

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

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# PHA Plans

5-Year Plan for Fiscal Years 2000 - 2004  
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:** The Housing Authority of the City of Tupelo, Ms.

**PHA Number:** MS077

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

**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**  
**PHA FISCAL YEARS 2000 - 2004**  
[24 CFR Part 903.5]

**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.
- The PHA's mission is: (state mission here)

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHA's 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 ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHA's should identify these measures in the spaces to the right of or below the stated objectives.

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

- PHA Goal: Expand the supply of assisted housing  
Objectives:
- Apply for additional rental vouchers:
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)
- PHA Goal: Improve the quality of assisted housing  
Objectives:
- Improve public housing management: (PHAS score) by 5 points
  - Improve voucher management: (SEMAP score)
  - Increase customer satisfaction: Establish more consistent line of communication with tenants.

- Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)
- Renovate or modernize public housing units:
- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)

- PHA Goal: Increase assisted housing choices

Objectives:

- Provide voucher mobility counseling:
- Conduct outreach efforts to potential voucher landlords
- Increase voucher payment standards
- 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**

- PHA Goal: Provide an improved living environment

Objectives:

- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- Implement public housing security improvements:
- Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- Other: (list below)

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

- PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- Increase the number and percentage of employed persons in assisted families:

- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:
  - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
  - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
  - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
  - Other: (list below)

**Other PHA Goals and Objectives: (list below)**

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

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Streamlined Plan:**

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

**Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

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

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

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

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**Attachments**

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

**Required Attachments:**

- A Admissions Policy for Deconcentration
- FY 2001 Capital Fund Program Annual Statement (Included in plan page 34)
- Most recent board-approved operating budget (Required Attachment for PHA's that are troubled or at risk of being designated troubled ONLY)
- I List of members of Resident Advisory Board

**Optional Attachments:**

- PHA Management Organizational Chart
- FY 2001 Capital Fund Program 5 Year Action Plan (Included in plan page 35)
- E  Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- H  Other (List below, providing each attachment name)  
Statement of Progress

**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.

| <b>List of Supporting Documents Available for Review</b> |  |                                  |
|--|--|----------------------------------|
| <b>Applicable &amp; On Display</b>                       | <b>Supporting Document</b>   | <b>Applicable Plan Component</b> |
| X  | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations   | 5 Year and Annual Plans          |
| X  | State/Local Government Certification of Consistency with the Consolidated Plan   | 5 Year and Annual Plans          |
| X  | Fair Housing Documentation:<br>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 | 5 Year and Annual Plans          |

| <b>List of Supporting Documents Available for Review</b> |   |  |
|--|---|--|
| <b>Applicable &amp; On Display</b>                       | <b>Supporting Document</b>  | <b>Applicable Plan Component</b>                             |
|  | jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.  |  |
| X  | Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction  | Annual Plan: Housing Needs                                   |
| X  | Most recent board-approved operating budget for the public housing program  | Annual Plan: Financial Resources;                            |
| X  | Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]  | Annual Plan: Eligibility, Selection, and Admissions Policies |
| N/A  | Section 8 Administrative Plan   | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X  | Public Housing Deconcentration and Income Mixing Documentation:<br>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<br>2. Documentation of the required deconcentration and income mixing analysis | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X  | Public housing rent determination policies, including the methodology for setting public housing flat rents<br><input checked="" type="checkbox"/> check here if included in the public housing A & O Policy  | Annual Plan: Rent Determination                              |
| X  | Schedule of flat rents offered at each public housing development<br><input checked="" type="checkbox"/> check here if included in the public housing A & O Policy  | Annual Plan: Rent Determination                              |
| N/A  | Section 8 rent determination (payment standard) policies<br><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  | Public housing grievance procedures<br><input checked="" type="checkbox"/> check here if included in the public housing A & O Policy  | Annual Plan: Grievance Procedures                            |
|  | Section 8 informal review and hearing procedures<br><input type="checkbox"/> check here if included in Section 8 Administrative Plan  | Annual Plan: Grievance Procedures                            |
| X  | The HUD-approved Capital Fund/Comprehensive Grant   | Annual Plan: Capital Needs                                   |

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

# 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

| Housing Needs of Families in the Jurisdiction<br>by Family Type |         |                |        |         |                |      |           |
|---|---------|----------------|--------|---------|----------------|------|-----------|
| Family Type   | Overall | Afford-ability | Supply | Quality | Access-ibility | Size | Locatio-n |
| Income <= 30% of AMI  | 471     | 5              | 2      | 1       | 1              | 2    | N/A       |
| Income >30% but <=50% of AMI                                    | 383     | 5              | 2      | 1       | 1              | 2    | N/A       |
| Income >50% but <80% of AMI                                     | 159     | 5              | 2      | 1       | 1              | 2    | N/A       |
| Elderly   | 229     | 5              | 2      | 1       | 1              | 2    | N/A       |
| Families with Disabilities                                      | N/A     |                |        |         |                |      |           |
| Race/Ethnicity B  | 731     | 5              | 2      | 1       | 1              | 2    | N/A       |
| Race/Ethnicity HI   | 13      | 5              | 2      | 1       | 1              | 2    | N/A       |
| Race/Ethnicity  |         |                |        |         |                |      |           |
| Race/Ethnicity  |         |                |        |         |                |      |           |

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

- Consolidated Plan of the Jurisdiction/s  
Indicate year: 2000-2004
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year: 1996 Tupelo Housing Strategy
- Other sources: (list and indicate year of information)

## 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.** PHA's 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/sub jurisdiction:  |               |                     |                 |
|  | # of families | % of total families | Annual Turnover |
| Waiting list total   | 21            |                     |                 |
| Extremely low income <=30% AMI   | 7             | 33%                 |                 |
| Very low income (>30% but <=50% AMI)   | 7             | 33%                 |                 |
| Low income (>50% but <80% AMI)   | 9             | 43%                 |                 |
| Families with children   | 18            | 86%                 |                 |
| Elderly families   | 1             | 4%                  |                 |
| Families with Disabilities   | 2             | 10%                 |                 |
| Race/ethnicity B   | 18            | 86%                 |                 |
| Race/ethnicity HI  | 3             | 14%                 |                 |
| Race/ethnicity   |               |                     |                 |
| Race/ethnicity   |               |                     |                 |
| Characteristics by Bedroom Size (Public Housing  |               |                     |                 |

| Housing Needs of Families on the Waiting List  |    |  |  |
|--|----|--|--|
| Only)  |    |  |  |
| 1BR  | 2  |  |  |
| 2 BR   | 14 |  |  |
| 3 BR   | 4  |  |  |
| 4 BR   | 1  |  |  |
| 5 BR   |    |  |  |
| 5+ BR  |    |  |  |
| Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |    |  |  |
| If yes:  |    |  |  |
| How long has it been closed (# of months)?   |    |  |  |
| Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes  |    |  |  |
| Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |    |  |  |
|  |    |  |  |

### C. Strategy for Addressing Needs

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

#### (1) Strategies

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select if applicable

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

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

Select all that apply

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

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

**(2) Reasons for Selecting Strategies**

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

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

**2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

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

| <b>Financial Resources:<br/>Planned Sources and Uses</b>                              |                   |                     |
|---|-------------------|---------------------|
| <b>Sources</b>  | <b>Planned \$</b> | <b>Planned Uses</b> |
| <b>1. Federal Grants (FY 2001 grants)</b>   |                   |                     |
| a) Public Housing Operating Fund  | \$557,200         |                     |
| b) Public Housing Capital Fund  | \$747,583         |                     |
| c) HOPE VI Revitalization   |                   |                     |
| d) HOPE VI Demolition   |                   |                     |
| e) Annual Contributions for Section 8 Tenant-Based Assistance                         |                   |                     |
| f) Public Housing Drug Elimination Program (including any Technical Assistance funds) | \$100,734         |                     |
| g) Resident Opportunity and Self-Sufficiency Grants                                   |                   |                     |

| <b>Financial Resources:<br/>Planned Sources and Uses</b>                  |                   |                     |
|---|-------------------|---------------------|
| <b>Sources</b>  | <b>Planned \$</b> | <b>Planned Uses</b> |
| h) Community Development Block Grant                                      |                   |                     |
| i) HOME   |                   |                     |
| Other Federal Grants (list below)   |                   |                     |
|   |                   |                     |
| <b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b> |                   |                     |
|   |                   |                     |
|   |                   |                     |
| <b>3. Public Housing Dwelling Rental Income</b>                           | \$410,000         | Operations          |
|   |                   |                     |
| <b>4. Other income (list below)</b>                                       |                   |                     |
| Section 8 Admin. Fee  | \$18,100          | Operations          |
|   |                   |                     |
| <b>4. Non-federal sources (list below)</b>                                |                   |                     |
|   |                   |                     |
|   |                   |                     |
|   |                   |                     |
| <b>Total resources</b>  | \$1,811,854.00    |                     |
|   |                   |                     |
|   |                   |                     |

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

[24 CFR Part 903.7 9 (c)]

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

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

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

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

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

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

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

- c.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

**(2)Waiting List Organization**

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

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

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

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

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

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

2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?

3.  Yes  No: May families be on more than one list simultaneously  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- PHA main administrative office
  - All PHA development management offices
  - Management offices at developments with site-based waiting lists
  - At the development to which they would like to apply
  - Other (list below)

**(3) Assignment**

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

**(4) Admissions Preferences**

- a. Income targeting:
- Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
- b. Transfer policies:
- In what circumstances will transfers take precedence over new admissions? (list below)
- Emergencies
  - Over housed
  - Under housed
  - Medical justification
  - Administrative reasons determined by the PHA (e.g., to permit modernization work)
  - Resident choice: (state circumstances below)

Other: (list below)

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

Date and Time

Former Federal preferences:

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

Victims of domestic violence  
Substandard housing  
Homelessness  
High rent burden

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

### **(5) Occupancy**

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

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

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

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

**(6) Deconcentration and Income Mixing**

a.  Yes  No: Did the PHA’s analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b.  Yes  No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

Adoption of site based waiting lists  
If selected, list targeted developments below:

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

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

Other (list policies and developments targeted below)

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

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

Additional affirmative marketing

Actions to improve the marketability of certain developments

Adoption or adjustment of ceiling rents for certain developments

Adoption of rent incentives to encourage deconcentration of poverty and income mixing

Other (list below) Waiver of security deposit. PHA will allow occupancy of 1 child per bedroom

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

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

List (any applicable) developments below: 77-2 & 77-3

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

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

## B. Section 8

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

### (1) Eligibility

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- Criminal or drug-related activity only to the extent required by law or regulation
  - Criminal and drug-related activity, more extensively than required by law or regulation
  - More general screening than criminal and drug-related activity (list factors below)
  - Other (list below)
- b.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- Criminal or drug-related activity
  - Other (describe below)

**(2) Waiting List Organization**

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

- None
- Federal public housing
- Federal moderate rehabilitation
- Federal project-based certificate program
- Other federal or local program (list below)

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

- PHA main administrative office
- Other (list below)

**(3) Search Time**

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

If yes, state circumstances below:

**(4) Admissions Preferences**

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

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

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

Other preference(s) (list below)

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

Date and time of application

Drawing (lottery) or other random choice technique

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

This preference has previously been reviewed and approved by HUD

The PHA requests approval for this preference through this PHA Plan

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

The PHA applies preferences within income tiers

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

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

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

The Section 8 Administrative Plan

Briefing sessions and written materials

Other (list below)

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

Through published notices

Other (list below)

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

[24 CFR Part 903.7 9 (d)]

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

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

**(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

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

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

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

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

For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

For transportation expenses

For the non-reimbursed medical expenses of non-disabled or non-elderly families

Other (describe below)

e. Ceiling rents

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

Yes for all developments

Yes but only for some developments

No

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

For all developments

For all general occupancy developments (not elderly or disabled or elderly only)

For specified general occupancy developments

For certain parts of developments; e.g., the high-rise portion

For certain size units; e.g., larger bedroom sizes

Other (list below)

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

Market comparability study

Fair market rents (FMR)

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

f. Rent re-determinations:

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

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

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

**(2) Flat Rents**

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

- The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below) Current ceiling rents

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

Exemptions: PHA's 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 sub market
- Other (list below)

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

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

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

- Annually
- Other (list below)

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

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

**(2) Minimum Rent**

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

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

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

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

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

### **B. HUD Programs Under PHA Management**

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

| <b>Program Name</b>   | <b>Units or Families Served at Year Beginning</b> | <b>Expected Turnover</b> |
|---|---|--------------------------|
| Public Housing  | 410   | 50%                      |
| Section 8 Vouchers  |   |                          |
| Section 8 Certificates  |   |                          |
| Section 8 Mod Rehab   |   |                          |
| Special Purpose Section 8 Certificates/Vouchers (list individually) |   |                          |
| Public Housing Drug Elimination Program (PHDEP)                     | 410   |                          |
| Capital Funds   | 410   |                          |
|   |   |                          |

|   |  |  |
|---|--|--|
| Other Federal Programs(list individually) |  |  |
|   |  |  |
|   |  |  |

**C. Management and Maintenance Policies**

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

(1) Public Housing Maintenance and Management: (list below)

(2) Section 8 Management: (list below)

**6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

**A. Public Housing**

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

If yes, list additions to federal requirements below:

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

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

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

1.  Yes  No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal

hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

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

- PHA main administrative office  
 Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

### **A. Capital Fund Activities**

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

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

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

Select one:

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

-or-

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

## PHA Plan Table Library

### Component 7 Capital Fund Program Annual Statement Parts I, II, and II

#### Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number      FFY of Grant Approval: (10/2001)

Original Annual Statement

| Line No. | Summary by Development Account          | Total Estimated Cost |
|----------|---|----------------------|
| 1        | Total Non-CGP Funds                     | \$149,517            |
| 2        | 1406 Operations                         |                      |
| 3        | 1408 Management Improvements            |                      |
| 4        | 1410 Administration                     |                      |
| 5        | 1411 Audit                              | \$800                |
| 6        | 1415 Liquidated Damages                 |                      |
| 7        | 1430 Fees and Costs                     | \$75,000             |
| 8        | 1440 Site Acquisition                   |                      |
| 9        | 1450 Site Improvement                   | \$150,000            |
| 10       | 1460 Dwelling Structures                | \$314,266            |
| 11       | 1465.1 Dwelling Equipment-Nonexpendable | \$58,000             |
| 12       | 1470 Nondwelling Structures             |                      |
| 13       | 1475 Nondwelling Equipment              |                      |
| 14       | 1485 Demolition                         |                      |
| 15       | 1490 Replacement Reserve                |                      |
| 16       | 1492 Moving to Work Demonstration       |                      |
| 17       | 1495.1 Relocation Costs                 |                      |
| 18       | 1498 Mod Used for Development           |                      |
| 19       | 1502 Contingency                        |                      |

|    |   |           |
|----|---|-----------|
| 20 | <b>Amount of Annual Grant (Sum of lines 2-19)</b>         | \$747,583 |
| 21 | Amount of line 20 Related to LBP Activities               |           |
| 22 | Amount of line 20 Related to Section 504 Compliance       |           |
| 23 | Amount of line 20 Related to Security                     |           |
| 24 | Amount of line 20 Related to Energy Conservation Measures |           |

**Annual Statement**

**Capital Fund Program (CFP) Part II: Supporting Table**

| Development Number/Name<br>HA-Wide Activities | General Description of Major Work Categories | Development Account Number | Total Estimated Cost |
|---|--|----------------------------|----------------------|
| PHA WIDE<br><br><br><br><br>MS 77-3           | A & E FEES                                   | 1430                       | \$31,295             |
|   | COMP. GRANT COORDINATOR                      | 1430                       | \$13,705             |
|   | INDEPENDENT AUDIT                            | 1411                       | \$800                |
|   | COMPUTER SYSTEM UPGRADE                      | 1475                       | \$50,000             |
|   | INSTALL AIR CONDITIONING IN EACH UNIT        | 1460                       | \$331,665            |
|   | NEW STOVES                                   | 1465.1                     | \$18,900             |
|   | NEW REFRIGERATORS                            | 1465.1                     | \$35,100             |

**Annual Statement**

**Capital Fund Program (CFP) Part III: Implementation Schedule**

| Development Number/Name<br>HA-Wide Activities | All Funds Obligated<br>(Quarter Ending Date) | All Funds Expended<br>(Quarter Ending Date) |
|---|--|---|
| MS 77-1<br>CANAL STREET                       | 09-30-01                                     | 09-30-02                                    |
| MS 77-2<br>GREEN STREET                       | 09-30-01                                     | 09-30-02                                    |
| MS 77-3<br>NORTHSIDE                          | 09-30-01                                     | 09-30-02                                    |
| MS 77-4<br>TIMBER RIDGE                       | 09-30-01                                     | 09-30-02                                    |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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

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

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

b. If yes to question a, select one:

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

-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)

**Optional Table for 5-Year Action Plan for Capital Fund (Component 7)**

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: PHA's need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

| Optional 5-Year Action Plan Tables                                     |   |                     |                            |                                     |
|--|---|---------------------|----------------------------|-------------------------------------|
| Development Number   | Development Name (or indicate PHA wide) | Number Vacant Units | % Vacancies in Development |                                     |
| MS26P077-001   | CANAL STREET                            | 0                   | 0%                         |                                     |
| Description of Needed Physical Improvements or Management Improvements |   |                     | Estimated Cost             | Planned Start Date (HA Fiscal Year) |
| AIR CONDITIONING   |   |                     | \$180,000                  | 10/01/01                            |
| NONE   |   |                     |                            | 01/01/01                            |
| RENOVATE BATHS   |   |                     | \$60,000                   | 10/01/02                            |
| CLOSET DOORS   |   |                     | \$25,000                   | 10/01/03                            |
| LANDSCAPING  |   |                     | \$75,000                   | 10/01/03                            |

|   |                  |                 |
|---|------------------|-----------------|
| <b>OFF STREET PARKING</b>                     | <b>\$240,000</b> | <b>10/01/04</b> |
| <b>Total estimated cost over next 5 years</b> | <b>\$580,000</b> |                 |

### Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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: PHA's 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>Optional 5-Year Action Plan Tables</b>                                     |  |                            |  |
|---|--|----------------------------|--|
| <b>Development Number</b>   | <b>Development Name (or indicate PHA wide)</b> | <b>Number Vacant Units</b> | <b>% Vacancies in Development</b>          |
| <b>MS26P077-002</b>   | <b>GREEN STREET</b>                            | <b>0</b>                   | <b>0%</b>                                  |
| <b>Description of Needed Physical Improvements or Management Improvements</b> |  |                            | <b>Planned Start Date (HA Fiscal Year)</b> |
| <b>AIR CONDITIONING</b>   |  |                            | <b>10/01/01</b>                            |
| <b>AIR CONDITIONING</b>   |  |                            | <b>10/01/01</b>                            |
| <b>RENOVATE BATHS</b>   |  |                            | <b>10/01/02</b>                            |
| <b>CLOSET DOORS</b>   |  |                            | <b>10/01/02</b>                            |
| <b>LANDSCAPING</b>  |  |                            | <b>10/01/03</b>                            |
| <b>OFF STREET PARKING</b>   |  |                            | <b>10/01/04</b>                            |
| <b>Total estimated cost over next 5 years</b>                                 |  |                            | <b>\$889,735</b>                           |

## Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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: PHA's 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>Optional 5-Year Action Plan Tables</b>                                     |  |                            |                                   |  |
|---|--|----------------------------|-----------------------------------|--|
| <b>Development Number</b>   | <b>Development Name (or indicate PHA wide)</b> | <b>Number Vacant Units</b> | <b>% Vacancies in Development</b> |  |
| <b>MS26P077-003</b>   | <b>NORTH SIDE</b>                              | <b>30</b>                  | <b>15%</b>                        |  |
| <b>Description of Needed Physical Improvements or Management Improvements</b> |  |                            | <b>Estimated Cost</b>             | <b>Planned Start Date (HA Fiscal Year)</b> |
| <b>HVAC</b>   |  |                            | <b>\$180,000</b>                  | <b>10/01/01</b>                            |
| <b>RENOVATE BATHS</b>   |  |                            |                                   | <b>10/01/03</b>                            |
| <b>EXTERIOR DOORS/HARDWARE</b>  |  |                            | <b>\$60,000</b>                   |  |
| <b>DEAD BOLT LOCKS</b>  |  |                            | <b>\$25,000</b>                   | <b>10/01/01</b>                            |
| <b>NEW KITCHEN COUNTER TOPS</b>   |  |                            | <b>\$90,000</b>                   | <b>10/01/03</b>                            |
| <b>KITCHEN SINKS, FAUCETS</b>   |  |                            | <b>\$34,000</b>                   | <b>10/01/04</b>                            |
| <b>SECURITY SCREEN DOORS</b>  |  |                            | <b>\$90,000</b>                   | <b>10/01/02</b>                            |
| <b>SECURITY SCREENS AND WINDOWS</b>   |  |                            | <b>\$159,100</b>                  | <b>10/01/05</b>                            |
| <b>VINYL REPAIR &amp; REPLACEMENT</b>   |  |                            | <b>\$63,365</b>                   | <b>10/01/02</b>                            |
| <b>LANDSCAPING</b>  |  |                            | <b>\$280,000</b>                  | <b>10/01/02</b>                            |
| <b>Total estimated cost over next 5 years</b>                                 |  |                            | <b>\$981,465</b>                  |  |

## Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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: PHA's 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>Optional 5-Year Action Plan Tables</b>                                     |  |                            |                                   |  |
|---|--|----------------------------|-----------------------------------|--|
| <b>Development Number</b>   | <b>Development Name (or indicate PHA wide)</b> | <b>Number Vacant Units</b> | <b>% Vacancies in Development</b> |  |
| <b>MS26P077-004</b>   | <b>TIMBER RIDGE</b>                            | <b>0</b>                   | <b>0%</b>                         |  |
| <b>Description of Needed Physical Improvements or Management Improvements</b> |  |                            | <b>Estimated Cost</b>             | <b>Planned Start Date (HA Fiscal Year)</b> |
| <b>NONE</b>   |  |                            |                                   | <b>10/01/00</b>                            |
| <b>REPLACE A/C CONDENSERS</b>   |  |                            |                                   | <b>01/01/01 Complete</b>                   |
| <b>STORM DOORS</b>  |  |                            | <b>\$8,000</b>                    | <b>10/01/02</b>                            |
| <b>LANDSCAPING</b>  |  |                            | <b>\$25,000</b>                   | <b>10/01/03</b>                            |
| <b>Total estimated cost over next 5 years</b>                                 |  |                            | <b>\$8,000</b>                    |  |

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

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

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

b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development
- Revitalization Plan submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

Yes  No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?

If yes, list development name/s below:

Yes  No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?

If yes, list developments or activities below:

Yes  No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?

If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHA's are not required to complete this section.

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

### 2. Activity Description

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

| <b>Demolition/Disposition Activity Description</b>                             |  |
|--|--|
| 1a. Development name:  |  |
| 1b. Development (project) number:  |  |
| 2. Activity type: Demolition <input type="checkbox"/>                          |  |
| Disposition <input type="checkbox"/>   |  |
| 3. Application status (select one)   |  |
| Approved <input type="checkbox"/>  |  |
| Submitted, pending approval <input type="checkbox"/>                           |  |
| Planned application <input type="checkbox"/>                                   |  |
| 4. Date application approved, submitted, or planned for submission: (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 903.7 9 (i)]

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

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

2. Activity Description

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

| <b>Designation of Public Housing Activity Description</b>                                  |  |
|--|--|
| 1a. Development name:  |  |
| 1b. Development (project) number:  |  |
| 2. Designation type:   |  |
| Occupancy by only the elderly <input type="checkbox"/>                                     |  |
| Occupancy by families with disabilities <input type="checkbox"/>                           |  |
| Occupancy by only elderly families and families with disabilities <input type="checkbox"/> |  |
| 3. Application status (select one)   |  |
| Approved; included in the PHA’s Designation Plan <input type="checkbox"/>                  |  |
| Submitted, pending approval <input type="checkbox"/>                                       |  |
| Planned application <input type="checkbox"/>   |  |
| 4. Date this designation approved, submitted, or planned for submission: <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**

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

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

|   |
|---|
| <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan<br>(date submitted or approved:     ) |
| <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent                                  |
| <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units  |
| <input type="checkbox"/> Other: (describe below)  |

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

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

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

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

Exemptions from Component 11A: Section 8 only PHA’s are not required to complete 11A.

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

2. Activity Description

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

| <b>Public Housing Homeownership Activity Description<br/>(Complete one for each development affected)</b>  |  |
|--|--|
| 1a. Development name:<br>1b. Development (project) number:   |  |
| 2. Federal Program authority:<br><input type="checkbox"/> HOPE I<br><input type="checkbox"/> 5(h)<br><input type="checkbox"/> Turnkey III<br><input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)           |  |
| 3. Application status: (select one)<br><input type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program<br><input type="checkbox"/> Submitted, pending approval<br><input type="checkbox"/> Planned application |  |
| 4. Date Homeownership Plan/Program approved, submitted, or planned for submission:<br>(DD/MM/YYYY)   |  |
| 5. Number of units affected:<br>6. Coverage of action: (select one)<br><input type="checkbox"/> Part of the development<br><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 24 CFR part 982? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHA's** may skip to component 12.)

### 2. Program Description:

#### a. Size of Program

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

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

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

more than 100 participants

b. PHA established eligibility criteria

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

If yes, list criteria below:

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

[24 CFR Part 903.7 9 (l)]

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

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

1. Cooperative agreements:

Yes  No: Has the PHA has 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? 10/01/00

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

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

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

#### **(1) General**

a. Self-Sufficiency Policies

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

Public housing rent determination policies

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

b. Economic and Social self-sufficiency programs

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

| <b>Services and Programs</b>                                       |                |  |  |   |
|--|----------------|--|--|---|
| Program Name & Description<br>(including location, if appropriate) | Estimated Size | Allocation Method<br>(waiting list/random selection/specific criteria/other) | Access<br>(development office / PHA main office / other provider name) | Eligibility<br>(public housing or section 8 participants or both) |
| <i>GED &amp; Adult Basic Education<br/>1606 N. Madison St.</i>     | 50             | <i>Waiting List</i>  | <i>ICC, PHA main office</i>  | <i>Public Housing Residents</i>                                   |
| <i>Homeownership Training</i>                                      | 35             | Random Selection   | PHA main office  | Public Housing Residents  |
|  |                |  |  |   |
|  |                |  |  |   |
|  |                |  |  |   |
|  |                |  |  |   |
|  |                |  |  |   |
|  |                |  |  |   |
|  |                |  |  |   |

**(2) Family Self Sufficiency program/s**

a. Participation Description

| Family Self Sufficiency (FSS) Participation |  |  |
|---|--|--|
| Program                                     | Required Number of Participants<br>(start of FY 2000 Estimate) | Actual Number of Participants<br>(As of: DD/MM/YY) |
| Public Housing                              | 50   | 01/01/01 71  |
| Section 8                                   |  |  |

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

**D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937**

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

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**ALL DEVELOPMENTS**

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

PHA's eligible for FY 2001PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY 2001in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: MS077e04.doc)

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

Attachment MS077f04.doc

**15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

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

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

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

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

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

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
- Attached at Attachment (File name)
- Provided below:
1. Improve heat circulation in bath rooms
  2. Repair bathroom walls
  3. Install lighting in living rooms
  4. Replace plaster wall with sheetrock
  5. Increase lighting in kitchen
  6. Add counter and cabinet spaces in kitchen
  7. HVAC for all units
  8. Trim trees, sod yards, eliminate erosion
  9. Increase outdoor lighting
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:
1. HVAC for 77-3
  2. Trim trees, sod yards, eliminate erosion
- Other: (list below)

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

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

3. Description of Resident Election Process

- a. Nomination of candidates for place on the ballot: (select all that apply)
- Candidates were nominated by resident and assisted family organizations
- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot

Other: (describe)

b. Eligible candidates: (select one)

- Any recipient of PHA assistance
- Any head of household receiving PHA assistance
- Any adult recipient of PHA assistance
- Any adult member of a resident or assisted family organization
- Other (list)

c. Eligible voters: (select all that apply)

- All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- Representatives of all PHA resident and assisted family organizations
- Other (list)

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

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

1. Consolidated Plan jurisdiction: (provide name here)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
  - Other: (list below)
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

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

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

## **Attachments**

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

### Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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: PHA's need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

| Optional 5-Year Action Plan Tables                                     |   |                     |                            |                                     |
|--|---|---------------------|----------------------------|-------------------------------------|
| Development Number   | Development Name (or indicate PHA wide) | Number Vacant Units | % Vacancies in Development |                                     |
|  |   |                     |                            |                                     |
| Description of Needed Physical Improvements or Management Improvements |   |                     | Estimated Cost             | Planned Start Date (HA Fiscal Year) |
|  |   |                     |                            |                                     |
| <b>Total estimated cost over next 5 years</b>                          |   |                     |                            |                                     |

**Table Library**



# 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 \$ 100,734**

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

**C. FFY in which funding is requested 2001**

**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

The Tupelo Housing Authority proposes to continue providing a comprehensive drug elimination program to the 713 people currently residing in Northside Apartments, North Green St. Terrace, Canal Street Courts and Timber Ridge Apartments. This program is divided into four subgroups: Law Enforcement, Youth Activities, Family and Support Services and Adult Basic Education. This diversified prevention program is designed to meet the needs of all residents, and to empower them to improve the quality of their lives.

**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<br>(Name of development(s) or site) | Total # of Units within<br>the PHDEP Target<br>Area(s) | Total Population to<br>be Served within<br>the PHDEP Target<br>Area(s) |
|--|--|--|
| CANAL ST COURT   | 60   | 125  |
| NORTHSIDE APTS   | 110  | 334  |
| NORTH GREEN ST TERRACE                                 | 200  | 212  |

**TIMBER RIDGE APTS**

**40**

**42**

**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** \_\_\_\_\_     
 **24Months**   X       
**Other** \_\_\_\_\_

## 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. 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 |
|------------------------|------------------------|----------------|--|-----------------------------|-----------------------------|
| FY 1996                | 203,500                |                |  |                             |                             |
| FY 1997                | 122,100                |                |  |                             |                             |
| FY 1998                | 122,100                | MS26DEP0770198 | -0-  |                             | 10-31-00                    |
| FY 1999                | 90,176                 | MS26DEP0770199 | -0-  |                             | 12-31-00                    |
| FY 2000                | 93,981                 | MS26DEP0770100 | 63,890                                     |                             | 12-31-01                    |
| FY 2001                | 100,734                | MS26DEP0770101 | 100,734                                    |                             | 12-31-02                    |

## 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.

The Housing Authority of the City of Tupelo proposes to continue its current drug elimination program that focuses on prevention and law enforcement. The proposed program seeks to expose residents to non-drug related activities in the community and reinforce to them that opportunities exist to improve their economic situation. The program offers residents the security of on-site law-enforcement, the convenience of an educational facility, the opportunity to participate in youth sports and cultural arts activities, and the availability of a social services department to assist them in overcoming social problems. The proposed program goals are to reduce the number of criminal offenses in the targeted area by 5% each year of the grant, to increase the number of employable residents by increasing enrollment in Adult Basic Education by 15% each year of the grant, to decrease the number of youths participating in delinquent activities and to reduce factors contributing to the breakdown of the family unit. This program will be assessed for its effectiveness and impact by a team of community service leaders reviewing the quantitative data collected from various agencies relating to the proposed programs, personal interviews with residents and data submitted by program coordinators. The team will review, evaluate and provide written summary of program strengths and weakness based on the goals and objectives outlined in the proposal.

### B. PHDEP Budget Summary

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

| FY 2001 PHDEP Budget Summary            |               |
|---|---------------|
| Budget Line Item                        | Total Funding |
| 9110 - Reimbursement of Law Enforcement | 8,500         |
| 9120 - Security Personnel               |               |
| 9130 - Employment of Investigators      |               |
| 9140 - Voluntary Tenant Patrol          |               |

|                              |                |
|------------------------------|----------------|
| 9150 - Physical Improvements |                |
| 9160 - Drug Prevention       | 92,234         |
| 9170 - Drug Intervention     |                |
| 9180 - Drug Treatment        |                |
| 9190 - Other Program Costs   |                |
|                              |                |
| <b>TOTAL PHDEP FUNDING</b>   | <b>100,734</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: \$ 8,500</b> |                               |                        |
| Goal(s)  | To eliminate factors contributing to the use of drugs and drug related crime and to empower residents to become self-sufficient.  |                   |            |                        |                                      |                               |                        |
| Objectives                                     | To decrease the number of drug related criminal offenses in the Housing Authority by 5% each subsequent year of the grant period. |                   |            |                        |                                      |                               |                        |
| Proposed Activities                            | # of Persons Served   | Target Population | Start Date | Expected Complete Date | PHEDEP Funding                       | Other Funding (Amount/Source) | Performance Indicators |
| 1.Reimburse of Law Enforcement                 |   |                   | 10/01/01   | 09-30-02               | 8,500                                |                               |                        |
| 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 | PHEDEP 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 | PHEDEP Funding                 | Other Funding (Amount /Source) | Performance Indicators |
| 1.                                  |                     |                   |            |                        |                                |                                |                        |
| 2.                                  |                     |                   |            |                        |                                |                                |                        |
| 3.                                  |                     |                   |            |                        |                                |                                |                        |

| <b>9160 – Drug Prevention</b>                    |  |                   |            |                        | <b>Total PHDEP Funding: \$ 92,234</b> |                                |                        |
|--|--|-------------------|------------|------------------------|---------------------------------------|--------------------------------|------------------------|
| Goal(s)  | To eliminate factors contributing to the use of drugs and drug related crime and to empower residents to become self-sufficient. |                   |            |                        |                                       |                                |                        |
| Objectives                                       | To increase the number of employable residents by increasing class enrollment by 15% each year of the grant period.              |                   |            |                        |                                       |                                |                        |
| Proposed Activities                              | # of Persons Served  | Target Population | Start Date | Expected Complete Date | PHEDEP Funding                        | Other Funding (Amount /Source) | Performance Indicators |
| 1. Adult Basic Education                         |  |                   | 10-1-01    | 09-30-02               | 17,000                                |                                |                        |
| 2. Youth Activities                              |  |                   |            | 09-30-02               | 53,154                                |                                |                        |
| 3. Family & Support Svc.<br>4. Summer Employment |  |                   |            | 09-30-02<br>09-30-02   | 8,000<br>14,080                       |                                |                        |

| <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 | PHEDEP 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 | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1.                           |                     |                   |            |                        |                |                                |                        |
| 2.                           |                     |                   |            |                        |                |                                |                        |
| 3.                           |                     |                   |            |                        |                |                                |                        |

| <b>9190 - Other Program Costs</b> |                     |                   |            |                        |                | <b>Total PHDEP Funds: \$</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.                                |                     |                   |            |                        |                |                                |                        |

**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                               | Activity 1   | 4,250  | Activity 1  | 8,500   |
| 9120                               |  |  |   |   |
| 9130                               |  |  |   |   |
| 9140                               |  |  |   |   |
| 9150                               |  |  |   |   |
| 9160                               | Activity 1,2,3,4,                                  | 46,117   | Activity 1,2,3,4,                                 | 92,234  |
| 9170                               |  |  |   |   |

|              |  |  |  |  |
|--------------|--|--|--|--|
| 9180         |  |  |  |  |
| 9190         |  |  |  |  |
|              |  |  |  |  |
| <b>TOTAL</b> |  |  |  |  |

**Section 4: Certifications**

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

## Chapter 10

### PET POLICY

*INSTRUCTION: HUD regulations at 24CFR Part 5, Subpart C describe the PHA's options regarding pet policies. PHAs that choose not to adopt pet rules cannot impose, by lease modification or otherwise, requirements inconsistent with this regulation. PHAs cannot prohibit or prevent any tenant from owning common household pets.*

#### **INTRODUCTION**

PHAs have discretion to decide whether or not to develop policies pertaining to the keeping of pets in public housing units. This Chapter explains the PHA's policies on the keeping of pets and any criteria or standards pertaining to the policy. The rules adopted are reasonably related to the legitimate interest of this PHA to provide a decent, safe and sanitary living environment for all tenants, to protecting and preserving the physical condition of the property, and the financial interest of the PHA.

**\* The PHA chooses not to publish rules governing the keeping of common household pets. Residents will comply with the dwelling lease, which requires that no animals or pets of any kind are permitted on the premises without prior written approval of the PHA. This does not apply to animals that are used to assist persons with disabilities. Nothing in this policy or the dwelling lease limits or impair the right of persons with disabilities to own animals that are used to assist them.**

#### **A. MANAGEMENT APPROVAL OF PETS**

All pets must be approved in advance by the PHA management.

**\* The pet owner must submit and enter into a Pet Agreement with the PHA.**

*INSTRUCTION: There is no HUD requirement that families register pets with the PHA, but many PHAs do it successfully. The purpose is to ensure that there is a standard to document the health, suitability and acceptability of the pet. Registration requirements may not conflict with State or local law.*

## **\* Registration of Pets**

*INSTRUCTION: This entire section is optional*

Pets must be registered with the PHA before they are brought onto the premises. Registration includes:

Certificate signed by a licensed veterinarian or State/local authority that the pet has received all inoculations required by State or local law, and that the pet has no communicable disease(s) and is pest-free.

**\* Dogs and cats must be spayed or neutered.**

**\* Current license for the pet in compliance with local ordinances and requirements.**

**\* Execution of a Pet Agreement with the PHA stating that the tenant acknowledges complete responsibility for the care and cleaning of the pet.**

**\* Registration must be renewed and will be coordinated with the annual recertification date.**

**\* Approval for the keeping of a pet shall not be extended pending the completion of these requirements.**

## **Refusal To Register Pets**

The PHA may not refuse to register a pet based on the determination that the pet owner is financially unable to care for the pet. If the PHA refuses to register a pet, a written notification will be sent to the pet owner stating the reason for denial and shall be served in accordance with HUD Notice requirements.

The PHA will refuse to register a pet if:

- a. The pet is not a *common household pet* as defined in this policy;
- b. Keeping the pet would violate any House Pet Rules;
- c. The pet owner fails to provide complete pet registration information, or fails to update the registration annually;
- d. The PHA reasonably determines that the pet owner is unable to keep the pet in compliance with the pet rules and other lease obligations. The pet's temperament and behavior may be considered as a factor in determining the pet owner's ability to comply with provisions of the lease.

The notice of refusal may be combined with a notice of a pet violation.

A resident who cares for another resident's pet must notify the PHA and agree to abide by all of the pet rules in writing.

## **B. STANDARDS FOR PETS**

*INSTRUCTION: The regulations state that the PHA pet rules may contain a reasonable definition of common household pets, but the PHA's pet rules may not conflict with State/local law. The HUD regulations are a good guide to determine what is "reasonable" if challenged. The standards below are a suggestion and may be changed to your PHA's preference. If the project is a Group Home, you may limit the number of pets to one per group home.*

**\* If an approved pet gives birth to a litter, the resident must remove all pets from the premises except one.**

Pet rules will not be applied to animals who assist persons with disabilities.

### **Persons With Disabilities**

*INSTRUCTION: You may add a provision such as this: The resident/pet owner will be required to qualify animals (for exclusion from the pet policy) who assist persons with disabilities. Example below.*

To be excluded from the pet policy, the resident/pet owner must certify:

- \* That there is a person with disabilities in the household;**
- \* That the animal has been trained to assist with the specified disability; and**
- \* That the animal actually assists the person with the disability.**

## Types of Pets Allowed

No types of pets other than the following may be kept by a resident.

**\* Tenants are not permitted to have more than one *type* of pet.**

1. Dogs

- \* Maximum number: (specify)**
- \* Maximum adult weight: 25 pounds**
- \* Must be housebroken**
- \* Must be spayed or neutered**
- \* Must have all required inoculations**
- \* Must be licensed as specified now or in the future by State law and local ordinance**

2. Cats

- \* Maximum number (specify)**
- \* Must be declawed**
- \* Must be spayed or neutered**
- \* Must have all required inoculations**
- \* Must be trained to use a litter box or other waste receptacle**
- \* Must be licensed as specified now or in the future by State law or local ordinance**

3. Birds

- \* Maximum number (specify)**
- \* Must be enclosed in a cage at all times**

4. Fish

Maximum aquarium size [state number of gallons]

- \* Must be maintained on an approved stand**

5. Rodents (Rabbit , guinea pig, hamster, or gerbil ONLY)

Maximum number [state number]

- \* Must be enclosed in an acceptable cage at all times**
- \* Must have any or all inoculations as specified now or in the future by State law or local ordinance**

6. Turtles

Maximum number [state number]

- \* Must be enclosed in an acceptable cage or container at all times.**

### **C. PETS TEMPORARILY ON THE PREMISES**

- \* Pets which are not owned by a tenant will not be allowed.**
- \* Residents are prohibited from feeding or harboring stray animals.**
- \* This rule excludes visiting pet programs sponsored by a humane society or other non profit organization.**
- \* State or local laws governing pets temporarily in dwelling accommodations shall prevail.**

### **D. DESIGNATION OF PET/NO-PET AREAS**

*INSTRUCTION: The PHA may designate buildings, floors of buildings, or sections of buildings as pet and no-pet areas. If you decide to establish such areas, be aware of the following:*

*The PHA may direct such initial tenant moves as may be necessary to establish pet and no-pet areas. However, the PHA may not refuse to admit or delay admission of an applicant for tenancy on the grounds that the applicant's admission would violate a pet or no-pet area.*

*The PHA may adjust the pet and no-pet areas and/or may direct such additional moves as may be necessary to accommodate such applicants for tenancy, or to meet the changing needs of existing tenants. Remember, when you establish this policy, the PHA must bear the cost for mandated moves.*

*This section is subject to State and local law.*

- \* The following areas are designated no-pet areas: [List and describe]**

## **E. ADDITIONAL FEES AND DEPOSITS FOR PETS**

**\* The PHA does not require a pet deposit.**

**\* The resident/pet owner shall be required to pay a refundable deposit for the purpose of defraying all reasonable costs directly attributable to the presence of a dog or cat.**

*INSTRUCTION: Select an amount which will be the higher of the TTP or such reasonable fixed amount as the PHA may require. A good reasonableness standard for the maximum amount to charge is the amount published in the Federal Register by HUD for certain projects on 121-86, which was \$300.00. You may permit gradual accumulation of the deposit through specific payments.*

**\* An initial payment of [amount] on or prior to the date the pet is properly registered and brought into the apartment, and;**

**\* Monthly payments in an amount no less than [enter amount] until the specified deposit has been paid.**

**\* The PHA reserves the right to change or increase the required deposit by amendment to these rules.**

### **Alterations to Unit**

**\* Residents/pet owners shall not alter their unit, patio, premises or common areas to create an enclosure for any animal.**

## **F. PET WASTE REMOVAL CHARGE**

*INSTRUCTION: The regulations do not address the PHA's ability to impose charges for house pet rule violations. Charges for violation of PHA pet rules may be treated like charges for other PHA tenancy rules or lease violations.*

*Check with your attorney before adopting pet waste removal charges. Below are some options for pet waste removal charges.*

**\* A separate pet waste removal charge of [amount] per occurrence will be assessed against the resident for violations of the pet policy.**

Pet deposit and pet waste removal charges are not part of rent payable by the resident.

**\* All reasonable expenses incurred by the PHA as the result of damages directly attributable to the presence of the pet will be the responsibility of the resident, including:**

- \* The cost of repairs and replacements to the dwelling unit;**
- \* Fumigation of the dwelling unit.**

**\* If the tenant is in occupancy when such costs occur, the tenant shall be billed for such costs as a current charge.**

**\* If such expenses occur as the result of a move-out inspection, they will be deducted from the pet deposit. The resident will be billed for any amount which exceeds the pet deposit.**

**\* The pet deposit will be refunded when the resident moves out or no longer has a pet on the premises, whichever occurs first.**

**\* The expense of flea deinfestation shall be the responsibility of the resident.**

**\* G. PET AREA RESTRICTIONS**

**\* Pets must be maintained within the resident's unit. When outside of the unit (within the building or on the grounds) dogs and cats must be kept on a leash or carried and under the control of the resident or other responsible individual at all times.**

**\* Pets are not permitted in common areas including lobbies, community rooms and laundry areas except for those common areas which are entrances to and exits from the building.**

**\* An area of the development grounds has been designated as the area in which to exercise animals and to permit dogs to relieve themselves of bodily wastes. This area includes [describe area].**

**\* Residents/Pet Owners are not permitted to exercise pets or permit pets to deposit waste on project premises outside of the areas designated for such purposes.**

**\* H. NOISE**

**\* Pet owners must agree to control the noise of pets so that such noise does not constitute a nuisance to other residents or interrupt their peaceful enjoyment of their housing unit or premises. This includes, but is not limited to loud or continuous barking, howling, whining, biting, scratching, chirping, or other such activities.**

**\* I. CLEANLINESS REQUIREMENTS**

**\* Litter Box Requirements All animal waste or the litter from litter boxes shall be picked up immediately by the pet owner, disposed of in sealed plastic trash bags, and placed in a trash bin.**

**\* Litter shall not be disposed of by being flushed through a toilet.**

**\* Litter boxes shall be stored inside the resident's dwelling unit.**

**\* Removal of Waste From Other Locations The Resident/Pet Owner shall be responsible for the removal of waste from the exercise area by placing it in a sealed plastic bag and disposing of it in [an outside trash bin/ other container provided by the PHA].**

**\* Any unit occupied by a dog, cat, or rodent will be fumigated at the time the unit is vacated.**

**\* The resident/pet owner shall take adequate precautions to eliminate any pet odors within or around the unit and to maintain the unit in a sanitary condition at all times.**

**\* J. PET CARE**

**\* No pet (excluding fish) shall be left unattended in any apartment for a period in excess of [number] hours.**

**\* All residents/pet owners shall be responsible for adequate care, nutrition, exercise and medical attention for his/her pet.**

**\* Residents/pet owners must recognize that other residents may have chemical sensitivities or allergies related to pets, or may be easily frightened or disoriented by animals. Pet owners must agree to exercise courtesy with respect to other residents.**

**K. RESPONSIBLE PARTIES**

The resident/pet owner will be required to designate two responsible parties for the care of the pet if the health or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet.

**\* L. INSPECTIONS**

*INSTRUCTION: In order to utilize this provision, you must be sure it is included in the lease agreement.*

**\* The PHA may, after reasonable notice to the tenant during reasonable hours, enter and inspect the premises, in addition to other inspections allowed.**

**\* The PHA may enter and inspect the unit only if a written complaint is received alleging that the conduct or condition of the pet in the unit constitutes a nuisance or threat to the health or safety of the other occupants or other persons in the community under applicable State or local law.**

## **M. PET RULE VIOLATIONS**

*INSTRUCTION: 24 CFR Part 5 Subpart C does not contain pet rule violation procedures. The lease incorporates the pet rules and states that the tenant agrees to comply with the rules, and that violations of the pet rules may be grounds for removal of the pet or for termination of tenancy. We suggest you include pet rule violation procedures and have included the 132 violation procedures here to give you an idea of what HUD considers reasonable.*

### **Pet Rule Violation Notice**

If a determination is made on objective facts supported by written statements, that a resident/pet owner has violated the Pet Rule Policy, written notice will be served.

The Notice will contain a brief statement of the factual basis for the determination and the pet rule(s) which were violated. The notice will also state:

1. That the resident/pet owner has **[insert number]** days from the effective date of the service of notice to correct the violation or make written request for a meeting to discuss the violation;
2. That the resident pet owner is entitled to be accompanied by another person of his or her choice at the meeting; and
3. That the resident/pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.

**\* If the pet owner requests a meeting within the [insert number] day period, the meeting will be scheduled no later than [number] calendar days before the effective date of service of the notice, unless the pet owner agrees to a later date in writing.**

## **N. NOTICE FOR PET REMOVAL**

If the resident/pet owner and the PHA are unable to resolve the violation at the meeting or the pet owner fails to correct the violation in the time period allotted by the PHA, the PHA may serve notice to remove the pet.

The Notice shall contain:

1. A brief statement of the factual basis for the PHA's determination of the Pet Rule that has been violated;
2. The requirement that the resident /pet owner must remove the pet within **[insert number]** days of the notice; and
3. A statement that failure to remove the pet may result in the initiation of termination of tenancy procedures.

## **O. TERMINATION OF TENANCY**

The PHA may initiate procedures for termination of tenancy based on a pet rule violation if:

The pet owner has failed to remove the pet or correct a pet rule violation within the time period specified; and

The pet rule violation is sufficient to begin procedures to terminate tenancy under terms of the lease.

## **P. PET REMOVAL**

If the health or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render the owner unable to care for the pet, (includes pets who are poorly cared for or have been left unattended for over **[insert number]** hours, the situation will be reported to the Responsible Party designated by the resident/pet owner.

If the responsible party is unwilling or unable to care for the pet, or if the PHA after reasonable efforts cannot contact the responsible party, the PHA may contact the appropriate State or local agency and request the removal of the pet.

## **Q. EMERGENCIES**

*INSTRUCTION: If there is no State or local authority authorized to remove a pet that becomes vicious or displays signs of severe illness, the PHA may wish to place a provision in the lease permitting the PHA to enter the premises (if necessary), and to remove the pet, and take such action with the pet as may be permissible under State law, which may include placing it in a facility that will provide care and shelter for a period not to exceed 30 days. This lease provision would be initiated if the PHA requests the pet owner to remove the pet immediately, and the pet owner refuses to do so, or if the PHA is unable to contact the pet owner to request a removal of the pet.*

The PHA will take all necessary steps to insure that pets which become vicious, display symptoms of severe illness, or demonstrate behavior that constitutes an immediate threat to the health or safety of others, are referred to the appropriate State or local entity authorized to remove such animals.

## **COMMUNITY SERVICE/SELF SUFFICIENCY POLICY**

### **A. BACKGROUND**

The Quality Housing and Work Responsibility Act of 1998 requires that all nonexempt (see definitions) public housing adult residents (18 or older) contribute eight (8) hours per month of community service (volunteer work) or participate in eight (8) hours of training, counseling, classes and other activities which help an individual toward self sufficiency and economic independence. This is a requirement of the Public Housing Lease

### **B. DEFINITIONS**

**COMMUNITY SERVICE** – volunteer work which includes, but is not limited to:

- Work at a local school, hospital, recreation center or child care center
- Work with youth or senior organizations
- Work at the Authority to help improve physical conditions
- Work at the Authority to help with children’s programs
- Work at the Authority to help with seniors programs
- Helping neighborhood groups with special projects
- Working through resident organization to help other residents with problems
- Caring for the children of other residents so they may volunteer

**NOTE: POLITICAL ACTIVITY IS EXCLUDED.**

**SELF SUFFICIENCY ACTIVITIES** – activities that include, but are not limited to:

- Job training programs
- GED classes
- Substance abuse or mental health counseling
- English proficiency or literacy (reading) classes
- Budgeting and credit counseling
- Any kind of class that helps a person toward economic independence

**EXEMPT ADULT**- an adult member of the family who

- Is 62 years of age or older
- Has a disability that prevents him/her from gainfully employed

- Is the caretaker of disabled person
- Is working at least 20 hours per week
- Is participating in a welfare to work program
- Is receiving assistance from TANF and is in compliance with job training and work activities requirements of the program.

### **C. REQUIREMENTS of the PROGRAM**

1. The eight (8) hours per month may be either volunteer work or self sufficiency program activity or a combination of the two.
  2. At least eight (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, special circumstances warrant special consideration. The Authority will make the determination of whether to allow or disallow a deviation from the schedule.
  3. Activities must be Performed within the community and not outside the jurisdictional area of the Authority.
  4. Family obligations
- At lease execution or re-examination after October 1, 2000, all adult members (18 or older of a public housing resident family must
    - a. provide documentation that they are exempt from Community Services requirement if they qualify for an exemption, and
    - b. sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the Community Service requirement will result in nonrenewal of their lease.
  - At each annual re-examination, non-exempt family members must present a completed documentation form (to be provided by the Authority) of activities performed over the previous twelve (12) months. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.
  - If a family member is found to be noncompliant at re-examination, he/she and the Head of Household will sign an agreement with the Authority to make up the deficient hours over the next (12) month period.
5. Change in exempt status:
    - If, during the twelve (12) month period, a non-exempt person becomes exempt, it is his/her responsibility to report this to the Authority and provide documentation of such.

- If, during the twelve (12) month period, an exempt person becomes nonexempt, it is his/her responsibility to report this to the Authority. The Authority will provide the person with the Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.

#### **D. AUTHORITY OBLIGATIONS**

1. To the greatest extent possible and practicable, the Authority will
  - provide names and contacts at agencies that can provide opportunities for residents, including disabled, to fulfill their Community Service obligations. (According to the Quality Housing and Work Responsibility Act, a disabled person who is otherwise able to be gainfully employed is not necessarily exempt from the Community Service requirement)
  - provide in-house opportunities for volunteer work or self-sufficiency programs.
2. The Authority will provide the family with exemption verification forms and Recording/Certification documentation forms and a copy of this policy at initial application and at lease execution.
3. The Authority will make the final determination as to whether or not a family member is exempt from the Community Service requirement. Residents may use the Authority's Grievance Procedure if they disagree with the Authority's determination.
4. Noncompliance of family member
  - At least thirty (30) days prior to annual re-examination and/or lease expiration, the Authority will begin reviewing the exempt or nonexempt status and compliance of family members.
  - If the Authority finds a family member to be noncompliant, the Authority will enter into an agreement with the noncompliant member and Head of Household to make up the deficient hours over the next twelve (12) month period.
  - If, at the next annual re-examination, the family member still is not compliant, the lease will not be renewed and the entire family will have to vacate, unless the noncompliant member agrees to move out of the unit.
  - The family may use the Authority's Grievance Procedure to protest the lease termination.

## STATEMENT OF PROGRESS

RE: Meeting the mission and goals outlined in the 5-year plan.

The Housing Authority of the City of Tupelo, Ms. has promoted adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

The Tupelo Housing Authority has reduced vacancy by 10% and we have leveraged private and bond funds to purchase and renovate 265 units of low to moderate income tax credit housing.

We have made re-organization changes to improve our public housing management. Our vacancy percentage has decreased significantly and our accounts receivable has decreased. To better serve our residents we have two cell phones that Housing Authority maintenance personnel carry after hours and on weekends to improve our maintenance response.

As of this date we have installed 166 central air units and will begin the installation of the remaining 204 units by June 1, 2001. We have renovated 166 units including carpet, paint, new cabinets, and rework stairs.

The Tupelo Housing Authority has implemented measures to deconcentrate poverty by bringing higher income public housing households into lower income developments, and implement measures to promote income mixing into public housing by assuring access for lower income families into higher income developments.

We have established a C.O.P. House, Community Oriented Police Station, on site of our largest public housing development. It is staffed 24 hrs. a day 7 days a week.

The Tupelo Housing Authority promotes self-sufficiency and asset development of assisted households. We have increased the number and percentage of employed persons in assisted families by more than 5 percent.

We have provided supportive services to improve assistance recipients employability by developing agreements with 3 agencies.

The Tupelo Housing Authority has undertaken affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.

## RESIDENT ADVISORY BOARD MEMBERS

1. Archie Moreland
2. Lueverne Agnew
3. Willie Bryant
4. Cecil Collier