

U.S.DepartmentofHousingandUrbanDevelopment

OfficeofPublicandIndianHousing

SmallPHAPlanUpdate

AnnualPlanforFiscalYear:2002

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

PHAPlan

AgencyIdentification

PHAName: BellinghamHousingAuthority

PHANumber: MA090

PHAFiscalYearBeginning:(mm/yyyy) 04/2003

PHAPlanContactInformation:

Name:KariCorveno

Phone:(508)883-4999

TDD:

Email(ifavailable):kcorveno@ncounty.net

PublicAccesstoInformation

**Informationregardinganyactivitiesoutlinedinthisplancanbeobtainedbycontacting:
(selectallthatapply)**

X MainadministrativeofficeofthePHA

PHAdevelopmentmanagementoffices

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 20

[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 filename in parentheses in the space to the right of the title.

Contents Page#

Annual Plan

- i. ExecutiveSummary(optional)
 - ii. AnnualPlanInformation
 - iii. TableofContents
1. DescriptionofPolicyandProgramChangesfortheUpcomingFiscalYear
 2. CapitalImprovementNeeds
 3. DemolitionandDisposition
 4. Homeownership:VoucherHomeownershipProgram
 5. CrimeandSafety:PHDEPPlan
 6. OtherInformation:
 - A. ResidentAdvisoryBoardConsultationProcess
 - B. StatementofConsistencywithConsolidatedPlan
 - C. CriteriaforSubstantialDeviationsandSignificantAmendments

Attachments

X AttachmentA:SupportingDocumentsAvailableforReview

Attachment__:CapitalFundProgramAnnualStatement

Attachment__:CapitalFundProgram5YearActionPlan

Attachment__:CapitalFundProgramReplacementHousingFactorAnnual Statement

Attachment__:PublicHousingDrugEliminationProgram(PHDEP)Plan

X AttachmentB:ResidentMembershiponPHABoardorGoverningBody

X AttachmentC:MembershipofResidentAdvisoryBoardorBoards

Attachment__:CommentsofResidentAdvisoryBoardorBoards &Explanationof PHAResponse(mustbeattachedifnotincludedinPHAPlantext)

Other(Listbelow,providingeachattachmentname)

ii.ExecutiveSummary

[24CFRPart903.79(r)]

AtPHAAoption,provideabriefoverviewoftheinformationintheAnnualPlan

1.SummaryofPolicyorProgramChangesfortheUpcomingYear

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.

2. Capital Improvement Needs

[24CFR Part 903.79(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? \$ _____

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

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment

3. Demolition and Disposition

[24CFR Part 903.79(h)]

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

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

2. Activity Description

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

Disposition

3. Application status (select one)

Approved

Submitted, pending approval

Planned application

4. Date application approved, submitted, or planned for submission: (DD/MM/YY)

5. Number of units affected:

6. Coverage of action (select one)

Part of the development

Total development

7. Relocation resources (select all that apply)

Section 8 for units

Public housing for units

Preference for admission to other public housing or section 8

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

[24CFR Part 903.79(k)]

A. Yes X 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 24CFR 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 down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment 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

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHA may skip to the next component PHA 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

[24CFR Part 903.79(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 (Filename)

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 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: (provide name here)

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)

X 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.

X 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 X 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) Certification of Consistency from Jane Wallis Gumble, Director of Department of Housing & Community Development.

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: The Bellingham Housing Authority is not planning a substantial deviation from the Five-year Plan.

B. Significant Amendment or Modification to the Annual Plan: The Bellingham Housing Authority is not planning a significant amendment or modification to the Annual Plan.

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
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
N/A	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/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

N/A	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A & O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A & O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
N/A	Schedule of flat rents offered at each public housing development check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

X	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
N/A	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
N/A	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
N/A	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures

X	Section 8 informal review and hearing procedures	check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
N/A	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year		Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants		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	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
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	Approvedorsubmittedassessmentsof reasonable revitalization of public housing and approvedorsubmitted 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
N/A	Approvedorsubmittedpublichousing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	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
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other residents services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: · Baseline law enforcement services for public housing developments assisted under the PHDEP plan;	Annual Plan: Safety and Crime Prevention

N/A	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A & O Policy	Pet Policy
N/A	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
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)

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name:		Grant Type and Number		Federal FY of Grant:	
		Capital Fund Program:			
		Capital Fund Program			
		Replacement Housing Factor Grant No:			
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	Totalnon-CFPFunds				
2	1406Operations				
3	1408Management Improvements				
4	1410Administration				
5	1411Audit				
6	1415liquidated Damages				
7	1430FeesandCosts				
8	1440Site Acquisition				
9	1450Site Improvement				
10	1460Dwelling Structures				
11	1465.1Dwelling Equipment—Nonexp endable				
12	1470Nondwelling Structures				
13	1475Nondwelling Equipment				
14	1485Demolition				

15	1490Replacement Reserve				
16	1492Movingto WorkDemonstration				
17	1495.1Relocation Costs				
18	1498ModUsedfor Development				
19	1502Contingency				
20	AmountofAnnual Grant:(sumoflines 2-19)				
21	Amountoffline20 RelatedtoLBP Activities				
22	Amountoffline20 RelatedtoSection 504Compliance				
23	Amountoffline20 RelatedtoSecurity				
24	Amountoffline20Related toEnergyConservation Measures				

CFP5-YearActionPlan		
Originalstatement	Revisedstatement	
DevelopmentNumber	DevelopmentName (orindicatePHAwide)	
DescriptionofNeededPhysicalImprovementsor ManagementImprovements	EstimatedCost	PlannedStartDate (HAFiscalYear)
Totalestimatedcostovertnext5years		

PHA Public Housing Drug Elimination Program Plan

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

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

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.

PHDEPTargetAreas (Nameofdevelopment(s)orsite)	Total#ofUnitswithinthePHDEP TargetArea(s)	TotalPopulationtobeServedwithin thePHDEPTargetArea(s)

F.DurationofProgram

Indicatetheduration(numberofmonthsfundswillberequired)ofthePHDEPProgramproposedunderthisPlan (placean "x"toindicatethelengthofprogramby#ofmonths.For "Other",identifythe#ofmonths).

12Months _____ 18Months _____ 24Months _____

G. PHDEPProgramHistory

IndicateeachFYthatfundinghasbeenreceivedunderthePHDEPProgram(placean "x"byeachapplicableYear)and provideamountoffundingreceived.Ifpreviouslyfundedprograms havenot beenclosedoutatthetimeofthis submission,indicatethefundbalanceandanticipatedcompletiondate.TheFundBalanceshouldreflectthebalanceas ofDateofSubmissionofthePHDEPPlan.TheGrantTermEndDatesshouldincludeanyHUD-approvedextensionsor waivers.Forgrantextensionsreceived,place "GE"incolumnor "W"forwaivers.

FiscalYearof Funding	PHDEPFunding Received	Grant#	FundBalances ofDateofthis Submission	GrantExtensions orWaivers	GrantStartDate	GrantTermEnd Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section2:PHDEPPlanGoalsandBudget

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
9110-Reimbursement of Law Enforcement	
9115-Special Initiative	
9116-Gun Buyback TAMatch	
9120-Security Personnel	
9130-Employment of Investigators	
9140-Voluntary Tenant Patrol	
9150-Physical Improvements	
9160-Drug Prevention	
9170-Drug Intervention	
9180-Drug Treatment	
9190-Other Program Costs	
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 #	Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9115-Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities #	Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							

3.							
----	--	--	--	--	--	--	--

9116-GunBuybackTAMatch						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
Proposed Activities	#ofPersons Served	TargetPopulation	StartDate	Expected Complete Date	PHEDEPFunding	OtherFunding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9120-SecurityPersonnel						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
Proposed Activities	#ofPersons Served	TargetPopulation	StartDate	Expected Complete Date	PHEDEPFunding	OtherFunding (Amount/Source)	Performance Indicators
1.							
2.							

3.							
----	--	--	--	--	--	--	--

9130–EmploymentofInvestigators						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
Proposed Activities	#ofPersons Served	TargetPopulation	StartDate	Expected Complete Date	PHEDEPFunding	OtherFunding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9140– VoluntaryTenantPatrol						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
Proposed Activities	#ofPersons Served	TargetPopulation	StartDate	Expected Complete Date	PHEDEPFunding	OtherFunding (Amount/Source)	Performance Indicators
1.							
2.							

3.							
----	--	--	--	--	--	--	--

9150- PhysicalImprovements						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
Proposed Activities	#ofPersons Served	TargetPopulation	StartDate	Expected Complete Date	PHEDEPFunding	OtherFunding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9160-DrugPrevention						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
Proposed Activities	#ofPersons Served	TargetPopulation	StartDate	Expected Complete Date	PHEDEPFunding	OtherFunding (Amount/Source)	Performance Indicators
1.							
2.							

3.							
----	--	--	--	--	--	--	--

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

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

3.							
----	--	--	--	--	--	--	--

9190-OtherProgramCosts						TotalPHDEPFunds:\$	
Goal(s)							
Objectives							
Proposed Activities	#ofPersons Served	TargetPopulation	StartDate	Expected Complete Date	PHEDEPFunding	OtherFunding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

Required Attachment __B__: Resident Member on the PHA Governing Board

1. X 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: Charlene Ferland

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

Elected

X Appointed

C. The term of appointment is (include the date term expires): one year (expires 5/2003)

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): The governing board are town elected officials; no individual, assisted by the PHA, ran for election in 2001.

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 ___ C ___: 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.)

The Bellingham Housing Authority sent a letter to each Section 8 participant describing the Resident Advisory Board and requesting participation. The authority did not receive any interest regarding the formation of a Resident Advisory Board.