

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

Small PHA Plan Update
Annual Plan for Fiscal Year: **2002**

HOUSING AUTHORITY OF THE CITY OF LAKELAND, GA

**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 Lakeland, Georgia

PHA Number: GA-0138

PHA Fiscal Year Beginning: (mm/yyyy) 01/2002

PHA Plan Contact Information:

Name: Mrs. Theresa Lovein

Phone: 229-686-9321

TDD: 229-686-9321

Email (if available): housing@surfsouth.com

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered:

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

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

i. Table of Contents

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

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- X Attachment D : Resident Membership on PHA Board or Governing Body
- X Attachment E : Membership of Resident Advisory Board or Boards
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- X Other (List below, providing each attachment name)
- X Attachment F : De-concentration of Poverty and Income Mixing Requirements
- X Attachment G : Voluntary Conversion Initial Assessment
- X Attachment H : Community Service Policy
- X Attachment I : Performance & Evaluation Report Period Ended June 30, 2001

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

Policies are up-to-date. The lease is up-to-date. Goals established in the Five-Year Plan are on schedule and being accomplished. The Housing Authority of the City of Lakeland continues to provide safe, decent and sanitary low-income housing. It strives to achieve its potential as an organization. Efforts are being made to enhance the attractiveness and marketability of the housing stock and neighborhoods so that they can be more competitive in the open market and attract working families. Employee services and support systems continue to be improved.

Community Service Requirement

It should be noted that adequate notices and revisions to the lease were made to incorporate the statutory requirements regarding community service. The requirements to comply with community service monitoring for all adult members in each public housing residence who are not working or who are otherwise exempt, are being met administratively by the Housing Authority of the City of Lakeland. See the Community Service Policy that is attached as an Exhibit.

De-concentration of Poverty and Income Mixing Requirements

The De-concentration of Poverty and Income Mixing requirements have been met. An Income Analysis of the public housing developments has been completed and is available for public inspection. This information is provided as required by Notice PIH 2001-26. See Attachment.

Voluntary Conversion Initial Assessment

The Federal Register at FR-4476-03 dated June 22, 2001, requires initial assessments for voluntary conversion of certain public housing stock. All eight properties owned by the Housing Authority of the City of Lakeland were evaluated for conversion to tenant-based housing. It is not to the advantage of the residents, Housing Authority of the City of Lakeland, or the community to convert the public housing to tenant-based housing. See Attachment.

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.

There are no policy changes anticipated for the upcoming FY.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 39,071

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

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

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

(2) Capital Fund Program Annual Statement

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

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

Not Applicable

2. Activity Description

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

- b. Actual or projected start date of relocation activities:
- c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

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

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

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

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

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

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

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

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

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

6. Other Information

[24 CFR Part 903.7 9 (r)]

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

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

2. If yes, the comments are Attached at Attachment (File name)

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

The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

Yes No: below or

Yes No: at the end of the RAB Comments in Attachment _____.

Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA’s consideration is included at the at the end of the RAB Comments in Attachment _____.

Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: State Consolidated Plan

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

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

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

Substantial Deviation defined by the Housing Authority of the City of Lakeland is any deletion or addition of any modernization work item, addition or deletion of any new or old program or activity, changes with regard to demolition or disposition, designation, homeownership programs or conversion activities, and any changes to rent or admission policies (except changes made to reflect changes in HUD regulatory requirements). A significant amendment would be changes in the use of replacement reserves under the Capital Funds Program or the addition of non-emergency work items not included in the current Annual Plan.

B. Significant Amendment or Modification to the Annual Plan:

Annually the plan is updated to show the amount of comp grant funds received for the FY. The amount and the use of these funds are revised each year based on the formula funding from HUD and the physical needs of the properties owned and operated by the PHA. A significant amendment or modification to the Annual Plan is a change in a policy or policies pertaining to the operation of the Authority, including but not limited to changes in

rent or admissions policies or organization of the waiting list; additions of non-emergency work items over \$100,000 (items not included in the current annual statement or 5-year action plan) or changes in use of replacement reserve funds under the Capital Fund; any change with regard to demolition, disposition, designation, homeownership programs, or conversion activities.

Attachment A

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
YES	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
YES	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
YES	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
YES	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
YES	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
YES	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
YES	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
YES	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
YES	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
YES	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
YES	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
YES	Public housing grievance procedures Yes check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
YES	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
YES	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
YES	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
YES	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
YES	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	<p>PHDEP-related documentation:</p> <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	<p>Annual Plan: Safety and Crime Prevention</p>

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
YES	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
YES	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
Other supporting documents (optional) (list individually; use as many lines as necessary)		(specify as needed)

ATTACHMENT B

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of the City of Lakeland, GA		Grant Type and Number Capital Fund Program: GA06P13850102 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: FFY-01/2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$5,860 (15%)			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	\$5,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$28,211			
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)	\$39,071			

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of the City of Lakeland, GA		Grant Type and Number Capital Fund Program: GA06P13850102 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: FFY-01/2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
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	\$0			
24	Amount of line 20 Related to Energy Conservation Measures	\$0			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Lakeland			Grant Type and Number Capital Fund Program #: GA06P13850102 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: FY-2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	A&E Fees & Reimbursable Costs	1430		\$5,000				
	Operations	1406		\$5,860				
GA-138-1	Install Heat Pumps for H/A units	1460		\$28,211				
	TOTAL			\$39,071				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Housing Authority of the City of Lakeland		Grant Type and Number Capital Fund Program #: GA06P13850102 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: FY-01/2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
1460	6/30/03			12/31/04			
1406	6/30/03			12/31/04			
1430	6/30/03			12/31/04			
GA138-1	6/30/03			12/31/04			
GA-138-2	6/30/03			12/31/04			

ATTACHMENT C

Capital Fund Program 5-Year Action Plan

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

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
	PHA WIDE	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
OPERATIONS (1406)	\$23,440	2003-2006 Equal Distribution
FEES & COSTS (1430) Construction Management	\$20,000	2003-2006 Equal Distribution
Total estimated cost over next 5 years	\$43,440	

CFP 5-Year Action Plan		
X <input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
GA138-1		
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
<u>Operations (1406)</u> Operations	\$14,105	2005
	\$14,105	2006
<u>Dwelling Structures (1460)</u> Install HAVC Units Phase 1	\$14,105	2002
Install HAVC Units Phase 2	\$14,105	2003
Install HAVC Units Phase 3	\$14,105	2004
Total estimated cost over next 5 years	\$70,525	

Development Number	Development Name (or indicate PHA wide)	
GA138-2		
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
<u>Operations (1406)</u> Operations	\$14,106	2005
	\$14,106	2006
	\$14,106	2002
<u>Dwelling Structures (1460)</u> Install HAVC Units Phase 1	\$14,106	2003
Install HAVC Units Phase 2	\$14,106	2004
Install HAVC Units Phase 3		
Total estimated cost over next 5 years	\$70,530	

PHA Public Housing Drug Elimination Program Plan

NOT APPLICABLE TO THE HOUSING AUTHORITY OF THE CITY OF LAKELAND

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 \$** _____
- B. Eligibility type (Indicate with an “x”)** N1 _____ N2 _____ R _____
- C. FFY in which funding is requested** _____
- 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. Unit count information should be consistent with that available in PIC.

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)

F. Duration of Program

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

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY						

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.

FFY ____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

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

9110 – Reimbursement of Law Enforcement						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHED EP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							

9115 - Special Initiative						Total PHDEP Funding: \$	
Goal(s)							

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

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHED EP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							

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

9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							

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

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							

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

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							

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

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

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							

Required Attachment D : Resident Member on the PHA Governing Board

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

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

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

- Elected
- Appointed

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

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

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

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

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment E : 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.)

Mae Jenkins, Greg Smith, Merle Stalvey, Phyllis Slater, Georgia Roundtree, Shirley McCormick

No comments on the updated FY-2002 AP.

Revised January 29, 2002

**DE-CONCENTRATION OF POVERTY AND INCOME MIXING
REFERENCE: 24 CFR PART 903**

The Established Income Range (EIR) is 85% of the average family income to the greater of either 115% (inclusive of 85% and 115%) of the PHA-wide average income for covered developments or an average family income at which a family would be defined as an extremely low income family under 24 CFR 5.603.

- ❖ The Housing Authority of the City of Lakeland has determined the average income of all families residing in all developments.
- ❖ The Housing Authority of the City of Lakeland has determined whether the developments fall above, within or below the EIR (85 to 115% of the PHA-wide average income).

Project No.	1-BR Unit	2-BR Unit	3-BR Unit	Avg. Family Income	EIR \$5,493
1	2	8	6	\$6,962	Within EIR
2	0	2	2	\$4,024	Below EIR

$2 \times .85 + 8 \times 1.0 + 6 \times 1.25 = 17.2 / 16 \text{ units} = 1.1 \text{ adj. factor} / \$6,962 = \$6,329 \text{ (dev. avg. inc.)}$
 $2 \times 2.0 + 2 \times 1.25 = 6.5 / 4 \text{ units} = 1.62 \text{ adj. factor} / \$4,042 = \$2,495 \text{ (dev. avg. inc.)}$

3. The family income in each development is similar in income range and meets the income distribution goals.

Project No.	Low Income	High Income	Average Income
1	\$1,200	\$14,838	\$6,962
2	\$1,200	\$6,600	\$4,024

Development 2 is below the established EIR. However, these developments are not subject to deconcentration as provided by 903 (2) (b) (2). PHAs with fewer than 100 public housing units are not subject to deconcentration.

ATTACHMENT G

Component 10 (B) Voluntary Conversion Initial Assessment

Each development owned by the Housing Authority of the City of Lakeland has been reviewed and it has been determined that it is not in its best interest to convert the public housing into tenant-based housing.

Voluntary conversion of any and all of the properties is inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion because it would be more expensive to convert the properties to tenant-based housing than to remain as public housing. Converting the public housing to tenant-based housing would adversely affect the availability of affordable housing in the Nashville community.

- How many of the PHA's developments are subject to the Required Initial assessments?

2

- How many of the PHA's developments are not subject to the Required Initial assessments based on exemptions?

0

- How many assessments were conducted for the PHA's covered developments?

2

- Identify PHA developments that may be appropriate for conversion based on the required Initial Assessments.

None

ATTACHMENT H

Community Service Policy Housing Authority of the City of Lakeland

Introduction

This policy is developed pursuant to the requirements stated in Section 512 of the Quality Housing and Work Responsibility Act of 1998 (H.R. 4194), *Community Service and Family Self-Sufficiency Requirements*. The statute states that each adult resident of a public housing project shall contribute eight hours per month of community service (not including political activities) within the community in which that adult resides; or participate in an economic self-sufficiency program for eight hours per month.

Section 512 of H. R. 4194 requires that PHAs include a detailed description of the manner in which the agency intends to implement and administer this requirement in the Agency Plan. The purpose of this requirement is to facilitate economic self-sufficiency for families residing in public housing. An economic self sufficiency program means any program designed to encourage, assist, train, or facilitate the economic independence of participants and their families or to provide work for participants, including programs for job training, education, workfare, financial or household management, apprenticeship, or other activities.

Exemptions

Individuals excepted from this requirement are residents who are:

- ❖ 62 years of age or older;
- ❖ blind or disabled individuals, or a primary caretaker of such individual;
- ❖ engaged in a work activity;
- ❖ meets the requirement for being exempted from having to engage in a work activity under the State program funded under Part A of Title IV of the Social Security Program of the State in which the public housing agency is located, including a State-administered welfare-to-work program; or
- ❖ in a family receiving assistance under a State Program funded under Part A of Title IV of the Social Security Act, or any other welfare program of the State in which the public housing agency is located, including a state-administered welfare-to-work program , and has not been found by the State or other administering entity to be in noncompliance with such program.

Annual Determination Requirements

For each public housing resident subject to the requirement, the Housing Authority of the City of Lakeland shall, 30 days before the expiration of each lease term of the resident, review and determine the compliance of the resident with the requirement. Such determinations shall be made in accordance with the principles of due process and on a nondiscriminatory basis.

Noncompliance of the Requirements

If the Housing Authority of the City of Lakeland determines that a resident subject to the requirement has not complied, the resident shall be notified of such noncompliance; and if the determination of noncompliance is subject to the administrative grievance procedure. It shall also determine if the resident may enter into an agreement, before the expiration of the lease, to fulfill the community service requirements.

If the resident does not comply with the community service requirements and does not sign an agreement to fulfill the community service requirements, the resident's lease may be terminated. The Housing Authority of the City of Lakeland may not renew or extend any lease or provide any new lease, for a dwelling unit in public housing for any household that includes an adult member who was subject to the requirement and has failed to meet the requirement.

Performance of Community Service

The requirement may include community service or participation in an economic self-sufficiency program performed at a location not owned by the Housing Authority of the City of Lakeland. The Housing Authority of the City of Lakeland may not substitute community service or participation in an economic self-sufficiency program for work performed by a public housing employee or supplant a job at any location at which community work requirements are fulfilled.

The Housing Authority of the City of Lakeland may administer the community service requirement under this sub-section directly, through a resident organization, or through a contractor having experience in administering volunteer-based community service programs within the service area of the public housing agency.

Agreement to Fulfill Community Service Requirement

The Housing Authority of the City of Lakeland shall provide a resident who is in violation of meeting the community service requirement prior to lease expiration, one year to comply with the requirement. The resident will execute an agreement to fulfill the community service requirements during the past year. The resident will be required to perform 16 hours of community service per month to meet the community service requirements for the past and current year. If a portion of the community service hours for the previous year have been completed by the resident, these hours may be deducted from the total amount of community service hours to be performed provided the hours worked can be verified by a designated official. If at the end of the second concurrent year, all community service hours are not worked, the resident's lease will be terminated. A copy of the agreement is included in this policy as Exhibit A.

Monitoring Community Service Activities

Initially, the Housing Authority of the City of Lakeland will meet with the residents to whom this policy applies. Each resident will be provided a copy of the policy at the meeting. New residents will be provided a copy of the policy at move-in and lease execution.

Each resident will be required to report his/her community service activities to the Housing Authority of the City of Lakeland monthly. If they do not report, it will be assumed that they are not performing the community service requirements and they may suffer the consequences as stated in this policy. No reminders will be sent to the residents. The community service activities must be reported no later than the 10th of the following month in which the community service hours were completed. The form must be signed and dated by the official supervising the community service work.

A list of agencies where the community service activities may be performed is posted on the bulletin board of at the Housing Authority of the City of Lakeland. This list of agencies will be provided to the residents at the initial meeting. Thereafter, the list will be provided to new residents at the time of move-in and lease execution. The list will also be posted on the bulletin board at the Authority.

A copy of the form to be used for reporting community service requirements is attached. This form will be turned in to the Housing Authority of the City of Lakeland, and the resident may request a copy of the form for their file at no cost. The form is attached as Exhibit B.

The Housing Authority of the City of Lakeland will file the forms in each resident's respective file. In addition, a master list will be maintained and each month that the community service requirement is met will be marked off of the master list. The format for the master list is included in this policy as Exhibit C.

EXHIBIT A

**AGREEMENT TO FULFILL COMMUNITY SERVICE
REQUIREMENTS
HOUSING AUTHORITY OF THE CITY OF LAKELAND**

Name: _____

Date: _____

Address: _____

I, _____, failed to meet the community service requirement of eight hours per month during the lease period _____.

I am requesting that the Housing Authority of the City of Lakeland extend a grace period of one year prior to terminating my lease. During this grace period, I will complete the community service requirement that I did not complete during the previous lease period by working _____ community hours. The number of community service hours that I did not complete during the previous lease period is _____. I will complete these community service hours in addition to the required eight (8) hours per month for the term of this lease during the next 12 months.

Should I default in working the number of community service hours required and should I fail to report the hours to the Housing Authority of the City of Lakeland in manner required by this policy, I understand that my lease may be terminated immediately.

Resident

Housing Authority of the City of Lakeland Official

EXHIBIT B

**CERTIFICATION OF COMMUNITY SERVICE HOURS COMPLETED
HOUSING AUTHORITY OF THE CITY OF LAKELAND**

Resident's Name: _____ **Date:** _____

Resident's Address: _____

Name of Agency: _____

_____, has completed _____ hours (8 required)
of community service work for the month of _____, _____ (year). This
work included _____
_____.

Resident

Official of Agency

EXHIBIT I

**Performance and Evaluation Report
CIAP and Capital Fund Programs
Housing Authority of the City of Lakeland, Georgia
For Period Ended June 30, 2001**

Development Account	Account Number	Original Amount	Amount Obligated	Amount Expended
Year 2000 CGP				
Operations	1406	\$38,296	\$38,296	\$38,296
Amount Annual of Grant		\$38,296		
Year 2001 CGP				
Fees & Costs	1430	\$5,000	\$0	\$0
Dwelling Structures	1460	\$34,071	\$0	\$0
Amount of Annual Grant		\$39,071		
Year 1999 CIAP				
Operations	1406	\$38,906	\$38,906	\$38,906
Annual Amount of Grant		\$38,906		

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: Housing Authority of the City of Lakeland, GA		Grant Type and Number Capital Fund Program: GA06P13850101 CGP Year 2001 Replacement Housing Factor Grant No:		
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised A		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/01		<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		
		Original	Revised	
1	Total non-CFP Funds			
2	1406 Operations			
3	1408 Management Improvements			
4	1410 Administration			
5	1411 Audit			
6	1415 liquidated Damages			
7	1430 Fees and Costs	\$5,000		
8	1440 Site Acquisition			
9	1450 Site Improvement			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: Housing Authority of the City of Lakeland, GA		Grant Type and Number Capital Fund Program: GA06P13850101 CGP Year 2001 Replacement Housing Factor Grant No:		
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised A		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/01		<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		
10	1460 Dwelling Structures	\$34,071		
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)	\$39,071		
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	\$0		
24	Amount of line 20 Related to Energy Conservation Measures	\$0		

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages					
PHA Name: Housing Authority of the City of Lakeland		Grant Type and Number Capital Fund Program #: GA06P13850101 CGP Year 2001 Replacement Housing Factor #:			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	
				Original	Revised
PHA-Wide	A&E Fees & Reimbursable Costs	1430		\$5,000	
GA-138-1	Install Heat Pumps for H/A units	1460		\$34,071	
	TOTAL			\$39,071	

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

PHA Name: Housing Authority of the City of Lakeland		Grant Type and Number Capital Fund Program #: GA06P13850101 CGP Year 2001 Capital Fund Program Replacement Housing Factor #:				
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)		
	Original	Revised	Actual	Original	Revised	Actual
1460	12/31/02			12/31/03		
1430	12/31/02			12/31/03		
GA138-1	12/31/02			12/31/03		