

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

---

Small PHA Plan Update

**ms117v01**

Annual Plan for Fiscal Year:

**April 1, 2001 to March 31, 2002**

**HOUSING AUTHORITY OF ATTALA COUNTY, MS**

**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:** ATTALA COUNTY, MS HOUSING AUTHORITY

**PHA Number:** MS 117

**PHA Fiscal Year Beginning:** (mm/yyyy) 04/2001

### PHA Plan Contact Information:

Name: **BILLY PROCTOR, EXECUTIVE DIRECTOR**

Phone: 662-289-5181

TDD:

Email : haac@kopower.com

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

### PHA Programs Administered:

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

## Annual PHA Plan Fiscal Year 2001

[24 CFR Part 903.7]

### i. Table of Contents

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

<b>Contents</b>	<u>Page #</u>
<b>Annual Plan</b>	
ii. Table of Contents	1
iii. Executive Summary (optional)	2
iv.	
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	2
2. Capital Improvement Needs	2
3. Demolition and Disposition	3
4. Homeownership: Voucher Homeownership Program	3
5. Crime and Safety: PHDEP Plan	4
6. Other Information:	
A. Resident Advisory Board Consultation Process	4
B. Statement of Consistency with Consolidated Plan	5
C. Criteria for Substantial Deviations and Significant Amendments	6
<b>Attachments</b>	
<input checked="" type="checkbox"/> Attachment A: Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment B: Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment C: Capital Fund Program 5 Year Action Plan	
<input type="checkbox"/> Attachment : Capital Fund Program Replacement Housing Factor Annual Statement	
<input checked="" type="checkbox"/> Attachment D: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment E: Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment F: Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/> Attachment G: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment H: Results of First Year Activities and Progress Report	
Attachment I: Substantial Deviation Policy	
Attachment J: Description of Community Service Implementation	
Attachment K: Community Service Policy	
Attachment L: Pet Policy	

## ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

This Annual Plan is an update of the Five-Year Plan as adopted in 1999. All major components are covered in this Annual Plan for FYE 3/31/2002. Planned modernization work throughout all of the sites is disclosed and the attachments disclose results of the first year activities, major policies that have been adopted in accordance with HUD final rules, and resident board member status has been complied with or disclosed.

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

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

The changes to policies discussed in last year's PHA Plan are covered in this Update. There have been no changes in the programs of the PHA.

Changes for the upcoming year to the Admission & Continued Occupancy Policy include a Community Service Policy, a new Pet Policy, a Family Choice of Rent Policy, a Substantial Deviation Policy, and a Satellite Dish Policy. Also, the Grievance Policy has been amended to meet requirements concerning escrow deposits.

### 2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ **130,772 Estimated**

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

D. Capital Fund Program Grant Submissions

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

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

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

The Capital Fund Program Annual Statement is provided as **Attachment B**

**3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

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

[24 CFR Part 903.7 9 (k)]

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

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

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

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

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

[24 CFR Part 903.7 (m)]

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

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

B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$ 25,000

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

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

#### **6. Other Information**

[24 CFR Part 903.7 9 (r)]

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

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
  
2. If yes, the comments are Attached at Attachment G:
  
3. In what manner did the PHA address those comments? (select all that apply)
  - The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included
    - Yes  No: below or
    - Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_.
  - Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment G.
  
  - Other: (list below)

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

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

1. Consolidated Plan jurisdiction: Attala County, State of Mississippi
  
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
  - Other: (list below) 1990 CHAS
  
3. PHA Requests for support from the Consolidated Plan Agency
  - Yes  No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below) The Consolidated Plan supports the PHA Plan in that the PHA provides low-income housing, and makes it available, for low income applicants.

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

### **1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

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

**A. Substantial Deviation from the 5-year Plan: Additions or deletions of programs and activities from the original 5-Year and Annual Plan, addition or deletion of any modernization work item not previously disclosed in the Agency Plan, changes with regard to demolition, disposition, or conversion of housing units, and changes to rent and admission policies that do not reflect HUD regulatory requirements.**

**B. Significant Amendment or Modification to the Annual Plan: occurs when the Housing Authority changes the use of replacement reserves under the Capital Funds program or the addition of non-emergency work items not included in the current Annual Plan.**

**See Substantial Deviation attachment I.**

## Required Attachment A Supporting Documents Available for Review

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment <b>3/31/00 Advisory Score</b>	Annual Plan: Management and Operations

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposals for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	(Asst Policy)
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)



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

<b>PHA Name:</b> HOUSING AUTHORITY OF ATTALA COUNTY PHA	<b>Grant Type and Number</b> Capital Fund Program <b>MS26P11750100</b> Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>09/2001</b>
---	---	---

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	7,200			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	9,800			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	113,772			
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	Amount of Annual Grant: (sum of lines 2-19)	130,772			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

<b>Annual Statement/Performance and Evaluation Report</b>	<b>REQUIRED ATTACHMENT B :</b>
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>	

<b>PHA Name: HOUSING AUTHORITY OF ATTALA COUNTY PHA</b>	<b>Grant Type and Number</b> Capital Fund Program <b>MS26P11750100</b> Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>09/2001</b>
---	---	---

<input checked="" type="checkbox"/> <b>Original Annual Statement</b>	<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b>	<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>	<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>	

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				









**REQUIRED ATTACHMENT C:**

**Capital Fund Program 5-Year Action Plan**

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

FFY 09/30/2002

<b>CFP 5-Year Action Plan</b>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MS117	PHA WIDE	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
KITCHEN CABINET UPGRADE (8)	17,000	04/01/2002
SECURITY SCREEN DOORS (122)	36,400	
STORM WINDOWS (61 UNITS, 420 WINDOWS)	45,750	
STORAGE ROOM DOORS (48)	14,622	
A & E FEES	9,800	
ADMINISTRATION	7,200	
<b>Total estimated cost over next 5 years</b>	<b>130,772</b>	

FFY 09/30/2003

<b>CFP 5-Year Action Plan</b>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MS117	PHA WIDE	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
STORAGE ROOM DOORS (13)	3,900	04/01/2003
INTERIOR WALL RENOVATIONS (SELECTIVE)	32,000	
FLOORING REPLACEMENT (SELECTIVE)	15,650	
WATER HEATERS	18,300	
SITE IMPROVEMENTS	10,000	
DWELLING STRUCTURES	33,922	
A & E FEES	9,800	
ADMINISTRATION	7,200	
<b>Total estimated cost over next 5 years</b>	<b>130,772</b>	

FFY 09/30/2004

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MS117	PHA WIDE	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start (HA Fiscal Year)
A & E FEES	9,800	04/01/2004
ADMINISTRATION	7,200	
REMODEL OFFICE, ENLARGE COMMUNITY ROOM	113,772	
<b>Total estimated cost over next 5 years</b>	<b>130,772</b>	

FFY 09/30/2005

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MS117	PHA WIDE	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start (HA Fiscal Year)
A & E FEES	9,800	04/01/2005
ADMINISTRATION	7,200	
DWELLING STRUCTURES	113,772	
<b>Total estimated cost over next 5 years</b>	<b>130,772</b>	

**REQUIRED ATTACHMENT D:**

**PHA Public Housing Drug Elimination Program Plan**

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

**Section 1: General Information/History**

- A. Amount of PHDEP Grant \$ 25,000**
- 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 Plan includes activities that will be undertaken to address a reduction in crime. Plan activities are designed to identify and change the factors present in the housing authority that lead to drug related crimes. We will offer alternative activities such as prevention, security patrols, education, training and development opportunities.

**E. Target Areas**

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

<b>PHDEP Target Areas (Name of development(s) or site)</b>	<b>Total # of Units within the PHDEP Target Area(s)</b>	<b>Total Population to be Served within the PHDEP Target Area(s)</b>
RED BUD HILLS	61	180

**F. Duration of Program**

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

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

**G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as

of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date	
FY 1995						
FY 1996						
FY 1997						
FY1998	50,000.00	MS26DEP1170198	0		01/1999	09/2000
FY1999	25,000.00	MS26DEP1170199	22,438.00		10/2000	09/2001

**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 ~~part~~ your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

**The Housing Authority has a goal to curtail and eliminate the effects of drugs and crime in its' housing community. Some of our objectives are to increase the safety and security of our residents and to provide an opportunity for residents to become involved in programs and activities which will impact on their lives and community. In order to determine the impact of this program and activities, we will evaluate through the use of comparison and analysis of crime statistics and police reports as it relates to our community.**

**B. PHDEP Budget Summary**

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

<b>FFY 2001 PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 – Reimbursement of Law Enforcement	15,000
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	7,000
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	3,000
<b>TOTAL PHDEP FUNDING</b>	<b>25,000</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: \$ 15,00</b>	
Goal(s)	Our goal is a reduction in crime and drugs in this community and neighborhood.						
Objectives	We will contract with the City Police to provide security above and beyond norm						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	
1.Security			Oct 2001	Sept 2002	15,000		
2.							
3.							

<b>9115 - Special Initiative</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							

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

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

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

<b>0 – Employment of Investigators</b>						<b>Total PHEDEP Funding: \$</b>	
(s) ctives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Perform

<b>0 – Voluntary Tenant Patrol</b>						<b>Total PHEDEP Funding: \$</b>	
(s) ctives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Perform


<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)	
1.							
2.							
3.							

<b>9160 - Drug Prevention</b>						<b>Total PHDEP Funding: \$7,000</b>	
Goal(s)							
Drug Prevention through the implementation of a Summer Youth Enrichment Program.							
Objectives							
To provide activities which will promote character, improve education, and focus on dr							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1.Youth Programs	81	Youth	June 2001	July 2001	7,000		
2.							
3.							

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

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

<b>9190 - Other Program Costs</b>					<b>Total PHDEP Funds: \$ 3,000</b>	
Goal(s)	Completion of required documents.					
Objectives	Perform audits, accounting of expenditures and evaluation of overall drug program.					
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)
1. Audit cost			Oct. 2002	Oct. 2002	500	
2. Accounting services			Oct. 2001	Oct. 2002	500	
3. Evaluation			Oct. 2001	Oct. 2002	2000	

**THIS PAGE IS INTENTIONALLY LEFT BLANK**

**Required Attachment \_E\_: Resident Member on the PHA Governing Board**

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

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

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

Elected

Appointed

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

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

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

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

Other (explain): Mississippi housing authorities were exempted for this year.

B. Date of next term expiration of a governing board member: 07/2001

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): **Board of Supervisors, Attala County, Ms**

**Required Attachment \_\_F\_\_: Membership of the Resident Advisory Board or Boards**

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

ANNIE FLETCHER

DOROTHY FLETCHER

KIM WILLIAMS

SHIRLEY SHAMBLEY

LUCY RILEY

**REQUIRED ATTACHMENT G : COMMENTS OF RESIDENT ADVISORY BOARD**

A meeting was held on December 28, 2000. After the welcome a report was given by the Executive Director. The reports included:

- A. Projects on completed CIAP Grant
- B. PHDEP Grant Activities
- C. Capital Fund Program 2000
- D. Capital Fund Program 2001
- E. Comments on re-certification

Comments from the Resident Advisory Council are listed below:

- A. A need for crafts for the elderly
- B. A need for a game day/night for the elderly
- C. A need for a Health Fair
- D. A need for adults to be more involved in youth activities.

The Executive Director assured the residents that their comments would be included in the next PHA plan.

## **ATTACHMENT H: RESULTS OF FIRST YEAR ACTIVITIES**

The Attala County, Ms. Housing Authority is meeting its goals:

- by investigating discrimination complaints
- by enforcing the De-concentration Policy
- by doing an annual study to determine the residents interested in Home Ownership
- by ensuring that the dwelling units meet housing quality standards
- by giving preference to families that are working
- by implementing measures for income-mixing
- by meeting lead-based paint and asbestos standards
- by implementing and following the Capital Improvement Plan
- by working closely with the residents and the Resident Advisory Board

The Attala County, Ms. Housing Authority is following its Adopted Annual and Five-Year Plan as originally submitted to HUD. Modernization activities are underway and the most pressing modernization needs are being address first.

## **ATTACHMENT I: SUBSTANTIAL DEVIATION POLICY**

*Policy Defining A Substantial Deviation and Change in the Agency Plan*

*The Housing Authority of Attala County of Kosciusko, Mississippi, does recognize the need for public notification for items contained within the 5-Year and Annual Plans. This authority shall make proper notification for any Substantial Deviations from these plans as required under law. The exception to this definition is if the change has been made to meet regulatory compliance with the U.S. Department of Housing and Urban Development requirements.*

*This authority does define a Substantial Deviation as any:*

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

*These issues, if required, shall be raised with proper public notification.*

*This policy becomes effective February 1, 2001, upon adoption by the Board of Commissioners of the Housing Authority of Attala County.*

*Adopted this 22<sup>nd</sup> day of December, 2000 by Resolution Number 122200.*

## **ATTACHMENT J : IMPLEMENTATION OF PUBLIC HOUSING RESIDENT COMMUNITY SERVICE REQUIREMENTS**

The Housing Authority is in the process of implementing the public housing resident community service requirement at this time. The Housing Authority has adopted a Community Service Policy (included as an attachment to this Annual Plan Update) and is in the process of finalizing and implementing the requirements based upon the final rule.

The administrative steps being taken and followed to achieve this is as follows:

1. Develop a Community Service Policy
2. Make the appropriate changes in the dwelling lease
3. Develop a written description of the service requirements
4. Notification of residents regarding requirement or exempt status of each adult family member
5. Enter into cooperative agreement with TANF agencies to assist the PHA in verifying status of residents, and
6. Determine whether the PHA or another entity will administer the program

The PHA is currently following these administrative steps toward the implementation of the Community Service Requirement.

## ATTACHMENT K: COMMUNITY SERVICE POLICY

### COMMUNITY SERVICE POLICY

#### A. **Background**

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt (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. The resident is responsible for locating a work site and performing the required hours in compliance with Federal Law.

#### B. **Definitions**

**Community service** – volunteer work which includes, but is not limited to:

- Work at a local school, hospital, recreation center, senior 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 senior 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
- Is blind or disabled as defined by the Social Security Act, and who is unable to comply with this requirement
- Is the caretaker of a disabled person (aide)
- 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
- Is a full-time student in High School or College

**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, unless 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 Service 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 twelve (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 non-exempt, 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**

6. 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.
7. 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.
8. 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.
  9. Non-Compliance of family member
    - At least thirty (30) days prior to annual re-examination and/or lease expirations, the Authority will begin reviewing the exempt or non-exempt status and compliance of family members.
    - If the Authority finds a family member to be non-compliant, the Authority will enter into an agreement with the non-compliant member and the 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 is still 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.

This Policy becomes effective February 1, 2001, upon adoption by the Board of commissioners of the Housing Authority of Attala County.

Adopted this 22<sup>nd</sup> day of December, 2000 by Resolution Number 122200.

## **ATTACHMENT L: PET POLICY**

The Housing Authority has reviewed the Final Rule of July 10, 2000, and has adopted a new Pet Policy. The newly adopted Pet Policy has reasonable requirements contained therein.

The Pet Policy is in the dwelling lease, and is incorporated into the Admissions and Continued Occupancy Policy.

The reasonable requirements include:

- Limitation on the number of pets,
- Evidence that the pet is neutered or spayed,
- Evidence of inoculation
- Under the control of an adult member of the household when outside the dwelling unit,
- Prohibits animals considered 'dangerous' by the housing authority,
- Requires a reasonable pet security deposit, and
- Prohibits breeding of pets for commercial purposes.