

*PHA Plans for the
Housing Authority of the
City of Lubbock*

5 Year Plan for Fiscal Years 2001 - 2004
Annual Plan for Fiscal Year 2001

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

**PHA Plan
Agency Identification**

PHA Name: *Housing Authority of the City of Lubbock*

PHA Number: *TX018*

PHA Fiscal Year Beginning: (mm/yyyy) *10/2001*

Public Access to Information

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

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

Display Locations for PHA Plans and Supporting Documents

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

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

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

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

5-YEAR PLAN
PHA FISCAL YEARS 2001 - 2004
[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)

The Housing Authority's mission is to serve the needs of low-income, very low-income and extremely low-income families in the PHA's jurisdiction and to (1) increase the availability of decent, safe and affordable housing in its communities; (2) ensure equal opportunity in housing; (3) promote self-sufficiency and asset development of families and individuals; and (4) improve community quality of life and economic viability. The Housing Authority exists to serve people in need. Service to the residents must always be our first and foremost priority. It is our goal to provide excellence in service by being committed to improving the housing conditions and related social, educational and economic aspects, which affect the overall living conditions of the community. To accomplish this goal, we must constantly strive to expand and improve housing and related services through dedication, integrity, compassion and responsiveness to all the needs of those we serve. In addition, the Housing Authority is to make necessary resources available, to help each resident by providing supporting services and community resources to improve their families' living conditions and quality of life. The Housing Authority will strive to build stronger, healthier communities and promote economic independence. It is also the mission of the Housing Authority to utilize all available funds for its residents while building stronger, healthier communities and promoting economic independence for its clientele.

Progress Statement: During FY 2000, 2 residents completed courses and received their GED, 20 residents completed a basic computer course and 3 residents completed FSS contract and received escrow money. Agency received RS (ROSS) 3-2-01.

B. Goals

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

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

- PHA Goal: Expand the supply of assisted housing
Objectives:
- Apply for additional rental vouchers: **When NOFA's are published**
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other (list below)

Progress Statement: During FY 2000:

- *PHA applied for 200 housing choice vouchers in April – application not approved.*
- *Section 8 Waiting List opened in October/2000. 400 applications taken and 140 applicants housed since October 2000.*
- *During FY 2001, PHA will submit application for additional mainstream vouchers.*

- PHA Goal: Improve the quality of assisted housing
Objectives:
- Improve public housing management: (PHAS score)
Maintain High Performer Status
 - Improve voucher management: (SEMAP score)
Maintain passing SEMAP score
 - Increase customer satisfaction: **On-going**
 - Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units:
 - Demolish or dispose of obsolete public housing:
 - Provide replacement public housing:
 - Provide replacement vouchers:
 - Other: (list below)

Progress Statement: During FY 2000, Public Housing Management (PHAS) score was 29. No SEMAP score available as of this date.

- PHA Goal: Increase assisted housing choices
- Objectives:
 - Provide voucher mobility counseling: **With each new participant at briefing and with each unit transfer for current participants**
 - Conduct outreach efforts to potential voucher landlords, **as needed.**
 - Increase voucher payment standards, **as needed.**
 - Implement voucher homeownership program:
 - Implement public housing or other homeownership programs:
 - Implement public housing site-based waiting lists:
 - Convert public housing to vouchers:
 - Other: (list below)

***Progress Statement:** During FY 2000, the PHA was successful in achieving the objectives listed above and activities will continue as indicated.*

HUD Strategic Goal: Improve community quality of life and economic vitality

- PHA Goal: Provide an improved living environment
- Objectives:
 - Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: **Through Tenant Selection process.**
 - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: **Through Tenant Selection process.**
 - Implement public housing security improvements: **Pursuing funds to install lighting in senior buildings.**
 - Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
 - Other: (list below)

***Progress Statement:** During FY 2000, the PHA was successful in achieving the objectives listed above and activities will continue as indicated.*

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

- PHA Goal: Promote self-sufficiency and asset development of assisted households
- Objectives:
 - Increase the number and percentage of employed persons in assisted families:
 - Provide or attract supportive services to improve assistance recipients' employability:
 - Provide or attract supportive services to increase independence for the elderly or families with disabilities.

- Other: (list below) **See PHA Goals and Objectives listed below**

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

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

Progress Statement: During FY 2000, the PHA was successful in achieving the objectives listed above and activities will continue as indicated.

Other PHA Goals and Objectives: (list below)

PHA Strategic Goal: Planning and Administration

- PHA Goal: Knowledge of new Laws and Changes in Housing Issues
Objective:
 - Make staff and board members knowledgeable as needed regarding the new housing requirements of the Quality Housing and Work Responsibility Act of 1998 (H.R. 4194); and (any other laws and changes) as they occur regarding housing, community, and economic development. **On-going**
 - The Executive Director, or designee, shall identify and secure available training opportunities for staff and board as needed. **On-going**

Progress Statement: During FY 2000, the PHA was successful in achieving the objectives listed above and activities will continue as indicated.

- PHA Goal: Partnership
Objective:
 - To develop and expand partnerships and funding sources. **On-going**
 - The PHA may identify resources to obtain materials and data relative to housing, community and economic development. **On-going**

Progress Statement: During FY 2000, the PHA was successful in achieving the objectives listed above and activities will continue as indicated.

PHA Strategic Goal: Housing Management Services

- PHA Goal: Continue Operation and Administration of Housing Units
Objective:
- To provide for the continued administration of housing units developed under the 1937 Housing Act according to policies and procedures. **On-going**
 - The PHA will provide staffing, equipment, insurance, training, facilities and related costs associated with the administration and operation of housing previously developed under the 1937 Housing Act. **On-going**
- Progress Statement: During FY 2000, new computer software installed in January 2000. H.M.S. (Housing Management System) larger computer monitors purchased. Internal safety program established and implemented in August 2000 (on-going).***

PHA Strategic Goal: Modernization

- PHA Goal: Continuation of Modernization Activities
Objective:
- To continue the modernization activities as previously awarded according to existing agreements, budgets and timelines and provide additional assistance using HUD funds. **On-going**
 - The PHA will proceed with the modernization **24** existing units as planned in the modernization program schedule and budget and provide **11** additional units with assistance under the funding allocation provided for the agency. **On-going**
 - The PHA will continue to identify future needs for the development of future plans. **On-going**
- Progress Statement: During FY 2000, all units in modernization program completed as planned. Cherry-Point homes single family (35 rehabbed). Beltner Place development – exterior painted. 6 single family units under going Rehab presently.***

PHA Strategic Goal: Community Service and Self-sufficiency

- PHA Goal: Promotion of Resident Services
Objective:
- To maintain activities and services that promotes homeownership, self-sufficiency, resident organizations and community development. **On-going**
- Examples:**
- Provide resident training relative to homeownership and rental units
 - Provide counseling regarding household budgeting, delinquency, tenant rights, conflict resolution, housekeeping and regulatory and policy requirements training.
 - Conducting needs assessments.

- Social Service referrals
- Promote resident and resident organization activities in the areas of:
 - resource development
 - resident organizations
 - health
 - crime prevention

Progress Statement: During FY 2000:

- 12 applicable workshops held

- 12 workshops scheduled and on-going for FY 2001

- 3 residents sent to leader conferences in Dallas, TX and Washington, DC

- 5 field trips accomplished.

PHA Goal: Safety, Security and Crime Prevention

Objective:

- The PHA shall provide for the provision of PHA security services, the provision of crime prevention and safety services/activities of PHA properties in accordance with identified needs, budgets and in consultation with local law enforcement. **On-going**
- The PHA shall provide for officers patrolling of housing areas, security services, crime prevention and safety activities according to job descriptions, policies and procedures. **On-going**
- The PHA shall provide drug elimination programs and assistance to participants through the HUD Drug Elimination grant program. **On-going**
- The PHA will continue resident training in drug elimination programs and expand youth activities. **On-going**

Progress Statement: During FY 2000, the PHA was successful in achieving the objectives listed above and activities will continue as indicated.

PHA Strategic Goal: Public Housing Assessment System (PHAS)

PHA Goal: Indicator #1 (30 points) Physical Condition

Objective:

- To improve the following areas by at least 10% per year until above goal is reached. **The following will be completed by FYE 9-30-04.**
 - Site (Approx. 4.5 points) plus 1 pt. for Physical Condition and Neighborhood Environment.
 - Building Exterior (Approx. 4.5 points) plus 1 pt. for Physical Condition and Neighborhood Environment.
 - Dwelling Units (Approx. 10.5)
 - Common Areas (Approx. 4.5 points) plus 1 pt. for Physical Condition and Neighborhood Environment) In addition, Health and Safety deficiencies will result in reductions to the total physical inspection score which takes into account the five areas above, with their approximate relative weights/points.)

Progress Statement: During FY 2000, the PHA was successful in achieving the objectives listed above and activities will continue as indicated.

- PHA Goal: Indicator #4 (10 points) Resident Service and Satisfaction
Objective:
 - To improve the following areas by at least 10% per year until above goal is reached. **The following will be completed by FYE 9-30-02.**
 - Survey results (approx. 5.0 points)

Progress Statement: Received a score of #9 for 2001.

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

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

Streamlined Plan:

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

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

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

The Housing Authority of the City of Lubbock has prepared this Annual PHA Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.

The purpose of the Annual Plan is to provide a framework for local accountability and an easily identifiable source by which public housing residents, participants in the tenant-based assistance program and other members of the public may locate basic PHA policies, rules and requirements related to the operations, programs and services of the agency.

The Mission Statement and the Goals and Objectives were based on information contained in our jurisdiction's Consolidated Plan and will assure that our residents will receive the best customer service.

Excellent customer service and fulfillment of the Mission Statement and Goals and Objectives is ensured by implementation of a series of policies that are on display with this Plan. The Admissions and Occupancy Policy and Section 8 Administrative Plan are the two primary policies on display. These important documents cover the public housing tenant selection and assignment plan, outreach services, PHA's responsibility to Section 8 owners/landlords, grievance procedures, etc.

The most important challenges to be met by the Housing Authority of the City of Lubbock during FY 2001 include:

- *Reduce drug and alcohol abuse through the Public Housing Drug Elimination Program;*

- *Preserve and improve the public housing stock through the Capital Funds activities;*
- *Involve the public housing residents and the Section 8 participants through the Annual Plan Resident Advisory Board;*
- *Train staff and commissioners to fully understand and take advantage of opportunities in the new law and regulations to better serve our residents and the community; and*
- *Identify, develop and leverage services to enable low-income families to become self-sufficient.*

In closing, this Annual PHA Plan exemplifies the commitment of the Housing Authority of the City of Lubbock to meet the housing needs of the full range of low-income residents. The Housing Authority of the City of Lubbock, in partnership with agencies from all levels of government, the business community, non-profit community groups, and residents will use this plan as a road map to reach the “higher quality of life” destination for the City of Lubbock.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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Attachments

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

Required Attachments:

- Admissions Policy for Deconcentration *TX018a02*
- FY 2001 Capital Fund Program Annual Statement *TX018b02*
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- PHA Management Organizational Chart *TX18n02*
- FY 2001 Capital Fund Program 5-Year Action Plan *(included with TX018b02)*
- Public Housing Drug Elimination Program (PHDEP) Plan *TX018d02*
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
 - 1999 Performance and Evaluation Report *TX018c02*
 - Substantial Deviation and Significant Amendment or Modification *TX018e02*
 - Community Service Policy *TX018f02*
 - Pet Ownership Policy (families) *TX018g01*
 - Pet Ownership Policy (elderly/disabled) *TX018h02*
 - Resident Membership on PHA Board of Governing Body *TX018i02*
 - Membership of Resident Advisory Board or Boards *TX018j02*
 - Progress Statement *TX018k02*
 - Summary of Policy or Program Changes for the Upcoming Year *TX018l02*
 - 2000 Performance and Evaluation Report *TX018m02*
 - Deconcentration and Income Mixing Requirement *TX018o02*

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.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
<i>X</i>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
<i>X</i>	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	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
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	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
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures	Annual Plan: Grievance

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	<input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	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
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	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
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
N/A	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	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	7,816	4	5	4	4	3	3
Income >30% but <=50% of AMI	4,972	4	5	4	4	3	3
Income >50% but <80% of AMI	6,405	4	5	4	4	3	3
Elderly	2,006	4	5	4	4	3	3
Families with Disabilities	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
Black	1,451	4	5	4	4	3	3
Hispanic	3,163	4	5	4	4	3	3
Caucasian	12,459	4	5	4	4	3	3

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") dataset
- 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.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	142		5%
Extremely low income <=30% AMI	142	100%	
Very low income (>30% but <=50% AMI)	0	0	
Low income (>50% but <80% AMI)	0	0	
Families with children	27	19%	
Elderly families	23	16%	
Families with Disabilities	92	65%	
Caucasian	36	25%	
African/American	30	21%	
American Indian Alaskan Native	0	0	
Asian Pacific Islander	0	0	
Hispanic	76	54%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	91	77%	5%
2 BR	101	86%	5%
3 BR	41	35%	5%
4 BR	8	7%	5%
5 BR	0	0	0
5+ BR	0	0	0

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/>	Section 8 tenant-based assistance		
<input type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	32		2-5%
Extremely low income <=30% AMI	32	100%	
Very low income (>30% but <=50% AMI)	0	0	
Low income (>50% but <80% AMI)	0	0	
Families with children	27	84%	
Elderly families	2	6%	
Families with Disabilities	3	10%	
Caucasian	5	15%	
African/American	5	15%	
American Indian Alaskan Native	0	0	
Asian Pacific Islander	0	0	
Hispanic	22	69%	
Characteristics by Bedroom Size (Public Housing			

Housing Needs of Families on the Waiting List			
Only)			
1BR	N/A	N/A	N/A
2 BR	N/A	N/A	N/A
3 BR	N/A	N/A	N/A
4 BR	N/A	N/A	N/A
5 BR	N/A	N/A	N/A
5+ BR	N/A	N/A	N/A
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 16			
Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" 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
- 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) **FSS, ED/SS programs to support and encourage work**

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) **FSS, ED/SS programs to support and encourage work**

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

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

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

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

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

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

Select if applicable

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

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

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

(2) Reasons for Selecting Strategies

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

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community

- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

Progress Statement: During FY 2000, Section 8 waiting list opened in October 2000. 300 applicants taken, listed closed.

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.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2001 grants)		
a) Public Housing Operating Fund	760,450.00	
b) Public Housing Capital Fund	1,059,187.00	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	3,298,204.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	142,840.00	
g) Resident Opportunity and Self-Sufficiency Grants	150,000.00	
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
<i>Hope IV Demolition</i>	606,000.00	<i>Other</i>
<i>CFP 2000</i>	107,778.00	<i>Public housing capital improvements</i>
Sub-total	6,124,459.00	
3. Public Housing Dwelling Rental Income		
	375,926.00	<i>Public housing operations</i>
4. Other income (list below)		
	58,627.00	<i>Public housing operations</i>
<i>Non-dwelling rent</i>	7,500.00	
<i>Interest on General Funds Investments:</i>	30,627.00	
<i>Miscellaneous, late charges, maint. charges to tenants, NSF check charges, etc.</i>	20,500.00	
4. Non-federal sources (list below)		
Sub-total	434,553.00	
Total resources	6,559,012.00	

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 the time application is submitted.**

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)

Criminal Background Check

Drug Treatment Center Check

Sex Offender Registration Check

Citizenship/Legal Non-Citizen Status Check

c. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2) Waiting List Organization

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

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

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

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

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

1. How many site-based waiting lists will the PHA operate in the coming year? **0**

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? **N/A**

3. Yes No: May families be on more than one list simultaneously?
If yes, how many lists? **N/A**

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)? **N/A**

- PHA main administrative office
- All PHA development management offices
- Management offices at developments with site-based waiting lists
- At the development to which they would like to apply
- Other (list below)

(3) Assignment

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

- One
- Two
- Three or More

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

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

(4) Admissions Preferences

a. Income targeting:

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

b. Transfer policies:

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

- Emergencies
- Overhoused
- Underhoused
- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- Other: (list below)

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

Other preference(s) (list below)

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

3 Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

- 1 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)

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

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

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

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

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

(6) Deconcentration and Income Mixing

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

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

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

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

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

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

Other (list policies and developments targeted below)

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

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

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)

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

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

List (any applicable) developments below:

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

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

List (any applicable) developments below:

B. Section 8

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

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

Criminal or drug-related activity only to the extent required by law or regulation

Criminal and drug-related activity, more extensively than required by law or regulation

More general screening than criminal and drug-related activity (list factors below)

Other (list below)

b. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

Criminal or drug-related activity

Other (describe below) **Current and previous landlord name and address.**

Resident name and mailing address (last known to PHA).

(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: **Illness, hard to house, family emergency/death, not to exceed 120 days.**

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families

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

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

3 Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

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

- Date and time of application
- Drawing (lottery) or other random choice technique

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

- This preference has previously been reviewed and approved by HUD
- The PHA requests approval for this preference through this PHA Plan

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

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

(5) Special Purpose Section 8 Assistance Programs

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

- The Section 8 Administrative Plan
- Briefing sessions and written materials
- Other (list below)

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

- Through published notices
- Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

3. If yes to question 2, list these policies below: **n/a**

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: **N/A**

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

- 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) **None**

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

f. Rent re-determinations:

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

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

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

(2) Flat Rents – n/a – ceiling rents in place

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

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

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) **n/a**

- 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) **n/a**

- 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. ***TX018n02***
- A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	<i>568 units</i>	<i>5%</i>
Section 8 Vouchers	<i>738</i>	<i>5%</i>
Section 8 Certificates	<i>N/A</i>	<i>N/A</i>
Section 8 Mod Rehab	<i>N/A</i>	<i>N/A</i>
Special Purpose Section 8 Certificates/Vouchers (list individually)	<i>Family Unification-100</i> <i>Shelter PWS-Care 12</i>	<i>5%</i> <i>5%</i>
Public Housing Drug Elimination Program (PHDEP)	<i>568 units</i>	<i>5%</i>
Other Federal Programs(list individually)	<i>E.D.S.S.</i> <i>F.S.S.</i>	<i>N/A</i> <i>N/A</i>

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)

- *Work Order System*
- *Pest Eradication Policy*
- *Maintenance Plan*
- *Uniform Inspection System*
- *Admissions and Occupancy Policy*
- *Fair Housing Policy*
- *Grievance Procedures*
- *Tenant Selection and Assignment Plan*
- *Community Service Plan*
- *Handicapped Policy*
- *Termination and Eviction*
- *Transfer and Transfer Waiting List*
- *Resident Initiative*
- *Section 3 Plan*
- *Pet Policy for Families*
- *Pet Policy for Elderly*

(2) Section 8 Management: (list below)

- *Section 8 Administrative Plan*
- *SEMAP Procedures*

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: *n/a*

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: *n/a*

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) **TX018b02**

-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) **included with attachment TX018b02**

-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)

1999 Performance and Evaluation report – TX018c02

2000 Performance and Evaluation report – TX018m02

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: **n/a**
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: **Green-fair Manor**

- Yes No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
If yes, list developments or activities below:

- Yes No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

Demolition/Disposition Activity Description
1a. Development name: Green-fair Manor
1b. Development (project) number: TX21P018002
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (15/07/97)
5. Number of units affected: 108
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: 07/13/00 b. Projected end date of activity: 12/2002

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

Designation of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Designation type:	Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)	Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. If approved, will this designation constitute a (select one)	<input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:	
7. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.79 (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.

Conversion of Public Housing Activity Description	
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)	<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved):

- Units addressed in a pending or approved HOPE VI demolition application
(date submitted or approved:)
- Units addressed in a pending or approved HOPE VI Revitalization Plan
(date submitted or approved:)
- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

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

2. Activity Description

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

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

B. Section 8 Tenant Based Assistance

1. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (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 entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? 07/02/2001

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

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

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

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

Other policies (list below)

b. Economic and Social self-sufficiency programs

Yes No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

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>Computer Classes</i>	<i>10</i>	<i>Random Selection</i>	<i>Green-fair manor</i>	<i>Both</i>
<i>GED Classes</i>	<i>10</i>	<i>Specific criteria</i>	<i>Green-fair manor</i>	<i>Both</i>
<i>Job Express</i>	<i>50</i>	<i>Walk-ins</i>		<i>Both</i>
<i>Better Living for Texans Workshop</i>	<i>25 per session</i>		<i>1708 Ave G</i>	<i>Both</i>

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2001 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	25	18
Section 8	142	41

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:

Home-visits, telephone contacts, interviews during re-certifications, and new participant orientation

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

See attachment: TX018f02 – Community Service Policy

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)
There has been a decrease in the criminal activity at PHA sites and activities listed below are used to unsure that there are reports of there is no increase in criminal activity.

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)
- All actions on-going since 1991

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

-Cherry-Point, Green-fair Manor, Beltner Place, 36 south, 96 west

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 – *on-going*
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

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

- *Cherry-point, 96 West, Green-fair Manor, Beltner Place and 36 West*

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)

- *Cherry-point, 96 West, Green-fair Manor, Beltner Place and 36 West*

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2001 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 2001 in this PHA Plan?
- Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: *TX018d02*)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

See attachment: TX018g02 – Pet Policy (families)

See attachment: TX018h02 – Pet Policy (elderly/disabled)

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

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

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

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

Other: (list below)

3. Yes No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)n/a

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) ***Residents were in agreement with contents of PHA Plan.***

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

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

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

3. Description of Resident Election Process

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

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) **n/a**

- 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) **n/a**

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

C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here) *Executive Summary for 1995 for the City of Lubbock, Texas*
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)
 - *Reduce vacancies in public housing.*
 - *Expand the Voucher Program*
 - *Modernization of public housing units.*
 - Other: (list below)
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)
 - *Encourage homeownership opportunities to low-income households.*
 - *Rehabilitate housing to preserve existing homes and rental units.*
 - *Promote infill developments in older neighborhoods.*
 - *Meet emergency shelter and long-term housing and service needs of homeless people.*

- *Develop neighborhood plans for physical development using broad citizen involvement and enhance sensitivity to the needs of lower income residents, women, and families.*
- *Develop criteria to identify potential problems in neighborhoods so that these issues can be addressed before they become serious problems.*
- *Train and educate neighborhood leaders and foster a sense of community throughout the City of Lubbock*

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.

PHA Plan Table Library

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

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

Capital Fund Grant Number FFY of Grant Approval: (MM/YYYY)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
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	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement
Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

Annual Statement

Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

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

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

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

**DECONCENTRATION AND INCOME TARGETING POLICY
FOR THE
HOUSING AUTHORITY OF THE
CITY OF LUBBOCK, TEXAS**

DECONCENTRATION AND INCOME TARGETING POLICY
(of the Public Housing Admissions and Occupancy Policy)

Sub-Title A, Section 513 of the Quality Housing and Work Responsibility Act of 1998 (QHWRA), establishes two interrelated requirements for implementation by Public Housing Authorities: (1) Economic Deconcentration of public housing developments and Income Targeting to assure that families in the “extremely low” income category are proportionately represented in public housing and that pockets of poverty are reduced or eliminated. Under the deconcentration requirement, PHAs are to implement a program which provides that families with lowest incomes will be offered units in housing developments where family incomes are the highest and high-income families will be offered units in developments where family incomes are the lowest. In order to implement these new requirements the PHA must promote these provisions as policies and revise their Admission and Occupancy policies and procedures to comply.

Therefore, the Lubbock Housing Authority (PHA) hereby affirms its commitment to implementation of the two requirements by adopting the following policies:

1. Economic Deconcentration:

Admission and Occupancy policies are revised to include the PHA’s policy of promoting economic deconcentration of its housing developments by offering low-income families, selected in accordance with applicable preferences and priorities, units in developments where family incomes are highest. Conversely, families with higher incomes will be offered units in developments with the lowest average family incomes.

Implementation of this program will require our agency to: (1) determine and compare the relative tenant incomes of each development and the incomes of census tracts in which the developments are located, and (2) consider what policies, measures or incentives are necessary to bring high-income families into low-income developments (or into developments in low-income census tracts) and low-income families into high-income developments (or into developments in high-income census tracts).

In addition, an assessment of the average family income for each development is necessary. Families will be provided with an explanation of the policy during the application/screening process and/or the occupancy orientation sessions with opportunities to discuss the options available to the families. Families will be informed that should they choose not to accept the first unit offered under this system their refusal will not be cause to drop their name to the bottom of the waiting list.

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Implementation may include the following efforts:

- Skipping families on the waiting list based on income;
- Establishing preferences for working families;
- Establish preferences for families in job training programs;
- Establish preferences for families in education or training programs;
- Marketing campaign geared towards targeting income groups for specific developments;
- Additional supportive services;
- Additional amenities for all units;
- Ceiling rents; (mandatory)
- Flat rents for selected developments;
- Different tenant rent percentages per development;
- Different tenant rent percentages per bedroom size;
- Saturday and evening office hours;
- Security Deposit waivers;
- Revised transfer policies;
- Site-based waiting lists;
- Mass Media; and
- Giveaways.

2. Income Targeting

As public housing dwelling units become available for occupancy, responsible PHA employees will offer units to applicants on the waiting list. In accordance with the Quality Housing and Work Responsibility Act of 1998, the PHA encourages occupancy of its developments by a broad range of families with incomes up to eighty percent (80%) of the median income for the jurisdiction in which the PHA operates. At a minimum, 40% of all new admissions to public housing **on an annual basis** will be families with incomes at or below thirty percent (30%) (extremely low-income) of the area median income. The offer of assistance will be made without discrimination because of race, color, religion, sex, national origin, age, handicap or familial status.

The PHA may employ a system of income ranges in order to maintain a public housing resident body composed of families with a range of incomes and rent paying abilities representative of the range of incomes among low-income families in the PHA's area of operation, and will take into account the average rent that should be received to maintain financial solvency. The selection procedures are designed so that selection of new public housing residents will bring the actual distribution of rents closer to the projected distribution of rents.

In order to implement the income targeting program, the following policy is adopted:

- ▶ The PHA may select, based on date and time of application and preferences, two

(2) families in the extremely low-income category and two (2) families from the low-income category alternately until the forty percent (40%) admission requirement of extremely low-income families is achieved (2 plus 2 policy).

- ▶ After the minimum level is reached, all selections may be made based solely on date, time and preferences. Any applicants passed over as a result of implementing this 2 plus 2 policy will retain their place on the waiting list and will be offered a unit in order of their placement on the waiting list.
- ▶ To the maximum extent possible, the offers will also be made to effect the PHA's policy of economic deconcentration.
- ▶ For the initial year of implementation, a pro-rated percentage of the new admissions will be calculated from April 1, 1999 through the end of the fiscal year. Following the initial implementation period, the forty percent (40%) requirement will be calculated based on new admissions for the fiscal year.
- ▶ The PHA reserves the option, at any time, to reduce the targeting requirement for public housing by no more than ten percent (10%), if it increases the target figure for its Section 8 program from the required level of seventy-five percent (75%) of annual new admissions to no more than eighty-five percent (85%) of its annual new admissions. (Optional for PHAs with both Section 8 and Public Housing programs.)

CAPITAL FUND PROGRAM

Annual Statement/Performance and Evaluation Report

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

PHA Name: Lubbock Housing Authority 1708 Avenue G, Lubbock, TX 79401	Grant Type and Number: Capital Fund Program Grant No: TX21P01850201 Replacement Housing Factor Grant I	FFY of Grant Approved: 09/30/2001
---	---	---

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 (may not exceed 20% of line 21)	211,830			
3	1408 Management Improvements Soft Costs	211,830			
4	1410 Administration	105,918			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	11,500			
10	1460 Dwelling Structures	140,750			
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures	22,000			
13	1475 Nondwelling Equipment	53,359			
14	1485 Demolition	282,000			
15	1490 Replacement Reserve				
16	1492 Moving to Work Demolition				
17	1495.1 Relocation Cost				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant (Sum of lines 2-14)	1,059,187			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Lubbock Housing Authority 1708 Avenue G, Lubbock, TX 79401			Grant Type and Number: Capital Fund Program Grant No: TX21P01850201 Replacement Housing Factor Grant No.			FFY of Grant Approved: 09/30/2001		
Development Number Name/HA Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide								
Operations	Operations	1406		211,830				
Management	Resident Initiatives Administrator	1408		36,830				
Improvements	Prevention Specialist	1408		30,000				
	Computer Software	1408		11,600				
	Update Policies and Procedures	1408		6,000				
	General Technical Assist/PHAS Improvement	1408		7,000				
	Supervisor Skills and Team Building	1408		2,000				
	Finance Training	1408		3,500				
	Modernization Project Management Training	1408		3,200				
	Executive Director Training	1408		2,500				
	Manager Training	1408		3,000				
	Computer Systems Training	1408		3,500				
	Maintenance Technical Training	1408		3,200				
	Self Sufficiency Training	1408		2,500				
	Computer Lab Activities	1408		15,000				
	Job Apprentice programs	1408		1,500				
	Resident Council Leadership Training	1408		500				
	Parenting (Parents as Teacher Program)	1408		50,000				
	Resident Security	1408		30,000				
Administration	Administrative salaries/sundry	1410		105,918				
Fees & Costs	Architect/consultant fees/agency planning	1430		20,000				
Non Dwelling Str	Administration Bldg. - Replace HVAC	1470		18,000				
	Administration Bldg. - Seal Parking lot	1470		2,000				
	515 N. Zenith - Seal Parking lot	1470		2,000				
Non Dwelling Equipment	Replace maintenance vehicles	1475		28,359				
	Computer equipment	1475		25,000				

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

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
TX21-P018-001 Behner Place 1	Bathroom Renovations	1460		8,000				
	Replace Tile	1460		4,000				
	Replace Water Heaters	1460		5,000				
	Laundry / Utility Rooms	1460		2,000				
	Garage Doors and Dividers	1460		2,500				
TX21-P018-002 Green Fair Manor	Interior Renovations	1460		5,000				
	Demolition match CDBG	1485		282,000				
TX21-P018-004 Cherry Point Home	Landscaping	1450		2,000				
	Interior Renovations	1460		5,000				
	Exterior Renovation	1460		2,000				
TX21-P018-005 96 West 36 South	Siding at 96 West	1460		2,500				
	Exterior Storage Doors	1460		1,750				
	Seal Coat parking lots	1450		5,000				
TX21-P018-006 Cherry Point Home	Landscaping	1450		2,000				
	Interior Renovations	1460		5,000				
	Exterior Renovation	1460		6,000				
TX21-P018-007 Mary Myers Sr. Complex	Carpet Replacement	1460		75,000				
	Replace Hose Bibs	1450		2,500				
TX21-P018-010 Behner Place 2	Water Heaters	1460		4,500				
	Utility Closets	1460		5,000				
	Garage Doors and Dividers	1460		7,500				

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

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

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

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

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

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

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

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

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

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

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

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

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

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

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

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

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

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

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

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

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

PHA Name: Lubbock Housing Authority 1708 Avenue G, Lubbock, TX 79401			Grant Type and Number: Capital Fund Program Grant No. TX21P01850201 Replacement Housing Factor Grant No.			FFY of Grant Approved: 09/30/2001	
Development Number/HA Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
Management Improvements	09/30/2002			09/30/2002			
TX21-P018-001 Behner Place 1	09/30/2003			09/30/2004			
TX21-P018-002 Green Fair Manor	09/30/2003			09/30/2004			
TX21-P018-004 Cherry Point Homes	09/30/2003			09/30/2004			
TX21-P018-005 96 West 36 South	09/30/2003			09/30/2004			
TX21-P018-006 Cherry Point Homes	09/30/2003			09/30/2004			
TX21-P018-007 Mary Myers Sr. Complex	09/30/2003			09/30/2004			
TX21-P018-010 Behner Place 2	09/30/2003			09/30/2004			

Capital Fund Program Five-Year Action Plan
Part I: Summary

HA Name: Lubbock Housing Authority		Locality: (City & State) Lubbock, TX				<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No.
Development Number/Name/ HA-Wide	Year 1 2001	Work Statement for Year 2 FFY Grant:2002 PHA FFY: 2002	Work Statement for Year 3 FFY Grant:2003 PHA FFY: 2003	Work Statement for Year 4 FFY Grant:2004 PHA FFY: 2004	Work Statement for Year 5 FFY Grant:2005 PHA FFY: 2005	
TX21-P018-001 Behner Place 1	Annual Statement	18,223		5,000		
TX21-P018-002 Green Fair Mar		150,000	150,000	150,000	150,000	
TX21-P018-004 Cherry Point Ho		60,000	60,000	60,000	60,000	
TX21-P018-005 96 West 36 South		16,200	86,023	61,023	86,023	
TX21-P018-006 Cherry Point homes		90,000	90,000	90,000	90,000	
TX21-P018-007 Mary Myers Sr.		31,600				
TX21-P018-010 Behner Place 2						
Management Improvements		211,830	211,830	211,830	211,830	
Administration		105,918	105,918	105,918	105,918	
Other (Fees & Costs)		90,000	90,000	90,000	90,000	
Operations		211,830	211,830	211,830	211,830	
Non Dwelling Equipment		73,586	53,586	73,586	53,586	
CFP Funds Listed for 5-year planning		1,059,187	1,059,187	1,059,187	1,059,187	
Replacement Housing Factor Funds						
Signature of Executive Director & Date:			Signature of Public Housing Director/Office of Native American Programs Administrator & Date:			

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages

Work Activities

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2002 PHA FY: 2002			Activities for Year : <u>3</u> FFY Grant: 2003 PHA FY: 2003		
2001	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See Annual Statement	TX21-P018-001 Behner Place 1	Roofs	18,223.00	TX21-P018-001 Behner Place 1	None	
	TX21-P018-002 Green Fair Manor	Interior Renovations	150,000.00	TX21-P018-002 Green Fair Manor	Interior Renovation	150,000.00
	TX21-P018-004 Cherry Point Homes	Renovations	60,000.00	TX21-P018-004 Cherry Point Homes	Renovations	60,000.00
	TX21-P018-005 96 West 36 South	Water Heaters	16,200.00	TX21-P018-005 96 West 36 South	Water Meter	86,023.00
	TX21-P018-006 Cherry Point Homes	Renovations	90,000.00	TX21-P018-006 Cherry Point Homes	Renovations	90,000.00
	TX21-P018-007 Mary Myers Sr. Complex	Water Heaters Parking Lot	21,600.00 10,000.00	TX21-P018-007 Mary Myers Sr. Complex	None	
	TX21-P018-010 Behner Place 2	None		TX21-P018-010 Behner Place 2	None	
	HA Wide					
		Management Improvements	211,830.00		Management Improvements	211,830.00
		Administration	105,918.00		Administration	105,918.00
		Other (Fees & Costs)	90,000.00		Other (Fees & Costs)	90,000.00
	Operations	211,830.00		Operations	211,830.00	
	Non Dwelling Equipment	73,586.00		Non Dwelling Equipment	53,586.00	
	Subtotal of CFP Estimated Cost		1,059,187.00	Subtotal of Estimated Cost		1,059,187.00

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages

Work Activities

Activities for Year 1	Activities for Year : <u>4</u> FFY Grant: 2004 PHA FY: 2004			Activities for Year : <u>5</u> FFY Grant: 2005 PHA FY: 2005			
2001	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost	
See Annual Statement	TX21-P018-001 Behner Place 1	Parling lot	5,000.00	TX21-P018-001 Behner Place 1	Painting	40,000.00	
	TX21-P018-002 Green Fair Manor	Interior Renovations	150,000.00	TX21-P018-002 Green Fair Manor	Interior Renovations	150,000.00	
	TX21-P018-004 Cherry Point Homes	Renovations	60,000.00	TX21-P018-004 Cherry Point Homes	Renovations	60,000.00	
	TX21-P018-005 96 West 36 South	Parking lot	61,023.00	TX21-P018-005 96 West 36 South			
	TX21-P018-006 Cherry Point Homes	Renovations	90,000.00	TX21-P018-006 Cherry Point Homes	Renovations	90,000.00	
	TX21-P018-007 Mary Myers Sr. Complex	none		TX21-P018-007 Mary Myers Sr. Complex	Roofs	46,023.00	
	TX21-P018-010 Behner Place 2	none		TX21-P018-010 Behner Place 2	none		
	HA Wide	Management Improvements	211,830.00	HA Wide	Management Improvements	211,830.00	
		Administration	105,918.00		Administration	105,918.00	
		Other (Fees & Costs)	90,000.00		Other (Fees & Costs)	90,000.00	
	Operations	211,830.00		Operations	211,830.00		
	Non Dwelling Equipment	73,586.00		Non Dwelling Equipment	53,586.00		
Subtotal of CFP Estimated Cost			1,059,187.00	Subtotal of Estimated Cost			1,059,187.00

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Developed by:
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Version 2.1e

Changed Date format to 4-digit year.

Version 3.1b

Unprotected Account number and descriptions.

Version 3.1c

Updated to CAP Fund requirements

File Directory C:\My Documents\

DATA COLLECTION

HA_NAME	Lubbock Housing Authority
HA_ADDRESS	1708 Avenue G
HA_CITY	Lubbock
HA_STATE	43
HA_ZIP	79401
HA_PROJ_NUM	
HA_FYE_DATE	09/30/2001
CIAP_REV_NO	
PeriodEnding	
PeriodEndingChk	

If necessary to make change
this data, enter only in the cells
with the yellow background.

TX

79401

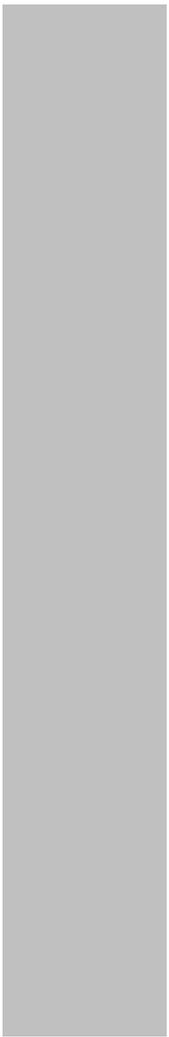
HA_PILOT
EvalRepRevDate
FiveYearRevNum

HA_PILOT1

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States

AK	1
AL	2
AR	3
AZ	4
CA	5
CO	6
CT	7
DC	8
DE	9
FL	10
GA	11
HI	12
IA	13
ID	14
IL	15
IN	16
LA	17
KS	18
MA	19
MD	20
ME	21
MI	22
MN	23
MO	24
MS	25
MT	26
NC	27
ND	28
NE	29
NH	30
NJ	31
NM	32
NV	33
NY	34
OH	35
OK	36
OR	37
PA	38
RI	39
SC	40
SD	41
TN	42
TX	43
UT	44
VA	45
VT	46
WA	47
WI	48
WV	49
WY	50



Executive Summary of Preliminary Estimated Costs

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

OMB Approval No. 22577-0157 (exp. 7/31/98)



HA Name			Federal Fiscal Year		
Lubbock Housing Authority			10/01/1999		
Development Number/ Name	Total Current Units	Total Preliminary Estimated Hard Cost	Per Unit Hard Cost	Long-Term Viability (Y/N)	Percentage of Vacant Units
					0.0%
Total Preliminary Estimated Hard Cost for Physical Needs			\$		0.00
Total Preliminary Estimated Cost for HA-Wide Management Needs			\$		0.00
Total Preliminary Estimated Cost for HA-Wide Nondwelling Structures and Equipment			\$		0.00
Total Preliminary Estimated Cost for HA-Wide Administration			\$		
Total Preliminary Estimated Cost for HA-Wide Other			\$		
Grand Total of HA Needs			\$		0.00
Signature of Executive Director			Date		
			07/09/2001		

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB Approval No. 22577-0157 (exp. 7/31/98)



HA Name Lubbock Housing Authority		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number		
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 5+ ___	
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed Physical Improvements			\$	-
Per Unit Hard Cost				
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared				
Source(s) of Information:				

HA Name Lubbock Housing Authority		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number		
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution	
		0 ___ 1 ___ 2 ___		
		3 ___ 4 ___ 5 ___		
		5+ ___		
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed Physical Improvements			\$	-
Per Unit Hard Cost				
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared				
Source(s) of Information:				

Physical Needs Assessment Comprehensive Grant Program (CGP)

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

HA Name Lubbock Housing Authority	<input type="checkbox"/> Original <input type="checkbox"/> Revision Number
---	---

Development Number	Development Name		DOFA Date or Construction Date	
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution	
		0 _____ 1 _____ 2 _____		
		3 _____ 4 _____ 5 _____		
		5+ _____		

General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$ _____
--	----------

Per Unit Hard Cost	
--------------------	--

Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Date Assessment Prepared	
--------------------------	--

Source(s) of Information:	
---------------------------	--

Physical Needs Assessment Comprehensive Grant Program (CGP)

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

HA Name			<input type="checkbox"/> Original <input type="checkbox"/> Revision Number	
Lubbock Housing Authority				
Development Number	Development Name		DOFA Date or Construction Date	
Development Type: <input type="checkbox"/> Rental	Occupancy Type: <input type="checkbox"/> Family	Structure Type: <input type="checkbox"/> Detached/Semi-Detached	Number of Buildings	Number of Vacant Units

<input type="checkbox"/> Rental	<input type="checkbox"/> Family	<input type="checkbox"/> Detached/Semi-Detached	Current Bedroom Distribution 0 ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 5+ ____	Total Current Units
<input type="checkbox"/> Turnkey III - Vacant	<input type="checkbox"/> Elderly	<input type="checkbox"/> Row		
<input type="checkbox"/> Turnkey III - Occupied	<input type="checkbox"/> Mixed	<input type="checkbox"/> Walk-Up		
<input type="checkbox"/> Mutual Help		<input type="checkbox"/> Elevator		
<input type="checkbox"/> Section 23, Bond Financed				
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment

Comprehensive Grant Program (CGP)

OMB Approval No. 22577-0157 (exp. 7/31/98)

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

HA Name		<input type="checkbox"/> Original		
Lubbock Housing Authority		<input type="checkbox"/> Revision Number		
Development Number	Development Name	DOFA Date or Construction Date		
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
<input type="checkbox"/> Rental	<input type="checkbox"/> Family	<input type="checkbox"/> Detached/Semi-Detached	Current Bedroom Distribution	Total Current
<input type="checkbox"/> Turnkey III - Vacant	<input type="checkbox"/> Elderly	<input type="checkbox"/> Row		
<input type="checkbox"/> Turnkey III - Occupied	<input type="checkbox"/> Mixed	<input type="checkbox"/> Walk-Up	0 ____ 1 ____ 2 ____	

Mutual Help
 Section 23, Bond Financed

Elevator

3 ___ 4 ___ 5 ___
 5+ ___

Units

General Description of Needed Physical Improvements

Cost

Urgency of
Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment Comprehensive Grant Program (CGP)

HA Name Lubbock Housing Authority		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number		
Development Number	Development Name		DOFA Date or Construction Date	
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 5+ ___	
General Description of Needed Physical Improvements			Urgency of	

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment Comprehensive Grant Program (CGP)

HA Name		<input type="checkbox"/> Original		
Lubbock Housing Authority		<input type="checkbox"/> Revision Number		
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units
			Current Bedroom Distribution	
		0 ____ 1 ____ 2 ____	100	
		3 ____ 4 ____ 5 ____		
		5+ ____		
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment Comprehensive Grant Program (CGP)

HA Name Lubbock Housing Authority		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number		
Development Number	Development Name	DOFA Date or Construction Date		
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings Current Bedroom Distribution 0 ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 5+ ____	Number of Vacant Units Total Current Units
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment Comprehensive Grant Program (CGP)

HA Name		<input type="checkbox"/> Original	
Lubbock Housing Authority		<input type="checkbox"/> Revision Number	
Development Number	Development Name	DOFA Date or Construction Date	
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings
			Number of Vacant Units
		Current Bedroom Distribution	
		0 ____ 1 ____ 2 ____	
		3 ____ 4 ____ 5 ____	
		5+ ____	
General Description of Needed Physical Improvements			Urgency of Need (1-5)
			Cost

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment Comprehensive Grant Program (CGP)

HA Name		<input type="checkbox"/> Original			
Lubbock Housing Authority		<input type="checkbox"/> Revision Number			
Development Number	Development Name	DOFA Date or Construction Date			
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Number of Buildings	Number of Vacant Units	
			Current Bedroom Distribution		Total Current Units
			0 ____ 1 ____ 2 ____	3 ____ 4 ____ 5 ____	
General Description of Needed Physical Improvements			Cost	Urgency of Need (1-5)	

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$	-
Per Unit Hard Cost		
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared		
Source(s) of Information:		

Physical Needs Assessment
Comprehensive Grant Program (CGP)
 HA-Wide Nondwelling Structures and Equipment

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

OMB Approval No. 22577-0157 (exp. 7/31/98)



HA Name Lubbock Housing Authority		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number	
Development Number	Development Name	DOFA Date or Construction Date	
HA-Wide		Number of Buildings	Number of Vacant Units
Development Type: <input type="checkbox"/> Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed	Occupancy Type: <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed	Structure Type: <input type="checkbox"/> Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator	Current Bedroom Distribution
			0 ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 5+ ____
General Description of Needed Physical Improvements HA-Wide Nondwelling Structures and Equipment		Cost	Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed HA Wide Nondwelling Structures & Equipment		\$	-
Per Unit Hard Cost			
Physical Improvements Will result in Structural/System Soundness at a Reasonable Cost		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development Has Long-Term Physical and Social Viability		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Assessment Prepared			
Source(s) of Information:			

Five-Year Action Plan
Part I: Summary
Comprehensive Grant Program (CGP)



HA Name: Lubbock Housing Authority	Locality: (City/County & State) Lubbock, TX County of: Lubbock	<input type="checkbox"/> Original <input type="checkbox"/> Revision No.
--	--	--

A. Development Number/Name	Work Stmt. for Year 1 FFY: <u>12/31/95</u>	Work Statement for Year 2 FFY: <u>12/31/1996</u>	Work Statement for Year 3 FFY: <u>12/31/1997</u>	Work Statement for Year 4 FFY: <u>12/31/1998</u>	Work Statement for Year 5 FFY: <u>12/31/1999</u>
	See Annual Statement				
B. Physical Improvements Subtotal					
C. Management Improvements					
D. HA-Wide Nondwelling Structures and Equipment					
E. Administration					
F. Other					
G. Operations					
H. Demolition					
I. Replacement					
J. Mod Used for Replacement					
K. Total CGP Funds					
L. Total Non-CGP Funds					
M. Grand Total					

Signature of Executive Director & Date:

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

Part I: Summary (Continuation)
Comprehensive Grant Program (CGP)



A. Development Number/Name	Work Stmt. for Year 1 FFY: 12/31/95	Work Statement for Year 2 FFY: 12/31/1996	Work Statement for Year 3 FFY: 12/31/1997	Work Statement for Year 4 FFY: 12/31/1998	Work Statement for Year 5 FFY: 12/31/1999
	<p>See Annual Statement</p>				
Totals This Page					

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

OMB Approval No. 22577-0157 (exp. 7/31/98)



Work Statement for Year 1 FFY: <u>12/31/1995</u>	Work Statement for Year <u>2</u> FFY: <u>12/31/1996</u>			Work Statement for Year <u>3</u> FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		



Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)



Work Statement for Year 1 FFY: <u>12/31/1995</u>	Work Statement for Year <u>2</u> FFY: <u>12/31/1996</u>			Work Statement for Year <u>3</u> FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Statement for Year 1 FFY: <u>12/31/1995</u>	FFY: <u>12/31/1996</u>			FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY: <u>12/31/1995</u>	Work Statement for Year <u>2</u> FFY: <u>12/31/1996</u>			Work Statement for Year <u>3</u> FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost

See
Annual
Statement

Subtotal of Estimated Cost			Subtotal of Estimated Cost

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY: 12/31/1995	Work Statement for Year <u>2</u> FFY: 12/31/1996			Work Statement for Year <u>3</u> FFY: 12/31/1997		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost

See Annual Statement					
	Subtotal of Estimated Cost			Subtotal of Estimated Cost	

Five-Year Action Plan
Part III: Supporting Pages
Management Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

OMB Approval No. 22577-0157 (exp. 7/31/98)



Work Statement for Year 1 FFY: <u>12/31/1995</u>	Work Statement for Year <u>1</u> FFY: <u>12/31/1996</u>			Work Statement for Year <u>2</u> FFY: <u>12/31/1997</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		



Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY: 12/31/1995	Work Statement for Year 1 FFY: 12/31/1996			Work Statement for Year 2 FFY: 12/31/1997		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

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Page ___ of ___

form HUD-52834 (10/96)

ref Handbook 7485.3

OMB Approval No. 22577-0157 (exp. 7/31/98)

Five-Year Action Plan Part III: Supporting Pages Management Needs Work Statement(s) Comprehensive Grant Program (CGP)

Work Statement	Work Statement for Year 1 FFY: 12/31/1995		Work Statement for Year 2 FFY: 12/31/1995	
----------------	--	--	--	--

for Year 1 FFY: <u>12/31/1995</u>	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

**Local Government Statement
Comprehensive Grant Program (CGP)**

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 4-5

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each eligible applicant submit information to HUD in order to receive its annual formula grant. This information will be used by HUD to determine whether the annual submission meets statutory and regulatory requirements for the annual formula grant. Responses to the collection are required by Section 14(e)(1)(E) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

As Chief Executive Officer of the unit of general local government/Indian tribe know as _____,

in which the (name of Public Housing Agency(PHA) or Indian Housing Authority(IHA)) _____

operates,

I certify to the following:

1. The HA developed the Comprehensive Plan/Annual Statement in consultation with local government officials/ Indian tribal officials and with residents of the developments covered by the Comprehensive Plan/Annual Statement, in accordance with the requirements of the Comprehensive Grant Program;

2a. For PHAs, the Comprehensive Plan/Annual Statement is consistent with the unit of general local government's assessment of its low-income housing needs (as evidenced by its Consolidated Plan under 24 CFR Part 91, if applicable), and that the unit of general local government will cooperate in providing resident programs and services; or

2b. For IHAs, the Comprehensive Plan/Annual Statement is consistent with the appropriate governing body's assessment of its low-income housing needs and that the appropriate governing body will cooperate in providing resident programs and services; and

3. The HA's proposed drug and crime elimination activities are coordinated with and supportive of local strategies and neighborhood improvement programs, if applicable. Under the Cooperation Agreement, the local/tribal government is providing public services and facilities of the same character and to the same extent to Public and Indian housing as are furnished to other dwellings and residents of the locality. Where additional on-duty police are being funded under the Comprehensive Grant Program, such police will only provide additional security and protective services over and above those for which the local/tribal government is contractually obligated to provide under the Cooperation Agreement.

Note: The Comprehensive Plan includes the Action Plan.

Name of Chief Executive Officer:

Signature of Chief Executive Officer and Date:

Warning: HUD will prosecute false claims and statements. conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729,3802)

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

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 6-1

HA Name: Lubbock Housing Authority	Comprehensive Grant Number: Comp Grant #708	FFY of Grant Approval: 10/01/1999
---------------------------------------	--	--------------------------------------

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement/Revision Number
 Final Performance and Evaluation Report
 Performance and Evaluation Report for Program Year Ending **03/31/2001**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ²	
		Original	Revised ¹	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 19)	115,000.00	108,837.40	108,837.40	108,837.40
3	1408 Management Improvements	217,674.00	217,674.00	217,674.00	217,674.00
4	1410 Administration	108,837.00	108,837.00	108,837.00	108,837.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,306.64	15,306.64	15,306.64	15,306.64
8	1440 Site Acquisition				
9	1450 Site Improvement	48,000.05	14,542.00	14,542.00	14,542.00
10	1460 Dwelling Structures	324,394.90	356,697.76	356,697.76	305,281.54
11	1465.1 Dwelling Equipment--Nonexpendable	19,000.00	22,090.00	22,090.00	22,090.00
12	1470 Nondwelling Structures	126,424.23	130,652.02	130,652.02	130,652.02
13	1475 Nondwelling Equipment	113,737.18	113,737.18	113,737.18	113,737.18
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Cost				
17	1498 Mod Used for Development				
18	1502 Contingency (may not exceed 8% of line 19)				
19	Amount of Annual Grant (Sum of lines 2-18)	1,088,374.00	1,088,374.00	1,088,374.00	1,036,957.78
20	Amount of line 19 Related to LBP Testing				
21	Amount of line 19 Related to Section 504 Compliance				
22	Amount of line 19 Related to Security				
23	Amount of line 19 Related to Energy Conservation Measures				

Signature of Executive Director and Date:
X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:
X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement
² To be completed for the Performance and Evaluation Report

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

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide Mgmt. Improvements	Resident Initiatives Specialist	1408		33,011.95	30,427.68	30,427.68	30,427.68	
	Prevention Specialist	1408		26,217.71	24,113.98	24,113.98	24,113.98	
	Computer Software	1408		53,394.74	53,148.31	53,148.31	53,148.31	
	Update Policies and Procedures	1408		2,727.00	2,727.00	2,727.00	2,727.00	
	Develop 5 year Agency Plan	1408		9,650.00	9,650.00	9,650.00	9,650.00	
	Supervisory Skills and Team Building	1408		-	-	-	-	
	Staff Training	1408		1,697.70	1,697.70	1,697.70	1,697.70	
	Parenting as Teachers Training	1408		-	-	-	-	
	Self Sufficiency Training	1408		-	-	-	-	
	Maintenance Technical Training	1408		8,765.00	8,765.00	8,765.00	8,765.00	
	Computer Lab Activities	1408		-	-	-	-	
	Resident Council Leadership Training	1408		1,000.26	1,000.26	1,000.26	1,000.26	
	Benefits for Staff	1408		-	-	-	-	
	Resident Security	1408		23,298.50	22,159.50	22,159.50	22,159.50	
	Economic Development (PAT)	1408		57,911.14	63,984.57	63,984.57	63,984.57	
HA Wide Admin	CGP Administrator	1410		39,960.54	43,822.31	43,822.31	43,822.31	
	Prorated Salaries	1410		67,767.73	64,010.41	64,010.41	64,010.41	
	Benefits	1410		-	-	-	-	
	Sundry	1410		1,108.73	1,004.28	1,004.28	1,004.28	
HA Wide Fees & Costs	A/E Services	1430		6,400.00	6,400.00	6,400.00	6,400.00	
	Inspection Costs	1430		300.00	300.00	300.00	300.00	
	Printing Costs	1430		332.64	332.64	332.64	332.64	
	Consultant Fee	1430		8,274.00	8,274.00	8,274.00	8,274.00	
HA Wide Equipment	Computer Equipment	1475		22,274.18	22,274.18	22,274.18	22,274.18	
	Vehicle Replacement	1475		79,928.00	79,928.00	79,928.00	79,928.00	
	Digital Cameras	1475		-	-	-	-	
	Office Equipment	1475		11,535.00	11,535.00	11,535.00	11,535.00	
	Satellite Dish and Receiver	1475		-	-	-	-	
	Ranges	1465		9,000.00	10,382.30	10,382.30	10,382.30	
	Refrigerators	1465		10,000.00	11,707.70	11,707.70	11,707.70	
	Asbestos Abatement	1470		21,995.00	21,995.00	21,995.00	21,995.00	
	Early Head Start Renovations at Zenith	1470		68,368.83	72,596.62	72,596.62	72,596.62	
	Maintenance Wash Rack	1470		36,060.40	36,060.40	36,060.40	36,060.40	
Page Totals				600,979.05	608,296.84	608,296.84	608,296.84	

Signature of Executive Director and Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
TX21-P018-001 Behner Place 1	Replace Locks and Deadbolts	1460	72	5,400.00	14,105.00	-	-	
	Painting	1460		14,105.00		14,105.00	14,105.00	
	Repair Floors	1460		-		-	-	
TX21-P018-002 Green Fair Manor	504 Compliance	1460	19,396.14	19,396.14	19,396.14	19,396.14		
	Remove Guard Shack	1450	-	875.00	875.00	875.00		
	A/C in Laundry	1470	-	-	-	-		
	Roof on Office	1470	-	-	-	-		
TX21-P018-003 Cherry Point Turnkey III	Landscaping	1450	-	-	-	-		
	Drive and Walk Replacement	1450	-	-	-	-		
Cherry Point Turnkey III	Asbestos Abatement	1460	374.69	374.69	374.69	374.69		
	Renovation	1460	8,826.36	8,826.36	8,826.36	8,826.36		
TX21-P018-004 Cherry Point Homes	Landscaping	1450	7,000.00	-	-	-		
	Drive and Walk Replacement	1450	-	1,569.00	1,569.00	1,569.00		
Cherry Point Homes	Exterior Paint and Facia Repair	1460	20,000.00	-	-	-		
	Roofs	1460	18,500.00	-	-	-		
Cherry Point Homes	Replace Locks and Deadbolts	1460	-	-	-	-		
	Asbestos Abatement	1460	14,794.76	16,589.76	16,589.76	16,589.76		
	Storm Doors	1460	1,060.00	1,060.00	1,060.00	1,060.00		
	Renovation	1460	52,093.97	103,166.90	103,166.90	78,166.90		
	Interior Paint	1460	-	-	-	-		
Page Totals				161,550.92	165,962.85	165,962.85	140,962.85	

Signature of Executive Director and Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
TX21-P018-005	Top Soil	1450		-		-	-	
96 West	Parking lot repair	1450		10,000.00	9,956.00	9,956.00	9,956.00	
36 South	Replace Storage Doors	1460		26,400.00		-	-	
	Interior Paint	1460		-		-	-	
	Replace Locks and Deadbolts	1460		19,800.00		-	-	
TX21-P018-006	Landscaping	1450		11,000.05	2,142.00	2,142.00	2,142.00	
Cherry Point Homes	Drive and Walk Replacement	1450		20,000.00		-	-	
	Exterior paint and Facia Repair	1460		-		-	-	
	Roofs	1460		1,950.00	1,950.00	1,950.00	1,950.00	
	Asbestos Abatement	1460		21,807.30	21,807.30	21,807.30	21,807.30	
	Renovation	1460		58,732.32	104,874.11	104,874.11	78,457.89	
	Storm Doors	1460		1,590.00	1,590.00	1,590.00	1,590.00	
	Replace Locks and Deadbolts	1460		-		-	-	
TX21-P018-007	Metal Facia and Soffit	1460		-	47,500.00	47,500.00	47,500.00	
Mary Myers Sr. Complex	Replace Locks and Deadbolts	1460		7,200.00		-	-	
TX21-P018-010	Replace Locks and Deadbolts	1460		6,900.00		-	-	
Behner	Paint	1460		15,457.50	15,457.50	15,457.50	15,457.50	
Place 2	Repair Floors	1460		10,006.86		-	-	
Page Totals				210,844.03	205,276.91	205,276.91	178,860.69	

Signature of Executive Director and Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	contingency	1502		-		-	-	
	operations	1406		115,000.00	108,837.40	108,837.40	108,837.40	
Page Totals				115,000.00	108,837.40	108,837.40	108,837.40	

Signature of Executive Director and Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report

Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	
Prevention Specialist Computer Software	03/31/2001	09/30/2001	09/30/2000	03/31/2001	09/30/2000	09/30/2000	
Update Policies and Procedure	03/31/2001	09/30/2000	09/30/2000	09/30/2001	09/30/2000	09/30/2000	
Develop 5 year Plan	09/30/2000		09/30/2000	09/30/2000	09/30/2000	09/30/2000	
Supervisory Skills and Team Blg.	09/30/2000		09/30/2000	09/30/2000		09/30/2000	
Staff Training	03/31/2001	09/30/2000	09/30/2000	09/30/2001	09/30/2000	09/30/2000	
PAT Training	09/30/2000		09/30/2000	09/30/2000		09/30/2000	
Eco. Dev. PAT	09/30/2000		09/30/2000	09/30/2000		09/30/2000	
TX21-P018-001	03/31/2001		03/31/2001	09/30/2001		03/31/2001	
TX21-P018-002	03/31/2001		03/31/2001	09/30/2001		03/31/2001	
TX21-P018-003	03/31/2001		03/31/2001	09/30/2001		03/31/2001	
TX21-P018-004	03/31/2001	09/30/2001		09/30/2001			
TX21-P018-005	03/31/2001		03/31/2001	09/30/2001		03/31/2001	
TX21-P018-006	03/31/2001	09/30/2001		09/30/2001		09/30/2001	
TX21-P018-007	03/31/2001		03/31/2001	09/30/2001		03/31/2001	
TX21-P018-010	03/31/2001		03/31/2001	09/30/2001		03/31/2001	

Signature of Executive Director and Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report

Comprehensive Grant Program (CGP) Amendment

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

To Consolidated Annual Contributions Contract or
To Mutual Help Consolidated Annual Contributions Contract

OMB Approval No. 22577-0157 (exp. 7/31/98)

Public reporting burden for this collection of information is estimated to average 0.1 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0157), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

Whereas, (Public Housing Agency/Indian Housing Authority) Lubbock Housing Authority

(herein called the "PHA/IHA")

and the United States of America, Secretary of Housing and Urban Development (herein called "HUD") entered into Consolidated Annual Contributions Contract(s) (ACC) Number(s) _____

dated _____ ; and/or Mutual Help Consolidated ACC(s) Number(s) _____,

dated _____ (herein called the "ACCs");

Whereas, HUD has agreed to provide comprehensive grant assistance, upon execution of this Amendment, to the PHA/IHA in the amount to be specified below for the purpose of assisting the PHA/IHA in financing improvements to the physical condition of existing public/Indian housing developments and upgrades to the management and operation of such developments in order to ensure that such developments continue to be available to serve low-income families: \$ _____ for Fiscal Year 1997 to be referred to under (the formula amount of comprehensive grant funds now being approved):

Comprehensive Grant Number _____, PHA/IHA Tax Identification Number (TIN) _____,

Whereas, HUD and the PHA/IHA are entering into this Comprehensive Grant Program Amendment Number _____,

Now Therefore, the ACCs are amended as follows:

1. The ACCs are amended to provide comprehensive grant assistance in the amounts specified above for modernization of PHA/IHA developments (including section 23 leased-housing bond financed, Mutual Help and Turnkey III). This amendment is a part of the ACCs.
2. The modernization work shall be carried out in accordance with all HUD regulations and other requirements applicable to the Comprehensive Grant Program.
3. In accordance with the HUD regulations, the Comprehensive Plan has been adopted by the PHA/IHA, and approved by HUD, and may be amended from time to time. The modernization work shall be carried out as described in the Comprehensive Plan, including the Action Plan.
4. Subject to the provisions of Part II of the ACCs, and to assist in the modernization, HUD agrees to disburse to the PHA/IHA from time to time as needed, up to the amount of funding assistance specified above.
5. The PHA/IHA shall continue to operate each development (for section 23 leased-housing bond financed, after the expiration of the respective lease terms, the PHA shall continue to operate each development) as low-income housing in compliance with the ACCs, as amended, the United States Housing Act of 1937 (the "Act") and all HUD regulations and requirements for a period of twenty years after the last disbursement of comprehensive grant assistance.

However, the provisions of Section 308(B) and (C) of the ACC (Article 14.2 of the Mutual Help Consolidated ACC) shall remain in effect for so long as HUD determines there is any outstanding indebtedness of the PHA/IHA to HUD which arose in connection with any development(s) under the ACCs and which is not eligible for forgiveness, and provided further that, for a period of ten years following the last payment of operating subsidy to the PHA/IHA, no disposition of any development covered by this amendment shall occur unless approved by HUD.

6. Section 404 of Part II of the ACC (Article 4.2 of the Mutual Help Consolidated ACC) shall not be applicable to the Comprehensive Grant.
7. If the PHA/IHA does not comply with any of its obligations under this Amendment, HUD may direct the PHA/IHA to terminate all work described in the Annual Statement. In such case the PHA/IHA shall only incur additional costs with HUD approval.

8. Implementation or use of funding assistance provided under this Amendment is subject to attached corrective action order(s)

(mark one) Yes No

9. The Grantee acknowledges its responsibility for adherence to this Amendment by subgrantees to which it makes funding assistance hereunder available.

The parties have caused this Amendment to be effective as of the date of execution on behalf of the United States, as stated below.

U.S. Department of Housing and Urban Development

By: _____ Date: _____

PHA/IHA Executive Director

By: _____ Date: _____

Title: _____

Title: _____

**Comprehensive Grant Program
(CGP) Amendment**

To (form HUD-53012) the Consolidated Annual Contributions Contract

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

APPENDIX 8-2

Whereas, (Housing Authority) Lubbock Housing Authority (herein called the "HA")

and the United States of America, Secretary of Housing and Urban Development (herein called "HUD") entered into Consolidated Annual Contributions Contract(s) (ACC) Number(s) _____

dated _____ ;

Whereas, HUD has agreed to provide CGP assistance, upon execution of this Amendment, to the HA in the amount to be specified below for the purpose of assisting the HA in financing improvements to the physical condition of existing public/Indian housing developments and upgrades to the management and operation of such developments in order to ensure that such developments continue to be available

to serve low-income families: \$ _____ for Fiscal Year 19 _____ to be referred to under
(the formula amount of comprehensive grant funds now being approved):

Comprehensive Grant Number _____, HA Tax Identification Number (TIN) _____,

Whereas, HUD and the HA are entering into this CGP Amendment Number _____,

Now Therefore, the ACCs are amended as follows:

1. The ACCs are amended to provide CGP assistance in the amount specified above for modernization of HA developments (including section 23 leased-housing bond financed, Mutual Help and Turnkey III). This amendment is a part of the ACCs.
2. The modernization work shall be carried out in accordance with all HUD regulations and other requirements applicable to the Comprehensive Grant Program.
3. In accordance with the HUD regulations, the Comprehensive Plan has been adopted by the HA and approved by HUD, and may be amended from time to time. The modernization work shall be carried out as described in the Annual Statement.
4. Subject to the provisions of Part II of the ACCs, and to assist in the modernization, HUD agrees to disburse to the HA from time to time as needed, up to the amount of funding assistance specified above.
5. The HA shall continue to operate each development (for section 23 leased-housing bond financed, after the expiration of the respective lease terms, the HA shall continue to operate each development) as low-income housing in compliance with the ACCs, as amended, the United States Housing Act of 1937 (the

"Act") and all HUD regulations and requirements for a period of twenty years after the last disbursement of CGP assistance. However, the provisions of Section 7 of the ACC shall remain in effect for so long as HUD determines there is any outstanding indebtedness of the HA to HUD which arose in connection with any development(s) under the ACCs and which is not eligible for forgiveness, and provided further that, for a period of ten years following the last payment of operating subsidy to the HA, no disposition of any development covered by this amendment shall occur unless approved by HUD.

6. If the HA does not comply with any of its obligations under this Amendment, HUD may direct the HA to terminate all work described in the Annual Statement. In such case the HA shall only incur additional costs with HUD approval.

7. Implementation or use of funding assistance provided under this Amendment is subject to attached corrective action order(s)

(mark one) Yes No

8. The HA acknowledges its responsibility for adherence to this Amendment by subgrantees to which it makes funding assistance hereunder available.

The parties have caused this Amendment to be effective as of the date of execution on behalf of the United States, as stated below.

U.S. Department of Housing and Urban Development		HA Executive Director	
By: _____	Date: _____	By: _____	Date: _____
Title: _____		Title: _____	

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

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

OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 11-1

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

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

Part I: Summary

HA Name: Lubbock Housing Authority 1708 Avenue G Lubbock, TX 79401	Submission: (mark one) <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Revised Annual Statement/Revision No. <input type="checkbox"/> Performance & Evaluation for Program Year Ending: _____
---	--

Section 1: Replacement Reserve Status	Estimated	Actual
Must be completed each year there is a balance in the replacement reserve.		
1. Replacement Reserve Interest Earned (account 6200/1420.7; equals line 17 of section 2, below)		
2. Replacement Reserve Withdrawal (equals line 16 of section 2, below)		
3. Net Impact on Replacement Reserve (line 1 minus line 2; equals line 18 of section 2, below)		
4. Current FFY Funding for Replacement Reserve (line 15 of form HUD-52837)		
5. Replacement Reserve Balance at End of Previous Program Year (account 2830)		
6. Replacement Reserve Balance at End of Current Program Year (line 4 + line 5 +(or -) line 3) (account 2830)		

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

Signature of Executive Director & Date: X	Signature of the Field Office Manager & Date: X
---	---

**Annual Statement / Performance and Evaluation Report
on Replacement Reserve**

**Part II: Supporting Pages
Comprehensive Grant Program (CGP)**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ^{1/}
			Original	Revised ^{1/}	Funds Obligated ^{1/}	Funds Expended ^{1/}	

^{1/} To be completed at the end of the program year.
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Certification for a Drug-Free Workplace

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

OMB Approval No. 22577-0044 (exp. 7/31/98)
OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 6-2

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for gathering information, completing and reviewing the collection of information, completing HUD forms and reporting. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority(HA) certify to the provisions of a drug-free workplace as a condition of assistance. Responses to the collection are required by the Drug-Free Workplace Act of 1988. The information requested does not lend itself to confidentiality.

HA Name:

Lubbock Housing Authority

Program/Activity Receiving Federal Grant Funding: (mark one)

<input type="checkbox"/> Operating Subsidy	<input type="checkbox"/> Sec.23 Leased Housing	<input type="checkbox"/> Development	<input type="checkbox"/> CIAP	<input type="checkbox"/> CGP	<input type="checkbox"/> HOPE VI	<input type="checkbox"/> Other (specify)
If Operating Subsidy or Section 23, enter the HA's Fiscal Year Ending date in which funds are expected to be obligated: 07/31/1995		If Development, CIAP, CGP, HOPE VI, or Other, enter the Federal Fiscal Year in which the funds are expected to be reserved: 07/31/1998				

Acting on behalf of the above named PHA/IHA as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

1. I certify that the above named PHA/IHA will provide a drug-free workplace by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the PHA's/IHA's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- b. Establishing a drug-free awareness program to inform employees about the following:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The PHA's/IHA's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- c. Making it a requirement that each employee of the PHA/IHA be given a copy of the statement required by paragraph a.;
- d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment with the PHA/IHA, the employee will do the following:
 - (1) Notifying the HUD Field Office within ten days after receiving notice under subparagraph d. (2) from an employee or otherwise receiving actual notice of such conviction;
- e. Notifying the HUD Field Office within ten days after receiving notice under subparagraph d. (2) with respect to any employee who is so convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- f. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The PHA/IHA shall list in the space provided below the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. (If more space is needed, attach additional page(s) the same size as this form. Identify each sheet with the PHA/IHA name and address, and the program/activity receiving grant funding.)

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001,1010,1012; 31 U.S.C. 3729,3802)

Name, Title & Signature of Authorized HA Official & Date:

X

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form HUD-50070 (10/96)

ref Handbook 7417.1, 7475.13, 7485.1 & 3

Certification for Contracts, Grants, Loans and Cooperative Agreements

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

OMB Approval No. 22577-0044 (exp. 7/31/98)
OMB Approval No. 22577-0157 (exp. 7/31/98)

APPENDIX 6-3

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for gathering information, completing and reviewing the collection of information, completing HUD forms and reporting. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority(HA) certify that no Federally appropriated funds have been or will be used to influence Federal employees, Members of Congress, and Congressional staff regarding specific grants or contracts. Responses to the collection are required by the FY 1990 Department of the Interior and Related Agencies Appropriations Act (P.L. 102-121). The information requested does not lend itself to confidentiality.

HA Name: Lubbock Housing Authority 1708 Avenue G Lubbock, TX 79401	If other than Operating Subsidy or Section 23, enter the Federal Fiscal Year in which the funds are expected to be reserved;	If Operating Subsidy or Section 23, enter HA's Fiscal Year Ending date in which funds are expected to be obligated:								
Program/Activity Receiving Federal Grant over \$100,000: (mark one) <table border="0"> <tr> <td><input type="checkbox"/> Operating Subsidy</td> <td><input type="checkbox"/> CGP</td> </tr> <tr> <td><input type="checkbox"/> Development</td> <td><input type="checkbox"/> CIAP</td> </tr> <tr> <td><input type="checkbox"/> Drug Elimination Grants</td> <td><input type="checkbox"/> HOPE VI</td> </tr> <tr> <td><input type="checkbox"/> Sec.23 Leased Housing</td> <td><input type="checkbox"/> Other (specify)</td> </tr> </table> <p style="text-align: center;">Adjustments</p>			<input type="checkbox"/> Operating Subsidy	<input type="checkbox"/> CGP	<input type="checkbox"/> Development	<input type="checkbox"/> CIAP	<input type="checkbox"/> Drug Elimination Grants	<input type="checkbox"/> HOPE VI	<input type="checkbox"/> Sec.23 Leased Housing	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Operating Subsidy	<input type="checkbox"/> CGP									
<input type="checkbox"/> Development	<input type="checkbox"/> CIAP									
<input type="checkbox"/> Drug Elimination Grants	<input type="checkbox"/> HOPE VI									
<input type="checkbox"/> Sec.23 Leased Housing	<input type="checkbox"/> Other (specify)									

Acting on behalf of the above-named HA as its Authorized Official, I make the following certifications to the Department of Housing and Urban Development (HUD):

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or any employee of

a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure of Lobbying Activities, in accordance with its instructions.

- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001,1010,1012; 31 U.S.C. 3729,3802)

Name of Authorized HA Official:	Title:
Signature: X	Date:

**Actual Modernization
Cost Certificate**

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

OMB Approval No. 2577-0044 (Exp. 7/31/98)
OMB Approval No. 2577-0157 (Exp. 7/31/98)

Comprehensive Improvement Assistance Program (CIAP)
Comprehensive Grant Program (CGP)

APPENDIX 10-1

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name	Modernization Project Number
Lubbock Housing Authority	Comp Grant #708

The HA hereby certifies to the Department of Housing & Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the CIAP Grant, is as shown below:

A. Original Funds Approved	\$	
B. Revised Funds Approved	\$	
C. Funds Advanced	\$	
D. Funds Expended (Actual Modernization Cost)	\$	
E. Amount to be Recaptured (A-D)	\$	0.00
F. Excess of Funds Advanced (C-D)	\$	0.00

- That all modernization work in connection with the CIAP Grant has been completed;
- That the entire Actual Modernization Cost or liabilities therefor incurred by the HA have been fully paid;
- That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and
- That the time in which such liens could be filed has expired.

Signature of Executive Director & Date:

X

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

Date

X

The audited costs agree with the costs shown above.

Verified: (Designated HUD Official)

Date

X

Approved: (Director, Office of Public Housing / ONAP Administrator)

Date

X

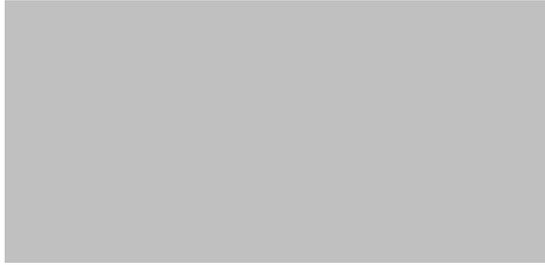
Computer Software

A s

HMS HUD Forms are
the ability to quickly edit/r
To order any of the many HU

Check o

Kevin



Version 2.3e
Changed date to 4-digit year.

DATA COLLECTION

Comp_NAME	Lubbock Housin
Comp_ADDRESS	1708 Avenue G
Comp_CITY	Lubbock
Comp_STATE	44
Comp_ZIP	79401
Comp_County	Lubbock
Comp_FYEDate	10/01/1999
Comp_PeriodDate	06/30/2000
Comp_CompGrantNo	Comp Grant #70
Comp_Other	
Comp_OtherName	
Comp_PrepName	
Comp_PrepTitl	

Comp_ApprovName	
Comp_ApprovTitl	
Comp_NumberRpts	

GetOne	
GetTwo	
GetThree	

StateCodes	StateAb
	AL
	AK
	AZ
	AR
	CA
	CO
	CT
	DE
	DC
	FL
	GA
	HI
	ID
	IL
	IN
	IA
	KS
	KY
	LA
	ME
	MD
	MA
	MI

MN
MS
MO
MT
NE
NV
NH
NJ
NM
NY
NC
ND
OH
OK
OR
PA
RI
SC
SD
TN
TX
UT
VT
VA
WA
WV
WI
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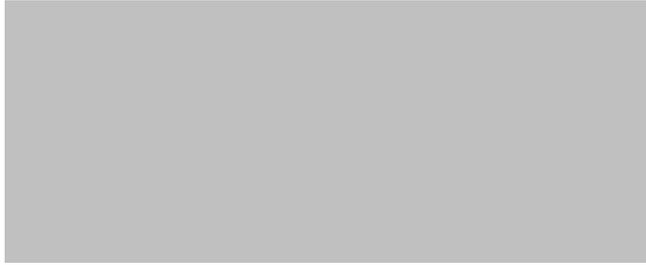
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Developed by:

Kevin R. Blum - Forms Developer





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03	Arizona
04	Arkansas
05	California
06	Colorado
07	Connecticut
08	Delaware
09	District of Columbia
10	Florida
11	Georgia
12	Hawaii
13	Idaho
14	Illinois
15	Indiana
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22	Massachusetts
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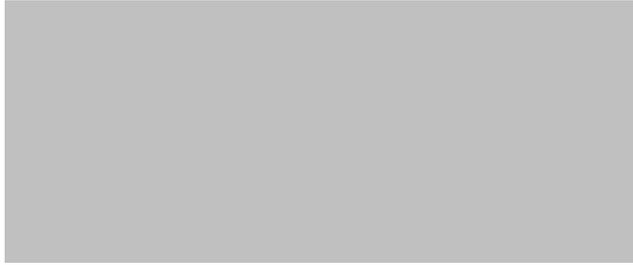
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27	Montana
28	Nebraska
29	Nevada
30	New Hampshire
31	New Jersey
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35	North Dakota
36	Ohio
37	Oklahoma
38	Oregon
39	Pennsylvania
40	Rhode Island
41	South Carolina
42	South Dakota
43	Tennessee
44	Texas
45	Utah
46	Vermont
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48	Washington
49	West Virginia
50	Wisconsin
51	Wyoming

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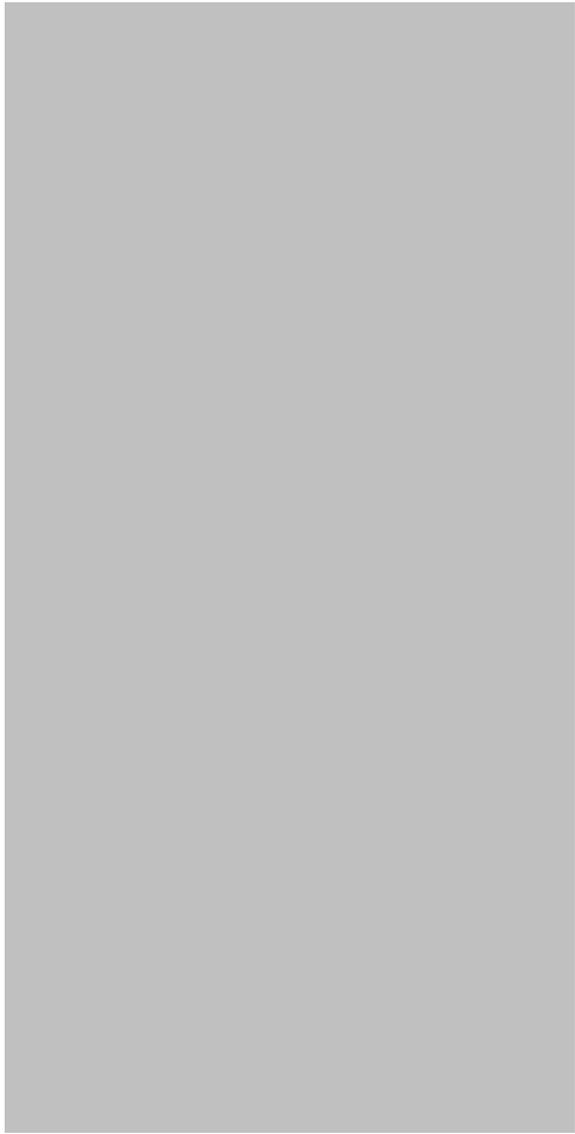


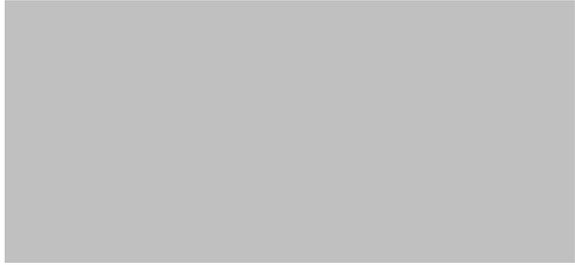


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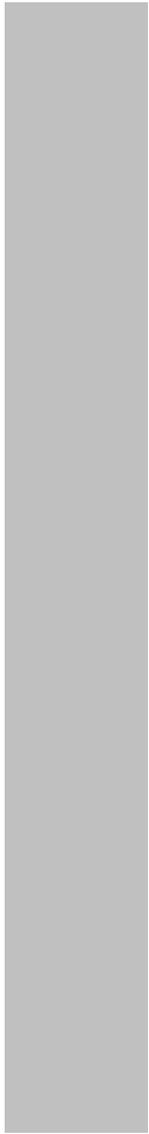
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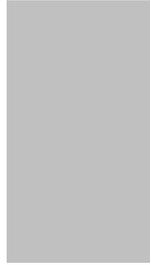
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Public Housing Drug Elimination Program Plan

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

Section 1: General Information/History

A. Amount of PHDEP Grant \$142,840.00

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R X _____

C. FFY in which funding is requested 2001

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

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)
<i>Apts. 96 West</i>	<i>96</i>	<i>384</i>
<i>Green-Fair Manor</i>	<i>236</i>	<i>300</i>
<i>Cherry-Point Homes</i>	<i>71</i>	<i>350-400</i>

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** X _____ **18 Months** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have 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	Grant Start Date	Grant Term End Date
FY 1995	\$156,300.00	TX21DEP0180194	0.00			
FY 1996	\$221,295.00	TX21DEP0180196	0.00			
FY 1997	\$188,700.00	TX21DEP0180197	0.00			
FY 1998	\$174,300.00	TX21DEP0180198	0.00			
FY 1999	\$117,228.00	TX21DEP0180199	0.00	N/A	12/1/99	12/01/00

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.

B. PHDEP Budget Summary

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

FY <u>2001</u> PHDEP Budget Summary	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	
9115 - Special Initiatives	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	15,320.00
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	69,033.00
9170 - Drug Intervention	37,408.00
9180 - Drug Treatment	
9190 - Other Program Costs	21,079.00
TOTAL PHDEP FUNDING	\$142,840.00

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.

9110 - Reimbursement of Law Enforcement					Total PHDEP Funding: \$0.00		
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.							

9115 – Special Initiatives					Total PHDEP Funding: \$0.00		
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.							

9116 – Gun Buyback TA Match					Total PHDEP Funding: \$0.00		
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.							

9120 - Security Personnel					Total PHDEP Funding: \$15,320.00		
Goal(s)							
<i>Decrease criminal activity from external sources.</i>							
Objectives							
<i>Maintain decent, safe and peaceful environment</i>							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. <i>Community Policing and Resident Interaction</i>			<i>On-going</i>	<i>On-going</i>	<i>15,320.00</i>	<i>0.00</i>	<i>Decrease in reported criminal activity on site.</i>
2.							
3.							

9130 - Employment of Investigators					Total PHDEP Funding: \$0.00		
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.							

9140 - Voluntary Tenant Patrol					Total PHDEP Funding: \$0.00		
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.							

9150 - Physical Improvements					Total PHDEP Funding: \$0.00		
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.							

9160 - Drug Prevention					Total PHDEP Funding: \$69,033.00		
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Goal(s)	<i>To reinforce public housing families and educate as to insulate against the drug-culture and increase of numbers in alternative activities.</i>						
Objectives	<i>To decrease the accessibility of public families to the criminal eliminate.</i>						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. <i>Tenant Education and Alternative activities</i>	<i>PHA-Wide</i>	<i>Agency Wide</i>	<i>On-going</i>	<i>On-going</i>	<i>69,033</i>		<i>Increased participation in tenant education and alternative activities.</i>
2.							
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$32,408.00		
Goal(s)	<i>To intervene where drug abuse in tenant families is indicated and to be able to make assessment, referral and monitoring of aftercare. To provide on going drug education and reinforcement.</i>						
Objectives	<i>To eliminate and neutralize drug abuse in public housing.</i>						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. <i>Assessment, Referral and Monitoring of Aftercare</i>	<i>PHA-Wide</i>	<i>Agency Wide</i>	<i>On-going</i>	<i>On-going</i>	<i>32,408.00</i>		<i>Reduction in number of referrals.</i>
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$0.00		
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.							

9190 - Other Program Costs					Total PHDEP Funds: \$21,079.00		
Goal(s)	<i>To be able to provide alternative activities.</i>						
Objectives	<i>To support drug prevention intervention.</i>						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. <i>Transportation, rental fees, flyers</i>			<i>On-going</i>	<i>On-going</i>	<i>21,079.00</i>		<i>Ability to provide organized related activities throughout the funding year.</i>
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				
9115				
9116				
9120	<i>3,830.00</i>	<i>15,320.00</i>		<i>15,320.00</i>
9130				
9140				
9150				
9160	<i>17,258.25</i>	<i>69,033.00</i>		<i>69,033.00</i>
9170	<i>9,352.00</i>	<i>37,408.00</i>		<i>37,408.00</i>
9180				
9190	<i>5,269.75</i>	<i>21,079.00</i>		<i>21,079.00</i>
TOTAL		<i>\$142,840.00</i>		<i>\$142,840.00</i>

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.”

Housing Authority of the City of Lubbock

attachment: TX018e02

1. Substantial Deviation from the 5-Year Plan:

- Any change to the Mission Statement;
- 50% deletion from or addition to the goals and objectives as a whole; and
- 50% or more decrease in the quantifiable measurement of any individual goal or objective.

2. Significant Amendment or Modification to the Annual Plan:

- Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement;
- Any change in a policy or procedure that requires a regulatory 30-day posting;
- Any submission to HUD that requires a separate notification to residents, such as Hope VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership programs; and
- Any change inconsistent with the local, approved Consolidated Plan, in the discretion of the Executive Director.

**COMMUNITY SERVICE POLICY
FOR THE
HOUSING AUTHORITY OF THE
CITY OF LUBBOCK, TEXAS**

COMMUNITY SERVICE POLICY

Section 512 of the Quality Housing and Work Responsibility Act of 1998, which amends Section 12 of the Housing Act of 1937, establishes a new requirement for non-exempt residents of public housing to contribute eight (8) hours of community service each month or to participate in a self-sufficiency program for eight (8) hours each month. Community service is a service for which individuals are not paid. The Housing Authority of the City of Lubbock (PHA) believes that the community service requirement should not be perceived by the resident to be a punitive or demeaning activity, but rather to be a rewarding activity that will benefit both the resident and the community. Community service offers public housing residents an opportunity to contribute to the communities that support them.

In order to effectively implement this new requirement, the Housing Authority of the City of Lubbock establishes the following Policy, effective October 1, 1999.

1. Community Service

The PHA will provide residents, identified as required to participate in community service, a variety of voluntary activities and locations where the activities can be performed. The activities may include, but are not limited to:

- improving the physical environment of the resident's developments;
- selected office related services in the development or Administrative Office;
- volunteer services in local schools, day care centers, hospitals, nursing homes, youth or senior organizations, drug/alcohol treatment centers, recreation centers, etc;
- neighborhood group special projects;
- self-improvement activities such as household budget, credit counseling, English proficiency, GED classes or other educational activities;
- tutoring elementary or high school age residents; and
- serving in on-site computer training centers.

Voluntary political activities are prohibited.

2. Program Administration

The PHA may administer its own community service program in conjunction with the formation of cooperative relationships with other community based entities such as TANF, Social Services Agencies or other organizations which have as their goal, the improvement and advancement of disadvantaged families. The PHA may seek to contract its community service program out to a third-party.

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In conjunction with its own or partnership program, the PHA will provide reasonable

accommodations for accessibility to persons with disabilities. The PHA may directly supervise community service activities and may develop and provide a directory of opportunities from which residents may select. When services are provided through partnering agencies, the PHA will confirm the resident's participation. Should contracting out the community service function be determined to be the most efficient method for the PHA to accomplish this requirement, the PHA will monitor the agency for contract compliance.

The PHA will assure that the service is not labor that would normally be performed by PHA employees responsible for the essential maintenance and property services.

3. Self Sufficiency

The PHA will inform residents that participation in self-sufficiency activities for eight (8) hours each month can satisfy the community service requirement and encourage non-exempt residents to select such activities to satisfy the requirement. Such activities can include, but are not limited to:

- apprenticeships and job readiness training;
- substance abuse and mental health counseling and treatment;
- English proficiency, GED, adult education, junior college or other formal education;
- household budgeting and credit counseling;
- small business training.

The PHA may sponsor its own economic self-sufficiency program or coordinate with local social services, volunteer organizations and TANF agencies.

4. Geographic Location

The PHA recognizes that the intent of this requirement is to have residents provide service to their own communities, either in the PHA's developments or in the broader community in which the PHA operates.

5. Exemptions

In accordance with provisions in the Act, the PHA will exempt from participation in community service requirements the following groups:

- adults who are 62 years of age or older;
- persons engaged in work activities as defined under Social Security (full-time or part-time employment);
- participants in a welfare to work program;
- persons receiving assistance from and in compliance with State programs funded under part A, title IV of the Social Security Act; and

- the disabled but only to the extent that the disability makes the person “unable to comply” with the community service requirements.

The PHA will determine, at the next regularly scheduled reexamination, the status of each household member eighteen (18) years of age or older with respect to the requirement to participate in community service activities. The PHA will use the “PHA Family Community Service Monthly Time-Sheet” to document resident eligibility and the hours of community service. A record for each adult will be established and community service placement selections made. Each non-exempt household member will be provided with forms to be completed by a representative of the service or economic self-sufficiency activity verifying the hours of volunteer service conducted each month.

The PHA will also assure that procedures are in place which provide residents the opportunity to change status with respect to the community service requirement. Such changes include, but are not limited to:

- going from unemployment to employment;
- entering a job training program;
- entering an educational program which exceeds eight (8) hours monthly.

All exemptions to the community service requirement will be verified and documented in the resident file. Required verifications may include, but not be limited to:

- third-party verification of employment, enrollment in a training or education program, welfare to work program or other economic self sufficiency activities;
- birth certificates to verify age 62 or older; or
- if appropriate, verification of disability limitations.

Families who pay flat rents, live in public housing units within market rate developments or families who are over income when they initially occupy a public housing unit will not receive an automatic exception.

6. Cooperative Relationships with Welfare Agencies

The PHA may initiate cooperative relationships with local service agencies that provide assistance to its families to facilitate information exchange, expansion of community service/self-sufficiency program options and aid in the coordination of those activities.

7. Lease Requirements and Documentation

The PHA's lease has a twelve (12)-month term and is automatically renewable except for

non-compliance with the community service requirement. The lease also provides for termination and eviction of the entire household for such non-compliance. The lease provisions will be implemented for current residents at the next regularly scheduled reexamination on or after October 1, 1999, and for all new residents effective October 1, 1999. The PHA will not renew or extend the lease if the household contains a non-exempt member who has failed to comply with the community service requirement.

Documentation of compliance or non-compliance will be placed in each resident file.

8. Noncompliance

If the PHA determines that a resident who is not an "exempt individual" has not complied with the community service requirement, the PHA must notify the resident:

1. of the non-compliance;
2. that the determination is subject to the PHA's administrative grievance procedure;
3. that unless the resident enters into an agreement under paragraph 4. of this section, the lease of the family of which the non-compliant adult is a member may not be renewed. However, if the non-compliant adult moves from the unit, the lease may be renewed;
4. that before the expiration of the lease term, the PHA must offer the resident an opportunity to cure the non-compliance during the next twelve (12)-month period; such a cure includes a written agreement by the non-compliant adult to complete as many additional hours of community service or economic self-sufficiency activity needed to make up the total number of hours required over the twelve (12)-month term of the lease.

**PET OWNERSHIP
(FAMILY)
FOR THE
HOUSING AUTHORITY OF THE
CITY OF LUBBOCK, TEXAS**

PET OWNERSHIP POLICY

OVERVIEW

Section 526 of the Quality Housing and Work Responsibility Act of 1998 added a new Section 31 (“Pet Ownership in Public Housing”) to the United States Housing Act of 1937. Section 31 establishes pet ownership requirements for residents of public housing other than federally assisted rental housing for the elderly or persons with disabilities. In brief, this section states that: A resident of a dwelling unit in public housing may own one (1) or more common household pets or have such pets present in the dwelling unit. Allowance of pets is subject to reasonable requirements of the PHA. *A proposed rule to implement Section 31 was published in the June 23, 1999, Federal Register. On July 10, 2000, a final rule incorporating comments received was published in the Federal Register. This policy reflects the final rule requirements.*

The Housing Authority of the City of Lubbock (herein referred to as PHA) notifies eligible new and current residents of their right *to own pets subject to the PHA’s rules* and provides them copies of the PHA’s Pet Ownership Rules. To obtain permission, pet owners must agree to abide by those Rules.

In consulting with residents currently living in the PHA’s developments, the PHA will *develop appropriate pet ownership rules, include those rules in their Agency Plan and* notify all such residents that:

- A. all residents are permitted to own and keep common domesticated household pets, such as a cat, dog, bird, and fish, in their dwelling units, in accordance with PHA pet ownership rules;
2. a non-refundable nominal pet fee *of \$_____ will be charged and* is intended to cover the reasonable operating costs to the development *directly attributable to a pet or pets in the unit (i.e., fumigation of a unit)*. The refundable pet deposit *of \$_____ will be assessed and* is intended to cover additional costs not otherwise covered *which are directly attributable to the pet’s presence (i.e., damages to the unit, yard, fumigation of a unit, etc.)*;
- C. animals that are used to assist the disabled are excluded from the size and weight and type requirements pertaining to ownership of service animals; however, they will be required to assure that proper licensing, inoculations, leash restraints, etc. *in accordance with State or local law* are observed;
- D. residents may request a copy of the PHA’s pet ownership rules or proposed amendments to the rules at any time; and,

Pet Ownership-Family

- E. if the dwelling lease of a resident prohibits pet ownership, the resident may request that the lease be amended to permit pet ownership, in accordance with the PHA's pet ownership rules shown below;
- F. Section 31 does not alter, in any way, the regulations applicable to Federally assisted housing for the elderly and persons with disabilities found at Section 227 of the Housing and Urban-Rural Recovery Act of 1983 and located in 24 CFR part 5, subpart C.
- G. **New Section 960.705 of 24 CFR clarifies that the regulations added in Section 31 do not apply to service animals that assist persons with disabilities. This exclusion applies to both service animals that reside in public housing and service animals that visit PHA developments. Nothing in this rule limits or impairs the rights of persons with disabilities, authorizes PHAs to limit or impair the rights of persons with disabilities, or affects any authority PHAs may have to regulate service animals that assist persons with disabilities.**

HOUSING AUTHORITY OF THE CITY OF LUBBOCK

Pet Ownership Rules for Families

1. Common household pet means a domesticated cat, dog, bird, gerbil, hamster, Guinea pig and fish in aquariums. Reptiles of any kind, with the exception of small turtles as well as mice and rats are prohibited. Wild animals of any kind will not be permitted, this includes birds or fish.
2. Each household shall have only one pet (except fish or birds). The limit for birds is two (2).
3. The pet owner shall have only a small cat or a dog. The animal's weight shall not exceed *20 pounds*. The animal's height shall not exceed *fifteen inches*. Such limitations do not apply to a ***service animal*** used to assist a disabled resident.
4. Pet owners shall license their pets (***if required by state or local law***) yearly with the City of Lubbock or as required. The pet owner must show the PHA proof of rabies and distemper booster inoculations and licensing annually. Residents applying for approval to house a dog or cat must provide, at the time of application, proof of insurance in the amount of \$1,000.00 for property damage and \$20,000.00 for personal liability. Such insurance shall be in force at all times, with proof of same provided at each recertification or at such other times as the PHA may request.
5. No pet owner shall keep a pet in violation of State or local health or humane laws or ordinances. Any failure of these pet ownership rules to contain other applicable State or local laws or ordinances does not relieve the pet owner of the responsibility for complying with such requirements.
6. The pet owner must have his or her cat or dog spayed or neutered and shall pay the cost thereof. A veterinarian shall verify that the spaying or neutering has been accomplished.
7. The pet owner shall house the pet inside the pet owner's dwelling unit. The pet owner shall keep a cat or a dog on a leash and shall control the animal when it is taken out of the dwelling unit for any purpose. The owner of a bird(s) shall confine them to a cage at all times. No pet owner shall allow his or her pet to be unleashed or loose outside the pet owner's dwelling unit.
8. ***No pet shall be permitted in any common area except as necessary to directly enter and exit the building. This restriction is not applicable to service animals.***
9. ***No pet (other than birds or fish) shall be permitted to remain in an apartment***

overnight while the resident is away.

10. *Management shall furnish to the household a pet sticker if the pet is a dog or cat which must be displayed on the front entrance door of the unit.*
11. *Resident shall provide the PHA a color photograph of the pet(s).*
12. *All dogs and cats shall wear a collar at all times. Attached to the collar shall be an ID tag listing the pet owner's name and address.*
13. *Any resident having a dog or cat shall obtain some type of "scooper" to clean up after the pet outdoors. The resident is responsible for placing all waste in sealed plastic bags and disposing of such material in a trash container.*
14. *Resident is required to take whatever action necessary to insure that their pet does not bring any fleas or ticks into the building. This may include, but is not limited to, the use of flea collars and flea power. The resident is responsible for the cost of flea/tick extermination.*
15. No resident shall keep, raise, train, breed or maintain any pet of any kind at any location, either inside or outside the dwelling unit, for any commercial purpose.
16. No pet owner shall keep a vicious or intimidating pet on the premises (*i.e. pit bulls or any other vicious or intimidating breeds*). *Any animal identified in local or State law or ordinance as dangerous or vicious will be prohibited.* If the pet owner declines, delays or refuses to remove such a pet from the premises, the PHA shall do so, in order to safeguard the health and welfare of other residents.
17. No pet owner shall permit his or her pet to disturb, interfere or diminish the peaceful enjoyment of the pet owner's neighbors or other residents. The terms "disturb, interfere or diminish" shall include but not be limited to barking, howling, biting, scratching, chirping and other activities of a disturbing nature. If the pet owner declines, delays or refuses to remove the pet from the premises, the PHA shall do so.
18. The owner of a cat shall feed the animal at least once per day; provide a litter box inside the dwelling unit; clean the litter box at least every two (2) days; and take the animal to a veterinarian at least once per year. The pet owner shall not permit refuse from the litter box to accumulate or to become unsanitary or unsightly, and shall dispose of such droppings by placing them in a plastic tie sack in a designated trash container outside the building where the pet owner lives.
19. The owner of a dog shall feed the animal at least once per day; take the animal for a walk at least twice per day; remove the animals droppings at least twice per day; and take the animal to a veterinarian at least once per year. The pet owner shall not permit dog droppings to accumulate or to become unsanitary or unsightly, and shall

Pet Ownership-Family

dispose of such droppings by placing them in a sack in a designated container outside the building where the pet owner lives.

20. The pet owner shall take the precautions and measures necessary to eliminate pet odors within and around the dwelling unit, and shall maintain the dwelling unit in a sanitary condition at all times, as determined by the PHA.
21. The pet owner shall keep the pet, dwelling unit, and surrounding areas free of fleas, ticks and/or other vermin.
22. No pet owner shall alter the dwelling unit or the surrounding premises to create a space, hole, container or enclosure for any pet.
23. ***Resident agrees that the PHA shall have the right to remove any pet should the pet become vicious, display symptoms of severe illness or demonstrate other behavior that constitutes an immediate threat to the health or safety of the tenancy as a whole. If the PHA requests that the resident remove the pet from the premises and resident refuses to do so, or if the PHA is unable to contact the resident to make the request, the PHA may take such actions as deemed necessary, e.g. placing the pet in a facility that will provide the pet with care and shelter at the expense of the pet owner for a period not to exceed thirty (30) days.*** PHA staff shall enter a dwelling unit where a pet has been left untended for twenty-four (24) hours, remove the pet and transfer it to the proper local authorities, subject to any provisions of State or local law or ordinances in this regard. The PHA shall accept no responsibility for the pet under such circumstances.
24. Each pet owner shall pay a non-refundable pet fee of \$150.00 and a refundable pet deposit of \$150.00. A refundable deposit of \$150.00 will be charged for aquariums. There is no pet deposit for birds, gerbils, hamsters, guinea pigs or turtles. The pet fee/deposit is not part of the rent payable by the pet owner, and is in addition to any other financial obligation generally imposed on residents of the development where the pet owner lives. The PHA shall use the non-refundable pet fee only to pay reasonable expenses directly attributable to the presence of the pet in the development, including, but not limited to the cost of repairs and replacements to, and the fumigation of, the pet owner's dwelling unit. The refundable deposit will be used, if appropriate, to correct damages caused by the presence of the pet.
25. The refundable pet deposit will be placed in an escrow account and the PHA will refund the unused portion, plus any accrued interest, to the resident within thirty (30) days after the pet owner moves from the dwelling unit or no longer owns or keeps a pet in the dwelling unit.

Should State or local law require that the pet deposit be placed in an interest

bearing account, the PHA will provide for such deposit and will account for all interest individually by pet owner family. Should the State or local law not specifically address the issue of pet deposit interest, the PHA shall determine payment or non-payment of interest based on State or local law with respect to rental security deposit requirements.

26. All residents are prohibited from feeding, housing or caring for stray animals or birds. Such action shall constitute having a pet without permission of the PHA.
27. Each pet owner shall identify an alternate custodian for his or her pet. If the pet owner is ill or absent from the dwelling unit and unable to care for his or her pet, the alternate custodian shall assume responsibility for the care and keeping of the pet, including, if necessary, the removal of the pet from PHA premises.
28. Should any pet housed in the PHA's facilities give birth to a litter, the residents shall remove from the premises all of said pets except one.
29. ***Pet Violation Procedures: Resident agrees to comply with the following:***
 - a. ***Notice of Pet Rule Violation: If the PHA determines on the basis of objective facts, supported by written statements, that a pet owner has violated a rule governing the keeping of pets, the PHA will serve a notice to the owner of pet rule violation. The notice of pet rule violation will be in writing and will:***
 - (1) ***Contain a brief statement of the factual basis for the determination and the pet rule or rules alleged to be violated.***
 - (2) ***State that the pet owner has ten (10) days from the effective date of service of the notice to correct the violation (including in appropriate circumstances, removal of the pet) or to make a written request for a meeting to discuss the violation.***
 - (3) ***State that the pet owner is entitled to be accompanied by another person of his or her choice at the meeting.***
 - (4) ***State that the pet owner's failure to correct the violation, to request a meeting, or to appear at a requested meeting may result in initiation of procedures to have the pet removed and/or terminate the pet owner's lease or both.***
 - b. ***Pet Rule Violation Meeting: If the pet owner makes a request, within five (5) days of the notice of pet rule violation, for a meeting to discuss the alleged violation, the PHA will establish a mutually agreeable time and place for the meeting within fifteen (15) days from the effective date of***

service of the notice of pet rule violation. At the pet rule violation meeting, the pet owner and PHA shall discuss any alleged pet rule violation and attempt to correct it. The PHA, may as a result of the meeting, give the pet owner additional time to correct the violation.

c. Notice for Pet Removal: If the PHA determines that the pet owner has failed to correct the pet rule violation within the time permitted by Paragraph b. of this section (including any additional time permitted by the PHA), or if the parties are unable to resolve the problem, the PHA may serve a notice to the pet owner requiring the pet owner to remove the pet. The notice will be in writing and will:

(1) Contain a brief statement of the factual basis for the determination and the pet rule or rules that has been violated.

(2) State that the pet owner must remove the pet within ten (10) days of the effective date of the notice of pet removal (or the meeting, if notice is served at the meeting).

(3) State that failure to remove the pet may result in initiation of the procedures to have the pet removed or terminate the pet owner's lease or both.

d. The procedure does not apply in cases where the pet in question presents an immediate threat to the health, safe, of others or if the pet is being treated in an inhumane manner. In such cases paragraph 24 shall apply.

30. The PHA will not be responsible for any pet which gets out of a unit when maintenance employees enter for the purpose of making repairs. The family is responsible for removing the pet when maintenance is scheduled or assuring that a responsible family member is present to control the pet.

31. If a resident, including a pet owner, breaches any of the rules set forth above, the PHA may revoke the pet permit and evict the resident or pet owner.

32. Each pet owner must provide a photo of his/her pet.

AGREEMENT FOR CARE OF PET

In accordance with the Pet Policy of the Housing Authority of the City of Lubbock and the Addendum to the Residential Dwelling Lease Agreement dated between:

THE HOUSING AUTHORITY OF THE CITY OF LUBBOCK
PO Box 2568
Lubbock, Texas 79408

AND,

_____ (Resident's Name)

_____ (Resident's Address)

I hereby agree that should _____ become incapable of caring for _____ a

(Name of Pet)

(Type of Pet)

for any reason whatsoever, I will assume full responsibility for removal of the pet from the premises and for the care and well being of the animal.

Further, the pet shall not be permitted to return to the premises until approval is given by the Housing Authority of the City of Lubbock.

A copy of the Addendum to the Residential Dwelling Lease Agreement is attached.

Signature

Sworn and subscribed before
me this _____ day of
_____, _____.

Notary of Public

My Commission Expires:

PET POLICY ADDENDUM

I have read and understand the above pet ownership rules and agree to abide by them.

Resident's Signature

PHA Staff member's Signature

Date

Date

Type of Animal and Breed

Name of Pet

Description of Pet (color, size, weight, sex, etc.)

The alternate custodian for my pet is:

Custodian's first, middle and last name; post office box; street address; zip code; area telephone code and telephone number:

Resident's Signature

Date

Refundable Damage Deposit _____

Amount Paid

Date

Non-refundable Damage Deposit _____

Amount Paid

Date

NOTICE

Although we have made our best effort to comply with regulations, laws, and Federal/local policies the Nelrod Company does not offer advice on legal matters or render legal opinions. We recommend that this policy be reviewed by the Housing Authority=s general council and/or attorney prior to approval by the Board of Commissioners.

The Nelrod Company is not responsible for any changes made to these policies by any party other than the Nelrod Company.

PET OWNERSHIP
(ELDERLY/DISABLED RESIDENTS)
FOR
THE HOUSING AUTHORITY OF THE
CITY OF LUBBOCK, TEXAS

PET OWNERSHIP

Housing Authority residents who are elderly and/or disabled are permitted to own and keep pets in their dwelling units. The Housing Authority of the City of Lubbock, Texas (herein referred to as PHA) notifies eligible new and current residents of that right and provides them copies of the PHA's Pet Ownership Rules. To obtain permission, pet owners must agree to abide by those Rules.

In consulting with residents currently living in the PHA's developments for the elderly or disabled, the PHA will notify all such residents that:

- A. elderly or disabled residents are permitted to own and keep common domesticated household pets, such as a cat, dog, bird, and fish, in their dwelling units, in accordance with PHA pet ownership rules;
- B. animals that are used to assist the disabled are excluded from the size and weight requirements pertaining to ownership of service animals; however, they will be required to assure that proper licensing, inoculations, leash restraints, etc. *in accordance with State or local law* are observed.
- C. residents may request a copy of the PHA's pet ownership rules or proposed amendments to the rules at any time; and,
- D. if the dwelling lease of an elderly or disabled resident prohibits pet ownership, the resident may request that the lease be amended to permit pet ownership, in accordance with the PHA's pet ownership rules shown below.

HOUSING AUTHORITY OF THE CITY OF LUBBOCK

Pet Ownership Rules for Elderly/Disabled Residents

1. Common household pet means a domesticated cat, dog, bird, gerbil, hamster, Guinea pig and fish in aquariums. Reptiles of any kind, with the exception of small turtles *or lizards* in a terrarium, as well as mice and rats are prohibited. These definitions do not include any wild animal, bird *of prey, dangerous fish or snakes, spiders or other insects, or any farm animals.*
2. Each household shall have only one pet (except fish or birds). The limit for birds is two (2).
3. The pet owner shall have only a small cat or a dog. The animal's weight shall not exceed *20 pounds*. The animal's height shall not exceed *fifteen inches*. Such limitations do not apply to a *service animal* used to assist a disabled resident.
4. Pet owners shall license their pets (*if required by state or local law*) yearly with the City of Lubbock, Texas. The pet owner must show the PHA proof of rabies and distemper booster inoculations and licensing annually.
5. No pet owner shall keep a pet in violation of State or local health or humane laws or ordinances. Any failure of these pet ownership rules to contain other applicable State or local laws or ordinances does not relieve the pet owner of the responsibility for complying with such requirements.
6. The pet owner shall house the pet inside the pet owner's dwelling unit. The pet owner shall keep a cat or a dog on a leash and shall control the animal when it is taken out of the dwelling unit for any purpose. The owner of a bird(s) shall confine them to a cage at all times. No pet owner shall allow his or her pet to be unleashed or loose outside the pet owner's dwelling unit.
7. *No pet shall be permitted in any common area except as necessary to directly enter and exit the building. This restriction is not applicable to service animals.*
8. *No pet (other than birds or fish) shall be permitted to remain in an apartment overnight while the resident is away.*
9. *Management shall furnish to the household a pet sticker if the pet is a dog or cat which must be displayed on the front entrance door of the unit.*

Pet Ownership

10. ***Resident shall provide the PHA a color photograph of the pet(s).***
11. ***All dogs and cats shall wear a collar at all times. Attached to the collar shall be an ID tag listing the pet owner's name and address.***
12. ***Any resident having a dog or cat shall obtain some type of "scooper" to clean up after the pet outdoors. The resident is responsible for placing all waste in sealed plastic bags and disposing of such material in a trash container.***
13. ***Resident is required to take whatever action necessary to insure that their pet does not bring any fleas or ticks into the building. This may include, but is not limited to, the use of flea collars and flea power. The resident is responsible for the cost of flea/tick extermination.***
14. No resident shall keep, raise, train, breed or maintain any pet of any kind at any location, either inside or outside the dwelling unit, for any commercial purpose.
15. No pet owner shall keep a vicious or intimidating pet on the premises (***i.e. pit bulls or any other vicious or intimidating breeds***). ***Any animal identified in local or State law or ordinance as dangerous or vicious will be prohibited.*** If the pet owner declines, delays or refuses to remove the pet from the premises, the PHA shall do so, in order to safeguard the health and welfare of other residents.
16. No pet owner shall permit his or her pet to disturb, interfere or diminish the peaceful enjoyment of the pet owner's neighbors or other residents. The terms "disturb, interfere or diminish" shall include but not be limited to barking, howling, biting, scratching, chirping and other activities of a disturbing nature. If the pet owner declines, delays or refuses to remove the pet from the premises, the PHA shall do so.
17. The owner of a cat shall feed the animal at least once per day; provide a litter box inside the dwelling unit; clean the litter box at least every two (2) days; and take the animal to a veterinarian at least once per year. The pet owner shall not permit refuse from the litter box to accumulate or to become unsanitary or unsightly, and shall dispose of such droppings by placing them in a plastic tie sack in a designated trash container outside the building where the pet owner lives.
18. The owner of a dog shall feed the animal at least once per day; take the animal for a walk at least twice per day; remove the animals droppings at least twice per day; and take the animal to a veterinarian at least once per year. The pet owner shall not permit dog droppings to accumulate or to become unsanitary or unsightly, and shall dispose of such droppings by placing them in a plastic tie sack in a designated trash container outside the building where the pet owner lives.

Pet Ownership

19. The pet owner shall take the precautions and measures necessary to eliminate pet odors within and around the dwelling unit, and shall maintain the dwelling unit in a sanitary condition at all times, as determined by the PHA.
20. The pet owner shall keep the pet, dwelling unit, and surrounding areas free of fleas, ticks and/or other vermin.
21. No pet owner shall alter the dwelling unit or the surrounding premises to create a space, hole, container or enclosure for any pet.
22. ***Resident agrees that the PHA shall have the right to remove any pet should the pet become vicious, display symptoms of severe illness or demonstrate other behavior that constitutes an immediate threat to the health or safety of the tenancy as a whole. If the PHA requests that the resident remove the pet from the premises and resident refuses to do so, or if the PHA is unable to contact the resident to make the request, the PHA may take such actions as deemed necessary, e.g. placing the pet in a facility that will provide the pet with care and shelter at the expense of the pet owner for a period not to exceed thirty (30) days.*** PHA staff shall enter a dwelling unit where a pet has been left untended for twenty-four (24) hours, remove the pet and transfer it to the proper local authorities, subject to any provisions of State or local law or ordinances in this regard. The PHA shall accept no responsibility for the pet under such circumstances.
23. The PHA shall refund the unused portion of the refundable pet deposit to the pet owner within thirty (30) days after the pet owner moves from the dwelling unit or no longer owns or keeps a pet in the dwelling unit.

Should State or local law require that the pet deposit be placed in an interest bearing account, the PHA will provide for such deposit and will account for all interest individually by pet owner family. Should the State or local law not specifically address the issue of pet deposit interest, the PHA shall determine payment or non-payment of interest based on State or local law with respect to rental security deposit requirements.
24. All residents, including the elderly and disabled, are prohibited from feeding, housing or caring for stray animals or birds. Such action shall constitute having a pet without permission of the PHA.
25. Each pet owner shall identify an alternate custodian for his or her pet. If the pet owner is ill or absent from the dwelling unit and unable to care for his or her pet, the

Pet Ownership

alternate custodian shall assume responsibility for the care and keeping of the pet, including, if necessary, the removal of the pet from PHA premises.

26. Should any pet housed in the PHA's facilities give birth to a litter, the residents shall remove from the premises all of said pets except one.
27. The PHA will not be responsible for any pet which gets out of a unit when maintenance employees enter for the purpose of making repairs. The family is responsible for removing the pet when maintenance is scheduled or assuring that a responsible family member is present to control the pet.
28. If a resident, including a pet owner, breaches any of the rules set forth above, the PHA may revoke the pet permit and evict the resident or pet owner.
29. ***If the pet's health is threatened because of resident's inability to care for the pet due to illness, absence from the unit, or because of mistreatment of the pet, the PHA will notify the responsible person listed in the Pet Policy Addendum. If the individual is either unwilling or unable to care for the pet, or if the PHA is unable to contact the responsible part, the PHA will place the pet in a shelter for a maximum of thirty (30) days. If no responsible part is found, state or local authorities will be contacted.***
30. ***The resident shall be responsible for arranging for burial or other disposal, off the premises, of pets in the event of the death of the pet.***
31. ***The resident agrees to assume all personal financial responsibility for damages to any personal or PHA property caused by the pet and assumes personal responsibility for personal injury to any party caused by the pet.***
32. ***Pet Violation Procedures: Resident agrees to comply with the following:***
 - a. ***Notice of Pet Rule Violation: If the PHA determines on the basis of objective facts, supported by written statements, that a pet owner has violated a rule governing the keeping of pets, the PHA will serve a notice to the owner of pet rule violation. The notice of pet rule violation will be in writing and will:***
 1. ***Contain a brief statement of the factual basis for the determination and the pet rule or rules alleged to be violated.***
 2. ***State that the pet owner has ten (10) days from the effective date of service of the notice to correct the violation (including in appropriate circumstances, removal of the pet) or to make a written***

request for a meeting to discuss the violation.

3. *State that the pet owner is entitled to be accompanied by another person of his or her choice at the meeting.*
 4. *State that the pet owner's failure to correct the violation, to request a meeting, or to appear at a requested meeting may result in initiation of procedures to have the pet removed and/or terminate the pet owner's lease or both.*
- b. *Pet Rule Violation Meeting: If the pet owner makes a request, within five (5) days of the notice of pet rule violation, for a meeting to discuss the alleged violation, the PHA will establish a mutually agreeable time and place for the meeting within fifteen (15) days from the effective date of service of the notice of pet rule violation. At the pet rule violation meeting, the pet owner and PHA shall discuss any alleged pet rule violation and attempt to correct it. The PHA, may as a result of the meeting, give the pet owner additional time to correct the violation.*
- c. *Notice for Pet Removal: If the PHA determines that the pet owner has failed to correct the pet rule violation within the time permitted by Paragraph b. of this section (including any additional time permitted by the PHA), or if the parties are unable to resolve the problem, the PHA may serve a notice to the pet owner requiring the pet owner to remove the pet. The notice will be in writing and will:*
1. *Contain a brief statement of the factual basis for the determination and the pet rule or rules that has been violated.*
 2. *State that the pet owner must remove the pet within ten (10) days of the effective date of the notice of pet removal (or the meeting, if notice is served at the meeting).*
 3. *State that failure to remove the pet may result in initiation of the procedures to have the pet removed or terminate the pet owner's lease or both.*
- d. *The procedure does not apply in cases where the pet in question presents an immediate threat to the health, safe, of others or if the pet is being treated in an inhumane manner. In such cases paragraph 24 shall apply.*

Pet Ownership

AGREEMENT FOR CARE OF PET

In accordance with the Pet Policy of the Housing Authority of the City of Lubbock and the Addendum to the Residential Dwelling Lease Agreement dated between:

THE HOUSING AUTHORITY OF THE CITY OF LUBBOCK
PO Box 2568
Lubbock, Texas 79408

AND,

_____ (Resident's Name)

_____ (Resident's Address)

I hereby agree that should _____ become incapable of caring for _____ a

(Name of Pet)

(Type of Pet)

for any reason whatsoever, I will assume full responsibility for removal of the pet from the premises and for the care and well being of the animal.

Further, the pet shall not be permitted to return to the premises until approval is given by the Housing Authority of the City of Lubbock.

A copy of the Addendum to the Residential Dwelling Lease Agreement is attached.

Signature

Sworn and subscribed before
me this _____ day of
_____, _____.

Notary of Public

My Commission Expires:

Pet Ownership

PET POLICY ADDENDUM

I have read and understand the above pet ownership rules and agree to abide by them.

Resident's Signature

PHA Staff member's Signature

Date

Date

Type of Animal and Breed

Name of Pet

Description of Pet (color, size, weight, sex, etc.)

The alternate custodian for my pet is:

Custodian's first, middle and last name; post office box; street address; zip code; area telephone code and telephone number:

Resident's Signature

Date

NOTICE

Although we have made our best effort to comply with regulations, laws, and Federal/local policies the Nelrod Company does not offer advice on legal matters or render legal opinions. We recommend that this policy be reviewed by the Housing Authority's general council and/or attorney prior to approval by the Board of Commissioners.

The Nelrod Company is not responsible for any changes made to these policies by any party other than the Nelrod Company.

Housing Authority of the City of Lubbock

Required Attachment TX018i02: Resident Member on the PHA Governing Board

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

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

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

- Elected
 Appointed

C. The term of appointment is (include the date term expires): **12-27-00 through 12-27-02**

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

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

B. Date of next term expiration of a governing board member: **12/27/01**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): **Windy Sitton - Mayor**

Required Attachment TX018j02: Membership of the Resident Advisory Board or Boards

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

Velma Martinez

Rachel Romo

Isabel Cabello

Diane Alegria

Pat Colby

Francis Cornwall

Mildred Miller

Arlene Mater

Orpha Lee-McKinney

Fausto Camacho

Joann Martin

Housing Authority of the City of Lubbock
PHA Plan Update for FYB 2001

Statement of Progress
Attachment: TX018k02

The Housing Authority has been successful in achieving its mission and goals in the year 2000. Goals are either completed or on target for completion by the end of the year.

To ensure compliance with the Public Housing Reform Act of 1998, every policy was reviewed and updated as needed. Most significant was the update to the Admissions and Occupancy Policy and the Section 8 Administrative Plan.

Concerning ensuring equal opportunity outreach efforts have been made by making renewed partnerships with community groups and medical facilities.

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

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

Annual Plan Type: Standard Plan

Component 7-B: HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

- *The PHA Plans to apply for HOPE VI Revitalization grant in the Plan Year, for Green-fair Manor*

Component 12: PHA Community Service and Self-sufficiency Program

- *Adoption of Community Service Policy*

Component 14: Pet Ownership Policy

- *Adoption of Pet Ownership Policy – families and elderly/disabled*

CAPITAL FUND PROGRAM

Annual Statement/Performance and Evaluation Report

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

PHA Name: Lubbock Housing Authority 1708 Avenue G, Lubbock, TX 79401	Grant Type and Number: Capital Fund Program Grant No: TX21P01850100 Replacement Housing Factor Grant I	FFY of Grant Approved: 09/30/00
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement - Revision No.
 Performance and Evaluation Report for Period Ending: 3/31/2001
 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	62,999	116,684	116,684	116,684
2	1406 Operations (may not exceed 10% of line 16)	154,795	154,795	62,938	62,938
3	1408 Management Improvements - Soft Costs	207,000	207,000	83,404	38,471
4	1410 Administration	103,600	103,600	45,980	45,980
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,000	25,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	8,000	8,000		
10	1460 Dwelling Structures	462,591	462,591	2,150	2,150
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures	10,000	10,000	504	504
13	1475 Nondwelling Equipment	65,000	65,000	16,483	16,483
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Cost				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant (Sum of lines 2-14)	1,035,986	1,035,986	211,459	166,526
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Lubbock Housing Authority 1708 Avenue G, Lubbock, TX 79401			Grant Type and Number: Capital Fund Program Grant No: TX21P01850100 Replacement Housing Factor Grant No.			FFY of Grant Approved: 09/30/00		
Development Number Name/HA Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide								
Operations	Funds for operations	1406		154,795	154,795	62,938	62,938	
Management	Resident Initiatives Administrator	1408		34,000	34,000	17,721	17,721	
Improvements	Prevention Specialist	1408		28,000	28,000	14,530	14,530	
	Computer Software	1408		11,600	11,600	4,257	4,257	
	Update Policies and Procedures	1408		6,000	6,000			
	General Technical Assist/PHAS Improvement	1408		7,000	7,000			
	Supervisor Skills and Team Building	1408		2,000	2,000			
	Finance Training	1408		3,500	3,500	1,541	1,541	
	Modernization Project Management Training	1408		3,200	3,200			
	Executive Director Training	1408		2,500	2,500			
	Manager Training	1408		3,000	3,000			
	Computer Systems Training	1408		3,500	3,500			
	Maintenance Technical Training	1408		3,200	3,200			
	Self Sufficiency Training	1408		2,500	2,500			
	Computer Lab Activities	1408		15,000	15,000			
	Job Apprentice programs	1408		1,500	1,500			
	Resident Council Leadership Training	1408		500	500			
	Parenting (Parents as Teacher Program)	1408		50,000	50,000	44,933		
	Resident Security	1408		30,000	30,000	422	422	
Administration	Administrative salaries/sundry	1410		103,600	103,600	45,980	45,980	
Fees & Costs	Architect/consultant fees/agency planning	1430		25,000	25,000			
Non Dwelling Str	Administration Bldg. - Replace HVAC	1470		10,000	10,000	504	504	
Non Dwelling	Replace maintenance vehicles	1475		45,000	45,000			
Equipment	Computer equipment	1475		20,000	20,000	16,483	16,483	

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

Development Number	Description of Work Items	Development Account Number	Quantity	Total Estimated Costs		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
TX21-P018-001	Landscaping	1450		2,000	2,000			
Behner Place 1	Utility Closets	1460		75,000	75,000			
TX21-P018-002	Replace entry door - front	1460		9,000	9,000			
Green Fair Manor	Replace security screen door	1460		3,400	3,400			
	Replace bathroom lavatory	1460		5,500	5,500			
	Repace bathroom toilets	1460		4,600	4,600			
	Replace bathtubs	1460		12,000	12,000			
	Provide closet door / enclosure	1460		11,800	11,800			
	Replace medicine cabinets	1460		1,500	1,500			
	Paint interior	1460		30,000	30,000			
	Replace shower heads	1460		1,050	1,050			
	Replace towel bars	1460		900	900			
	Replace toilet paper holder	1460		350	350			
	Replace vct floor tile	1460		35,000	35,000			
	Replace interior doors	1460		3,500	3,500			
	Replace vinyl base	1460		22,291	22,291			
	Provide deadbolts on entry door	1460		2,200	2,200			
TX21-P018-004	Landscaping	1450		2,000	2,000			
Cherry Point Home	Replace kitchen cabinet/countertop	1460		12,000	12,000			
	Replace kitchen wall cabinet	1460		40,000	40,000	2,150	2,150	
	Replace range hood	1460		3,000	3,000			
	Replace interior doors	1460		27,800	27,800			
TX21-P018-005	Exterior Painting	1460		50,000	50,000			
96 West 36 South	Water Heaters	1460		43,200	43,200			
TX21-P018-006	Landscaping	1450		2,000	2,000			
Cherry Point Homes								
TX21-P018-007	Replace smoke detectors	1460		5,500	5,500			
Mary myers Sr. Complex	Deadbolts	1460		13,000	13,000			
TX21-P018-010	Landscaping	1450		2,000	2,000			
Behner Place 2	Utility Closets	1460		50,000	50,000			

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

PHA Name: Lubbock Housing Authority 1708 Avenue G, Lubbock, TX 79401				Grant Type and Number: Capital Fund Program Grant No. TX21P01850100 Replacement Housing Factor Grant No.			FFY of Grant Approved: 09/30/00
Development Number/HA Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TX21-P018-001 Behner Place 1	03/31/2002			09/30/2003			
TX21-P018-002 Green Fair Manor	03/31/2002			09/30/2003			
TX21-P018-004 Cherry Point Homes	03/31/2002			09/30/2003			
TX21-P018-005 96 West 36 South	03/31/2002			09/30/2003			
TX21-P018-006 Cherry Point Homes	03/31/2002			09/30/2003			
TX21-P018-007 Mary myers Sr. Complex	03/31/2002			09/30/2003			
TX21-P018-010 Behner Place 2	03/31/2002			09/30/2003			
HA Wide	03/31/2002			09/30/2003			

Capital Fund Program Five-Year Action Plan

Part I: Summary

Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FFY:	Work Statement for Year 3 FFY Grant: PHA FFY:	Work Statement for Year 4 FFY Grant: PHA FFY:	Work Statement for Year 5 FFY Grant: PHA FFY:
	<p>See Annual Statement</p>				
Totals This Page					

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

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See Annual Statement						
	Subtotal of CFP Estimated Cost			Subtotal of Estimated Cost		

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

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See Annual Statement						
	Subtotal of CFP Estimated Cost			Subtotal of Estimated Cost		

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

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<p>See Annual Statement</p>						
	Subtotal of CFP Estimated Cost			Subtotal of Estimated Cost		

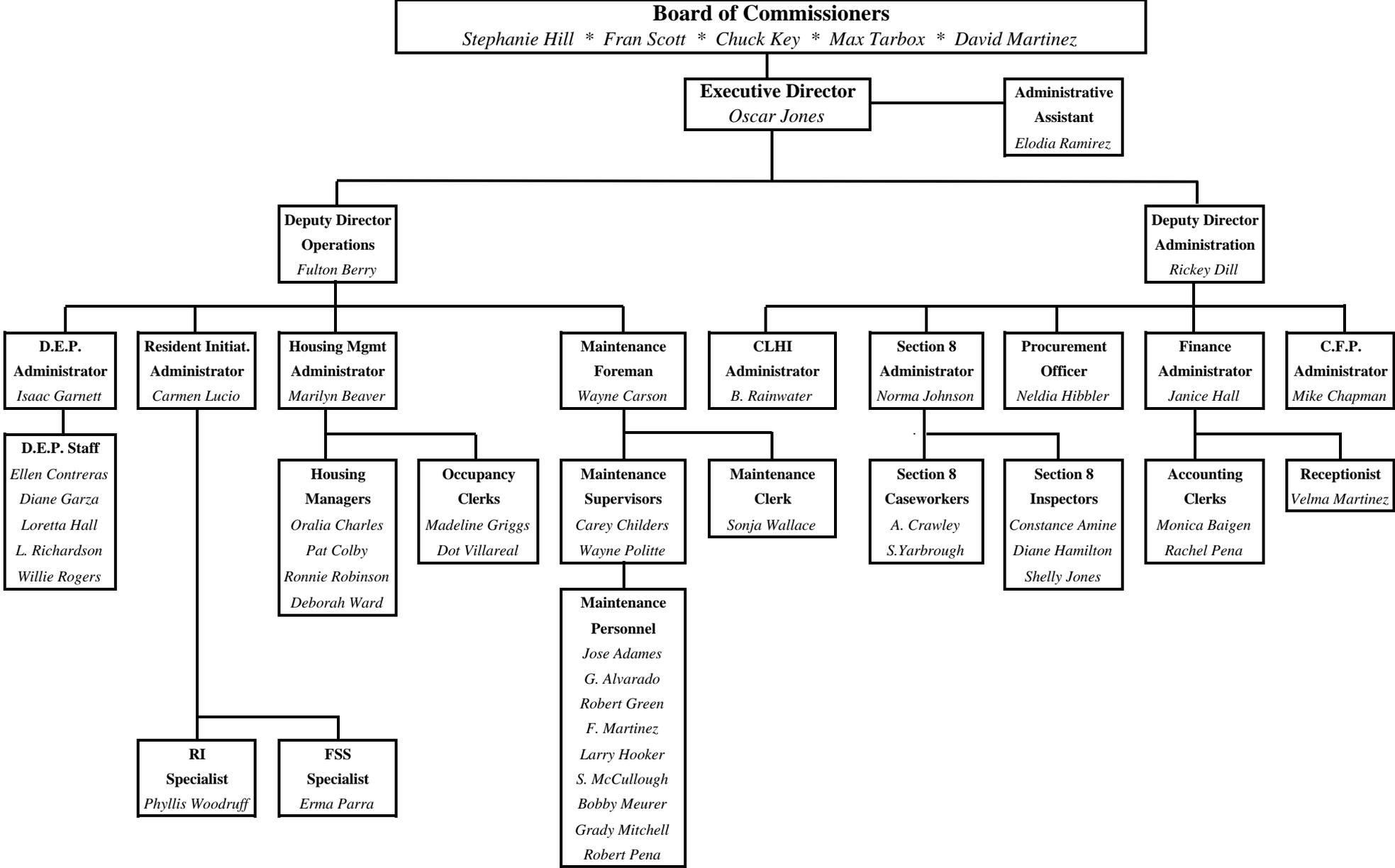
Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages
Work Activities

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See Annual Statement						
	Subtotal of CFP Estimated Cost			Subtotal of Estimated Cost		

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

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:			Activities for Year : FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See Annual Statement						
	Subtotal of CFP Estimated Cost			Subtotal of Estimated Cost		

The Housing Authority of the City of Lubbock Organizational Chart



Housing Authority of the City of Lubbock

Attachment: TX018o02

Component 3, (6) Deconcentration and Income Mixing

a. Yes No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b. Yes No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]