

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

**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: Canton Housing Authority

PHA Number: MS26P061

PHA Fiscal Year Beginning: 07/2001

PHA Plan Contact Information:

Name: Stanford Beasley, Executive Director

Phone: (601) 859-4032

TDD:

Email (if available):

Public Access to Information

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

- X 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)

- X 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)

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

PHA Programs Administered:

Public Housing and Section 8 Section 8 Only X 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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Attachments

- X Attachment A (ms061a01): Supporting Documents Available for Review
- X Attachment B (ms061b01): Capital Fund Program Annual Statement
- X Attachment C (ms061c01): Capital Fund Program 5 Year Action Plan
 - Attachment : Capital Fund Program Replacement Housing Factor Annual Statement
 - Attachment : Public Housing Drug Elimination Program (PHDEP) Plan
- X Attachment D (ms061d01): Resident Membership on PHA Board or Governing Body
- X Attachment E (ms061e01): Membership of Resident Advisory Board or Boards
- X Attachment F (ms061f01): Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- X Other (List below, providing each attachment name)
 - Attachment G (ms061g01):Community Service Policy
 - Attachment H (ms061h01):Pet Policy

ii. Executive Summary _

[24 CFR Part 903.7 9 (r)]

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

The Canton Housing Authority takes pride in the administration of public housing units, and attempts to meet or exceed the mission of the Department of Housing and Urban Development in providing decent, safe, and sanitary housing in good repair.

In concert with community agencies, the Canton Housing Authority does encourage families to seek employment, further their educational development, and become self-sufficient. In order to create a safe environment for the residents, the Canton Housing Authority current participate with local law enforcement to determine criminal history records. In addition, ongoing communication is handled with various government department heads to build community relations and create a sense of security for the residents.

The Canton Housing Authority continuously reviews its policies and compliance to increase the sanitary conditions of the housing stock under control. The Housing Authority seeks to target factors identified by the PHA staff, HUD, and REAC and determine a course of action to make repairs that will benefit the community, residents and Authority.

The Housing Authority has attempted to provide all the necessary information and documentation for the annual and five year plan. We have included adopted new policies and procedures to comply with current regulation and guidelines. Our plan is focusing on improving the quality of life for our residents through training and education, security and physical improvements.

With Regards,

Stanford Beasley
Executive Director

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

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

The Housing Authority to achieve its mission and goals under the five plan has focused on improving the quality of life for its residents, promoting self-sufficiency through education and training, ensuring equal opportunity and fair housing, safe environment and physical improvements. We have entered into partnerships with community agencies and organizations. Under our capital fund program, we are making our developments more energy efficient, attractive and drug free. The Housing has included in this plan its adopted policy on Community Services and Pet Ownership.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. X 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? \$ 283,025

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

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

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

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

1. Yes X 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

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition Disposition
3. Application status (select one)

Approved Submitted, pending approval Planned application
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) Part of the development Total development
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 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 X 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 down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family’s resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

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

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

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

- D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

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

- 1. Yes X 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) F

- 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 __F__.

 - 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 Mississippi)**
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.

- X 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)

Resident Self-sufficiency and Capital fund programs

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency
Yes X 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) None

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

The Housing Authority does recognize the need for public notification for items

contained within the 5-Year and Annual Plans. This authority shall make proper notification for any Substantial Deviations from these plans as required under law. The exception to this definition is if the change has been made to meet regulatory compliance with The U.S. Department of Housing and Urban Development requirements. Substantial deviation or Significant amendment or Modification shall mean those of the mission statement, goals and objective, capital fund program or changes in significant expenditures. And changes in statutory requirement for administration of Public Housing requiring public comment and/or public hearing.

B. Significant Amendment or Modification to the Annual Plan

A Significant Amendment or Modification to the Annual Plan shall be construed to mean the following:

- Changes to rent or admissions policies or organization of the waiting list;
- Additions of non-emergency work items not currently included in the Annual Statement or the 5-Year Action Plan or changes in use of replacement reserve funds under the Capitol Fund;
- Additions of new activities not included in any current PHDEP Plan;
- Any changes with regard to demolition or disposition, designation, homeownership programs or conversion activities.

These issues, if required, shall be raised with proper public notification. The Housing Authority acknowledges that an exception will be made by HUD to comply with the above changes that are adopted to reflect changes in HUD regulatory requirements: such changes will not be considered significant amendments by HUD.

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: Canton Housing Authority		Grant Type and Number Capital Fund Program Grant No: MS26P06150100 Replacement Housing Factor Grant No:			Federal FY of Grant: 07/01
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 01) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-00 <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				
2	1406 Operations	28,496	68,496	-0-	-0-
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				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	250,000	210,000	210,000	-0-
13	1475 Nondwelling Equipment				
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				
	Amount of Annual Grant: (sum of lines.....)	278,496	278,496	210,000	-0-
	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				

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: Canton Housing Authority		Grant Type and Number Capital Fund Program Grant No: MS26P06150101 Replacement Housing Factor Grant No:			Federal FY of Grant: 07/01	
<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: <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					
2	1406 Operations	78,775	28,300			
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	5,500	5,500			
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	180,750	221,225			
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures	18,000	18,000			
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve		10,000			
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					
19	1502 Contingency					
	Amount of Annual Grant: (sum of lines.....)	283,025	283,025			
	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					

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Canton Housing Authority		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 7/01/02 – 6/30/03	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 7/01/03 – 6/30/04	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 7/01/04 – 6/30/05	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 7/01/05 – 6/30/06
	Annual Statement				
PHA Wide		35,000	35,000	35,000	35,000
Pat Doherty Homes MS061-001		27,400	27,400	27,400	27,000
Joe Prichard Homes MS061-002		220,625	220,625	220,625	220,625
Total CFP Funds (Est.)		283,025	283,025	283,025	283,025
Total Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

	Activities for Year : 2004 FFY Grant: MS26P061-501-01 PHA FY: 7/01/04– 6/30/05			Activities for Year: 2005 FFY Grant: MS26P061-501-01 PHA FY: 7/01/05 – 6/30/06		
	Administration			Administration		
	Operations		28,300	Operations		28,300
	Fees and Costs		7,000	Fees and Costs		7,000
	MS061-01,02			MS061-01,02		
	Insulation, Window Screens, Side Walks, Ceiling Reparis, Floor Covering	150 Units	247,725	Screen Doors, Landscaping, Ceiling Fans, Secrity	150 Units	247,725
	Total		283,025			283,025

Required Attachment __D__: Resident Member on the PHA Governing Board

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

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

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

Elected

Appointed

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

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

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain): **The U. S. Congress exempt public housing residents from serving on a Housing Authority Board in Mississippi.**

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

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

Required Attachment _E_: Membership of the Resident Advisory Board or Boards

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

Currently all tenants are members of the Resident Advisory Board. All tenants received notices acknowledging they were selected as members of the Resident Advisory Board.

ATTACHMENT F

COMMENTS OF RESIDENT ADVISORY BOARD

The Housing Authority residents were made aware of the annual and five year agency plan. There were no comments presented to the authority.

COMMUNITY SERVICE REQUIREMENT

The Housing Authority of the City of Canton, Mississippi will administer the community service requirement as follows:

1. Locate potential work sites for those residents required performing voluntary work and maintaining a listing of those sites. Information concerning the work sites will be furnished to residents for advice and counseling only. The resident is ultimately responsible for locating a work site and performing the required hours in compliance with Federal Law.
2. Screen resident records for those who are required to perform community service and provide notification of the requirements. New residents will be informed of the requirements prior to move-in.
3. Prepare and furnish to affected residents a form for third party certification of the community work or self-sufficiency requirement. The completed form will be returned to the Housing Authority and placed in the resident's file.
4. Review or obtain the resident's certification ninety days prior to annual reexamination. If the resident has failed to fulfill the community work or family self-sufficiency requirement, the resident will be notified not less than thirty days prior to lease expiration of the noncompliance. The resident will also be advised that the determination of noncompliance is subject to the Housing Authority grievance procedure; and that unless the resident and the Housing Authority enter into a suitable agreement for the resident to cure the noncompliance, the resident's lease will not be renewed and the Housing Authority will take eviction action. If an agreement is reached the resident will be required to make up lost hours.

Each adult resident must contribute eight (8) hours per month of community service, or participate in an economic self-sufficiency program for eight (8) hours per month, unless exempt from this requirement for one of the following reasons:

- Is 62 years or older;
- Is blind or disable as defined by the Social Security Act, and who is unable to comply with this requirement, or is a primary caretaker of such individual;
- Is engaged in a work activity as defined by Social Security Act;
- Meets the requirements for being exempted from having to engage in a work activity under the State program funded by the Social Security Act, or under any other Mississippi welfare program, including a State administered welfare to work program; and has not been found by the State or other administering entity to be in noncompliance with such program; and

Is in a family receiving assistance under a State program funded by the Social Security Act, or under any other Mississippi welfare program, including a State administered welfare to work program, and has not been found by the State or other administering entity to be in noncompliance with such program.