

# Akron Metropolitan Housing Authority PHA Plan

5-Year Plan for Fiscal Years 2000 - 2004 Update

## **Annual Plan for Fiscal Year 2002**

## **PHA Plan Agency Identification**

**PHA Name:** Akron Metropolitan Housing Authority

**PHA Number:** OH007

**PHA Fiscal Year Beginning:** 07/01/2001

### **Public Access to Information**

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

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

### **Display Locations For PHA Plans and Supporting Documents**

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

- Main administrative office of the PHA
- PHA development management offices: Pinewood (Twinsburg), Alpeter (Barberton), Sutliff (Cuyahoga Falls)
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the State government
- Public library
- PHA website
- Other (list below)

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

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

**Annual PHA Plan**  
**PHA Fiscal Year 2002**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Streamlined Plan:**

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

**Troubled Agency Plan**

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

[24 CFR Part 903.7 9 (r)]

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

**Executive Summary of the Annual PHA Plan**

The attached Annual Plan covers the second fiscal year (FY 2002) of the 5-Year Strategic Plan submitted to HUD in April 2000. The goals and objectives outlined in the 5-Year Plan remain valid. A detailed update of progress on each objective is provided as part of the 2<sup>nd</sup> Annual Plan. There are several new initiatives and policy changes included in the 2nd Annual Plan. They are identified below and are also included in the appropriate sections of the Plan.

The first new initiative is the proposed Section 8 homeownership program. It falls under goal #1, objective #2 and goal #3, objective #1 of the AMHA 5-Year Strategic Goals and Objectives. The program is permitted by newly enacted federal regulations and is part of the Section Eight Housing Choice Voucher Program. It permits homeownership program participants to use a S8 voucher for mortgage subsidy, rather than for traditional rent subsidy. Proposed program policy initially limits the number of vouchers for homeownership use to fifty. The policy indicates that the number may be increased with Board of Trustee approval. Funding for this program comes from the existing tenant-based Section 8 budget.

Also in the Plan is the proposed use of three hundred S8 vouchers for project-based assistance. This initiative also comes under goal #1, objective #2. These vouchers would be assigned to units rather than to tenants. Project-based assistance would only

be permitted in census tracts with less than 20 % poverty rates. This is being done to increase the utilization of the S8 resources, provide housing options for applicants and to de-concentrate Section 8 subsidized housing. The census tracts that have poverty rates greater than 20% are generally in the central Akron and Barberton areas. An additional restriction placed on the use of PBA vouchers is that the PHA may not allow more than 25% of the dwelling units in any one location to be project-based.

Goal #2, objective #5 identified in the 5-Year Plan, indicated a desire to apply for revitalization monies under the Hope VI program. The Housing Authority expects to file an application with the Department of Housing and Urban Development for a HOPE VI Revitalization Grant. If received, the grant would be used for the revitalization of Elizabeth Park Homes and related economic development programs for the Elizabeth Park residents. The Hope VI grant should also be the catalyst for the revitalization of a larger neighborhood area. The Community Builders, a nationally recognized Hope VI non-profit consulting firm and development company has been placed under contract to assist in the preparation of the application. The grant application is due at HUD on June 22, 2001.

The 2nd Annual Plan outlines the potential demolition of fifty-five scattered-site homes and the sale of excess vacant property. The scattered-site units are all single-family homes that need extensive lead-based paint removal and/or major rehabilitation. The excess vacant lots are those that the AMHA does not expect to use or, hopes to sell to builders who in turn will use the property for affordable homeownership opportunities or property that has no development potential.

The major policy change in this year's Plan is the community service requirement for all non-elderly, non-disabled residents, or those who are not gainfully employed or attending school or in an approved job training program. This requirement affects Low-Income Public Housing residents only. The Housing Authority has established the policy pursuant to federal regulations. The effective date of the federally required program is July 1, 2001.

As was the case in the first year of the 5-Year Plan, the AMHA may pursue site-based wait lists and/or specific designations for elderly buildings if recommendations and findings from studies being conducted warrant such changes. Separate public hearings and debate will be held if action is taken on this matter during FY 2002. The Housing Authority may also redevelop certain properties for the purpose of creating Assisted Care facilities, if deemed appropriate. A needs assessment and feasibility study is currently underway by Maxfield Research, Inc. This initiative corresponds to goal#5, objective #5.

There are no major deviations from the 5-Year Strategic Plan in regards to capital improvements to AMHA held property. The renovation of Joy Park Homes and the Buchtel House will continue in FY 2002. Spicer Terrace, a twenty-one-unit apartment building, located just south of Akron University, will have a major renovation begin

this coming year. Other significant capital improvements worthy of noting are: elevator renovations at several high-rise buildings, roof replacement at Bon-Sue Homes and major exterior renovations at the Alpeter apartment building in Barberton.

The AMHA met with the Resident Advisory Board (see attachment OH007e1.doc list of members) on March 13, 2001, to discuss details of the Second Annual Agency Plan. The RAB gave the Plan its "unequivocal support". The only suggestion that was made was that capital fund major work item schedule changes should be presented routinely to the RAB. The proposal was clearly supported by the AMHA administration, which promptly agreed to provide updates if and when major schedule changes occurred.

Public (verbal) comments were received from one resident and two local construction contractors. The AMHA resident's comment had to do with childcare needs at the Valley View apartments (OH007-14) located in north Akron. Her comment was also general in nature, indicating childcare needs of all persons trying to move towards economic self-sufficiency. Consideration is being given to this idea and research is being done on childcare options for AMHA residents. The Resident Supportive Services department of the AMHA will report on childcare options to resident councils and through newsletters routinely sent to residents.

The contractors attending the public hearing proposed an idea for consideration. They suggested that rather than demolish single-family units and land bank or dispose of the property, the AMHA should consider a plan to demolish obsolete homes and replace them with manufactured homes all under the same proposal. The plan would replace the unit immediately upon demolition and modifications to the foundation. The idea has some merit and will be explored.

The AMHA's Second Annual Plan is consistent with the Consolidated Plans of the entitlement communities with the jurisdiction. Planning departments of the cities of Akron and Barberton as well as the County of Summit are consulted during the development of the Plan. Likewise, the AMHA Planning department participates in the preparation of their Consolidated Plans. Homeownership opportunities being proposed, de-concentration efforts in the Section 8 voucher program through the use of project-based vouchers, fair housing initiatives and many other objectives identified in the AMHA's Five-Year Plan are compatible goals of both the Housing Authority and the CDGB entitlement communities.

The AMHA will submit substantial revisions in accordance to the guidelines set forth in the description attached to the Five-Year Plan. No changes have been proposed to that description.

## **Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

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

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### **Attachments**

**OH007a1.doc (Capital Funds, P & E Reports, RHF)**

**OH007b1.doc (PHDEP Plan)**

**OH007c1.doc (S8 Homeownership Program)**

**OH007d1.doc (S8 Project-based Assistance)**

**OH007e1.doc (Resident Advisory Board Members List)**

**OH007f1.doc (5-Year Goals & Objectives Update)**

**OH007g1.doc (Pet Policy)**

**OH007h1.doc (Resident Membership on PHA Governing Board)**

Required Attachments:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | Admissions Policy for De-concentration ( <b>Not Required Until FY 2003</b> )   |
| <input checked="" type="checkbox"/> | FY 2000 Capital Fund Program Annual Statement (Attachment)   |
| <input type="checkbox"/>            | Most recent board-approved operating budget (Required Attachment for troubled PHAs or at risk of being designated troubled ONLY) |

Optional Attachments:

- PHA Management Organizational Chart
  - FY 2000 Capital Fund Program 5 Year Action Plan
  - Public Housing Drug Elimination Program (PHDEP Plan)
  - Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) (To be included in the Plan)  Other (List below, providing each attachment name)
- Section 8 Housing Choice Voucher Choice Homeownership Program

**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>
Hard copy to HUD Field Office	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
Hard copy to HUD Field Office	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
Available	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
Available	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
Available	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
Available	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
NA	Public Housing De-concentration and Income Mixing Documentation: 1. PHA board certifications of compliance with de-concentration 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 de-concentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
Available	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
Available	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
Available	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
Available	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
Available	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
Available	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
Available	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
Available	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
NA	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
Available	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
NA	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
Available	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
Available	Policies governing any Section 8 Homeownership program <input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
Available	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
Available	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
Available	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
Available	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
Available	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
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

# 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	17,503	5	4	2	NA	1	4
Income >30% but <=50% of AMI	10,047	4	3	2	NA	1	3
Income >50% but <80% of AMI	12,259	3	2	2	NA	1	3
Elderly	9,913	3	1	1	2	1	2
Families with Disabilities	24,854	NA	NA	NA	NA	NA	NA
Race/Ethnicity (Non-minority)	29,304	NA	NA	NA	NA	NA	NA
Race/Ethnicity (Black)	9,585	NA	NA	NA	NA	NA	NA
Race/Ethnicity (Hispanic)	225	NA	NA	NA	NA	NA	NA
Race/Ethnicity		NA	NA	NA	NA	NA	NA

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

- Consolidated Plan of the Jurisdiction/s  
Indicate year: \_\_\_\_\_
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") **1990 dataset (To be update as soon as 2000 census becomes available.)**
- American Housing Survey data  
Indicate year: \_\_\_\_\_
- Other housing market study \_\_\_\_\_

Indicate year:

Other sources: (list and indicate year of information)

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

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

<b>Housing Needs of Families on the Waiting List</b>			
<b>Data: February 2001</b>			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input checked="" type="checkbox"/> Combined Section 8 and Public Housing ( <b>All waiting lists for statistical analysis.</b> )			
<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	<b>2333</b>		Varies by program
Extremely low income <=30% AMI	<b>1836</b>	<b>78.6</b>	
Very low income (>30% but <=50% AMI)	<b>455</b>	<b>19.5</b>	
Low income (>50% but <80% AMI)	<b>42</b>	<b>1.8</b>	
Families with children	<b>1303</b>	<b>55.8</b>	
Elderly families	<b>184</b>	<b>7.8</b>	
Families with Disabilities	<b>384</b>	<b>16.4</b>	
Race/ethnicity (Non-minority)	<b>957</b>	<b>41.0</b>	
Race/ethnicity (Black)	<b>1368</b>	<b>58.6</b>	
Race/ethnicity (Asian or Pacific Islander)	<b>8</b>	<b>.34</b>	

<b>Housing Needs of Families on the Waiting List</b>			
<b>Data: February 2001</b>			
<b>Characteristics by Bedroom Size (Public Housing Only)</b>	<b>Active Applications as of February 2001</b>	<b>Percent of total LIPH wait list as of February 2001</b>	
1BR	349	47.3	
2 BR	279	37.9	
3 BR	92	12.5	
4 BR	15	2.0	
5 BR	2	.3	
Total	737		
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			

### 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 **No development activities currently underway.**
- 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 *Designated housing plan may be filed if assisted care and needs study recommends designation.*
- 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) **AMHA participated in Fair Housing Task Force sponsored by the City of Akron. Recommendations forthcoming.**

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

**(2) Reasons for Selecting Strategies**

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

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

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

[24 CFR Part 903.7 9 (b)]

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

<b>Financial Resources: 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	13,411,100	
b) Public Housing Capital Fund	10,648,415	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	17,000,000	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	1,398,000	
g) Resident Opportunity and Self-Sufficiency Grants	33,000	
h) Community Development Block Grant	0	
i) HOME	0	
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>3. Public Housing Dwelling Rental Income</b>	6,793,320	
<b>4. Other income (list below)</b>	213,839	
Laundry facilities		
Antenna space rental		

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
Section 8 Admin. Fee interest	125,000	
Interest income	326,646	
<b>4. Non-federal sources</b> (list below)		
<b>Total resources</b>	49,985,320	

### **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: (describe) **At time of admission and prior to placement.**

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) **Outstanding receivables with AMHA.**

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 **By Program (i.e. Section 8, LIPH, S8NC, etc.)**
- Sub-jurisdictional lists
- Site-based waiting lists
- Other (describe)

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

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

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

A. How many site-based waiting lists will the PHA operate in the coming year?  
**To be determined by needs study and Hope VI application.**

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? **Any appropriate waiting list.**

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) **To be determined.**

**(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- One
- Two
- Three or More

b.  Yes  No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

**(4) Admissions Preferences**

a. Income targeting:

Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- Emergencies
- Over-housed
- Under-housed
- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- Other: (list below) **Approved hardships.**

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

- Victims of reprisals or hate crimes
- Other preference(s) (list below) **Applicants not currently residing in subsidized housing units.**

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

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

- 2  Working families and those unable to work because of age or disability
- 3  Veterans and veterans’ families
- 4  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
- 1  Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

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

**(5) Occupancy**

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

- The PHA-resident lease

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

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) De-concentration and Income Mixing**

Section not applicable until 3<sup>rd</sup> Annual Plan per federal regulations.

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 de-concentration of poverty or income mixing?

b.  Yes  No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote de-concentration 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 de-concentration 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 de-concentration 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 de-concentration 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)

**(2) Waiting List Organization**

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

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

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

- PHA main administrative office  
 Other (list below)

**(3) Search Time**

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

If yes, state circumstances below: If applicant shows evidence of difficulty searching for appropriate unit.

**(4) Admissions Preferences**

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below) Applicants not currently residing in subsidized housing units.

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.

5 Date and Time

Former Federal preferences

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

Homelessness  
High rent burden

Other preferences (select all that apply)

- 2 Working families and those unable to work because of age or disability
- 3 Veterans and veterans' families
- 4 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
- 1 Other preference(s) (list below) Applicant not currently residing in subsidized housing unit.

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) Application orientation hand-outs.

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



Through published notices



Other (list below) Applicants are notified during the voucher issuance briefing.

## **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

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

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

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

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

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

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

For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

For transportation expenses

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

Other (describe below) All income paid to persons outside the family for child support.

e. Ceiling rents

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

Yes for all developments

Yes but only for some developments

No

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

For all developments

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

For specified general occupancy developments

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

- For certain size units; e.g., larger bedroom sizes
- Other (list below)

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

- Market comparability study
- Fair market rents (FMR)
- 95<sup>th</sup> percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The “rental value” of the unit
- Other (list below)

f. Rent re-determinations:

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

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- Other (list below) Tenants must report all family composition changes to the PHA. Income increases must be reported within 10 calendar days.

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 (Scattered Sites ONLY)

- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood

Other (list/describe below) Third party market analysis was conducted for all multifamily and high-rise elderly units. The application of the information gathered is being applied to the properties within the AMHA's Low-Income portfolio. Table of flat rents by AMHA ACC HUD Project Number will be submitted when finalized.

## **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? (select all that apply)

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

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

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

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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: The AMHA management structure is currently divided along LIPH and Section 8 program lines. LIPH has two "area" divisions. Teams are organized within each area. Section 8 is divided into two teams lead by S8 supervisors. Staff is managed by function.0

### **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	4610	20%
Section 8 Vouchers	1725	25%
Section 8 Certificates	1526	
Section 8 Mod Rehab	65	
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: (list below)**
  - Admissions and Occupancy Policy (includes Pet Policy and Grievance)
  - Maintenance Operations Manual (includes Pest Control policy)
  - Housing Operations Desk Reference
- (2) **Section 8 Management: (list below)**
  - Section 8 Administrative Plan
  - Admissions and Occupancy Policy (regarding tenant selection)

## **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 any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

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

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

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

1.  Yes  No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

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

- PHA main administrative office  
 Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only 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 (state name)

-or-

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

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

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

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

b. If yes to question a, select one:

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

-or-

The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

## 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:  
**OH007-01 Elizabeth Park**

- 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:  
**Potentially: OH007-01 Elizabeth Park**

- 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: Elizabeth Park	
1b. Development (project) number: OH007-01	
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input checked="" type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/> Potentially part of a Hope VI application.	
4. Date application approved, submitted, or planned for submission: <u>(Hope VI deadline)</u>	
5. Number of units affected: 124	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development	
7. Timeline for activity: Hope VI application. a. Actual or projected start date of activity: b. Projected end date of activity:	

<b>Demolition/Disposition Activity Description</b>	
1a. Development name: Norton Homes	
1b. Development (project) number: OH007-02	
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(19/04/00)</u>	
5. Number of units affected: 4	
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Timeline for activity: a. Actual or projected start date of activity: Depends on approval. b. Projected end date of activity:	

<b>Demolition/Disposition Activity Description</b>	
1a. Development name: Scattered Sites II	
1b. Development (project) number: OH007-08	
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(01/07/01)</u>	
5. Number of units affected: 19	
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Timeline for activity: a. Actual or projected start date of activity: Depends on approval. b. Projected end date of activity:	

<b>Demolition/Disposition Activity Description</b>	
1a. Development name: Scattered Sites I	
1b. Development (project) number: OH007-11	
2. Activity type: Demolition <input checked="" type="checkbox"/>	
Disposition <input type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input checked="" type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(01/07/01)</u>	
5. Number of units affected: 10	
6. Coverage of action (select one)	
<input checked="" type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity: Depends on approval.	
b. Projected end date of activity:	

<b>Demolition/Disposition Activity Description</b>	
1a. Development name: Scattered Sites III	
1b. Development (project) number: OH007-13	
2. Activity type: Demolition <input checked="" type="checkbox"/>	
Disposition <input type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input checked="" type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(01/07/01)</u>	
5. Number of units affected: 6	
6. Coverage of action (select one)	
<input checked="" type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity: Depends on approval.	
b. Projected end date of activity:	

<b>Demolition/Disposition Activity Description</b>	
1a. Development name: Scattered Sites IV 1b. Development (project) number: OH007-14	
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(01/07/01)</u>	
5. Number of units affected: 1	
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Timeline for activity: a. Actual or projected start date of activity: Depends on approval. b. Projected end date of activity:	

<b>Demolition/Disposition Activity Description</b>	
1a. Development name: Scattered Sites VII 1b. Development (project) number: OH007-18	
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(01/07/01)</u>	
5. Number of units affected: 1	
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Timeline for activity: a. Actual or projected start date of activity: Depends on approval. b. Projected end date of activity:	

<b>Demolition/Disposition Activity Description</b>	
1a. Development name: Scattered Sites VI	
1b. Development (project) number: OH007-20	
2. Activity type: Demolition <input checked="" type="checkbox"/>	
Disposition <input type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input checked="" type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(01/07/01)</u>	
5. Number of units affected: 2	
6. Coverage of action (select one)	
<input checked="" type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity: Depends on approval.	
b. Projected end date of activity:	

<b>Demolition/Disposition Activity Description</b>	
1a. Development name: Scattered Sites V	
1b. Development (project) number: OH007-23	
2. Activity type: Demolition <input checked="" type="checkbox"/>	
Disposition <input type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input checked="" type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(01/07/01)</u>	
5. Number of units affected: 6	
6. Coverage of action (select one)	
<input checked="" type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity: Depends on approval.	
b. Projected end date of activity:	

<b>Demolition/Disposition Activity Description</b>	
1a. Development name: Scattered Sites VIII	
1b. Development (project) number: OH007-32	
2. Activity type: Demolition <input checked="" type="checkbox"/>	
Disposition <input type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input checked="" type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(01/07/01)</u>	
5. Number of units affected: 1	
6. Coverage of action (select one)	
<input checked="" type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity: Depends on approval.	
b. Projected end date of activity:	

<b>Demolition/Disposition Activity Description</b>	
1a. Development name: Scattered Sites X	
1b. Development (project) number: OH007-37	
2. Activity type: Demolition <input checked="" type="checkbox"/>	
Disposition <input type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input checked="" type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(01/07/01)</u>	
5. Number of units affected: 3	
6. Coverage of action (select one)	
<input checked="" type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity: Depends on approval.	
b. Projected end date of activity:	

<b>Demolition/Disposition Activity Description</b>	
1a. Development name: Scattered Sites XI	
1b. Development (project) number: OH007-59	
2. Activity type: Demolition <input checked="" type="checkbox"/>	
Disposition <input type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input checked="" type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(01/07/01)</u>	
5. Number of units affected: 6	
6. Coverage of action (select one)	
<input checked="" type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity: Depends on approval.	
b. Projected end date of activity:	

<b>Demolition/Disposition Activity Description</b>	
1a. Development name: Various	
1b. Development (project) number: Undetermined, as of this date.	
2. Activity type: Demolition <input type="checkbox"/>	
Disposition <input checked="" type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input checked="" type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(01/07/01)</u>	
5. Number of units affected: 23 vacant excess lots	
6. Coverage of action (select one)	
<input checked="" type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity: ASAP	
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 **The AMHA will revise the appropriate Plan if specific designations are sought, per the recommendations of the needs study and assisted care analysis presently being conducted.**

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: To be determined	
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.) However, the AMHA may develop a 5h Homeownership program as part of it’s HOPE VI application if grant award is made.

#### 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 checked="" type="checkbox"/> Planned application: May be submitted with Hope VI Application Plan	
4. Date Homeownership Plan/Program <u>Possible: June 22, 2001</u>	

5. Number of units affected:
6. Coverage of action: (select one)
- Part of the development
- 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.) See Attachment.

2. Program Description: The AMHA expects to begin a S8 homeownership program in the upcoming fiscal year. Fifty vouchers will be offered for participants of the program. The details of the program can be found as an attachment to this document. The program is in draft form and is available for public comment.

### 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 (may be increased by Board approval if desired)
- 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: Draft document details program criteria. See S8 Homeownership attachment to this Plan.

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

[24 CFR Part 903.7 9 (l)]

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.

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

#### 1. Cooperative agreements:

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

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: AMHA is a contract agency with the local TANF Agency to administer a component of their prevention/retention/contingency program.

### **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. )

Services and Programs				
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)
<i>AMHA's SOS to Self-Sufficiency</i>	<i>Open to all</i>	<i>Specific criteria</i>	<i>Developments and main office</i>	<i>Both meeting criteria</i>
Community Technology Center	233	<i>Specific criteria</i>	Two tech center locations	Both TANF/W2W
Family Stability	328	<i>Specific criteria</i>	Development offices	Section 8
Smart Moves	50	<i>Specific criteria</i>	Development Community Center	Both
Community Health Center	12	<i>Specific criteria</i>	Developments	PH
Project Team	350	<i>Specific criteria</i>	Developments	Both
Family Services	125	<i>Specific criteria</i>	Developments	PH
Computer Commuter	425	<i>Specific criteria</i>	Developments	Both
Early Start	250	<i>Specific criteria</i>	Developments	PH

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

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	49	47
Section 8	202	68

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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: Attachment C. PHDEP)

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

[24 CFR Part 903.7 9 (n)]

Policy Attached

## **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1.  Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
2.  Yes  No: Was the most recent fiscal audit submitted to HUD? Audit has been conducted but the report has not been received, as of this date.
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) Creation of a comprehensive database of property, systems and building assets including life-cycles and contracted maintenance service.
  
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 To be included at point of submission.**

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?  
**Resident Advisory Board recommendations and comments are being solicited during the comment period of the development of the Plan.**
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
  - Attached at Attachment (File name)
  - 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: (list below)

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

**The appointing authorities for the AMHA Board of Trustees' members have been in consultation on the method of appointing a resident to the Board. Resolution of the matter is expected prior to the effective date of this Plan.**

1.  Yes  No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

- Candidates were nominated by resident and assisted family organizations
- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- Other: (describe)

b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

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

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

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

1. Consolidated Plan jurisdiction: Summit County, City of Akron, City of Barberton
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)  
Homeownership and Lead-based paint abatement and Capital Fund activities.
- Other: (list below)

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

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

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

## **Attachments**

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

- A. Section 8 Homeownership Program
- B. Capital Fund FY 2002; P & E FY 2001,2000, 1999
- C. PHDEP Program FY 2002

**Table Library**

**CAPITAL FUND PROGRAM TABLES START HERE**

**OH00750101**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> Akron Metropolitan Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OHP007-50101 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> FFY 2001
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	50,000			
3	1408 Management Improvement's Soft Costs	772,500			
	Management Improvement's Hard Costs				
4	1410 Administration	355,450			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	1,015,000			
8	1440 Site Acquisition	25,000			
9	1450 Site Improvement	660,000			
10	1460 Dwelling Structures	6,633,485			
11	1465.1 Dwelling Equipment—Nonexpendable	265,000			
12	1470 Non-dwelling Structures	25,000			
13	1475 Non-dwelling Equipment	305,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	50,000			
18	1499 Development Activities	25,000			
19	1502 Contingency	466,990			

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

PHA Name: Akron Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OHP007-50101 Replacement Housing Factor Grant No:	Federal FY of Grant: FFY 2001
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
20	Amount of Annual Grant: (sum of lines 1 – 19)	<b>10,648,415</b>			
	Amount of line 20 Related to LBP Activities	200,000			
	Amount of line 20 Related to Section 504 compliance	150,000			
	Amount of line 20 Related to Security–Soft Costs	350,000			
	Amount of Line 20 related to Security- Hard Costs				
	Amount of line 20 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: Akron Metropolitan Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OHP007-50101 Replacement Housing Factor Grant No:				<b>Federal FY of Grant: 2001</b>		
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
PHA Wide	<b>Operations</b>		1460		50,000			
	<b>Administration</b>		1410		355,450			
	<b>Relocation</b>		1495		50,000			
	<b>Site Acquisition</b>		1440		25,000			
	<b>Development Activities</b>		1499		25,000			
	<b>Contingency</b>		1502		466,990			
	<b>Totals</b>				<b>972,440</b>			

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

PHA Name: Akron Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OHP007-50101 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
7-02	Demolition of Buildings		1450		200,000			
Norton Homes	Parking Lot Construction							
7-14	Repair Retaining Wall		1450		250,000			
Valley View								
7-01	Hope VI Construction		1460		1,000,000			
Elizabeth Park								
7-27	Exterior Building Renovation		1460		750,000			
Alpeter								
7-13	Roof Replacement		1460		350,000			
Bon Sue Homes								
7-08	Gutter & Downspout Replacement		1460		30,000			
Raymond Berry Mallison								

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

PHA Name: Akron Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OHP007-50101 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
7-22 Ray Sutliff	Replace Interior Hall Lighting		1460		20,000			
7-34 Pinewood	Replace/Repair Exterior Stairwells		1460		30,000			
7-06 Allen Dickson	Seal Exterior Building		1460		20,000			
7-13 Spicer Terrace	Comprehensive Modernization							
	Site Improvements		1450		85,000			
	Building Structures		1460		900,000			
	Dwelling Equipment		1465		15,000			
	Non-dwelling Equipment		1475		0			
7-14 Joy Park Homes	Comprehensive Modernization		1450		0			
	Site Improvements		1460		743,485			
	Building Structures		1465		0			
	Dwelling Equipment							

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

PHA Name: Akron Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OHP007-50101 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
7-09	Comprehensive Modernization							
Buchtel House	Site Improvements		1450		0			
	Building Structures		1460		900,000			
PHA Wide	Lead-Based Paint Removal		1460		200,000			
	Rehabilitation of Dwelling Units		1460		1,000,000			
	Storage Sheds		1470		25,000			
	Elevator Upgrades		1460		565,000			
	Paving		1450		100,000			
	Roof Replacement		1460		100,000			
	Appliances (Energy Efficiency)		1465		150,000			
	<b>ADA Improvements</b>							
	Site Improvements		1450		25,000			
	Dwelling Structures		1460		25,000			
	Appliances/Equipment		1465		100,000			
	<b>Totals</b>		<b>1450</b>		<b>125,000</b>			
			<b>1460</b>		<b>1,890,000</b>			
			<b>1465</b>		<b>250,000</b>			
			<b>1470</b>		<b>25,000</b>			

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

PHA Name: Akron Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OHP007-50101 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
PHA Wide	<b>Fees and Cost</b>							
	<b>A &amp; E Fees</b>							
7-01/Elizabeth Pk.	Hope VI		1430		75,000			
7-27/Alpeter	Exterior Renovations		1430		60,000			
7-13/Spicer	Comprehensive Modernization		1430		70,000			
7-02/Norton	Parking Lot		1430		35,000			
7-12/Lauer	Comprehensive Modernization		1430		150,000			
7-14/Valley View	Retaining Wall		1430		35,000			
7-13/Bon-Sue	Roof Replacement		1430		50,000			
7-14/Joy Park	Comprehensive Modernization		1430		470,000			
PHA Wide	Elevator Upgrades		1430		20,000			
PHA Wide	Energy Study		1430		35,000			
PHA Wide	Location Drawings		1430		15,000			
	<b>Total</b>				<b>1,015,000</b>			

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

PHA Name: Akron Metropolitan Housing Authority		Grant Type and Number Capital Fund Program No: OHP007-50101 Replacement Housing Factor No:					Federal FY of Grant: 2001
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
<b>Fees &amp; Cost</b>							
7-01 Elizabeth Park	12/31/2001			06/30/2002			
7-27 Alpeter	12/31/2001			06/30/2002			
7-13 Spicer Terrace	12/31/2001			12/31/2002			
7-02 Norton Homes	12/31/2001			06/30/2002			
7-12 Lauer	06/30/2003			06/30/2004			
7-14 Valley View	12/31/2001			12/31/2002			
7-13 Bon Sue	12/31/2002			12/31/2003			
7-14 Joy Park	12/31/2001			06/30/2003			
<b>PHA-Wide</b>							
Elevators	12/31/2001			06/30/2003			
Energy Study	06/30/2003			12/31/2003			
Location Drawings	12/31/2001			06/30/2002			
<b>Site Improvements</b>							
Demo/Paring Lot	06/30/2002			12/31/2002			
Retaining Wall	06/30/2002			12/31/2002			

Annual Statement/Performance and Evaluation Report							
Capital Fund Program and Capital Fund Program Replacement Housing Factor(CFP/CFPRHF)							
Part III: Implementation Schedule							
PHA Name: Akron Metropolitan Housing Authority		Grant Type and Number Capital Fund Program No: OHP007-50101 Replacement Housing Factor No:				Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
<b>Structures</b>							
7-01 Hope VI	06/03/2003			06/03/2004			
7-27 Bldg. Exterior	12/31/2001			09/30/2002			
7-13 Bon Sue Roofs	06/03/2002			12/31/2002			
7-08 Gutters	12/31/2001			06/30/2002			
7-22 Hall Lighting	12/31/2001			06/30/2002			
7-34 Stairwells	12/31/2001			09/30/2002			
7-06 Seal Building	12/31/2001			12/31/2002			
<b>Comp. Modernization</b>							
7-13 Spicer St. Apts.	12/31/2001			09/30/2002			
7-14 Joy Park	12/31/2001			06/30/2003			
7-09 Buchtel	12/31/2001			06/30/2002			
<b>PHA-Wide</b>							
1. LBP/Rehab	12/31/2002			06/30/2004			
2. Storage sheds	12/31/2002			06/30/2004			
3.Elevator Upgrade	06/03/2003			12/31/2004			
4. Paving	12/31/2002			12/31/2003			
5. Roof Replacement	06/03/2003			06/30/2004			
6. Appliances	06/03/2003			12/31/2003			
7. ADA Improvement	06/03/2003			06/30/2004			

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

PHA Name: Akron Metropolitan Housing Authority		Grant Type and Number Capital Fund Program No: OHP007-50101 Replacement Housing Factor No:				Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
<b>PHA-WIDE</b>							
1 Operations	06/30/2003			06/30/2004			
2 Administration	12/31/2001			06/30/2004			
3 Site Acquisition	06/30/2003			12/31/2003			
4 Relocation	06/30/2003			06/30/2004			
5 Development	06/30/2003			12/31/2003			
6 Contingency	06/30/2003			06/30/2004			
<b>MANAGEMENT IMPROVEMENTS</b>							
1 Resident Support	06/30/2003			06/30/2004			
2 Information Technology	12/31/2002			12/31/2003			
3 Vehicles	12/31/2002			12/31/2003			
4 Security	06/30/2002			06/30/2002			





Replacement Housing Fund Budget  
OHR007-50101 Starts Here

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

PHA Name: Akron Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: OH12R007-50101	Federal FY of Grant: 2001
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
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	601,888			
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	601,888			
	Amount of line XX Related to LBP Activities	0			
	Amount of line XX Related to Section 504 compliance	0			
	Amount of line XX Related to Security—Soft Costs	0			
	Amount of Line XX related to Security- Hard Costs	0			

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

<b>PHA Name:</b> Akron Metropolitan Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: OH12R007-50101	<b>Federal FY of Grant:</b> 2001
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
	Amount of line XX Related to Energy Conservation Measures	0			
	Collateralization Expenses or Debt Service	0			

Performance and Evaluation Reports Start Here

OHP007-07

OHP007-08

OHP007-50100

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

<b>PHA Name:</b> Akron Metropolitan Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: OHP007-07 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 1998
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Original Annual Statement  
 Reserve for Disasters/ Emergencies  
 Revised Annual Statement (revision no:    )  
 Performance and Evaluation Report for Period Ending: 12/31/2000  
 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 Improvement's Soft Costs	470,000.00	466,460.00	466,460.00	342,332.77
	Management Improvement's Hard Costs				
4	1410 Administration	325,000.00	325,000.00	325,000.00	325,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	1,155,000.00	1,155,000.00	1,155,000.00	1,112,563.18
8	1440 Site Acquisition				
9	1450 Site Improvement	327,614.03	328,953.03	328,953.03	328,953.03
10	1460 Dwelling Structures	6,467,894.29	6,522,686.71	6,522,686.71	6,442,938.35
11	1465.1 Dwelling Equipment-Nonexpendable	27,742.00	27,742.00	27,742.00	27,742.00
12	1470 Non-dwelling Structures	603,538.00	603,538.00	603,538.00	603,538.00
13	1475 Non-dwelling Equipment	213,972.68	203,381.26	203,381.26	203,109.27
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	75,000.00	33,000.00	33,000.00	32,579.15
18	1499 Development Activities				
19	1502 Contingency	0.00	0.00	0.00	0.00
20	Amount of Annual Grant: (sum of lines 1- 19)	<b>9,665,761.00</b>	<b>9,665,761.00</b>	<b>9,665,761.00</b>	<b>9,418,755.75</b>
	Amount of line 20 Related to LBP Activities	275,000.00	283,716.39		
	Amount of line 20 Related to Section 504 compliance	150,000.00	150,000.00		

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

<b>PHA Name:</b> Akron Metropolitan Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: OHP007-07 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 1998
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/2000  Final Performance and Evaluation Report

<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
	Amount of line 20 Related to Security-Soft Costs				
	Amount of Line 20 related to Security-- Hard Costs	225,000.00	225,000.00		
	Amount of line 20 Related to Energy Conservation Measures	500,000.00	500,000.00		
	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: Akron Metropolitan Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OHP007-07 Replacement Housing Factor Grant No:				Federal FY of Grant: 1998		
Development Number Name	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>PHA-WIDE</b>	<b>Management Improvements</b>							
	1. Security	1408		225,000.00	225,000.00	225,000.00	100,872.77	To be completed 3/30/01
	2. Resident Initiatives	1408		225,000.00	225,000.00	225,000.00	225,000.00	Completed
	3. Computerization							
	Hardware	1475		30,000.00	30,000.00	30,000.00	30,000.00	Completed
	Training	1408		20,000.00	16,460.00	16,460.00	16,460.00	Completed
	4. Vehicles/Equipment	1475		141,845.97	131,254.55	131,254.55	131,254.55	Completed
	Sub-Total	1408		470,000.00	466,460.00	466,460.00	342,332.77	
		1475		171,845.97	161,254.55	161,254.55	161,254.55	
<b>Totals</b>				<b>641,845.97</b>	<b>627,714.55</b>	<b>627,714.55</b>	<b>503,587.32</b>	



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

PHA Name: Akron Metropolitan Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OHP007-07 Replacement Housing Factor Grant No:				Federal FY of Grant: 1998		
Development Number Name	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
	<b>Comprehensive Modernization</b>			<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>	
7-09 Buchtel/Cotter	<b>Site Improvements</b>	1450		0.00	0.00	0.00	0.00	Transferred funds
	Concrete/Asphalt							
	Landscaping							
	Sewers/Sanitary Systems							
	Trash Enclosures							
	Site Lighting							
	<b>Dwelling Structures</b>	1460		1,905,000.00	1,959,792.42	1,959,792.42	1,905,000.00	In Process
	Exterior Building/Roofing							
	Siding/Downspouts							
	Doors/Windows							
	Flooring							
	Drywall/Paint							
	Kitchen/Bath							
	Electrical/Plumbing							
	Mechanical							
	LBP/Asbestos							
	504 Compliance							
	<b>Dwelling Equipment</b>	1465		27,742.00	27,742.00	27,742.00	27,742.00	Completed
	Ranges/Refrigerators							
	<b>Non-Dwelling Structures</b>	1470		61,030.00	61,030.00	61,030.00	61,030.00	Completed
	Community Rooms							
	<b>Non-Dwelling Equipment</b>	1475		3,963.00	3,963.00	3,963.00	3,963.00	Completed
	Playground/Maintenance							
<b>Totals</b>				<b>1,997,735.00</b>	<b>2,052,527.42</b>	<b>2,052,527.42</b>	<b>1,997,735.00</b>	

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

PHA Name: Akron Metropolitan Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OHP007-07 Replacement Housing Factor Grant No:				<b>Federal FY of Grant: 1998</b>			
Development Number Name	General Description of Major Work Categories	Dev. Acct No.	Qu anti ty	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
7-14 Joy Park	<b>Comprehensive Modernization</b>								
	<b>Site Improvements</b>	1450		242,973.68	242,973.68	242,973.68	242,973.68	Completed	
	Concrete/Asphalt								
	Landscaping								
	Sewers/Sanitary Systems								
	Trash Enclosures								
	Site Lighting								
	<b>Dwelling Structures</b>	1460		791,684.72	791,684.72	791,684.72	791,684.72	Completed	
	Exterior Building/Roofing								
	Siding/Downspouts								
	Doors/Windows								
	Flooring								
	Drywall/Paint								
	Kitchen/Bath								
	Electrical/Plumbing								
	Mechanical								
	LBP/Asbestos								
	504 Compliance								
	<b>Dwelling Equipment</b>	1465		0.00	0.00	0.00	0.00		
	Ranges/Refrigerators								
	<b>Non-Dwelling Structures</b>	1470		542,508.00	542,508.00	542,508.00	542,508.00	Completed	
	Community Rooms								
	<b>Non-Dwelling Equipment</b>	1475		38,163.71	38,163.71	38,163.71	37,891.72	In Progress	
	Playground/Maintenance								
<b>Totals</b>				<b>1,615,330.11</b>	<b>1,615,330.11</b>	<b>1,615,330.11</b>	<b>1,615,058.12</b>		

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

PHA Name: Akron Metropolitan Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OHP007-07 Replacement Housing Factor Grant No:				<b>Federal FY of Grant: 1998</b>			
Development Number Name	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
7-15 Van Buren	<b>Comprehensive Modernization</b>			<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>		
	<b>Site Improvements</b>	1450		34,640.35	44,895.35	44,895.35	44,895.35	Completed	
	Concrete/Asphalt								
	Landscaping								
	Sewers/Sanitary Systems								
	Trash Enclosures								
	Site Lighting								
	<b>Dwelling Structures</b>	1460		1,768,190.85	1,768,190.85	1,768,190.85	1,768,190.85	Completed	
	Exterior Building/Roofing								
	Siding/Downspouts								
	Doors/Windows								
	Flooring								
	Drywall/Paint								
	Kitchen/Bath								
	Electrical/Plumbing								
	Mechanical								
	LBP/Asbestos								
	504 Compliance								
	<b>Dwelling Equipment</b>	1465		0.00	0.00	0.00	0.00		
	Ranges/Refrigerators								
	<b>Non-Dwelling Structures</b>	1470		0.00	0.00	0.00	0.00		
	Community Rooms								
	<b>Non-Dwelling Equipment</b>	1475		0.00	0.00	0.00	0.00		
<b>Totals</b>				<b>1,802,831.20</b>	<b>1,813,086.20</b>	<b>1,813,086.20</b>	<b>1,813,086.20</b>	<b>Completed</b>	





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

PHA Name: Akron Metropolitan Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: OHP007-07 Replacement Housing Factor No:					Federal FY of Grant: 1998
Development Number Name	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
<b>PHA-Wide Administration</b>	<b>Original</b>	<b>Revised</b>	<b>Actual</b>	<b>Original</b>	<b>Revised</b>	<b>Actual</b>	
	06/1999	12/1999		12/2001		06/30/2000	Completed
<b>Relocation</b>	06/1999	12/2000		12/2001			On going program
<b>Contingency</b>	12/2000			12/2001			Deleted work item
<b>Management Improvements</b>							
1. Security	09/1999		09/1999	12/2000	03/2001		On going program
2. Resident Initiatives	12/2000		03/2000	12/2000		06/2000	Completed
3. Computerization	12/1999		12/1999	12/2000		06/2000	Completed
4. Vehicles/Equipment	12/1999		12/1999	12/2000		12/2000	Completed
<b>Fees/Costs</b>							
7-09 1. A & E	12/1999		06/1998	12/2001			
7-14 2. A & E	02/1999		09/1997	12/2001		12/2000	Completed
7-14 3. Const. Manager	03/1999		09/1997	12/2001		12/2000	Completed
7-15 4. Const. Manager	03/1999		09/1997	12/2001		03/2000	Completed

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

PHA Name: Akron Metropolitan Housing Authority		Grant Type and Number Capital Fund Program No: OHP007-07 Replacement Housing Factor No:					Federal FY of Grant:	
Development Number Name	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
7-09 Buchtel/Cotter	12/1999		06/1999	12/2000	03/2001		Transferred funds from completed work item to close budget.	
7-14 Joy Park	06/1999		03/1999	12/2001				
7-15 Van Buren	03/1999		03/1999	12/1999		12/1999	Completed	
7-13 Mohawk	09/1999			03/2000		03/2000	Completed	
7-14 Jenkins	09/1999			03/2000		03/2000	Completed	
7-17 Nimmer	12/1999			12/2000		12/2000	Completed	
PHA-Wide								
1. LBP/Rehab	12/2000		03/2000	12/2001		03/2000	Completed	
2. Roofing Repair/Replacement	12/1999		12/1999	12/2000		06/2000	Completed	
3. Paving Repair/Replacement	12/2000		03/2000	12/2001		12/2000	Completed	
4. Elevator Repair/Replacement							Transferred to CGP 708	
5. Sewers							Deleted work item.	
6. Emergency Generator Repairs	12/1999		03/2000	09/2000	03/2001		Work in progress, Y2K delay.	

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

PHA Name: Akron Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OHP007-08 Replacement Housing Factor Grant No:	Federal FY of Grant: FFY 1999
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<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:12/31/2000 <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 Improvement's Soft Costs	393,008.62	393,008.62	374,011.00	276,921.00
	Management Improvement's Hard Costs				
4	1410 Administration	325,000.00	325,000.00	325,000.00	189,147.02
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	575,000.00	575,000.00	566,618.68	355,006.57
8	1440 Site Acquisition	500,000.00	0.00	0.00	0.00
9	1450 Site Improvement	1,711,000.00	1,063,966.34	1,024,190.84	1,020,027.83
10	1460 Dwelling Structures	5,916,335.00	7,907,019.86	6,718,172.79	6,344,224.31
11	1465.1 Dwelling Equipment-Nonexpendable	142,665.00	25,312.61	25,312.61	25,312.61
12	1470 Non-dwelling Structures	755,000.00	421,511.56	421,511.56	421,511.56
13	1475 Non-dwelling Equipment	549,491.38	550,933.01	546,946.77	381,229.32
14	1485 Demolition	600,000.00	300,000.00	96,993.00	0.00
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency	94,252.00	0.00	0.00	0.00
20	Amount of Annual Grant: (sum of lines 1 – 19)	<b>11,561,752.00</b>	<b>11,561,752.00</b>	<b>10,098,757.25</b>	<b>9,013,380.22</b>
	Amount of line 20 Related to LBP Activities	500,000.00			
	Amount of line 20 Related to Section 504 compliance	150,000.00			
	Amount of line 20 Related to Security-Soft Costs	100,000.00			
	Amount of Line 20 related to Security- Hard Costs				
	Amount of line 20 Related to Energy Conservation Measures	500,000.00			
	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: Akron Metropolitan Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OHP007-08 Replacement Housing Factor Grant No:				Federal FY of Grant: 1999		
Development Number Name	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
PHA-WIDE	Management Improvements							
	1. Security	1408		100,000.00	100,000.00	100,000.00	0.00	On Going
	2. Resident Initiatives	1408		250,000.00	250,000.00	250,000.00	250,000.00	Completed
	3. Computerization							
	Hardware	1475		89,491.38	89,491.38	89,364.80	84,331.67	On Going
	Software	1408		35,508.62	35,508.62	26,921.00	26,921.00	On Going
	Training	1408		7,500.00	7,500.00	0.00	0.00	On Going
	4. Vehicles/Equipment	1475		366,005.00	366,005.00	362,145.34	203,621.27	On Going
	Sub-Total	1408		393,008.62	393,008.62	376,921.00	276,921.00	
		1475		455,496.38	455,496.38	451,510.14	287,952.94	
<b>Totals</b>				<b>848,505.00</b>	<b>848,505.00</b>	<b>828,431.14</b>	<b>564,873.94</b>	

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

PHA Name: Akron Metropolitan Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OHP007-08 Replacement Housing Factor Grant No:				<b>Federal FY of Grant: 1999</b>			
Development Number Name	General Description of Major Work Categories	Dev. Acct No.	Quantit y	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
7-09 Buchtel/Cotter	1. Architectural & Engineering	1430		25,000	25,000	25,000	8,999.35	In Progress	
7-14 Joy Park	2. Architectural & Engineering	1430		50,000	67,361.82	67,361.82	35,641.96	In Progress	
	3. Construction Manager	1430		300,000	300,000	300,000	203,552.71	In Progress	
7-17 Nimmer	4. Architectural & Engineering	1430		50,000	35,553.14	35,553.14	23,906.76	In Progress	
7-04 Edgewood	5. Architectural & Engineering	1430		20,000	17,085.04	17,085.04	17,085.04	Completed	
PHA-Wide	Architectural & Engineering								
	6. Elevators	1430		80,000	80,000	80,000	30,283.30	Designs in progress	
	7. Roofing	1430		45,000	45,000	36,618.68	33,973.04	Start const. spring	
	8. Emergency Generators	1430		5,000	5,000	5,000	1,564.41	In Progress	
<b>Totals</b>				<b>575,000</b>	<b>575,000</b>	<b>566,618.68</b>	<b>355,006.57</b>		

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

PHA Name: Akron Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OHP007-08 Replacement Housing Factor Grant No:			Federal FY of Grant: 1999			
Development Number Name	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
	<b>Comprehensive Modernization</b>							
7-09 Buchtel/Cotter	<b>Site Improvements</b>	1450		500,000	42,993.00	42,993.00	42,993.00	Completed
	Concrete/Asphalt							
	Landscaping							
	Sewers/Sanitary Systems							
	Trash Enclosures							
	Site Lighting							
	<b>Dwelling Structures</b>	1460		805,000	1,103,253.89	1,103,253.89	993,908.13	In Progress
	Exterior Building/Roofing							
	Siding/Downspouts							
	Doors/Windows							
	Flooring							
	Drywall/Paint							
	Kitchen/Bath							
	Electrical/Plumbing							
	Mechanical							
	LBP/Asbestos							
	504 Compliance							
	<b>Dwelling Equipment</b>	1465		30,000	7,955.00	7,955.00	7,955.00	Completed
	Ranges/Refrigerators							
	<b>Non-Dwelling Structures</b>	1470		40,000	0.00	0.00	0.00	
	Community Rooms							
	<b>Non-Dwelling Equipment</b>	1475		25,000	53,111.28	53,111.28	50,951.03	In Progress
	Playground/Maintenance							
<b>Totals</b>				<b>1,400,000</b>	<b>1,207,313.17</b>	<b>1,207,313.17</b>	<b>1,095,807.16</b>	

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

PHA Name: Akron Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OHP007-08 Replacement Housing Factor Grant No:			Federal FY of Grant: 1999			
Development Number Name	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
7-14 Joy Park	<b>Comprehensive Modernization</b>							
	<b>Site Improvements</b>	1450		1,000,000	814,465.96	814,465.96	814,465.96	
	Concrete/Asphalt							
	Landscaping							
	Sewers/Sanitary Systems							
	Trash Enclosures							
	Site Lighting							
	<b>Dwelling Structures</b>	1460		2,685,000	3,483,378.96	3,483,378.96	3,483,378.96	Completed
	Exterior Building/Roofing							
	Siding/Downspouts							
	Doors/Windows							
	Flooring							
	Drywall/Paint							
	Kitchen/Bath							
	Electrical/Plumbing							
	Mechanical							
	LBP/Asbestos							
	504 Compliance							
	<b>Dwelling Equipment</b>	1465		0.00	0.00	0.00	0.00	
	Ranges/Refrigerators							
	<b>Non-Dwelling Structures</b>	1470		715,000	421,511.56	421,511.56	421,511.56	Completed
	Community Rooms							
	<b>Non-Dwelling Equipment</b>	1475		68,995	42,325.35	42,325.35	0.00	Completed
	Playground/Maintenance							
<b>Totals</b>				<b>4,468,995</b>	<b>4,761,681.83</b>	<b>4,761,681.83</b>	<b>4,719,356.48</b>	

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

PHA Name: Akron Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OHP007-08 Replacement Housing Factor Grant No:			Federal FY of Grant: 1999			
Development Number Name	General Description of Major Work Categories	Dev. Acct No.	Qu anti ty	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
7-17 Nimmer	Exterior Building/Balcony Restoration	1460		1,140,000	1,140,000	1,133,954.85	1,128,768.04	In Progress
<b>Totals</b>				<b>1,140,000</b>	<b>1,140,000</b>	<b>1,133,954.85</b>	<b>1,128,768.04</b>	

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

PHA Name: Akron Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OHP007-08 Replacement Housing Factor Grant No:			Federal FY of Grant: 1999			
Development Number Name	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>PHA-WIDE</b>								
	1. LBP/Rehab	1460		500,000	496,250.09	496,250.09	489,590.06	On Going
	2. Roofing Repair/Replacement	1460		500,000	500,000.00	500,000.00	248,579.12	On Going
	3. Paving Repair/Replacement	1450		50,000	50,000.00	11,224.5	7,061.49	On Going
	4. Elevator Repair/Replacement	1460		285,000	585,000.00	0.00	0.00	Designs in progress
	5. 504 Building	1460		1,335	1,335	1,335	0.00	On Going
	6. 504 Site	1450		1,000	1,000	0.00	0.00	On Going
	7. 504 Equipment	1465		12,665	17,357.61	17,357.61	17,357.61	Completed
	8. Development	1440		500,000	0.00	0.00	0.00	Deleted item
		1440		500,000	0.00	0.00	0.00	
		1450		51,000	51,000.00	11,224.50	7,061.49	
		1460		1,286,335	1,582,858.09	997,585.09	738,169.18	
		1465		12,665	17,357.61	17,357.61	17,357.61	
<b>Totals</b>				<b>1,850,000</b>	<b>1,650,942.70</b>	<b>1,026,167.20</b>	<b>762,588.28</b>	







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

PHA Name: Akron Metropolitan Housing Authority		Grant Type and Number Capital Fund Program No: OHP007-08 Replacement Housing Factor No:					Federal FY of Grant: 1999
Development Number Name	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
<b>PHA-Wide Administration</b>	06/2000		06/2000	12/2002			On Going
<b>Contingency</b>	12/2001			12/2002			Deleted work item.
<b>Management Improvements</b>							
1. Security	03/2000		03/2000	03/2001			On Going Program
2. Resident Initiatives	12/2000		12/2000	12/2002		12/2000	Completed
3. Computerization	12/2000			12/2002			On Going Program
4. Vehicles/Equipment	12/2000						On Going Program
<b>Fees/Costs</b>							
7-09 1. A & E	12/2000		12/1999	12/2002			Work In Progress
7-14 2. A & E	03/2000		12/1999	12/2002			Work In Progress
7-14 3. Const. Mgr	03/2000		12/1999	12/2002			Work In Progress
7-17 4. A & E	03/2000		12/1999	12/2001			Work In Progress
7-04 5. A & E	06/2000		12/1999	12/2001			Work In Progress
<b>PHA-Wide</b>							
6. Elevators	12/2001		06/2000	12/2002			Designs: in progress
7. Roofing	12/2001		06/2000	12/2002			Construction – Spring 2001
8. Emer. Generators		12/1999	12/1999	12/2002			Work In Progress

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

PHA Name: Akron Metropolitan Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: OHP007-08 Replacement Housing Factor No:					<b>Federal FY of Grant: 1999</b>	
Development Number Name	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
7-01 Elizabeth Park	12/2000			12/2002			Work in progress	
7-04 Edgewood	12/2000		06/2000	12/2001				
7-09 Buchtel/Cotter	12/2000		03/2000	12/1999	03/2001		Transferred funds to expend oldest monies	
7-14 Joy Park	06/2000		12/1999	03/2000	03/2001		Transferred funds to expend oldest monies	
7-17 Nimmer	12/2000		12/1999	03/2001			Work completed, final payment 3/2001	
7-27 Alpeter		06/2001		12/2001				

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

PHA Name: Akron Metropolitan Housing Authority		Grant Type and Number Capital Fund Program No: OHP007-08 Replacement Housing Factor No:					Federal FY of Grant: 1999
Development Number Name	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
<b>PHA-Wide</b>							
1. LBP/Rehab	12/2001		03/2000	12/2002			On Going Program
2. Roofing Repair/Replacement	12/2001		12/2000	12/2002			On Going Program
3. Paving Repair/Replacement	12/2001			12/2002			On Going Program
4. Elevator Repair/Replacement	12/2000	06/2001		12/2001			Designs in progress
5. 504 Building	12/2001		12/2000	12/2002			On Going Program
6. 504 Site	12/2001			12/2002			On Going Program
7. 504 Equipment	12/2001		12/2000	12/2002		12/2000	Completed
8. Development	06/2000			12/2000			Deleted Work Item

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

PHA Name: Akron Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OHP007-50100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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<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:12/31/2000 <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 Improvement's Soft Costs	580,000		160,021.00	5,021.00
	Management Improvement's Hard Costs				
4	1410 Administration	350,000		350,000.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	565,000		450,000.00	21,517.85
8	1440 Site Acquisition				
9	1450 Site Improvement	1,175,000		1,050,000.00	0.00
10	1460 Dwelling Structures	5,541,752		4,459,212.00	25,469.90
11	1465.1 Dwelling Equipment-Nonexpendable	180,000		143,704.76	13,704.76
12	1470 Non-dwelling Structures	875,000		804,628.00	3,063.00
13	1475 Non-dwelling Equipment	370,000		158,151.71	72,171.71
14	1485 Demolition	769,673		0.00	0.00
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	25,000		0.00	0.00
18	1499 Development Activities				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 1 – 19)	<b>10,431,425.00</b>	<b>0.00</b>	<b>7,575,717.47</b>	<b>140,948.22</b>
	Amount of line 20 Related to LBP Activities	500,000			
	Amount of line 20 Related to Section 504 compliance	100,000			
	Amount of line 20 Related to Security–Soft Costs	100,000			
	Amount of Line 20 related to Security- Hard Costs				
	Amount of line 20 Related to Energy Conservation Measures	500,000			
	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: Akron Metropolitan Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OHP007-50100 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2000</b>			
Development Number Name	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
<b>PHA-Wide</b>				<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>	
	<b>Administration</b>	1410		350,000		350,000.00	0.00	
	<b>Management Improvements</b>							
	1. Security	1408		100,000		100,000.00	0.00	On going program
	2. Resident Initiatives	1408		250,000		55,000.00	0.00	On going program
	3. Computerization							
	Hardware	1475		195,000		64,864.34	64,864.34	On going program
	Software	1408		115,000		5,021.00	5,021.00	On going program
	Training	1408		10,000		0.00	0.00	On going program
	4. Vehicles	1475		100,000		85,980.00	0.00	On going program
	5. Property Asset Study	1408		45,000		0.00	0.00	In Progress
	6. Inventory Process Study	1408		15,000		0.00	0.00	In Progress
	7. Warehouse study	1408		15,000		0.00	0.00	
	8. Environmental Review	1408		10,000		0.00	0.00	
	9. Site Layout Update	1408		10,000		0.00	0.00	
	10. Training	1408		10,000		0.00	0.00	

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

PHA Name: Akron Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OHP007-50100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000			
Development Number Name	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
PHA Wide				Original	Revised	Obligated	Expended	
	<b>Fees &amp; Costs</b>							
	<b>A &amp; E Fees</b>							
7-09 Buchtel/Cotter	1. Architectural & Engineering	1430		25,000		25,000	0.00	In Progress
7-14 Joy Park	2. Architectural & Engineering	1430		50,000		50,000	0.00	In Progress
	3. Construction Manager	1430		150,000		150,000	0.00	In Progress
7-27 Alpeter	4. Architectural & Engineering	1430		50,000		50,000	21,517.85	In Progress
7-18 Hawkins Apts.	5. Architectural & Engineering	1430		15,000		0.00	0.00	
7-13 Spicer St. Apts.	6. Architectural & Engineering	1430		50,000		50,000	0.00	In Progress
Various	7. Architectural & Engineering							
	Elevators	1430		50,000		50,000	0.00	In Progress
	Roofing	1430		100,000		0.00	0.00	
701 Elizabeth Park	8. Hope VI Planning	1430		75,000		75,000	0.00	In Progress
	<b>Totals</b>			<b>565,000</b>				



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

PHA Name: Akron Metropolitan Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OHP007-50100 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2000</b>			
Development Number Name	General Description of Major Work Categories	Dev. Acct No.	Quantit y	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
	<b>Comprehensive Modernization</b>							
7-09 Buchtel/Cotter	Site Improvements	1450		50,000		50,000	0.00	In Progress
	Building Structures	1460		2,531,752		2,531,752	0.00	In Progress
	Dwelling Equipment	1465		30,000		30,000	0.00	In Progress
	Non-Dwelling Structures	1470		25,000		25,000	0.00	In Progress
	Non-Dwelling Equipment	1475		25,000		219.99	219.99	
7-14 Joy Park	Site Improvements	1450		1,000,000		1,000,000	0.00	In Progress
	Building Structures	1460		1,700,000		1,700,000	0.00	In Progress
	Dwelling Equipment	1465		100,000		100,000	0.00	In Progress
	Non-Dwelling Structures	1470		750,000		750,000	0.00	In Progress
	Non-Dwelling Equipment	1475		50,000		7,087.38	7,087.38	

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

PHA Name: Akron Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OHP007-50100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000			
Development Number Name	General Description of Major Work Categories	Dev. Acct No.	Quantit y	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>PHA-WIDE</b>								
	1. LBP/Rehab	1460		500,000		74,560.00	25,496.90	
	2. Roofing Repair/Replacement	1460		500,000		150,000.00	0.00	
	3. Paving Repair/Replacement	1450		50,000		0.00	0.00	
	4. Elevator Repair/Replacement	1460		200,000		0.00	0.00	
	5. 504 Building	1460		25,000		2,900.00	0.00	
	6. 504 Site	1450		25,000		0.00	0.00	
	7. 504 Equipment	1465		50,000		13,704.76	13,704.76	
	8. Relocation	1495		25,000		0.00	0.00	
	9. Sheds	1470		100,000		29,628.00	3,063.00	

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

PHA Name: Akron Metropolitan Housing Authority		Grant Type and Number Capital Fund Program No: OHP007-50100 Replacement Housing Factor No:					Federal FY of Grant: 2000	
Development Number Name	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
7-01 Elizabeth Park	09/30/2001			09/30/2003				
7-28 Summit Lake	06/30/2001			12/31/2001				
7-09 Buchtel/Cotter	12/31/2000		12/31/2000	06/30/2002				
7-14 Joy Park	12/31/2000		12/31/2000	03/31/2002				
<b>PHA-WIDE</b>								
1. LBP/Rehab	06/30/2001			09/30/2003				
2. Roofing Repair/Replacement	12/31/2001			12/31/2002				
3. Paving Repair/Replacement	12/31/2001			12/31/2002				
4. Elevator Repair/Replacement	12/31/2001			12/31/2002				
5. 504 Building	09/30/2002			09/30/2003				
6. 504 Site	09/30/2002			09/30/2003				
7. 504 Equipment	09/30/2002			09/30/2002				
8. Relocation	09/30/2002			09/30/2002				
9. Sheds	12/31/2001			12/31/2002				

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

PHA Name: Akron Metropolitan Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: OHP007-50100 Replacement Housing Factor No:					<b>Federal FY of Grant: 2000</b>	
Development Number Name		All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
<b>Fees &amp; Costs</b>		<b>Original</b>	<b>Revised</b>	<b>Actual</b>	<b>Original</b>	<b>Revised</b>	<b>Actual</b>	
7-09	1. A & E	12/31/2000		12/31/2000	06/30/2002			
7-14	2. A & E	12/31/2000		12/31/2000	03/30/2002			
	3. Cnst. Mgr	12/31/2000		12/31/2000	03/30/2002			
7-27	4. A & E	06/30/2001		12/31/2000	12/31/2002			
7-18	5. A & E	03/31/2001			06/30/2002			To be performed in-house. Funds to be redirected.
7-13	6. A & E	06/30/2001		12/31/2000	03/31/2002			
Various	7. A & E							
	a. Elevators	09/30/2002		12/31/2001	09/30/2003			Specification writing in-process.
	b. Roofing	09/30/2002			09/30/2003			
701 VI	8. Hope	12/31/2000		06/30/2001	06/30/2001			In-Process

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

PHA Name: Akron Metropolitan Housing Authority		Grant Type and Number Capital Fund Program No: OHP007-50100 Replacement Housing Factor No:					Federal FY of Grant: 2000	
Development Number Name	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
<b>PHA-WIDE</b>								
<b>Administration</b>	12/31/2000		12/31/2000	09/30/2003				
<b>Management Improvements</b>								
1. Security	12/31/2000		12/31/2000	12/31/2002				
2. Resident Initiatives	09/30/2001			09/30/2003				
3. Computerization								
Hardware	06/30/2002			09/30/2003				
Software	06/30/2002			09/30/2003				
Training	06/30/2002			09/30/2003				
4. Vehicles	09/30/2001			01/01/2000	06/30/2002			
5. Property Asset Study	03/31/2001			12/31/2002				
6. Inventory Process Study	06/30/2002			06/30/2003				
7. Warehouse study	06/30/2002			06/30/2003				
8. Environmental Review	12/31/2000	03/31/2001		06/30/2001			Delay in executing contract with City of Akron.	
9. Site Layout Update	06/30/2001			12/31/2001				
10. Training	09/30/2002			09/30/2003				

## Public Housing Drug Elimination Program Plan

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

### Annual PHDEP Plan Table of Contents:

1. General Information/History
2. PHDEP Plan Goals/Budget
3. Milestones
4. Certifications

### Section 1: General Information/History

**A. Amount of PHDEP Grant: \$1,136,717**

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

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

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

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary mustnot be more than five (5) sentences long

The PHDEP Plan will reduce drug-related crime in the targeted areas through the implementation of comprehensive wrap around services that will be available to all residents in AMHA housing and those in the surrounding community. Services would be provided on behalf of AMHA partners who will create programs and present opportunities, which focus on prevention, treatment, and security.

### **E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
701 Elizabeth Park Homes	124	256
702 Norton Homes	174	451
704 Edgewood Homes	116	272
705 Belcher, North	155	169
706 Allen Dickson Apartments	105	105
708 Scattered Sites II	178	376
709 Buchtel/Cotter	151	71
710 Saferstein Towers I	134	140
711 Scattered Sites I	105	221
712 Lauer Apartments	141	141
713 Scattered Sites III (incl. Bon Sue, Mohawk & Spicer Apts.)	244	604
714 Scattered Sites IV (incl. Joy Park, Jenkins, Valley View Apts.)	340	621
715 Van Buren Homes	200	674
716 Belcher, South	74	81
717 Nimmer Place	241	248

718	Scattered Sites VII	66	161
719	Saferstein Towers II	211	206
720	Scattered Sites VI	44	148
721	Fowler Apartments	180	194
722	Sutliff Apartments	185	202
723	Scattered Sites V	142	341
727	Alpeter Apartments	185	198
728	Summit Lake Apartments	239	508
729	Honey Locust Gardens	125	370
730	Colonial Hills Apartments	150	319
732	Scattered Sites VIII	14	34
734	Pinewood Gardens	125	351
735	Scattered Sites IX	8	18
737	Scattered Sites X	17	28
739	Willow Run Apartments	76	202
740	Crimson Terrace Apartments	72	192
741	Maplewood Gardens	60	147
742	Jackson Terrace	28	47
744	Keys Building	100	103
754	Lobello Lane	12	40
759	Scattered Sites XI	45	146
764	Rhoulac Circle (Not in PIC as of submission date)	10	34
765	Scattered Sites XII	24	81
766	Scattered Sites XIII	21	71
767	Scattered Sites XIV (Not in PIC as of submission date)	3	2

#### F. Duration of Program

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

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

### G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Anticipated Completion Date
FY 1995	1,222,500	OH12DEP0070195	0	GE	
FY 1996	1,156,858	OH12DEP0070196	0	GE	
FY 1997	1,263,860	OH12DEP0070197	0		
FY 1998	1,199,000	OH12DEP0070198	0		
FY 1999	1,090,685	OH12DEP0070199			

## Section 2: PHDEP Plan Goals and Budget

### A. PHDEP Plan Summary

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

Based on a survey that AMHA conducted, the survey revealed residents' need for education, job training, information on childcare, access to transportation, and activities for youth. The AMHA's overall goal would be to provide those services for residents or link them with cooperating partners. We intend to increase participation overall by 10% by making services accessible and user friendly. An evaluator will be hired through the RFP process to conduct the annual resident survey and provide feedback on program outcomes. Staff will be hired to monitor each of the programs and submit written reports to the PHDEP Coordinator. Off duty police officers employed by the AMHA will provide above baseline services and security to all targeted areas. Officers will attend Resident Councils and other resident organizations to provide information on security and safety awareness and to establish a presence in the affected areas.

### B. PHDEP Budget Summary

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

FY _____ PHDEP Budget Summary	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	
9120 - Security Personnel	429,000
9130 - Employment of Investigators	26,000
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	606,717
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	75,000
<b>TOTAL PHDEP FUNDING</b>	<b>1,136,717</b>

**C. PHDEP Plan Goals and Activities**

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

<b>9110 - Reimbursement of Law Enforcement</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

<b>9120 - Security Personnel</b>					<b>Total PHDEP Funding: \$ 1,136,717</b>		
Goal(s)							
Employ off duty police officers to provide over baseline services.							
Objectives							
Increase presence in targeted areas.							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1. Patrol targeted areas			1-02	1-04	429,000		Decrease crime by 10%
2.							
3.							

<b>9130 - Employment of Investigators</b>					<b>Total PHDEP Funding: \$ \$ 1,136,717</b>		
Goal(s)							
Hire narcotics detectives to infiltrate developments and befriend informants.							
Objectives							
Increase presence in high crime drug related areas.							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1. Investigate drug complaints.			1-02	1-04	26,000		Increase evictions by 5%
2.							
3.							

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

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

<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$ \$ 1,136,717</b>		
Goal(s)							
To provide positive lifestyle alternative activities for residents.							
Objectives							
Hire sub-grantees to provide services.							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. After school programs adult education & job training	150		1-02	1-04	606,717		Increase participation 10%
2.							
3.							

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

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

9190 - Other Program Costs					Total PHDEP Funds: \$ \$ 1,136,717		
Goal(s)	Train part time staff to monitor programs and ensure program vitality.						
Objectives	Will attend programs monthly.						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. Hire staff			1-02	1-04	75,000		Monitor programs monthly.
2.							
3.							

### **Section 3: Expenditure/Obligation Milestones**

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

Budget Line Item #	25% Expenditure of Total Grant Funds By Activity #	Total PHDEP Funding Expended (sum of the activities)	50% Obligation of Total Grant Funds by Activity #	Total PHDEP Funding Obligated (sum of the activities)
<i>e.g Budget Line Item # 9120</i>	<i>Activities 1, 3</i>		<i>Activity 2</i>	
9110				
9120	1	107,250		214,500
9130	1	6,500		13,000
9140				
9150				
9160	1	151,679		303,358
9170				

9180				
9190	1	18,750		37,500
<b>TOTAL</b>		\$284,179		\$568,358

#### **Section 4: Certifications**

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

Annual Plan Attachment  
OH007c1

**Akron Metropolitan Housing Authority**  
Section 8 Housing Choice Voucher  
Homeownership Program

## STATEMENT OF HOMEOWNER OBLIGATIONS

I/We, \_\_\_\_\_ participant(s)  
in the Akron Metropolitan Housing Authority (AMHA) Section 8 Housing Choice Voucher Program Home  
Ownership Option, fully understand the following conditions regarding my/our continued eligibility for  
housing assistance payments in conjunction with my/our ownership of a \_\_\_\_\_  
located at \_\_\_\_\_.

And agree that:

1. Our home will be occupied by the following family members:


2. The initial monthly Housing Assistance Payment will be \$\_\_\_\_\_ and will begin on  
\_\_\_\_\_. The Housing Assistance Payment will be adjusted, at least  
annually, based on any changes in payment standards, homeownership costs, household income  
and/or household composition, in accordance with U.S. Department and Urban Development (HUD)  
requirements.

3. The initial Housing Assistance Payment will be made as follows:

\$ \_\_\_\_\_ (Payment by AMHA directly to the lender.)

\$ \_\_\_\_\_  
\_\_\_\_\_ (Paid by \_\_\_\_\_ to the lender.)

4. Housing Assistance Payments will be available for a maximum of fifteen (15) years, provide the  
initial term of the loan is twenty (20) years or longer, unless the head of household or spouse is  
disabled or elderly. In all other cases, the maximum term of the homeownership assistance is ten (10)  
years. Housing Assistance Payments are contingent on my/our compliance with the requirements of  
this Statement of Homeowner Obligations, the policies of the AMHA Housing Choice Voucher  
Homeownership Program, HUD program requirements and, upon continued appropriations of  
AMHA by the Department of Housing and Urban Development.

5. I/We must report all family income from all sources and the names of person(s) living in our  
household.

6. If, at any time, any member of my household has a change in income, I/We must report it to the  
Housing Authority no later than ten (10) days after the change occurs.

7. If, at any time, any one in my household moves in or out, I must report it within ten (10) days of the  
occurrence, to the Housing Authority.

8. Housing assistance payments will be made only for the months my household is in residence in the  
home. I/We must immediately report to the Housing Authority if we move from our home.

9. My/Our family (including each family member) must not commit fraud, bribery or any other corrupt  
or criminal act in connection with the program.

10. My/Our family (including each family member) must not participate in illegal drug or violent criminal activity.
11. I/We may not sell, convey or transfer any interest in the home to any entity or person prior to informing AMHA. Housing assistance payments will terminate with any sale, conveyance or transfer other than to a household member residing in the home.
12. I/We must provide information to AMHA on any mortgage or other debt incurred to purchase the home and any refinancing of such debt.
13. I/We must comply with the terms of any mortgage security debt incurred to purchase our home and any refinancing of such debt. I/We must immediately notify AMHA of any defaults on mortgage debt incurred to purchase the home.
14. I/We must promptly pay utility bills.
15. I/We must keep the premises in good repair and in safe and sanitary conditions.
16. I/We must document, in conjunction with our annual reexamination of income, that I/We are current on mortgage, insurance, taxes and utility payments.
17. If I/We default on my/our mortgage debt and lose my/our home, I/We will not be able to use my/our Section 8 Housing Choice Voucher for rental housing but may reapply for Section 8 waiting list.
18. I/We must not sublet or lease my/our home.

I/WE UNDERSTAND THAT MY/OUR HOUSING ASSISTANCE MAY BE WITHHELD, RECOVERED OR TERMINATED FOR ANY VIOLATION OF THE TERMS AND CONDITIONS OF THIS STATEMENT OF HOMEOWNER RESPONSIBILITIES.

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Akron Metropolitan Housing Authority

# **SECTION 8 HOUSING CHOICE VOUCHER HOMEOWNERSHIP OPTION PROGRAM**

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Akron Metropolitan Housing Authority hereby established a Section 8 tenant-based voucher homeownership option in Akron, Ohio, pursuant to the U.S. Department of Housing and Urban Development's (HUD) final rule 24 CFR 5.903 and 982, effective date October 12, 2000.

## **ELIGIBILITY CRITERIA**

At the present, only fifty (50) Section 8 (and LIPH FSS) participants will be permitted to utilize a Section 8 Housing Choice voucher to subsidize the purchase (a home) rather than to rent a home, subject to the following requirements:

1. A family must meet the general requirements for continued participation in the AMHA's Section 8 Housing Choice Voucher tenant-based program or LIPH FSS program.
2. Current Section 8 program (and LIPH FSS) participants must be in full compliance with their lease and program requirements and must terminate their current lease arrangement in compliance with the lease.
3. The family satisfies any first time homebuyer requirements where a family member must not have owned title to a principal residence in the last three (3) years (also includes single parent or displaced homemaker who, while married, owned a home with spouse or resided in home owned by spouse). Residents of limited equity cooperatives are eligible for homeownership option.
4. If a family member previously received assistance under the homeownership option and has defaulted on a mortgage securing debt incurred to purchase the home they shall be barred from participation.
5. Except for cooperative members who have acquired cooperative membership shares prior to commencement of homeownership assistance, no family member has a present ownership interest in a residence at the commencement of homeownership assistance for purchase of a home.
6. Participants in the Section 8 homeownership program must be enrolled in the AMHA's Family Self Sufficiency or an approved homeownership education and learning program that includes pre and post purchase homeownership counseling. Participants must successfully complete the program and be deemed "mortgage ready" before a homeownership voucher can be utilized to purchase a home. At a minimum, the counseling will cover the following:
  - ◆ Home maintenance;
  - ◆ Budgeting and money management;
  - ◆ Credit counseling;
  - ◆ How to negotiate the purchase price;
  - ◆ How to obtain homeownership financing;
  - ◆ How to find a home; and

## **SECTION 8 HOUSING CHOICE VOUCHER HOMEOWNERSHIP PROGRAM**

- ◆ Advantages of purchasing and how to locate a home in an area that does not have a high concentration of low-income families.
- 7. Initially, the program will give priority to current and previous Family SelfSufficiency (Section 8 and LIPH) participants (maximum of fifty presently) who successfully complete the FSS program and continue to be eligible for Section 8 assistance or the Low-Income Public Housing program. Families participating in Low-Income Public Housing FSS shall be offered a housing choice voucher only when deemed “mortgage ready”, and only for the purchase of a home.
- 8. If less than fifty families elect to participate in the program, the remaining positions in the program will be offered to families participating in the Section 8 Housing Choice Voucher program who will participate in the AMHA’s FSS program or an approve homeownership education learning program. All recipients of a homeownership program voucher must successfully complete one of these programs and meet all eligibility criteria. Exceptions are noted in this document. Section 8 homeownership program voucher awards shall be suspended when fifty (50) vouchers, setaside for this purpose, have been awarded to families in search of an appropriate home for purchase. Future Section 8 homeownership voucher awards are contingent upon AMHA Board of Trustee approval to increase the number of vouchers set-aside for the Section 8 homeownership program. (See “Limitations”)
- 9. Any family of which a member is a person with disabilities, and the use of the homeownershipoption is needed as a reasonable accommodation. The family must meet income and other underwriting criteria.
- 10. The family satisfies the employment requirements.
- 11. The family has not defaulted on a mortgage securing debt to purchase a home under the homeownership option.
- 12. Except for cooperative members who have acquired cooperative membership shares prior to the commencement of homeownership assistance, the family has entered a contract of sale.

### **HOMEOWNERSHIP DOWN PAYMENT**

The Housing Authority has established a minimum homeowner down payment of at least 3% of the purchase price and requires that 2% of the purchase price comes from the family’s personal resources. However, the Housing Authority may waive the 1% from the family’s personal resources if it has coordinated down payment assistance with other available community resources.

### **CONTINUED ASSISTANCE REQUIREMENTS**

Homeownership assistance may only be paid while the family is residing in the home. If the family moves out of the home, AMHA will not continue homeownership assistance after the month when the family moves out. The family or lender is not required to refund to the AMHA the homeownership assistance for the month when the family moves out.

## SECTION 8 HOUSING CHOICE VOUCHER HOMEOWNERSHIP PROGRAM

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The family must comply with the following obligations

1. To the extent required by AMHA, the family must attend and complete ongoing FSS and/or homeownership and housing counseling.
2. The family must comply with the terms of any mortgage securing debt incurred to purchase the home (or any refinancing of such debt).
3. So long as the family is receiving homeownership assistance, the family may not sell, convey or transfer any interest in the home to any entity or person other than a member of the assisted family residing in the home.
4. The family may grant a mortgage on the home for debt incurred to finance purchase of the home or any refinancing of such debt.
5. Upon death of a family member who holds, in whole or in part, title to the home or ownership of cooperative membership shares for the home, homeownership assistance may continue pending settlement of the decedent's executor or legal representative, so long as the home is solely occupied by remaining family members.
6. So long as the family is receiving homeownership assistance, the family must supply required information regarding income and family composition in order to calculate correctly total tenant payment.
7. The family must supply any information on any mortgage or other debt incurred to purchase the home, any refinancing of such debt, any sale or other transfer of any interest in the home or the family's homeownership expenses.
8. The back must notify AMHA in writing within thirty (30) days of the action, if the family defaults on a mortgage securing any debt incurred to purchase the home.
9. The family must notify AMHA in writing within thirty (30) days before the family moves out of the home.
10. During the time the family receives homeownership assistance no family member may have any ownership interest in any other residential property.
11. At the time of annual re-certification, the family must document that he or she is current on mortgage, insurance and utility payments.
12. The family may not take out a home equity loan without prior written consent from AMHA.
13. The family must comply with family obligations under the Section 8 program.
14. The family may not sublet or lease.
15. My/Our family (including each family member) must not commit fraud, bribery or any other corrupt or

criminal act in connection with the program.

16. My/Our family (including each family member) must not participate in illegal drug or violent criminal activity.

**FAMILY OBLIGATIONS**

Before commencement of homeownership assistance, the family must execute a statement of family obligations in the form described by HUD. In the statement, the family agrees to comply with all family obligations under the homeownership option.

**TIME FRAME OF UTILIZATION**

A participating family must locate a home and sign a sales contract within one hundred eighty (180) days.

If a participating family is unable to enter into a “Contract of Sale” before the end of the 180 day deadline, the family will be provided an additional ninety (90) days to enter into a “Contract of Sale”.

Any extension beyond the two hundred seventy (270) days will be at the sole discretion of the Executive Director or designee.

**PORTABILITY**

Families that are determined eligible for homeownership assistance may exercise the homeownership option outside of AMHA’s jurisdiction if the receiving public housing authority is administering a Section 8 homeownership program and is accepting new families into its Section 8 homeownership program.

**INCOME ELIGIBILITY**

1. The family must demonstrate that the annual income (gross income) of the adult family members who will own the home at commencement of homeownership assistance is not less than the Federal minimum hourly wage multiplied by 2,000 hours. (Families in which the head of household or spouse is disabled or elderly are exempted from this requirement. Families with a disabled household member may request an exemption as a reasonable accommodation.)
2. Except in the case of an elderly family or disabled family the Housing Authority shall not count any welfare assistance received by the family in determining annual income.
3. The disregard welfare assistance income only effects the determination of minimum annual income used to determine if a family initially qualifies for commencement of homeownership assistance, but does not effect the determination of income eligibility for admission to the voucher program, calculation of the amount of total tenant payment, or calculation of the amount of homeownership assistance payments on behalf of the family.

### **EMPLOYMENT REQUIREMENTS**

The family must demonstrate that one or more adult members of the family who will own the home at commencement of homeownership assistance:

1. Is currently employed on a full time basis (the term “full time employment” means not less than an average of thirty (30) hours per week) and has been continuously employed so during the year before commencement of homeownership assistance for the family. The employment requirement does not apply to elderly family or a disabled family, includes a person with disabilities, the Housing Authority shall grant an exemption from the employment requirement if the Housing Authority determines that an exemption is needed as a reasonable accommodation so that the program is readily accessible to and usable by persons with disabilities.

### **UNIT ELIGIBILITY**

1. Housing Authority must determine that the unit is eligible.
2. The unit was either under construction or already existing at the time the Housing Authority determined that the family eligible for homeownership assistance to purchase the unit.
3. The unit is a one-unit or two-unit property.
4. The unit has been inspected by the Housing Authority’s inspector and by an independent professional home inspector designated by the family. The aforementioned inspections are in addition to any required inspections by the lender.
5. The unit satisfies HQS.
6. The participant must determine and document whether or not the unit is in an airport runway clear zone or an airfield clear zone.
7. The participant must determine and document whether or not the unit is in a flood hazard area. Units in flood hazard areas must be insured for flood damage.
8. The Housing Authority may not approve a unit if the Housing Authority has been informed (by HUD or otherwise) seller is debarred, suspended, or subject to limited denial of participation.

### **SPECIAL HOUSING TYPE**

Families are not permitted (including families that move into the Housing Authority program under portability procedures) to use the following special housing type:

1. Congregate Housing

2. Group home
3. Shared housing
4. Cooperative housing (excluding families that are not cooperative members)
5. Single room occupancy (SRO)
6. Trailer/Mobile Homes

### **INDEPENDENT INSPECTIONS**

1. An independent professional inspector selected by and paid for by the family must inspect the unit. The independent inspector may not be a Housing Authority employee or contractor or other person under the control of the Housing Authority. The independent inspector must cover major building systems and components, including foundation and structure, housing interior and exterior, and the roofing, plumbing, electrical, and heating systems. The independent inspector must be qualified to report on property conditions, including major building systems and components.
2. The independent inspector must provide a copy of the inspection report to both the family and the Housing Authority. The Housing Authority may not commence homeownership assistance for the family until the Housing Authority has reviewed the inspection report of the independent inspector. Even if the unit otherwise complies with the HQS (and may qualify for assistance under the Housing Authority's tenant base rental voucher program), the Housing Authority shall have discretion to disapprove the unit for assistance under the homeownership option because of information in the inspection report.

### **CONTRACT OF SALE**

1. Before commencement of homeownership assistance, a member or members of the family must enter into a "Contract of Sale" with the seller of the unit to be acquired by the family. The family must give the Housing Authority a copy of the sale of contract. Except for cooperative members who have acquired cooperative shares prior to commencement of homeownership assistance,
2. The contract of sale must:
  - a. Specify the price and other terms of sale by the seller to the purchaser.
  - b. Provide that the purchaser will arrange for a pre-purchase inspection of the dwelling unit by an independent inspector selected by the purchaser.
  - c. Provide that the purchaser is not obligated to purchase the unit unless the inspection is satisfactory to the purchaser.
  - d. Provide that purchaser is not obligated to pay for any necessary repairs.

- e. Contain a certification from the seller that the seller has not been debarred, suspended, or subject to a limited denial of participation.

**LEASE PURCHASE AGREEMENT**

A family leasing a unit with assistance under the program may enter into an agreement with an owner to purchase the unit. So long as family is receiving such rental assistance, all requirements applicable to families otherwise leasing units under the tenant-based program apply. The family must absorb any homeownership premium included in the rent to the owner that results in a higher subsidy amount than would otherwise be paid by AMHA.

In determining whether the rent to owner for a unit subject to a lease-purchase agreement is a reasonable amount, any homeownership premium paid by the family to the owner must be excluded when the Housing Authority determines rent reasonableness.

**PERMITTED OWNERSHIP ARRANGEMENTS**

The homeownership option may be utilized in two types of housing:

1. A unit owned by the family, where one or more family members hold title to the home.
2. A cooperative unit, where one or more family members hold membership shares in the cooperative.

**FINANCING**

The household is responsible for obtaining financing. Financing must comply with secondary mortgage market underwriting requirements.

If financed with FHA mortgage insurance such financing is subject to FHA mortgage insurance requirements. If purchase of home is financed without FHA mortgage insurance requirements, FHA mortgage insurance requirements are not applicable.

Seller financing and balloon payments are prohibited forms of financing.

Voucher funds may not be used to assist with financing cost (down payment, closing cost, etc.).

**ASSISTANCE PAYMENT**

Payment standard determines maximum subsidy in the voucher program. The Housing Authority will use the same voucher program payment standard amounts for homeownership. Payment standards are the greater of (1) payment standard at commencement of homeownership assistance or (2) payment standard at most recent reexamination since commencement of homeownership assistance.

The family's Section 8 homeownership assistance payment (HAP) will be the lower of (1) Section 8 payment standard minus the total tenant payment or (2) the monthly homeownership expenses minus the total tenant payment. AMHA will annually reexamine family income and composition and make appropriate adjustments to the amount of the monthly housing assistance payment.

Forty (40) percent of adjusted monthly income limitation does not apply to homeownership families. If the homeownership expenses exceed the payment standard, the family will pay the difference, out-of-pocket in addition to total tenant payment.

If the family's income increases to a point that they do not receive assistance payment, eligibility for such payments will continue for one hundred eighty (180) calendar days. At the end of a continuous period of one hundred eighty (180) days without any assistance payments, eligibility for Section 8 assistance will automatically terminate.

**HOMEOWNERSHIP EXPENSES**

Housing assistance payments will be made directly to the lender. If the housing assistance payment is greater than the mortgage payment, maintenance allowance and tax/insurance escrow payments, the difference will be paid to the family.

Homeownership expenses include principal and interest for initial mortgage debt, real estate taxes, mortgage insurance, home insurance, utility allowance from rental voucher program, and AMHA allowance for routine maintenance cost.

**MAXIMUM TERM OF HOMEOWNERSHIP ASSISTANCE**

Section 8 assistance will only be provided for the months the family is in residence in the home. The maximum length of time a family may receive homeownership assistance is fifteen (15) years if the initial mortgage incurred to finance purchase of the home has a term of twenty (20) years or longer. In all other cases the maximum term is ten (10) years. Elderly and disabled families are exempt from this time limit.

Maximum term of homeownership assistance applies to the total time a family receives homeownership assistance, regardless of whether the family purchases another home.

The maximum term applies to any member of the family who:

1. Has an ownership interest in the unit during the time that homeownership payments are made; or
2. Is the spouse of any member of the household who has an ownership interest in the unit during the time of homeownership payments.
3. If, during the course of homeownership assistance, the family ceases to qualify as a disabled or elderly family, the maximum term becomes applicable from the date homeownership assistance commenced. However, such a family must be provided at least six (6) months of homeownership assistance after the

## **SECTION 8 HOUSING CHOICE VOUCHER HOMEOWNERSHIP PROGRAM**

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maximum term become applicable (provided the family is otherwise eligible to receive homeownership assistance in accordance with this part).

### **MOVE TO A NEW UNIT**

Families are prohibited from moving to a new unit if they own title or interest in the prior home, have not resided in the home for one (1) year, and/or if the family has failed to comply with all initial requirements.

A homeownership family may purchase another home with Section 8 assistance provided there is no mortgage loan default and the family is in compliance with the "statement of homeowner obligations."

### **LIMITATIONS**

Fifty (50) families will be assisted with homeownership assistance. At the discretion of the Housing Authority, this number may be increased.

### **DEFAULTS**

If a participant in the Homeownership Option defaults on his or her home mortgage loan, the participant will not be able to use his or her homeownership voucher for continued rental housing, but may reapply for the Section 8 waiting list.

### **DENIAL OR TERMINATION OF ASSISTANCE**

AMHA shall deny or terminate homeownership assistance for the following reasons:

1. Failure to comply under basic voucher program rules.
2. Failure to comply with family obligations.
3. Mortgage default.

### **RECAPTURE OF HOMEOWNERSHIP ASSISTANCE**

Upon the purchase of a home, a family receiving homeownership assistance shall execute documentation as required by HUD and consistent with State and local law that secures the Housing Authority's right to recapture the homeownership assistance. The lien securing the recapture of homeownership subsidy shall be subordinate to a refinanced mortgage.

In the case of the sale of the home the recapture shall be in an amount equaling or lesser of:

1. The amount of homeownership assistance provided to the family adjusted to reflect the automatic

5/2/01

reduction; or

2. The difference between the sales price and purchase price of the home minus:
  - a. The cost of any capital expenditures;
  - b. The cost incurred by the family in the sale of the home (such as sales commission and closing cost);
  - c. The amount of difference between the sales price and purchase price that is being used, upon sale, toward the purchase of a new home under the Section 8 homeownership option; and
  - d. Any amounts that have previously recaptured.

**RECAPTURED AMOUNT FOR REFINANCING**

In the case of refinancing, the recaptured amount shall be an amount equaling the lesser of:

1. The amount of homeownership assistance provided to the family, adjusted to reflect the automatic reduction; or
2. The difference between the current mortgage debt and the new mortgage debt; minus:
  - a. The cost of any capital expenditures;
  - b. The cost incurred by the family in the refinancing of the home (such as closing cost); and
  - c. Any amounts that have been previously recaptured as a result of refinancing.

**USE OF SALE PRICE IN DETERMINING RECAPTURED AMOUNT**

The recaptured amount shall be determined using the actual sales price of the home, unless the sale is to identity-of-interest transactions, the Housing Authority shall establish a sales price based on the fair market value.

**AUTOMATIC REDUCTION**

The amount of homeownership assistance subject to recapture will automatically be reduced over a ten (10) year period, beginning one (1) year from the purchase date, in annual increments of 10 percent. At the end of the 10 year period, the amount of homeownership assistance subject to recapture will be zero.

The following types of provisions do not apply to assistance under the homeownership options:

1. Any provisions concerning the Section 8 owner or HAP contract between the Housing Authority and

owner.

2. Any provisions concerning the assisted tenancy or the lease between the family and owner.
3. Any provisions concerning the Housing Authority approval of tenancy.
4. Any provisions concerning rent to owner or rent reasonableness.
5. Any provisions concerning issuance or term of voucher.

Attachment OH007d1  
Akron Metropolitan Housing Authority  
Summit County, Ohio  
Second Annual Agency Plan - FY 2002 (July 1, 2001 – June 30, 2002)  
Housing Choice Voucher Program/Project based Assistance

It is the intention of the Akron Metropolitan Housing Authority to solicit applications for rental housing units to be issued project-based vouchers. The planned distribution of 300 PBA vouchers is consistent with the AMHA's 5-Year Strategic Plan, Goal #1 – *Increase the availability of decent, safe, and affordable housing*, and Goal #3 – *Expand affordable housing choices for eligible persons in the jurisdiction*. Identified objectives within the 5-Year Plan of *increasing S8 utilization* and *increasing landlord participation* are other reasons for taking this action.

Project-based vouchers issued to units targeted in census tracts with less than 20% poverty rates would assist in the de-concentration effort underway in the AMHA's jurisdiction. Special consideration will be given to family units offered in areas with less than 10 % poverty rates. It will provide applicants greater housing choices in non-traditional Section-8 rental areas. Reserving up to 300 units for PBA program participants should also streamline the applicant's unit selection process.

Units being offered for the elderly and disabled, including specially designed units for persons with accessibility needs, shall be given consideration throughout the entire jurisdiction pursuant to PBA regulations. The AMHA will issue all project-based vouchers in accordance with all applicable federal regulations.

PBA Family Unit Location - Permissive Census Tracts			
5021.02	5064	5301.01	5318.01
5022	5071.01	5301.02	5318.02
5023	5071.02	5302	5320.01
5026	5072.01	5304	5320.02
5027	5072.02	5305	5322.02
5028	5072.03	5306.01	5323
5036	5073	5306.02	5325
5037.01	5076	5307	5326
5037.02	5080	5308.01	5327.01
5045	5102	5308.02	5327.02
5046	5103.02	5309.01	5327.03
5047	5104	5309.02	5327.05
5048	5105	5309.03	5327.06
5054	5201.01	5310	5329
5055	5201.02	5311	5330
5057	5202	5314.01	5331
5058	5203	5314.02	5332
5059	5204	5315	5333
5061	5205	5316.01	5334
5062	5206	5316.02	5335
5063.03	5301	5317	5336.98





# Annual Plan Attachment: OH007e1 Akron Metropolitan Housing Authority

## Resident Advisory Board Members

LAST Name	FIRST Name	Development	Street Address	City	Ohio	ZIP
Banks	Ida	Joy Park	1289 Minson Way	Akron	OH	44306
Beckett	Debi-Ellen	Saferstein Towers ONE	525 Diagonal Road # 414	Akron	OH	
Beckett	Alice	Saferstein Towers TWO	585 Diagonal Road # 1104	Akron	OH	44320
Bickley	Viola	Saferstein Towers ONE	525 Diagonal Road # 1004	Akron	OH	44320
Broome	Cora	Saferstein Towers TWO	585 Diagonal Road # 1022	Akron	OH	44320
Cannon	Johanna	Edgewood	750 Warner Court # F	Akron	OH	44307
Carter	Dorothy	Saferstein Towers ONE	525 Diagonal Road # 1106	Akron	OH	44307
Conley	James	Saferstein Towers TWO	585 Diagonal Road # 715	Akron	OH	44320
Cooper	Willie T.	Summit Lake	441 West Miller Avenue # B	Akron	OH	44301
Cox	Carolyn Denise	Edgewood	686 Warner Court # C	Akron	OH	44307
Cox	Betty L.	Nimmer Place	1600 Brittain Road # 713	Akron	OH	44310
Cummingham	Louise	Nimmer Place	1600 Brittain Road # 717	Akron	OH	44310
Curry	Jennie	Saferstein Towers TWO	585 Diagonal Road # 1103	Akron	OH	44320
Dale	Elizabeth	Martin Lauer Apartments	666 N. Howard Street # 802	Akron	OH	44310
Dunk	Carmen	Saferstein Towers TWO	585 Diagonal Road # 222	Akron	OH	44320
Evans	Pearlie	Saferstein Towers TWO	585 Diagonal Road # 217	Akron	OH	44320
Fletcher	Katherleen	Cotter House	50 Cotter Avenue # 103	Akron	OH	44305
Ford	Rosalie	Saferstein Towers TWO	585 Diagonal Road # 810	Akron	OH	44320
Hadzigeorge	Loretta	Copley Road Apts.	675 Copley Road # D	Akron	OH	44320
Hazell	Lila	Nimmer Place	1600 Brittain Road # 325	Akron	OH	44310
Henneman	Sandra	Fowler Apartments	65 Byers Avenue # 306	Akron	OH	44302
Jeffries	W. Faye	Buchtel House	770 E Buchtel Avenue # 104	Akron	OH	44305
Jenkins	Elanor	Summit Lake	42 Brutus Place	Akron	OH	44301
Jodon	Lillian	Belcher Apartments	410 Locust Street # 609	Akron	OH	44307
Jones, Jr.	Silas	Saferstein Towers TWO	585 Diagonal Road # 417	Akron	OH	44320
Kay	Mrs. Arpha	James E. Alpeter Apts.	130 Fifth St SE, # 1213	Barberton	OH	44203
King	Howard	Norton Homes	485 Newell Court # A	Barberton	OH	44203
Kirksey	Connie	Jenkins Annex	1011 N. Jenkins Blvd	Akron	OH	44306
Kyle	LouJean	Saferstein Towers TWO	585 Diagonal Road # 314	Akron	OH	44320
Lampley	Wanda L.	Saferstein Towers TWO	585 Diagonal Road # 106	Akron	OH	44320
Lang	Rosetta	Saferstein Towers TWO	585 Diagonal Road # 804	Akron	OH	44320
Luke	Lucille	Saferstein Towers TWO	585 Diagonal Road # 712	Akron	OH	44320
Manning	Donna	Fowler Apartments	65 Byers Avenue # 602	Akron	OH	44302
Mansfield	JudySue	Saferstein Towers TWO	585 Diagonal Road # 1009	Akron	OH	44320
Mervine	Betty	Nimmer Place	1600 Brittain Road # 327	Akron	OH	44320
Moore	Barbara	Buchtel House	770 E Buchtel Avenue # 202	Akron	OH	44305
Mulvihill	Maureen	Summit Lake	435 W. Miller Avenue # H	Akron	OH	44301
Norris	Tom	Cotter House	50 Cotter Avenue # 411	Akron	OH	44305

Perella	Mary	Nimmer Place	1600 Brittain Road # 219	Akron	OH	44310
Phares	Autumn	Joy Park	1305 Minson Way	Akron	OH	44306
Rader	Ida	Belcher Apartments	400 Locust Street # 814	Akron	OH	44307
Ridenour	Mildred	Buchtel House	770 E Buchtel Avenue # 102	Akron	OH	44305
Roberts	Beth	Norton Homes	485 Newell Court # H	Barberton	OH	44203
Savage	Kenneth F.	Cotter House	50 Cotter House # 310	Akron	OH	44305
Sparks	Connie	Lauer Apartments	666 North Howard Street # 704	Akron	OH	
Stevens	Evelyn	Pinewood Gardens	8826 Ray Court # 5	Twinsburg	OH	44087
Thompson	Dorothy "DJ"	Saferstein Towers TWO	585 Diagonal Road # 914	Akron	OH	44320
Thornton	Marjorie	Cotter House	50 Cotter Avenue # 203	Akron	OH	44305
Turner	Carver	Cotter House	50 Cotter Avenue # 304	Akron	OH	44305
Walton	Tamika	Van Buren Homes	511 Florida Place	Barberton	OH	44203
Wasch	Gladys	HONORARY	1260 South Azalea	Barberton	OH	44203
Young	David A.	Belcher Apartments	400 Locust Street # 306	Akron	OH	44307

**Attachment OH007f1  
Akron Metropolitan Housing Authority**

**5-Year Goals and Objectives Update**

<b>Goal</b>	<b>Objective</b>	<b>Overall Time Frame</b>	<b>Status</b>
Goal #1: Increase the availability of decent, safe, and affordable housing.	1. Apply for additional rental vouchers as replacement housing for LIPH units demolished or, as to fulfill the demand for S8 vouchers.	As vouchers become available.	AMHA applied but did not receive additional S8 voucher this fiscal year. The objective will remain valid through FY 2002.
	2. Increase utilization of existing vouchers. Target 100%	Ongoing through period of the Plan.	Utilization is being monitored. A chart showing trends has been published. <b>Project-based voucher possibilities are being developed.</b>
	3. Implement landlord outreach program to promote participation in Section 8 program. Emphasis shall be placed on non-traditional areas.	By January 1, 2001.	The frequency of landlord meetings was increased. A new briefing booklet has been developed.
	4. Improve the existing Section 8 property listing service. Educate applicants on searching for units, especially in non-traditional areas; provide mobility counseling	Initially by January 1, 2000. Adjust, as needed.	A S8 web page was developed as part of the AMHA's web site. <b>An analysis of the existing S8 resident location and their proximity to their employers will be done this next fiscal year. The intention is to understand the impact moving to work is having on the S8 resident population.</b>
	5. Maintain the LIPH adjusted occupancy rate at, or greater than, 97%.	Ongoing throughout period of the Plan.	Vacancy reduction efforts to continue. The average rate for the current fiscal year has been about 95.5%.

<p>6. Identify potential housing development strategies, including, but not limited to, the use of tax credits, public funds, and other financial leveraging tactics. (E.g., Potential creation and /or partnership with non-profit entities.)</p>	<p>Identification of strategies to be completed by the start of FY2002. Specific number and type of housing units may be set when needs study has been completed.</p>	<p>Several strategies have been identified including but not limited to: tax credit, bond financing, mixed-income limited partnerships, Moving-to-Work program, Hope VI, and capital fund development. The Hope VI application will identify a strategy for the Elizabeth Park area.</p>
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Goal	Objective	Overall Time Frame	Status
Goal #2: Improve the quality of the property assets and physical environment of the residents.	1. Proceed with comprehensive modernization of public housing development.	Ongoing through period of the Plan.	The rehab of Buchtel and Cotter continue on schedule. Joy Park rehab has been set back due to black mold abatement. All fund obligations and expense deadlines are being met.
	2. Continue to demolish obsolete dwelling units.	Ongoing through period of the Plan. (See Section 8)	Elizabeth Park demolition is on schedule. No other demolitions have occurred. A demolition application has been filed at HUD for four units at Norton Homes. No approval has been received. New demolition requests are being developed.
	3. Proceed with hazardous material abatement, (i.e. lead based paint, asbestos). Improve program procedures.	Review process by October 1, 2000.	LBP abatement program has been reviewed and reorganized. Additional training taking place. Program is proceeding without interruption. Abatement has been done at numerous scattered site locations as well as Elizabeth Park demolition buildings.
	4. Coordinate scattered site rehab efforts with identified community development areas.	Begin by October 1, 2000.	Barberton and Akron CD area maps have been received. Maps are being produced. Units within each area are being identified.
	5. Apply for a HOPE VI revitalization grant for Elizabeth Park Homes (OH12P007-001) in FY2001.	Complete application per published deadline.	The Community Builders of Boston have been placed under contract to assist with the development of a Hope VI application. Meetings are taking place with community groups and leaders.
	6. Implement new HUD property inspection standards.	Per regulations.	Inspectors have been trained. New inspections standards have been implemented for the LIPH program.

<p>7. Formalize a maintenance work order quality assurance program.</p>	<p>Implementation by September 30, 2000.</p>	<p>A quality assurance program was started pursuant to the Action Plan. The Customer Service office randomly selects completed work orders for follow-up calls. Residents are asked questions about the work and service performed.</p>
<p>8. Develop an energy conservation program. The purpose is to assure that energy consumption is at its' lowest practical level within a specific set of criteria. The program will develop methods for tracking and analyzing energy consumption records, establish strategies for reducing consumption at target assets, identify process steps to carry out various conservation strategies and, provide energy conservation information to persons in a position to affect consumption. Energy sources included in the program are: residential dwelling units buildings, non-residential community buildings, maintenance facilities and Agency fleet vehicles.</p>	<p>Program design by December 31, 2000. Implementation by June 30, 2001.</p>	<p>Recent rate changes have prompted action to secure rate adjustments from the Dept. of HUD. First Energy is currently looking into consumption at several locations. An energy audit, agency wide, needs to be organized.</p>
<p>9. Develop a comprehensive physical needs assessment data collection system. The system shall be designed to update major mechanical and structural systems in the property asset database on a regular basis. Part A</p>	<p>Needs collection process developed by April 2001. Implementation by July 2001.</p>	<p>Mechanical and structural data elements have been identified. Procedures need to be written. Database programs have been studied. Procurement is in process.</p>

Goal	Objective	Overall Time Frame	Status
Goal #3: Expand affordable housing choices for eligible persons in the jurisdiction.	1. The AMHA will endeavor to develop a homeownership program within the Section 8 and/or Low Income Public Housing programs.	Section 8 Program design by March 2001. Implementation by July 2001; public housing program FY2002.	Program language has been drafted and is under review. Initial discussions with interested financial institutions have taken place.
	2. Consideration will be given to participating in some capacity with non-profit organizations in other low-income homeownership programs.	As appropriate.	Action in this area is being limited to potential Hope VI participants at this time. Homeownership counseling classes continue.
	3. The AMHA will explore the appropriateness of increasing voucher payment standards as a strategy for increasing housing choices and to encourage landlord participation.	Conduct analysis annually.	Study conducted. Payment standards have been increased. The increase has helped in regards to participation per Section 8 department.
	4. The AMHA, as well as CDGB entitlement entities within the jurisdiction recognize the need for more accurate housing needs data. The AMHA will form a coalition of CDGB entitlement entities, non-profit housing groups and other interested parties to analyze further the 2000 census data, as it becomes available. Additional housing needs data will also be gathered in an attempt to clearly identify gaps in affordable housing options for low-income	Ad hoc group will begin study the fourth quarter of FY2001 and meet at regular intervals until study has been completed. The 2000 census data must be available prior to completing analysis.	Ad hoc group has not been established. Process underway to identify needs for Annual Plan and Consolidated Plans for communities. Maxfield Research Inc. has been placed under contract to study elderly population demands and needs. Family needs study to commence after elderly study results are received and analyzed. Method of conducting family needs has not been identified.

<p>person. The needs study will include an analysis of existing housing resources, potential resources and, resources needed to close the identified affordable housing gaps within the community.</p>		
<p>5. Conduct a “best use” analysis of all property in the AMHA’s portfolio. The purpose is to determine the potential uses of the existing property. Potential outcome are: development of site based waiting lists, designated housing plans, conversion to Section 8, conversion to special needs facilities, or disposition possibility.</p>	<p>Study to commence January 2001.</p>	<p>Best use analysis is part of the scope of work for Maxfield Research Inc. for elderly buildings. Family building best use study to commence at a later date. Provisions for noting all potential uses are being built into property database.</p>
<p>6. The AMHA will create an interactive Internet web site. The site will provide appropriate housing program and Agency information. Links to other related web sites that allow interested persons the opportunity to research regulations and housing options. It is the intention of the Agency to explore the possibility of providing Internet access for use by residents at each of the Agency’s community centers.</p>	<p>Web site development to take place in FY2001. Pilot program for resident accesses depends on the outcome of the City of Barberton’s grant.</p>	<p>Web site has been created per schedule. Expansion of the site to include more departments and information being considered. Research has not been done on resident access possibilities. Barberton technology grant not received.</p>

<p>Support has been given to the City of Barberton who is currently seeking a technology grant to pilot such a program.</p>		
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Goal	Objective	Overall Time Frame	Status
Goal #4: Enhance customer service to residents, applicants, and organizations in partnership with the AMHA.	1. Maintain "High Performer" status in Public Housing Assessment System (PHAS).	Annually measured by HUD.	AMHA received a "standard" performance score for FY 2000. New PHAS scoring system implemented this year. Action is being taken to improve certain indicators.
	2. Obtain a high SEMAP score.	Annually measured by HUD.	SEMAP score has not been made final.
	3. Conduct customer service surveys to determine areas of service that need improvement. Provide training to staff in identified areas, as well as, professional training opportunities for staff related to customer services and their particular areas of responsibility.	Program organization completed by February 2001. Implementation March 2001. Ongoing thereafter.	Program implemented per schedule. Findings being reported to Housing Management 3rd quarter FY 2001.
	4. Enhance the process to educate residents on their rights and responsibilities as LIPH and Section 8 program participants. Possible topics include, but are not limited to, lease responsibilities, accessing services and fire safety.	Ad hoc committee to form by September 1, 2000. Committee to determine scope of program and implementation start.	New lease written.

Goal	Objective	Overall Time Frame	Status
Goal #5: Participate in programs and activities that provide economic and educational opportunities for residents.	1. Develop and implement a community service program pursuant to the requirements of the Quality Housing and Work Responsibility Act of 1998 and the final rule on Occupancy published March 29, 2000.	Per regulations.	Community Service Program delayed by HUD until July 1, 2001. Program has been written and is included in Second Annual Plan.
	2. Continue to fulfill the Agency's Family Self-Sufficiency requirement. Maintain and promote participation in the FSS program.	Ongoing.	Current objects of the program have been met.
	3. Collaborate with other community agencies and groups to develop economic opportunities for residents of the AMHA.	Ongoing.	Action steps pursuant to the objective are on schedule.
	4. Conduct a study of educational needs of children in subsidized housing in collaboration with local school districts and the University of Akron. Develop resident supportive services programs based on identified needs.	Initial study to be completed by December 2000. Program implementation by May 2001.	Resident Supportive Service department has worked with APS regarding study and program. More work is necessary to develop programs.

Goal	Objective	Overall Time Frame	Status
Goal #6: Improve the operational effectiveness and efficiency of the AMHA.	1. Produce a database of all property assets of the Agency. Develop procedures to maintain the accuracy of the information. Final database shall include structural and mechanical life-cycle information.	Build database by third quarter FY2001. Operational by June 30, 2001.	Database program has been selected and is in the process of being purchased. Screen and property assets organization has been determined. Database building to commence on schedule.
	2. LIPH and Section 8 demographics data and maps will be produced on a regular basis. These will be used to show trends in these programs. The effectiveness of income mixing de-concentration outreach and economic development programs will be monitored. Applicable policies, including, but not limited to, admission preferences, tenant selection and de-concentration, will be reviewed periodically to determine if revisions are necessary to meet desired outcomes.	Data analysis, including maps will be produced each quarter starting in FY2001.	Initial maps for both S8 and LIPH have been developed. No trending has been done to date. De-concentration rule has not been implemented. No action taken in regards to strategies for mixing incomes. Additional training on mapping program necessary. Assistance from AU intern for summer of 2001 sought.

	<p>3. Maintain the Agency's Information and communication systems in a state of "current-to-leading" technology. Systems include local and wide area networks, Internet services, portable and hand-held and other remote computing devices, video and telephone conferencing capability, analog and digital telephone service, facsimile abilities, data warehousing, digital imaging, desktop computing, print and all associated cabling and wireless connections. Also included are: software programs, controlling networks, business operations, stand alone applications, mechanical devices and communications. These shall be kept reasonably current and up-to-date within the demands of the processes governing the operation.</p>	<p>Computer equipment: ongoing. Telephone system review and possible update: FY2002. Proprietary software: Windows update to be done as software becomes available from vendor. Possible conversion FY2001 and FY2002. Stand alone software: As deemed appropriate.</p>	<p>Computer hardware and software migration plans have been developed. Network upgrade in progress. Significant upgrades planned for FY2002. Telephone system upgrade must be organized this calendar year. Potential fusion of data and voice systems being explored. Service contracts under review. Proprietary software maintenance contract, including product improvements, being renegotiated.</p>
<p>Goal #6: Improve the operational effectiveness and efficiency of the AMHA.</p>	<p>4. Study the use of the central warehouse maintenance facility and conduct an analysis of the materials inventory and distribution system.</p>	<p>Commence analysis third quarter FY2001. Implement recommendations FY2002.</p>	<p>RFP process underway. Contracted award expected shortly. Study to commence third quarter of FY 2001. Implementation of recommendations possible in FY 2002.</p>
	<p>5. Implement an evaluation and training program for staff on the use of proprietary operational software. (Currently Memory Lane</p>	<p>Evaluation and program to be in place by November 2000.</p>	<p>Department Directors must commence analysis of software modules, process and procedure manuals as soon as possible.</p>

	Systems EmPHAsys).		
	6. Policies and procedures are to remain “current”. Reviews will be done periodically and as new regulations are promulgated. Key staff will be instructed on process review methodologies. Regulatory updates will become a regular feature at monthly senior staff meetings.	Process review training by April 2001. Process and policy analysis will be ongoing thereafter. Regulatory updates: As necessary.	Objective is on schedule.
	7. Continue with development of “Project Based Accounting”. Assign project/team budgets for all maintenance accounts.	Continue with development of “Project Based Accounting”. Assign project/team budgets for all maintenance accounts.	Management clusters and development budgets have been organized. Process to continue throughout FY 2002.
	8. Proceed with the conversion of the Payroll System from ADP to a new vendor with labor distribution capabilities.	Implementation to begin 2nd quarter of FY2001.	The conversion to the new system was completed by the end of September 2000.
	9. Review and continue with Fiscal Assets GAAP Conversion with the MLS module for depreciation. Current system not fully operational.	Implementation by July 1, 2000, unless the current system design does not conform to GAAP requirements.	Completed objective per schedule.

<b>Goal</b>	<b>Objective</b>	<b>Overall Time Frame</b>	<b>Status</b>
Goal #7: Ensure Equal Opportunity in Housing.	1. The housing authority will affirmatively promote fair housing policies and practices. Opportunities to address applicants at orientation sessions shall be provided to the Fair Housing offices in the jurisdiction.	The AMHA will discuss possible arrangements with one or both Fair housing offices in the jurisdiction as soon as can be arranged. A Fair Housing education component of the applicant orientation can begin upon reaching mutual agreement on details. Target: First quarter FY2001.	AMHA participated in the City of Akron's Fair Housing Task Force. Fair housing commitments have been made pursuant to the FHTF findings. See report for details.
	2. Provide ongoing staff training in race, fair housing, and disability and employability issues in order to improve services to low-income persons.	Organization of training to be completed by December 31, 2000. Initial training to be held January through December 2001.	Initial staff training completed in 2000.

	<p>3. Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.</p>	<p>Strategies will be formed with appropriate advocacy groups by September 30, 2000. Implementation as soon as possible afterwards.</p>	<p>Organization of initiative behind schedule.</p>
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Annual Plan Attachment OH007g1

AKRON METROPOLITAN HOUSING AUTHORITY

PET POLICY

Effective November 1, 1996

This document is available in large print, braille or on audio tape from the ADA Coordinator upon seven (7) day's request.

## AKRON METROPOLITAN HOUSING AUTHORITY

### ANIMAL RULES AND REGULATIONS

#### POLICY:

The Akron Metropolitan Housing Authority (AMHA) does comply with Federal Regulations and will permit pet or pets in accordance with this policy. No exotic or wild animals, snakes or any other animal not permitted in residential units by state or local laws may be kept by residents. Residents of elderly or designated handicapped units are permitted small birds, caged animals, fish, cats or dogs. Family unit residents are not permitted to keep cats or dogs. Individuals requiring service animals, not residing in any of the above type unit or not meeting other requirements, i.e. size/type of animal, must request specific modifications of this policy.

#### I. APPROVAL

##### A. CRITERIA

Request for permission to have a pet must be submitted prior to bringing a pet into the unit. The pet owner and the landlord (AMHA) must enter into a "Pet Agreement" (Exhibit B.) In addition, the pet owner must provide proof of the pet's good health and suitability under the standards set forth in these rules and regulations. For dogs or cats, proof must be given, and renewed at the time of resident's re-examination, of the animal's licensing and vaccination record, etc. Cats and dogs must be neutered or spayed. Proof of spaying or neutering must also be submitted. Cats are required to have front paws declawed. All licenses and tags must be current.

Prior to admittance of a pet into the facility, residents will be required to complete the following forms:

1. Pet Information (see Exhibit A)
2. Pet Agreement (see Exhibit B)
3. Veterinarian Certification (see Exhibit C)

##### B. VACCINATION REQUIREMENTS

Dogs and cats must have the proper inoculations, required by law, certified by a veterinarian licensed to practice in the State of Ohio. Such verification must be kept current and resubmitted at the annual recertification.



## II. DEFINITIONS

A common household pet is a domesticated animal such as: dog, cat, bird, fish or rodent, such as gerbil and hamster.

A Service Animal is an animal which has been trained and certified to provide services to an individual with a disability. A service animal will be permitted once proper documentation is submitted, however, animal control and veterinary practices will still be in force.

A Common Area is any area to which all residents have access, and are not under the direct control of any individual resident.

## III. PET DENSITY

- A. No more than one dog or one cat may be kept in any unit.
- B. No more than two small, caged birds may be kept in any unit. Birds must be kept in a cage.
- C. An aquarium for fish may not exceed ten gallons.
- D. No more than two (2) small animals, i.e. gerbil, hamster, may be kept in any unit. Small animals must be kept in a cage.

## IV. SIZE

No pet's mature growth shall exceed 15 inches in height, measured from ground to shoulder, and weigh more than 25 pounds.

## V. PET DEPOSIT

- A. A pet deposit of \$200 will be charged for each dwelling unit where a dog or cat resides. The deposit may be paid at a \$50 initial payment the remainder to be paid in agreed consecutive monthly payments, until the \$200 is reached. AMHA reserves the right to change this deposit amount consistent with Federal guidelines at any time.
- B. Resident's liability for damages caused by his/her pet is not limited to the amount of the pet deposit and the resident will be required to reimburse AMHA for the real cost of any and all damages caused by his/her pet where they exceed the amount of the pet deposit.

- C. Upon move-out, units occupied by a cat or dog will be inspected by the housing manager for any infestation or other damage resulting from the pet. If the unit is found to be infested, the extermination charge will be the responsibility of the pet owner. The pet deposit will be returned at any time the pet no longer resides in the unit minus any charges for damage due to the pet. The resident is permitted and encouraged to be present for any and all inspections.

## VI. PET RULES

### A. Dogs, Cats and Other Animals

1. Dogs, cats and other animals shall be maintained within the resident pet owner's unit. When dogs or cats are outside of the unit, they shall be kept on a leash no longer than 6 feet and under control at all times. Under no circumstances shall any dog, cat or other animal be permitted to run loose in any common area.
2. The unit must be kept free of odors and maintained in a clean and sanitary condition. All animal waste or litter from a cat litter box and cages must be removed daily and disposed of in sealed plastic trash bags and placed in the trash bins. Under no circumstances should any waste be deposited in the trash chutes or stored in the unit.  
  
Cat litter shall not be disposed by flushing down toilets. Charges for unclogging toilets and/or cleanup of common area required due to pets shall be billed as a damage, and paid by the resident pet owner.
3. Resident pet owners agree to be responsible for immediately cleaning up any waste, dirt, and etc., caused by their pet in the common area, lobby, halls or elevator. Resident pet owner shall also be responsible to immediately remove and properly dispose of any excreta, feces, urine, etc., from their pet.
4. If management has to remove any waste due to a pet, a \$5 (five dollar) charge will be made. Repeated violations (three) will necessitate the owner removing the pet permanently from the premises. Failure to comply may result in termination of the resident's Dwelling Lease.

5. The AMHA and its staff are not responsible for any action, injuries or damages caused by any resident's pet. A pet is the sole responsibility of the pet owner. AMHA assumes no liability for failure of the owner to control the pet. Any injury or harm to other persons, pets or property are the sole responsibility and liability of the pet owner.
6. Resident pet owners agree to control the noise of his/her pet such that it does not constitute a nuisance to any residents. Failure to control pet noise may result in the removal of the pet from the premises. ANY PET WHICH CAUSES BODILY INJURY TO ANY Resident, GUEST OR STAFF MEMBER SHALL BE IMMEDIATELY AND PERMANENTLY REMOVED FROM THE PREMISES WITHOUT PRIOR NOTIFICATION.
7. No dog or cat shall be left unattended in any unit for longer than twelve (12) hours. All other animals shall not be left unattended for more than twenty-four (24) hours.
8. All resident pet owners shall provide adequate care, nutrition, exercise and medical attention for his/her pet. Pets which appear to be poorly cared for or which are left unattended for longer than indicated in #7 above will be reported to the appropriate authority and will be removed from the premises at the pet owner's expense.
9. The pet owner will submit to the development office the names, addresses and telephone numbers of two responsible parties (not at the same address) who will care for the pet if the pet owner, for any reason, is unable to care for the pet. In the event the person is unable or unwilling to accept responsibility, the pet owner authorizes management to contact state or local authorities to enter the apartment and remove the pet and place it for a period not to exceed thirty (30) days. AMHA will not be responsible for the well being of the animal or costs incurred during the thirty (30) day period. If there is no resolution to the care of the animal at the end of this period, the animal will become the responsibility of the pet owner.
10. In the event of the death of the pet, it is agreed by the owner that management shall have discretion to dispose of the pet consistent with Federal guidelines if the main caretakers are unwilling to take responsibility, or if written instructions with respect to such disposal are not provided in advance by the resident to the development

office. Charges for disposal shall be assessed as damages to the resident.

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11. Resident pet owners acknowledge that other residents may have chemical sensitivities or allergies related to pets and/or are easily frightened by such animals. The resident, therefore, agrees to exercise common sense and common courtesy with respect to the other resident's right to peaceful and quiet enjoyment of the premises.

If using common laundry facilities, it is recommended that the pet owner run an additional wash cycle and clean out all filters before leaving the laundry room.

12. After proper written notification, management may move to require the removal of the pet from the premises on a permanent or temporary basis for the following causes:
  - a. Excessive pet noise or odor after being advised by management.
  - b. Unruly or dangerous behavior.
  - c. Excessive damage to the resident's apartment unit and/or development common areas.
  - d. Repeated problems with the animal or any infestations.
  - e. Failure of the resident to provide for adequate care of his/her pet.
  - f. Leaving a pet unattended for more than the required time period.
  - g. Failure of the resident to provide adequate and appropriate vaccination of the pet.
  - h. Tenant's death, serious illness and/or refusal to care for the pet.
13. In the event of an emergency, the pet owner gives permission to remove or have the pet removed from the premises immediately for serious problems including, but not limited to the following:
  - a. Pet becomes vicious.

- b. Displays symptoms of serious illness.

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- c. Demonstrates other behavior that constitutes an immediate threat to the health and safety of a resident, guest, staff member or other authorized person.

- 14. Pets of a visitor/guest not owned by the resident are strictly prohibited with the exception of specially trained service animals which assist persons with a disability. These pets are not required to meet the limitations as to size or number, however, all other aspects of these rules and regulations will apply.
- 15. "Pet sitting" is not permitted for any pet not already residing within the same development.

B. BIRDS

- 1. Must be kept caged at all times.
- 2. Cages must be cleaned not less than twice a week. Waste must be disposed of in sealed trash bags and placed in trash bin. Litter cannot be flushed down the toilet.

C. FISH

- 1. The aquarium shall not exceed ten gallons and shall be placed on a management approved stand in a safe location within the unit.
- 2. Water damage to walls, carpets, flooring or the ceiling of the unit below caused by breakage or spillage of/or from the aquarium shall be the responsibility of the tenant who shall be billed for repair costs as required.

D. OTHER ANIMALS

- 1. Animals of the rodent family, i.e. hamster, gerbil, must be kept caged at all times.
- 2. Cages must be kept clean.
- 3. Any other issues such as noise, odor, and behavior, apply the same as for dogs and cats.



VII. NOTIFICATION POLICY

In the event that any pet owner violates these pet rules, management shall provide written notice of such violations as follows:

A. CREATION OF A NUISANCE

1. The owner of any pet which creates a nuisance upon the grounds or by excessive noise, odor or unruly behavior be notified of such nuisance in writing by management and shall be given five (5) days to correct such nuisance. Failure to comply may result in requiring the removal of the pet and/or termination of pet owner's dwelling lease.

B. DANGEROUS BEHAVIOR

1. Any pet which physically threatens a resident, guest, staff member or other authorized persons within or on the development grounds shall be considered dangerous. AMHA shall provide written notification to pet owner of dangerous behavior and the pet owner shall have five (5) days to correct the animal's behavior. It is the responsibility of the pet owner to correct the violation. Failure to comply may result in the removal of the pet and/or termination of pet owner's dwelling lease. If resident disagrees, they may request a hearing in accordance with the AMHA Grievance Procedure.
2. Any pet which causes physical harm to any resident, guest, staff member or other authorized person present upon the development grounds shall be immediately removed from the premises by management with written notice to the resident of the action and location of pet.

VIII. INSPECTION POLICY

- A. Management is given permission to enter the pet owner's unit for the purpose of inspection if a signed written complaint is received by management, or if management feels conduct or condition of the pet or pet owner warrants same. The inspection will be made during reasonable hours, after proper notice has been given to the pet owner (48 hours' notice). In an emergency situation, entry will be made immediately. Notice will be given the pet owner at such emergency entry, giving the reason for such entry.

PET RULES AND REGULATIONS

AFFIDAVIT

I have read and understand the above Pet Rules and Regulations of the Akron Metropolitan Housing Authority and agree to comply fully with their provisions. I understand that failure to comply may constitute reason for removal of my pet. Where required by management to remove my pet from the premises, I agree to effect such removal and understand that my failure to do so constitutes grounds for eviction.

\_\_\_\_\_ Unit Number \_\_\_\_\_  
Resident

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Address

\_\_\_\_\_

The above named resident has read and signed the rules in my presence.

AKRON METROPOLITAN HOUSING AUTHORITY

\_\_\_\_\_

\_\_\_\_\_  
Title

EXHIBIT A  
PET INFORMATION - DOG/CAT

This document, completely filled out, must be submitted to management before the pet is permitted on the premises.

Name of Owner(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Pet Description Name \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_

When Full Grown Weight \_\_\_\_\_ Markings \_\_\_\_\_

License No. \_\_\_\_\_ Tag Info: \_\_\_\_\_

Flea Collar Yes \_\_\_\_\_ No \_\_\_\_\_

Picture of Pet Yes \_\_\_\_\_ No \_\_\_\_\_

If your pet is a cat, has it been declawed: Yes \_\_\_\_\_ No \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parties to assume responsibility for pet if you are unable to do so:

(1) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

(2) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EXHIBIT B  
PET AGREEMENT

This agreement, entered into this \_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, by and between Akron Metropolitan Housing Authority (AMHA), and \_\_\_\_\_, Resident. In consideration of their mutual promises the parties agree as follows:

1. Resident desires and has received permission from AMHA to keep the pet named \_\_\_\_\_ and described as \_\_\_\_\_
2. This Agreement is an Addendum to and part of the Dwelling Lease between the AMHA and Resident executed on \_\_\_\_\_, 19\_\_\_\_. In the event of default by Resident of any of the terms of this Agreement and all succeeding leases, Resident agrees, upon proper written notice of default from AMHA to cure the default, remove the pet, or vacate the premises. Resident agrees that AMHA may revoke the permission to keep said pet on the premises by giving Resident proper written notice.
3. As a special deposit for cats and dogs, Resident agrees to pay AMHA the sum of \$200, which shall be paid in an initial payment of \$\_\_\_\_\_ and \_\_\_\_\_ monthly payments of \$\_\_\_\_\_. AMHA may use this deposit as is reasonably necessary to take care of any damages or cleaning caused by or in connection with said pet. At the termination of this Agreement, any balance shall be refunded within thirty (30) days to the Resident. Resident agrees to pay AMHA for any damages caused by the pet in excess of this deposit and the security deposit on demand by AMHA.
4. Resident agrees to comply with:
  - a. The Pet Policy
  - b. All other applicable government laws and regulations such as but not limited to licensing, etc.
5. Resident represents that the pet is quiet and housebroken, and will not cause any damage or annoy other residents.
6. Resident agrees that the pet will not be permitted outside the Resident's unit unless restrained by a leash. Use of the grounds or premises of AMHA for sanitary purposes is prohibited except as posted.
7. Resident shall not permit the pet to cause any damage, discomfort, annoyance, nuisance, or in any way to inconvenience or cause complaints from any other resident. Any soiling created by the pet shall be immediately cleaned up by Resident. If management has to remove any waste from any pet, a five dollar (\$5) charge will be made. Repeated violations (three) will necessitate removal of the pet permanently from the premises or failure to comply may result in termination of the dwelling lease.

EXHIBIT B  
PET AGREEMENT (CONTINUED)

8. Resident agrees to remedy any emergency situations involving pet (e.g. attack by pet on staff member, another resident, or a guest) immediately and any nuisance or dangerous behavior within ten days.
9. Resident will be financially responsible for any flea or other insect infestation that affects his/her own or adjacent units as a result of his/her pet.
10. Any pet left unattended for twelve hours or more or whose health is jeopardized by the Resident's neglect, mistreatment, or inability to care for the animal shall be reported to the appropriate authority. Such circumstances shall be deemed an emergency for the purposes of authority to remove the animal from the premises. AMHA accepts no responsibility for any pet so removed.
11. Resident agrees to maintain pet in a healthy condition and to update the Pet Information Form on an annual basis at the time of re-examination.
12. Resident agrees that AMHA is in no way responsible nor liable for any action, injuries, or damages caused by the pet. Nor is AMHA responsible for the safekeeping or well-being of the pet. A pet is the sole responsibility and obligation of the resident.
13. Resident has read and agrees to comply with the Pet Policies which are herein incorporated by reference and agrees to comply with such rules and regulations as may be reasonably adopted from time to time by AMHA in the future.

_____ AMHA	_____ Resident
	_____ Resident
_____ Date	_____ Date

EXHIBIT C  
VETERINARIAN'S CERTIFICATION

Owner's Name: \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

ANIMAL TYPE \_\_\_\_\_ WEIGHT \_\_\_\_\_

DATE

TREATMENT: Paravirus \_\_\_\_\_

Distemper \_\_\_\_\_

Rabies \_\_\_\_\_

Heartworm \_\_\_\_\_

Spay/Neuter \_\_\_\_\_

Other \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Veterinarian's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Akron Metropolitan Housing Authority

## Resident Membership of the PHA Governing Board

The Administration of the AMHA has taken action to come into compliance with the statute however, as of this date, no resident has been appointed to the Board of Trustees. Two meetings have been conducted, the first of December 7, 2000, and the second on February 16, 2001, with the appointing officials in the AMHA's jurisdiction. The methodology of appointing a Board member from the resident population without permanently eliminating the right of *one* of the appointing officials to make an appointment of his/her choice is the concern. One solution that has been proposed is the addition of a sixth Board member to the AMHA's Board of Trustees. This would require state legislation. A local state representative has tentatively agreed to sponsor such legislation. Nonetheless, and regardless of whether this is the method used to appoint a resident to the Board, the AMHA expects to have a resident on the Board of Trustees before the effective date of the Second Annual Plan.