

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

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# PHA Plans

Annual Plan for Fiscal Year 2001

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## **FREMONT HOUSING AUTHORITY**

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**PHA Plan  
Agency Identification**

**PHA Name:** FREMONT HOUSING AUTHORITY

**PHA Number:** NE 100

**PHA Fiscal Year Beginning:** 10/2001

**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

FREMONT HOUSING AUTHORITY 2510 NO. CLARKSON, FREMONT, NEBRASKA, 68025 8:00 AM -4:30 PM; MONDAY THROUGH FRIDAY
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**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 Address as above
- 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 Address as above
- PHA development management offices
- Other (list below)

**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.

**Table of Contents**

	<u>Page #</u>
<b>Annual Plan (Streamlined)</b>	
i. Executive Summary – N/A.....	3
ii. Table of Contents	
1. Housing Needs .....	5
2. Financial Resources .....	15
3. Policies on Eligibility, Selection and Admissions .....	16
4. Rent Determination Policies .....	26
5. Operations and Management Policies - N/A.....	30
6. Grievance Procedures ... N/A.....	32
7. Capital Improvement Needs .....	33
8. Demolition and Disposition .....	38
9. Designation of Housing .....	39
10. Conversions of Public Housing ... N/A.....	40
11. Homeownership .....	42
12. Community Service Programs ... N/A.....	44
13. Crime and Safety... N/A.....	47
14. Pets ... N/A.....	49
15. Civil Rights Certifications (included with PHA Plan Certifications) .....	49
16. Audit .....	50
17. Asset Management ... N/A.....	50
18. Other Information .....	53

**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:

- Admissions Policy for Deconcentration N/A
- Attachment A - PHA Supporting Documents – ne100a01
- Attachment B - FY 2000 CFP Performance & Evaluation Report ne100b01
- Attachment C - 2001 Capital Fund Program Annual Statement ne100c01
- Attachment D – 2002-2005 Capital Fund Program 5 Year Plan ne100d01

- Attachment E – RAB Members **ne100e01**
- Attachment F – Resident Advisory Board Comments **ne100f01**
- Attachment G – PHA Response to Comments **ne100g01**
- Attachment H – PHA Progress Meeting 5 Year Missions/Goals **ne100h01**
- Attachment I – PHA FollowUp Plan on RASS **ne100i01**
- Attachment J – Performance & Evaluation Report on Replacement Reserve **ne100j01**
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY) [N/A](#)
- Certifications – PHA Plans, Consistency with Consolidated Plan, SF-LLL, Drug Free Workplace, Civil Rights – [Hard Copy](#)

Optional Attachments:

- PHA Management Organizational Chart
- FY 2001 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan [N/A](#)
- Other

**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 ([\*PHAS score 94.3\*](#))**
- Small Agency (<250 Public Housing Units)**
- Administering Section 8 Only**

**Troubled Agency Plan**

## **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.

**N/A Eliminated PIH 99-51**

## **1. Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

### **GENERAL**

Based on HUD requirements, the needs assessment is based on CHAS Table C1 adjusted according to 2000 Census. Relative to the requirement to comply with Nebraska Consolidated Plan 2000-2005 – this Consolidated Plan does not quantify housing needs.

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

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

Housing Needs of Families in the Jurisdiction by Family Type								
Family Type	2000 OVERALL		2000 NEEDS					
	Total Households	Housing Needs	Affordability	Supply	Quality**	Accessibility	Size	Location
<b>Total Households</b>	<b>10,171</b>							
Income <30% of AMI	909	691	5	4	4	2	2	1
Income 30%-50% of AMI	1,201	588	5	4	4	2	2	1
Income 50%-<80% of AMI	2,028	385	4	4	3	2	2	1
<b>Total Low/Mod Households</b>	<b>4,138</b>	<b>1,664</b>	<b>5</b>					
<b>Elderly</b>	<b>3,245</b>	<b>592</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Families with Disabilities	N/A	N/A						
Race/Ethnicity *								

\* The ethnic origin or residents is White Caucasian.

\*\* Quality in case of elderly refers to supportive services

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 State of Nebraska [Non Entitlement Areas]  
Indicate year: 1995-2000 & 2000-2005
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: 2000 Census Data – SF1

## B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List – SECTION 8			
Waiting list type: (select one)			
<input checked="" type="checkbox"/>	Section 8 tenant-based assistance		
<input 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	70		
Extremely low income <=30% AMI	20	29%	
Very low income (>30% but <=50% AMI)	50	71%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	56	80%	
Elderly families	1	1%	
Families with Disabilities	12	17%	
Race/ethnicity	1	1%	
Single	2	3%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	15	21%	
2 BR	32	46%	
3 BR	17	24%	
4 BR	5	7%	
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 type="checkbox"/> Yes			

**Housing Needs of Families on the Waiting List – PUBLIC HOUSING**

Waiting list type: (select one)

- Section 8 tenant-based assistance
- Public Housing
- Combined Section 8 and Public Housing
- 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	12		
Extremely low income <=30% AMI	5	42%	
Very low income (>30% but <=50% AMI)	3	25%	
Low income (>50% but <80% AMI)	4	33%	
Families with children	0	0%	
Elderly families	3	25%	
Families with Disabilities	4	33%	
Race/ethnicity	0	0%	
Single	5	42%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	12	100%	
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			

Is the waiting list closed (select one)?  No  Yes

If yes:

How long has it been closed (# of months)?

Does the PHA expect to reopen the list in the PHA Plan year?  No  Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed?  No  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:**

**NEED 1: Affordable housing for the elderly**

Strategy 1.1: Remain competitive in the market by maintaining our quality service

Strategy 1.2: Keep informed on changes in the local housing market (such as the construction of assisted living units

Strategy 1.3: Strengthen existing relationships with service providers to meet the growing needs of our residents for supportive services.

**NEED 2: Affordable Housing in the Dodge County**

Strategy 2.1: Explore the options of extending our services to the County population using marketing and outreach methods.

**(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: After a thorough examination of our existing and potential market, as well as the characteristics of our residents and the Agency's track record, the Housing Authority determined that the above strategies are most appropriate for meeting our mission and goals. These strategies reflect the results of working through our long term plan in consultation with our residents, Board, community representatives, and other housing authorities serving small communities in Rural, Nebraska.

## **2. Statement of Financial Resources - 2001**

[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: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2000 grants)</b>		
a) Public Housing Operating Fund	\$ 15,000	
b) Public Housing Capital Fund	\$358,437	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	\$567,860	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only)</b>		
1999 Capital Improvement	\$0.00	Capital Improvement
<b>3. Public Housing Dwelling Rental Income</b>		
<b>2001</b>	\$582,720	Operation
<b>4. Other income</b>		
<b>4. Non-federal sources (list below)</b>		
Interest	\$ 29,770	Reserves
Coin-Op Machines	\$ 8,400	Operation
<b>Total resources.</b>	<b>\$1,562,187</b>	

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

[24 CFR Part 903.7 9 (c)]

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

Exemptions: PHAs 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: When a family reaches the top of the waiting list placed on it by date and time of the pre-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  
FREMONT HOUSING AUTHORITY, GIFFORD TOWER,  
2510 NO. CLARKSON, FREMONT, NEBRASKA 68025
- PHA development site management office  
FREMONT HOUSING AUTHORITY, STANTON TOWER  
2600 NO. CLARKSON, FREMONT, NEBRASKA 68025
- 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?

- 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
- Overhoused
- Underhoused
- 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) (listed below)

- Elderly
- Handicapped or Disabled
- Near-Elderly

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.

1      Date and Time

Former Federal preferences:

- 2      Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) (5 pts.)
- 2      Victims of domestic violence (5 pts.)
- 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 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)
- 1      ELDERLY (10 pts.)
- 1      HANDICAPPED AND DISABLED (10 pts.)
- 2      NEAR-ELDERLY (5 pts.)

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)

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?

Deconcentration component dates changed to FY 10/1/2001. N/A

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)

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:

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

### **(1) Eligibility**

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

### **(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  
FREMONT HOUSING AUTHORITY, STANTON TOWER  
2600 NO. CLARKSON, FREMONT, NEBRASKA 68025

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:

1. IF THE FAMILY CAN VERIFY EXTENUATING CIRCUMSTANCES, THE FAMILY IS A HARD-TO HOUSE FAMILY AND THEY CAN CLEARLY DEMONSTRATE THEY HAVE MADE EVERY EFFORT TO SECURE A SUITABLE UNIT. THE FAMILY TIME EXTENDED WILL BE IN 30 DAY INTERVALS BUT NO LONGER THAN 120 DAYS FROM THE 1<sup>ST</sup> DAY THE VOUCHER WAS ISSUED.
2. THE FAMILY HAS NOT REFUSED A SUITABLE UNIT WITHOUT GOOD CAUSE.
3. THERE IS A POSSIBILITY THAT AN EXTENSION WILL RESULT IN AN APPROVED LEASE AND THE EXECUTION OF A HOUSING ASSISTANCE PAYMENTS CONTRACT.
4. WHEN A VOUCHER HAS EXPIRED AND THE EXTENSION IS DENIED, THE FAMILY WILL BE REQUIRED TO REAPPLY FOR ASSISTANCE. THE FAMILY'S APPLICATION WILL BE PUT IN INACTIVE FILE AND THEY WILL BE REQUIRED TO REAPPLY.
5. ALL VOUCHERS WILL BE EXTENDED AND REISSUED AT 30 DAY INTERVALS EXCEPT FOR PORTABLES, WHICH WILL BE REISSUED AT 60 DAY INTERVALS TO A MAXIMUM OF 120 DAYS IN BOTH INSTANCES.

**(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 sub component **(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)

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.

1 Date and Time

Former Federal preferences

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1 Victims of domestic violence
- Substandard housing
- 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: PHAs 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

MINIMUM RENT IS \$25.00.

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

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

**ADMISSIONS AND CONTINUED OCCUPANCY POLICY**

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: \$600 per year.
- 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)  
Fair market rent for the area.

## B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### (1) Payment Standards

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- At or above 90% but below 100% of FMR
- 100% of FMR
- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard?

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or submarket
- Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level?

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- 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)

# Waived

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

Please note below: Exemptions from Component 5: **High performing and small PHAs are not required to complete this section.** Section 8 only PHAs must complete parts A, B, and C(2)

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

Describe the PHA's management structure and organization.

(select one)

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

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

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

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

(2) Section 8 Management:

## 6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

### A. Public Housing

1.  Yes  No: Has the PHA established or enhanced grievance procedures in addition to the federal requirements found at 24 CFR Part 966, Subpart C 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

Address:

- 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:

#### Informal Review Procedures:

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 PHAs are not required to complete this component and may skip to Component 8.

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

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

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

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

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at **Attachment C**

-or-

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

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

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

a.  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 D**

-or-

The Capital Fund Program 5-Year Action Plan is provided below:



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

Applicability of sub-component 7B: All PHAs 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 PHAs are not required to complete this section.

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

### 2. Activity Description

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

<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: <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. 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 PHAs are not required to complete this section.

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

2. Activity Description

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

<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: (DD/MM/YY)	
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 PHAs 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. PHAs completing streamlined submissions may skip to component 11.)

#### 2. Activity Description

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

<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	
<input type="checkbox"/> Assessment results submitted to HUD	
<input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question)	
<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	
<input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY)	
<input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY)	
<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)

Units addressed in a pending or approved demolition application (date submitted or approved:

Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: )

Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: )

Requirements no longer applicable: vacancy rates are less than 10 percent

Requirements no longer applicable: site now has less than 300 units

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 PHAs 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. PHAs completing streamlined submissions may skip to component 11B.)

### 2. Activity Description

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

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

## B. Section 8 Tenant Based Assistance

1.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 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 PHAs may skip to component 12.)

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

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

[24 CFR Part 903.7 9 (I)]

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

Community Service Policy is in effect.

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

#### 1. Cooperative agreements:

- Yes  No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

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

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration 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 (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)

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

a. Participation Description

<b>Family Self Sufficiency (FSS) Participation</b>		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
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 PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

A Criminal History Procedure was adopted.

**Waived**

#### 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:

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)

In compliance with requirements, attached a Follow-up Plan to address findings of the Resident Satisfaction Survey (Attachment I)

3. Which developments are most affected?

#### 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: Refer to attachment ne100a03

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?

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

PHAs eligible for FY 2000 PHDEP 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 2000 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

## **14. RESERVED FOR PET POLICY**

Pet Policy is in effect.

## **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.

[Provided with Hard Copy](#)

## **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 PHAs are not required to complete this component. **High performing and small PHAs are not required to complete this component.**

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

## **18. Other Information**

[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 F**

Provided below:

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

Considered comments, but determined that no changes to the PHA Plan were necessary.

The PHA changed portions of the PHA Plan in response to comments  
List changes below:

Other: **(Attachment G)**

### **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:

- RAB Process **Attachment E**

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)
  - RAB Member List **Attachment F**

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:
  - [Appointed by Mayor](#)

### 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: State of Nebraska Non-Entitlement Areas

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: **(Certification sent as Hard Copy)**
  - [The PHA has reviewed the State Consolidated Plan](#)

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

4. [The Consolidated Plan for 2000-2005 identifies affordable housing as an important goal but does not provide a quantitative assessment of needs. The Consolidated Plan states that the State of Nebraska will spend the year 2000-2001 to develop a housing study to assess housing needs. The Nebraska Department of Economic Development has been contacted for a result of the housing needs assessment and Certification of Compliance with the Consolidated Plan.](#)

### 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 Plan.

# PHA Plans

Fiscal Year 2001

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**FREMONT HOUSING AUTHORITY**

**ATTACHMENT A**

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## 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>
☐	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
☐	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
☐	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
☐	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
☐	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
☐	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
☐	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
☐	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
☐	Schedule of flat rents offered at each public housing development <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 checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
☐	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
☐	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
☐	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
☐	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
☐	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 <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
☐	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)



PHA Plan

Fiscal Year: 2001

**FREMONT HOUSING AUTHORITY  
ATTACHMENT B  
Performance and Evaluation Report**

Copy from PIH 2000-4a

## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:</b>					
<b>Summary</b>					
<b>PHA Name:</b> FREMONT Housing Authority		<b>Grant Type and Number Capital Fund</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: March 31 <sup>st</sup> , 2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs Management Improvements Hard Costs				
4	1410 Administration	\$16,500	16,500	\$16,500	\$12,143.22
5	1411 Audit	\$500	500	\$500	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$34,610	21,157.43	\$21,157.43	\$20,757.43
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$299,632	313,084.57	\$313,084.57	\$198,262.92
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

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

PHA Name: <b>FREMONT Housing Authority</b>		Grant Type and Number Capital Fund Capital Fund Program Grant No: Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2000</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>March 31<sup>st</sup>, 2001</b> <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	\$351,242	\$351,242	\$351,242	\$231,163.57
	Amount of line XX Related to LBP Activities	0	0	0	0
	Amount of line XX Related to Section 504 compliance	0	0	0	0
	Amount of line XX Related to Security –Soft Costs	0	0	0	0
	Amount of Line XX related to Security-- Hard Costs	0	0	0	0
	Amount of line XX Related to Energy Conservation Measures	0	0	0	0
	Collateralization Expenses or Debt Service				

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

PHA Name: FREMONT Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P10050100 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
<b>NE100001</b>									
<b>Gifford Tower</b>	Administration		1410		\$16,500	\$16,500	\$12,143.22	73.6%	
	Audit		1411		\$500	\$500	0	0	
	Architect/Engineer		1430		\$34,610	\$21,157.43	\$20,757.43	98%	
	Update Heating System		1460		\$61,660	\$61,660	\$45,629	100%	
	Handicap Entrance to Rear		1460		\$35,000	\$35,000	0	0	
	Cabinet Storage Above Stools		1460		\$12,972	\$12,972	0	0	
	Replace Carpet & Vinyl/Apts & Comm Room		1460		\$60,000	\$60,000	\$21,841.08	33%	
<b>NE26P100002</b>	Remodeling of first floor community room, office, managers apt, handicap rear entrance. Carpeting & floor covering 1 <sup>st</sup> floor, community room, bathroom, hall, lobby(2), bathroom. Carpeting in units cont'd.		1460		\$130,000	\$143,452.57	\$130,792.84	Contract signed 5/15/00	
							0		
	TOTAL				\$351,242.00	\$351,242.00	\$231,163.57		

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

PHA Name: FREMONT Housing Authority		Grant Type and Number Capital Fund Program No: NE26P10050100 Replacement Housing Factor No:					Federal FY of Grant: 2000
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date) 03/31/01			All Funds Expended (Quarter Ending Date) 03/31/01			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NE100							All work is on schedule

**CIAP Budget / Progress Report**

**Part I: Summary**

**Comprehensive Improvement Assistance Program (CIAP) for the Office of Public and Indian Housing**

U.S. Department of Housing and Urban Development

OMB Approval No. 2577-0044

(exp. 04/30/2004)

Not Applicable

HA Name: FREMONT Housing Authority	CIAP Project Number:	FFY of Grant Approval:
------------------------------------	----------------------	------------------------

<input type="checkbox"/> Original CIAP Budget <input type="checkbox"/> Revised CIAP Budget/Revision Number <input type="checkbox"/> Progress Report for Period Ending <input type="checkbox"/> Final Progress Report					
Line No.	Summary by Development Account	Total Funds Approved		Total Funds	
		Original	Revised	Obligated	Expended
1	Total Non-CIAP Funds				
2	1406 Operations (may not exceed 10% of line 16)				
3	1408 Management Improvements				
4	1410 Administration				
5	1415 Liquidated Damages				
6	1430 Fees and Costs				
7	1440 Site Acquisition				
8	1450 Site Improvement				
9	1460 Dwelling Structures				
10	1465.1 Dwelling Equipment—Nonexpendable				
11	1470 Nondwelling Structures				
12	1475 Nondwelling Equipment				
13	1485 Demolition				
14	1495.1 Relocation Cost				
15	1498 Mod Used for Development				
16	<b>Amount of CIAP Grant</b> (Sum of lines 2-14)				
17	Amount of line 16 Related to LBP Activities				
18	Amount of line 16 Related to Security				
19	Amount of line 16 Related to Section 504 Compliance				
20	Amount of line 16 related to Energy Conservation Measures				

Signature of Executive Director Date (mm/dd/yyyy)	<p><b>HUD Certification:</b> In approving this budget and providing assistance to a specific housing development(s), I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (24 CFR 12.50).</p> Signature of Director, Office of Public Housing / ONAP Administrator <span style="float: right;">Date (mm/dd/yyyy)</span>
--	--

form HUD-52825 (10/96) ref Handbook 7485.1



**CIAP Budget /Progress Report  
Part III: Implementation Schedule**

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

**OMB Approval No. 2577-0044  
(exp. 04/30/2004)**

Development Number	Architect/Engineer Contract Awarded			All Funds Obligated			All Funds Expended		
	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual

form HUD-52825 (10/96)  
ref Handbook 7485.1

PHA Plan

Fiscal Year: 2001

**FREMONT HOUSING AUTHORITY  
ATTACHMENT C  
Capital Fund Annual Plan**

Copy from PIH 2000-4a



## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: <b>FREMONT Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2001</b>
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input checked="" type="checkbox"/> <b>Revised Annual Statement (revision no: 01)</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	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$15,000			
3	1408 Management Improvements Soft Costs	\$5,000			
	Management Improvements Hard Costs				
4	1410 Administration	\$16,500			
5	1411 Audit	\$500			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$321,437			
11	1465.1 Dwelling Equipment—Nonexpendable				
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	1499 Development Activities				
19	1502 Contingency				

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

PHA Name: FREMONT Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2001</b>
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Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no: 01)  
 Performance and Evaluation Report for Period Ending:  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines 2-19)	\$358,437			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs	\$155,437			
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: FREMONT Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant: 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
NE10001	Operations		1406		\$15,000				
	Management Improvement		1408		\$5,000				
	Administration		1410		\$16,500				
	Audit		1430		\$ 500				
NE100001	Continue Replacing Carpet		1460		\$18,000				
NE100001	Fire Emergency Panel		1460		\$65,000				
NE100001	Security Lock System		1460		\$77,719				
<b>TOTAL</b>					<b>\$197,719.00</b>				
NE26P100002	Replace carpet and vinyl of units per turnover of occupied		1460		\$18,000				
NE26P100002	Security Lock System		1460		\$77,718				
NE26P100002	Fire Emergency Panel		1460		\$65,000				
<b>TOTAL</b>					<b>\$160,718.00</b>				
<b>GRANT TOTAL</b>					<b>\$358,437.00</b>				



PHA Plan

Fiscal Year: 2001

**FREMONT HOUSING AUTHORITY  
ATTACHMENT D  
Five Year Action Plan**

Copy from PIH 2000-4a

<b>Capital Fund Program Five-Year Action Plan</b>									
<b>Part I: Summary</b>									
PHA Name: FREMONT Housing Authority						<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 01			
Development Number/Name/ HA-Wide	Year 1 2001	Work Statement for Year 2 FFY Grant: 2002 PHA FY:10/2002		Work Statement for Year 3 FFY Grant: 2003 PHA FY: 10/2003		Work Statement for Year 4 FFY Grant: 2004 PHA FY: 10/2004		Work Statement for Year 5 FFY Grant: 2005 PHA FY: 10/2005	
<b>NE 10001</b>	<b>Annual Statement</b>								
1408		OPERATIONS	\$20,000	OPERATIONS	\$20,000	OPERATIONS	\$20,000	OPERATIONS	\$20,000
1410		ADMINISTRATION	\$ 16,500	ADMINISTRATION	\$16,500	ADMINISTRATION	\$16,500	ADMINISTRATION	\$16,500
1411		AUDIT	\$ 500	AUDIT	500	AUDIT	\$ 500	AUDIT	\$ 500
1460		DWELLING STRUCTURE	\$299,637	FEES AND COSTS	39,200	FEES AND COSTS	0	FEES AND COSTS	0
				DWELLING STRUCTURE	282,237	DWELLING STRUCTURE	\$304,718	DWELLING STRUCTURE	\$33,000
<b>TOTAL</b>			<b>\$336,637</b>		<b>\$358,437</b>		<b>\$341,718</b>		<b>\$70,000</b>
<b>NE26P100002</b>									
1460		DWELLING STRUCTURE	\$21,800		0	DWELLING STRUCTURE	\$16,719	DWELLING STRUCTURE	\$288,437
<b>TOTAL</b>			<b>\$21,800</b>		<b>0</b>		<b>\$16,719</b>		<b>\$288,437</b>
<b>Total CFP Funds (Est.)</b>		<b>\$358,437.00</b>		<b>\$358,437.00</b>		<b>\$358,437.00</b>		<b>\$538,437.00</b>	
Total Replacement Housing Factor Funds									

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

Activities for Year 1	Activities for Year : 2002 FFY Grant: 2002 PHA FY:10/2002		Activities for Year: 2003 FFY Grant: 2003 PHA FY: 10/2003		
<b>NE10001</b>			<b>NE10001</b>		
1408	Operations	\$20,000	1408	Operations	\$20,000
1410	Administration	\$16,500	1410	Administration	\$16,500
1411	Audit	\$500	1411	Audit	\$500
1430	Fees and Costs	0	1430	Fees and Costs	39,200
1460	Dwelling Structures:	0	1460	Dwelling Structures:	0
<b>Gifford Tower</b>	Replace Kitchen Cabinets	\$216,237	<b>Gifford Tower</b>	Window Replacement over 2 years	\$282,237
	Handicap Shower Sprayers	12,400			
	Compactor	10,000			
	Strobe Smoke Detectors	\$1,800			
	Telephone Outlet BR each apt.	4,000			
	Emergency Boiler Replacement	34,000			
	Replace Carpet & Linoleum	20,000			
	Handicap Access. Water Cooler	1,200			
<b>Total</b>		<b>\$336,637.00</b>			<b>\$358,437.00</b>
<b>NE26P100002</b>			<b>NE26P100002</b>		
<b>Stanton Tower:</b>			<b>Stanton Tower:</b>		
1460	Continue replacing carpet	20,000			0
	Replace apt. smoke detectors / strobe light hearing impaired	1,800			0
<b>Total</b>		<b>21,800</b>			<b>0</b>
	<b>Total Amount of Grant</b>	<b>\$358,437.00</b>			<b>\$358,437.00</b>

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

Activities for Year 1	Activities for Year : 2004 FFY Grant: 2004 PHA FY: 10/2004		Activities for Year: 2005 FFY Grant: 2005 PHA FY10/2005		
<b>NE10001</b>			<b>NE10001</b>		
<b>Gifford Tower</b>			<b>Gifford Tower</b>		
1408	Operations	\$20,000	1408	Operations	\$20,000
1410	Administration	\$16,500	1410	Administration	\$16,500
1411	Audit	\$500	1411	Audit	\$500
1460	Dwelling Structures		1460	Dwelling Structures	0
	Window Replacement Year 2	\$288,000		Cabinet Storage above Stools	\$16,000
	Continue Replacing Carpet and Linoleum in Apts.	\$16,718		Continue Replacing Carpet & Vinyl	\$17,000
<b>Total</b>		<b>\$341,718.00</b>	<b>Total</b>		<b>\$70,000.00</b>
<b>NE26P100002</b>			<b>NE26P100002</b>		
<b>Stanton Tower</b>			<b>Stanton Tower</b>		
1460	Dwelling Structure		1460	Dwelling Structure	
	Replace carpeting & floor covering in apts.	16,719		Maintenance Exterior Building – water infiltration	0 76,437
				Replace carpet & vinyl in units	17,000
				Lighting in hallways 70 units	5,000
				Carpet halls & solariums-all floors of tower	190,000 0
<b>Total</b>		<b>16,719</b>			<b>\$288,437.00</b>
	<b>Total Annual Grant</b>	<b>\$358,437.00</b>	<b>Total Annual Grant</b>	<b>\$358,437.00</b>	
<b>Total estimated cost over next 5 years \$358,437 x 5 =</b>		<b>\$1,792,185</b>			

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

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PHA Plan  
Fiscal Year: 2001

**FREMONT HOUSING AUTHORITY  
ATTACHMENTS E, F, G, H, I**

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

**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: **Cheryl Gaul**

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

- Elected  
 Appointed

C. The term of appointment is (include the date term expires): **3/14/2005**  
**Cheryl Gaul is filling in a term for a Resident Commissioner who resigned. Therefore, the term is 12/20/2000 to 3/14/2005. Normally, the term is a full 5 years.**

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

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

B. Date of next term expiration of a governing board member: **9/1/2001**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): **Mayor Donald "Skip" Edwards**

**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.)

**RAB MEMBERS:**

Betty French

Mary Juhl

Linda Murphy

Lou Waterman

Wanda Betkie

Helen Minnick

Pam Velder

Theresa Hoffman

Darlene Saeger, Commissioner on Public Housing Board

Cheryl Gaul, Commissioner on Public Housing Board

## **Required Attachment G: Comments of Resident Advisory Board or Boards**

### **RAB BOARD RECOMMENDATIONS AND FREMONT HOUSING AUTHORITY RESPONSE:**

The following are recommendations received from the RAB Board at a tenant meeting and a regular board meeting in May 2001.

- 1) The PHA had originally scheduled kitchen cupboards to be upgraded for Gifford Tower in the year 2001 but the tenants felt that more security should be in the buildings. They have voiced their opinion at a tenant meeting and at a regular board meeting in May.

Fremont Housing Authority Response:

A new door locking system for apartments and entrances has been listed in the 2001 Capital Fund budget for Gifford Tower.

Comments were received by the Resident Advisory Committee to consider for future Agency Plans:

**SAFETY:**

- Cameras in hallways should be considered but is not a top priority.
- New lock system for each tower on their apartment doors.
- New fire system panels for each tower since the panels now in place are becoming obsolete for ordering any parts during maintenance.

**PHA Response:**

- **The building and apartment Security Lock System and the Emergency Fire Panel System Upgrade are included in the 2001 Capital Fund Budget.**

**SERVICES:**

- Purchase a van and hire a driver for services for the tenants.
- Apply for a grant for a Social Worker to work with the tenants and schedule more activities.
- Hire a cleaning person so that one would be available through the Housing Authority. The tenants would then pay for the services rendered and schedule at the Housing Authority office.
- Make certain we are leased up completely to full capacity allowing more families to be assisted through the Voucher Program.

**PHYSICAL IMPROVEMENTS:**

- Purchase one larger washer and dryer in order to wash blankets and rugs in the laundry.
- Windows in Gifford Tower are to be replaced. The windows they now have are not energy efficient.
- Purchase the outside lighting system instead of renting the present lighting.

**PHA Response:**

- **Outside lighting improvements were installed in the parking areas and at all entrances to the buildings in 2001.**
- **Window replacement will begin with the Capital Fund grant in 2003 and continue through 2004.**

## **ATTACHMENT H**

### **STATEMENT OF PHA STRATEGIES AND GOALS ADDRESSED**

**Need: Shortage of Affordable Housing for all populations.**

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

- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required.
- The Fremont Housing Authority has undergone some strategies during the past year addressing these needs.
- The Housing Authority has had a general meeting with landlords in Fremont to encourage participation with our voucher Program opening up the door for more accessible search for applicants to find affordable housing.

Strategy 2: Increase the number of affordable units by:

- Leverage affordable housing resources in the community through the creation of mixed financed housing, and;
- Pursue housing resources other than public housing or Section 8 tenant- based assistance.
- The Housing Authority has pursued and achieved receiving an application for tax-credit and a mixed finance project consisting of 32 – 2 bedroom units for the elderly. The project was completed in November and completely occupied by December. Another 32 unit project has been proposed, application made for tax-credits but has not been accepted as yet.

**Other Housing Needs and Strategies:**

Need 1: Affordable housing for the elderly:

- We are trying to maintain the service of security, safety, information, hospitality and forming a social environment with active social functions.
- We have a close working relationship with service providers in the community and forward this to tenants, prospective tenants, applicants and participants of the Choice Voucher Program.
- We constantly are watching and aware of the construction of assisted living units around our community.
- The housing Authority has met with service providers, especially with Nebraska Health and Human Services at one of their staff meetings to strengthen their relationship of services with the housing authority. We will continue to have the HA be active in organizations who provide services needed.

# ATTACHMENT I

## REQUIRED RESPONSE TO 2000 RASS SURVEY RESULTS

**Follow Up Plan on the results of the 2000 Resident Satisfaction Survey:**

**FHA scored below 85% on two segments of the RASS. As a result, FHA felt it imperative to address these two segments to improve our resident s' satisfaction in our developments.**

### **COMMUNICATION:**

**The Executive Director has always had an "Open Door" policy. Anyone may visit with me on any issue. This policy will continue.**

**FHA has two Resident organizations that meet once a month to inform the tenants of issues, policy changes, improvements, and various other important issues that are imperative to them as individual tenants and as a group. This will continue.**

**It has been emphasized and stressed to the staff that they must be helpful, courteous and carefully listen to problems that the tenants may have. They must make the Executive Director aware of any complications that could arise at any time with a tenant and, again, it must be handled in a professional manner. This FHA will try to improve.**

**FHA will implement more flyers, announcements, and notices such as notices when contractors are in the building and will be working on a project that may affect them in some way, upcoming meetings, and any other information important to their well being.**

**FHA will continue to make sure we have more open communication between the staff and the Executive Director. This is vital to any organization and especially to a Housing Authority who deals with so many personalities.**

**We will continually give more updates concerning improvements made to the facilities so the tenants are aware of the changes.**

**Again, our goal is to satisfy the people we serve and we want to improve this goal.**

### **SAFETY:**

**Even though we have very few criminal calls to the police, any calls are a concern.**

**The Executive Director has met with the Police Department and have received full cooperation from them.**

**A police report is sent to the Executive Director on a monthly basis so that issues can be addressed.**

**The police department has agreed to do fingerprinting for Nebraska State Patrol and the FBI check. They are working with the Executive Director to prevent any non-residents (people not living in the facilities) who cause a problem, to be arrested for trespassing. Proper procedures will be followed.**

**The Executive Director feels very confident the police will help FHA address disputes, threats, and any criminal activities on or around FHA properties.**

**The Executive Director budgeted for FY ending 9/30/2001, for more outside lighting in the parking areas and at each tower for the rear and front entrances. The lights have been installed and are a great improvement.**

**In FY 2001, FHA has budgeted for a new door lock system for each apartment and specific entrance doors on two buildings housing 251 apartments.**

**A computerized security lock system is in place, which allows FHA to lock entrance doors automatically at 9:00 PM. If a problem arises, we have access, if necessary, to retrieve information on keys assigned by name, and what hour they were used to enter the building.**

**FHA has security cameras on the front and back doors at each high rise building. This feature allows FHA to review security film to trace the entrance and exit of people who may be potential troublemakers.**

**Safety is an issue that is very difficult to completely solve. Some people do not feel safe behind locked doors in facilities as large as the Towers are. FHA hopes to curb the fear by providing the proposed enhanced security measures. Sometimes, it is hard to convince residents they have nothing to fear. Our goal is to take one step at a time to help make people feel safe.**

**Even though FHA is taking the necessary measures to create a safe atmosphere and place of residence, more precaution need to be exercised by both FHA staff and FHA residents.**

PHA Plan

Fiscal Year: 2001

**FREMONT HOUSING AUTHORITY  
ATTACHMENT J  
Annual Statement/Performance and  
Evaluation Report on Replacement  
Reserve**

Copy from PIH 2000-4a

**Annual Statement/Performance  
And Evaluation Report on  
Replacement Reserve  
Comprehensive Grant Program (CGP)**

US Department of Housing  
and Urban Development

OMB Approval #2577-0157 (Exp. 7/3/98)  
Appendix 11-1

Public Reporting burden for this collection of information is estimated to average 8 hours per response. Including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer. Paperwork Reduction (Project 2577-0157), Office of Information Technology, US Department of Housing and Urban Development, Washington DC 20410-3600. This agency may not conduct or sponsor and a person is not required to, a collection of information unless that collection displays a valid OMB control number. Do not send this form to the above address.

This collection of information requires that each eligible grantee submit information to HUD regarding use of all or a portion of the annual formula grant for a replacement reserve. This information will be used by HUD to determine whether the replacement reserve established with CGP funds meets HUD requirements. Responses to the collection are required by Section 14(e)(3) and (4) of the US Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

**Part I: Summary**

<b>HA Name:</b> Fremont Housing Authority 2510 No. Clarkson Fremont, NE 68025	<b>Submission: (mark one)</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Annual Statement / Revision No. <u>NE26P100106-98</u> <input checked="" type="checkbox"/> Performance & Evaluation for Program Year Ending <b>06/30/01</b>
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<b>Section 1: Replacement Reserve Status</b> Must be completed each year there is a balance in the replacement reserve.		Estimated	Actual
1.	Replacement Reserve Interest Earned (account 6200/1420.7 equals line 17 of section 2, below)	4,499.93	
2.	Replacement Reserve Withdrawal (equals line 16 of section 2, below)		
3.	Net Impact on Replacement Reserve (line 1 minus line 2: equals line 18 of Section 2, below)		
4.	Current FFY Funding for Replacement Reserve (line 18 of form HUD 52837)		
5.	Replacement Reserve Balance at End of Previous Program Year (account 2830)	59,209.60	59,209.60
6.	Replacement Reserve Balance at End of Current Program Year (line 4 + line 5 (or -) line 3) <b>CD # 45200</b>	63,709.53	59,209.60

<b>Section 2: Replacement Reserve Withdrawal Report</b> Complete this section if there is withdrawal/expenditure activity.	Estimated Cost		Actual Cost
<b>Summary by Account (6200 subaccount)</b>	Column 1 Original	Column 2 Revised	Column 3 Expended
1. Reserved			
2. 1406 Operations			
3. 1408 Management Improvements			
4. 1410 Administration			
5. 1415 Liquidation Damages			
6. 1430 Fees and Costs			
7. 1440 Site Acquisition			
8. 1450 Sites Improvement			
9. 1460 Dwelling Structures			
10. 1465 Dwelling Equipment- Nonexpendable			
11. 1470 Nondwelling Structure			
12. 1475 Nondwelling Equipment			
13. 1485 Demolition			
14. 1495 Relocation Costs			
15. 1498 Mod Used for Development			
16. Replacement Reserve Withdrawal (sum of lines 2 thru 15)			
17. 1420.7 Replacement Reserve Interest Income			
18. Net Withdrawal from Replacement Reserve (line 16 minus line 17)			
19. Amount of line 16 related to LBP activities			
20. Amount of line 16 related to Section 504 Compliance			
21. Amount of line 16 related to Emergencies			
Signature of Executive Director & Date:	Signature of Field Office Manager & Date:		
X	X		

Form HUD-52842 (10/96)  
Ref. Handbook 7485.3

**Annual Statement / Performance and Evaluation Report  
 On Replacement Reserve  
 Part II: Supporting Pages  
 Comprehensive Grant Program (CGP)**

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

Development Number/Name HA Wide Activites	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work	
			Original	Revised	Difference	Funds Obligated	Funds Expended	Status of Proposed Work
NE26P100106 -98	None			59,209.60		0	0	None Money being held for a priority project

To be completed at the end of the program Year.

FormHUD 52842 (10/96)  
 Ref. Handbook 7485.3

**Annual Statement/Performance  
And Evaluation Report on  
Replacement Reserve  
Comprehensive Grant Program (CGP)**

US Department of Housing  
and Urban Development

OMB Approval #2577-0157 (Exp. 7/3/98)  
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This collection of information requires that each eligible grantee submit information to HUD regarding use of all or a portion of the annual formula grant for a replacement reserve. This information will be used by HUD to determine whether the replacement reserve established with CGP funds meets HUD requirements. Responses to the collection are required by Section 14(e)(3) and (4) of the US Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

**Part I: Summary**

<b>HA Name:</b> Fremont Housing Authority 2510 No. Clarkson Fremont, NE 68025	<b>Submission: (mark one)</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Annual Statement / Revision No. <u>NE26P100106-97</u> <input checked="" type="checkbox"/> Performance & Evaluation for Program Year Ending <u>6/30/01</u>
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<b>Section 1: Replacement Reserve Status</b> Must be completed each year there is a balance in the replacement reserve.		Estimated	Actual
1.	Replacement Reserve Interest Earned (account 6200/1420.7:equals line 17 of section 2, below)	2283.53	2288.70
2.	Replacement Reserve Withdrawal (equals line 16 of section 2, below)		
3.	Net Impact on Replacement Reserve (line 1 minus line 2: equals line 18 of Section 2, below)		
4.	Current FFY Funding for Replacement Reserve (line 18 of form HUD 52837)	39,765.70	39,765.70
5.	Replacement Reserve Balance at End of Previous Program Year (account 2830)		
6.	Replacement Reserve Balance at End of Current Program Year (line 4 + line 5 (or -) line 3) <b>CD#7129676</b>	42,052.23	44,157.35

<b>Section 2: Replacement Reserve Withdrawal Report</b> Complete this section if there is withdrawal/expenditure activity.	Estimated Cost		Actual Cost
	Column 1 Original	Column 2 Revised	Column 3 Expended
<b>Summary by Account (6200 subaccount)</b>			
1. Reserved			
2. 1406 Operations			
3. 1408 Management Improvements			
4. 1410 Administration			
5. 1415 Liquidation Damages			
6. 1430 Fees and Costs			
7. 1440 Site Acquisition			
8. 1450 Sites Improvement			
9. 1460 Dwelling Structures			
10. 1465 Dwelling Equipment- Nonexpendable			
11. 1470 Nondwelling Structure			
12. 1475 Nondwelling Equipment			
13. 1485 Demolition			
14. 1495 Relocation Costs			
15. 1498 Mod Used for Development			
16. Replacement Reserve Withdrawal (sum of lines 2 thru 15)			
17. 1420.7 Replacement Reserve Interest Income			
18. Net Withdrawal from Replacement Reserve (line 16 minus line 17)			
19. Amount of line 16 related to LBP activities			
20. Amount of line 16 related to Section 504 Compliance			
21. Amount of line 16 related to Emergencies			
Signature of Executive Director & Date:	Signature of Field Office Manager & Date:		
X	X		

Form HUD-52842 (10/96)  
Ref. Handbook 7485.3

**Annual Statement / Performance and Evaluation Report  
On Replacement Reserve**  
Part II: Supporting Pages  
Comprehensive Grant Program (CGP)

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

Development Number/Name HA Wide Activites	General Description of Major Work Categories	Development Account Number	Total Estimated Cost			Total Actual Cost		Status of Proposed Work
			Original	Revised	Difference	Funds Obligated	Funds Expended	Status of Proposed Work
NE26P100106 -97	None		42,052.23	44,157.35	2105.12	0	0	None Money being held for a priority project

To be completed at the end of the program Year.

FormHUD 52842 (10/96)

Ref. Handbook 7485.3