pet poses a nuisance, such as excessive noise, barking or whining which disrupts the peace of the complex; the owner will remove the pet from the premises if management so requests within 2 days.

17. Every dog and cat must be registered annually with the Manistique Housing Commission's Management Office; Registration requires the following:

1. Proof of current license.
2. Proof of inoculations (as required by veterinarians).
3. Identification tag.
4. Current picture of cat or dog.

18. Every dog and cat must wear a City Animal license, a valid rabies tag, and a tag bearing the owner's name, address and phone number.

19. If a pet is found alone on Housing Commission property and does not have the appropriate tag bearing the owner's name, address and phone number. The Housing Commission will phone the local Sheriff's Department for removal of the animal.

20. Pet owners are liable for any damage or injury caused by their pet, even if beyond the pet deposit amount.

21. Any pet that causes bodily injury to any tenant, guest, visitor or staff member shall be immediately and permanently removed from the premises without prior notification.

22. Violation of the Manistique Housing Commission Pet Policy will be grounds for the termination of lease.

23. Dog and cat owners agree to pay a \$25.00 annual, non refundable fee to the Manistique Housing Commission for added paper work required at intake of the pet and the annual requirements.

24. Pet owner agrees to pay a \$250.00 Pet Security Deposit to the Manistique Housing Commission in advance of the pet's arrival and after the pet owner provides proof of required inoculations, licenses, spaying or neutering, etc. This deposit will be used to cover damages, if any, to the Manistique Housing Commission property by the pet. Within thirty days of the move out inspection or lease end, whichever is later, the pet deposit will be returned to the resident provided there are not pet related damages, unpaid rent, or any other outstanding debt owed to the Manistique Housing Commission. Should the pet and apartment security deposits exceed debts owed to the Manistique Housing Commission, such balance will be returned to the resident. If damage is in excess of the \$250.00, the tenant will be responsible for the remaining balance.

I have reviewed and understand the above regulations and agree to conform to the same and understand that violation of the rules may result in a requirement to permanently remove the pet from the unit within 2 days or vacate the dwelling.

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Tenant

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Date

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Housing Commission Staff

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Date

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Witness

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Date