

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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# PHAPlans

5YearPlanforFiscalYears2000 -2004  
AnnualPlanforFiscalYear2002

**HALLCOUNTYHOUSINGAUTHORITY  
911BAUMANNDRIVE  
GRANDISLAND,NE68803**

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

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HUD50075  
OMBApprovalNo:2577 -0226  
Expires:03/31/2002

**PHA Plan  
Agency Identification**

**PHAName:** HallCountyHousingAuthority

**PHANumber:** 003

**PHAFiscalYearBeginning:(mm/yyyy)** 07/2002

**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**  
**PHAF ISCAL YEARS 2000 –2004**  
 [24CFRPart903.5]

**1. 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.

X The PHA's mission is: (state mission here)

Our aim is to ensure safe, decent, and affordable housing; create opportunities for residents' self-sufficiency and economic independence; and assure fiscal integrity by all program participants. In order to achieve this mission, we will:

1. Recognize the resident's as our ultimate customer
2. Improve PHA Management and service delivery efforts through oversight, assistance, and selective intervention by highly skilled, diagnostic, and result oriented field personnel
3. Seek problem -solving partnerships with PHA, resident, community, and government leadership
4. Act as an agent for change when performance is unacceptable and we judge that local leadership is not capable or committed to improvement
5. Efficiently apply limited HUD resources by using risk assessment techniques to focus our oversight efforts

**2. 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 target sets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the space 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:
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)
- PHA Goal: Improve the quality of assisted housing
- Objectives:
- Improve public housing management: (PHA Score)
  - Improve voucher management: (SEMAP score)
  - Increase customer satisfaction:
  - 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)
- PHA Goal: Increase assisted housing choices
- Objectives:
- Provide voucher mobility counseling:
  - Conduct outreach efforts to potential voucher landlords
  - Increase voucher payment standards
  - 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)

**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:
  - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
  - Implement public housing security improvements:

- Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- Other: (list below)

**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)

**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:
  - 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:
  - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
  - Other: (list below)

**Other PHA Goals and Objectives: (list below)**

**The goals and objectives adopted by the Hall County Housing Authority are:**

**Goal One:** Manage the Hall County Housing Authority's existing public housing program in an efficient and effective manner thereby qualifying as at least a Standard performer.

**Objectives:**

1. HUD shall recognize the Hall County Housing Authority as a high Performer by June 30, 2003.
2. The Hall County Housing Authority shall achieve and sustain an occupancy rate of 97% by June 30, 2005.
3. The Hall County Housing Authority shall promote a motivating work environment with a capable and efficient team of employees to operate as a customer-friendly and fiscally prudent leader in the affordable housing industry.

**Goal Two:** Improve resident and community perception of safety and security in the Hall County Housing Authority's public housing developments.

**Objectives:**

1. The Hall County Housing Authority shall reduce crime in its Developments so that the crime rate is less than their surrounding neighborhood by December 31, 2004.
2. The Hall County Housing Authority will work closely with law Enforcement and other community organizations to increase response time and better serve our residents.
3. The Hall County Housing Authority shall reduce its evictions due to Violation of criminal laws by 10% by December 31, 2004, through aggressive screening procedures.

**Goal Three :** Enhance the marketability and customer satisfaction of the Hall County Housing Authority.

**Objectives:**

1. The Hall County Housing Authority shall become a more customer - Oriented organization.
2. The Hall County Housing Authority shall enhance its curb appeal for Public housing developments by maintaining its property in a responsible and appealing manner.
3. Improve or maintain all HCHA property in a good condition and Provide timely, high quality maintenance service to Hall County Housing Authority residents.

**AnnualPHAPlan**  
**PHAFiscalYear2002**  
 [24CFRPart903.7]

**i. AnnualPlanType:**

SelectwhichtypeofAnnualPlanthePHAwillsubmit.

**StandardPlan**

**StreamlinedPlan:**

- HighPerformingPHA**
- SmallAgency(<250PublicHousingUnits)**
- AdministeringSection8Only**

**TroubledAgencyPlan**

**ii. ExecutiveSummaryoftheAnnualPHAPlan**

[24CFRPart903.79®]

ProvideabriefoverviewoftheinformationintheAnnualPlan,includinghighlightsofmajorinitiatives anddiscretionarypolicies,thePHAhasincludedintheAnnualPlan.

Thissectionisnotrequiredandwillnotbecompleted.

**iii. AnnualPlanTableofContents**

[24CFRPart903.79®]

ProvideatableofcontentsfortheAnnualPlan,includingattachments,andalistofsupporting documentsavailableforpublicinspection.

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**Attachments**

Indicatewhichattachmentsareprovidedbyselectingallthatapply.Providetheattachment'sname(A, B,etc.)inthespacetotheleftofthenameoftheattachment.Note:Iftheattachmentisprovidedasa **SEPARATE**filesubmissionfromthePHAPlansfile,providethefilenameinparenthesesinthespace totherightofthetitle.

RequiredAttachments:

- X AdmissionsPolicyforDeconcentration – **InText**
- X FY2002CapitalFundProgramAnnualStatement – **AttachmentJ**
- Mostrecentboard -approvedoperatingbudget(RequiredAttachmentforPHAs thataretroubledoratriskofbeingdesignatedtroubledONLY)

OptionalAttachments:

- X PHAManagementOrganizationalChart – **AttachmentA**
- X FY2002CapitalFundProgram5YearActionPlan
- X CommentsofResidentAdvisoryBoardorBoards(mustbeattachedifnot includedinPHAPlantext) – **Intext**
- X Other(Listbelow,providingeachattachment name)
  - RecordsManagementPolicy – **AttachmentB**
  - PublicMeetingComments – **AttachmentC**
  - ResidentAdvisoryBoardMembers – **AttachmentD**
  - RevisedAnnualStatementRevision#1('99) – **AttachmentE**
  - Performance&EvaluationReportforPeriodEnding12/31/01('99) – **AttachmentF**
  - RevisedAnnualStatementRevision#1 –('00) – **AttachmentG**
  - Performance&EvaluationReportforPeriodEnding12/31/01('00) – **AttachmentH**
  - Performance&EvaluationReportforPeriodEnding12/31/01('01) – **AttachmentI**
  - OriginalAnnualStatement&FiveYearActionPlan – **AttachmentJ**

**SupportingDocumentsAvailableforReview**

Indicatewhichdocumentsareavailableforpublicreviewbyplacingamarkinthe“Applicable&On Display”columnintheappropriaterows.Alllisteddocumentsmustbeondisplayifapplicabletothe programactivitiesconductedbythePHA.

ListofSupportingDocumentsAvailableforReview		
Applicable & OnDisplay	SupportingDocument	ApplicablePlan Component

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
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	5 Year and Annual Plans
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 jurisdiction to implement a portion 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 X 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 X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy	Annual Plan: Operations

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures X 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
N/A	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 HOPEVI applications or, if more recent, approved or submitted HOPEVI 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
X	Approved or submitted public housing home ownership 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
X	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	Most recent Public Housing Drug Elimination Program (PHDEP) semi - annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	Othersupportin gdocuments(optional) (listindividually;useasmanylinesasnecessary):Pest ControlPolicy,TransferPolicy,NaturalDisasterPolicy, MaintenancePolicy,FundsTransferPolicy,Investment Policy,CommunityCenterPolicy,Blood -BorneDisease Policy,PublicHousingGrievanceProcedure,TenantBased InformalReviewProcedure,ProcurementPolicy,Public HousingLease,TravelPolicy,CapitalizationPolicy,Check SigningPolicy,CriminalRecordsManagementPolicy, DispositionPolicy,Drug -FreePolicy,Equal Housing OpportunityPolicy,EthicsPolicy,OneStrikeYou’reOut Policy,Ban&BarPolicy.	OrganizationalPolicies

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

[24CFRPart903.79(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.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford- ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access- ibility</b>	<b>Size</b>	<b>Loca- tion</b>
Income <= 30% of AMI	1119	3	2	3	4	4	3
Income > 30% but <= 50% of AMI	1136	3	2	3	4	3	3
Income > 50% but < 80% of AMI	1599	2	2	2	4	2	2
Elderly	1198	3	1	2	3	1	1
Families with Disabilities	768	3	3	3	4	2	3
Race/Ethnicity	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							

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.)

- X Consolidated Plan of the Jurisdiction/s  
Indicate year: 2000 -2005
- X U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset: 1990
- X American Housing Survey data  
Indicate year: 1998
- Other housing market study  
Indicate year:
- X Other sources: (list and indicate year of information) -  
Knowledge of current housing conditions from day to day operations was used in ranking affordability, supply, etc.

### 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.** PHA 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			
X 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*	179		428
Extremely low income <= 30% AMI	138	77%	
Very low income (> 30% but <= 50% AMI)	33	18%	
Low income (> 50% but < 80% AMI)	8	5%	
Families with	109	61%	

<b>Housing Needsof Familiesonthe WaitingList</b>			
children			
Elderlyfamilies	41	23%	
Familieswith Disabilities	3	2%	
White/Non-Hisp.	137	77%	
White/Hispanic	11	6%	
Black/Non-Hisp.	9	5%	
AmericanInd./Non	2	1%	
Amer.Ind./Hisp.	1	1%	
19 Applicantsdidnot completethissectionfullycomprising10%of applicants –HCHA hasrectifiedthisproblemthroughAdministrativeAdjustments.			
Characteristicsby BedroomSize (PublicHousing Only)			
1BR	67	37%	
2BR	66	37%	
3BR	46	26%	
4BR			
5BR			
5+BR			
Isthewaitinglistclosed(selectone)?XNo <input type="checkbox"/> Yes			
Ifyes: Howlonghasitbeenclosed(#ofmonths)? DoesthePHAexpecttoopenthe listinthePHAPlanyear? <input type="checkbox"/> No <input type="checkbox"/> Yes DoesthePHApermitspecificcategoriesoffamiliesontothewaitinglist,evenif generallyclosed? <input type="checkbox"/> No <input type="checkbox"/> Yes			
*MostoftheHCHAapplicantsarecurrentlybeingworkedon,havebeenprocessedand theapplicationsareawaitinggrievanceexpirationorareintheprocessofbeinghelped. Thus,thereislittletonowaitforanapplicant.			

<b>Housing Needsof Familiesonthe WaitingList</b>
--

### Housing Needs of Families on the Waiting List

Waitinglist type:(selectone)

Section 8 tenant -based assistance

Public Housing

Combined Section 8 and Public Housing

Public Housing Site -Based or sub -jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	330		493
Extremely low income <= 30% AMI	248	75%	
Very low income (>30% but <=50% AMI)	82	25%	
Low income (>50% but <80% AMI)	N/A		
Families with children	184	56%	
Elderly families	91	28%	
Families with Disabilities	3	1%	
White/Non-Hisp.	253	77%	
White/Hisp.	29	9%	
Black/Non-Hisp.	14	4%	
Black/Hisp.	6	2%	
Amer. Ind./Non -H	10	3%	
Amer. Ind./Hisp.	6	2%	
Asian Pac. Isl./Non	6	2%	
Asian Pac. Isl./His.	6	2%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	N/A		
2BR	N/A		
3BR	N/A		
4BR	N/A		
5BR	N/A		
5+BR	N/A		

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

**C. Strategy for Addressing Needs**

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

**(1) Strategies**

**Need: Shortage of affordable housing for all eligible populations**

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off -line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed financed development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease -uprates 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 -uprates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease -uprates 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

- X Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- X Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant -based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special purpose voucher targeted to the elderly, should they become available
- X Other: (list below)  
Advertise to the elderly through ads and organizations that work with this population.

**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 voucher targeted to families with disabilities, should they become available
- Affirmatively market to local non -profit agencies that assist families with disabilities
- X Other: (list below)  
Convert four efficiency apartments in Pletcher Terrace into two accessible apartments within the next five years. Advertise through agencies that work with the disabled.

**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

- X 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

- X Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- X 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:

- X Funding constraints
- X Staffing constraints

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

**2. Statement of Financial Resources**

[24CFR Part 903.79(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 support services, Section 8 tenant-based assistance, Section 8 support services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2000 grants)</b>		
a) Public Housing Operating Fund	\$177,886	
b) Public Housing Capital Fund	\$580,829	
c) HOPEVI Revitalization	N/A	
d) HOPEVI Demolition	N/A	
e) Annual Contributions for Section 8 Tenant -Based Assistance	\$1,267,629	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	N/A	
g) Resident Opportunity and Self - Sufficiency Grants	N/A	
h) Community Development Block Grant	N/A	
i) HOME	N/A	
Other Federal Grants (list below)		

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
NE26P00350100	\$177,426	
NE26P00350101	\$423,509	
<b>3. Public Housing Dwelling Rental Income</b>	\$810,600	PH Operations & Supportive Services
<b>4. Other income (list below)</b>		
Excess Utilities	13,800	
<b>4. Non -federal sources (list below)</b>		
Interest	\$46,500	
Other Income	\$45,000	
<b>Total resources</b>	\$3,543,179	

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

[24CFR Part 903.79(c)]

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

Exemptions: PHA 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: (3 Months)
- Other: (describe) Our elderly/disabled units do not currently have a waiting list. Thus, eligibility is verified immediately after an appointment can be set up following their application. Family units try to calculate openings for the next three months.

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- X Criminal or Drug-related activity
- X Rental history
- X Housekeeping
- X Other (describe) Applicants for apartments that pay for their own utilities must be able to place services in their name. We also check whether applicants or other housing authorities, have been evicted from a federally assisted program, had their assistance terminated from the Housing Choice Voucher program or have committed fraud.

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

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

e.  Yes X 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)

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

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

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

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

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

2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously HUD-approved site-based waiting list plan)? If yes, how many lists?

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

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

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

### **(3) Assignment**

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

- One
- X Two
- Three or More

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

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

### **(4) Admissions Preferences**

a. Income targeting:

Yes X 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 transfer take precedence over new admissions? (list below)

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

c. Preferences

1. X 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
- Household that contribute to meeting income goals (broad range of incomes)
- Household that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- X Other preference(s) (list below) – Elderly/disabled, displaced by government action, and families with children. Near elderly applicants receive a preference over singles but below other listed above.

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 points 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:

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

Homelessness  
Highrentburden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
  - Veterans and veterans' families
  - Residents who live and/or work in the jurisdiction
  - Those enrolled currently in educational, training, or upward mobility programs
  - Household that contribute to meeting income goals (broad range of incomes)
  - Household that contribute to meeting income requirements (targeting)
  - Those previously enrolled in educational, training, or upward mobility programs
  - Victims of reprisals or hate crimes
- 1 Other preference(s) (list below) – Elderly/disabled, displaced by government action, and families with children.
- 2 Near Elderly Families

4. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers
- X 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)

- X The PHA - resident lease
- X The PHA's Admissions and (Continued) Occupancy policy
- X 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)

- X At an annual reexamination and lease renewal
- X Anytime family composition changes
- X At family request for revision
- X Other (list) - When there is an income increase of \$400.00 or more (annually).

### **(6) Deconcentration and Income Mixing**

a. X 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. X 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:

<u>Deconcentration Policy for Covered Developments</u>			
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)]
005	63*	Nearly all 2 Bd. Units - Within Range	Meets Policy guidelines
006	14*	3 bdm. Units -> 115%	Both 3 Bd. Dev. over 115%
007	14*	3 bdm. Units -> 115%	Both 3 Bd. Dev. Over 115%
		*currently occupied units	

Discrepancy seem to be between 3 bedroom units and 2 bedroom units. Thus, there appear to be nothing HCHA can do at this time to further deconcentration.

## B. Section 8

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

-component 3B.  
**-based section 8 program,**

### (1) Eligibility

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

- X 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
- X More general screening than criminal and drug -related activity (list factors below)
  1. Verify applicant has not been evicted from a federally assisted housing program within the last 5 years .
  2. Verify applicant has not had assistance terminated under the Certificate or Voucher Program within the last 3 years.
- X Other (list below)  
 Verify that applicants do not owe other housing agencies money including HCHA

- b. X Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c. X Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes? Sex Offender Registry only
- d.  Yes X 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
- X Other (describe below) At the request of the landlord, we will share any factual or third party written information relevant to the history of, or ability to, comply with the lease.

**(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)
- X 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)
- X PHA main administrative office
- Other (list below)

**(3) Search Time**

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

If yes, state circumstances below:  
 30 day extensions are granted if requested. A second thirty days (60 day) extension may be granted for appropriate reasons such as a disability or medical hardship.

**(4) Admissions Preferences**

a. Incometargeting

Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissionsto 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
- Household that contribute to meeting income goals (broad range of incomes)
- Household 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)  
Elderly/Disabled, displaced by government action, near elderly and families with children.

3. If the PHA will employ admission 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 points system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

2 DateandTime

FormerFederalpreferences

- InvoluntaryDisplacement(Disaster,GovernmentAction,ActionofHousing  
Owner,Inaccessibility,PropertyDisposition)
- Victimsofdomesticviolence
- Substandardhousing
- Homelessness
- Highrentburden

Otherpreferences(select allthatapply)

- Workingfamiliesandthoseunabletoworkbecauseofageordisability
- Veteransandveterans’families
- Residentsholiveand/orworkinyourjurisdiction
- Thoseenrolledcurrentlyineducational,training,orupwardmobilityprograms
- Householdsthatcontributeincomegoals(broadrangeofincomes)
- Householdsthatcontributeincomerequirements(targeting)
- Thosepreviouslyenrolledineducational,training,orupwardmobility  
programs
- Victimsofreprisalsorhatecrimes
- 1 Otherpreference(s)(listbelow) –Elderly/Disabled,displacedbygovernment  
action,nearelderlyandfamilieswithchildren.

4.Amongapplicantsonthewaitinglistwithethequalpreferencestatus,howare  
applicantsslected?(selectone)

- X Dateandtimeofapplication
- Drawing(lottery)orotherrandomchoicetechnique

5.IfthePHAplansstoemploypreferencesfor“residentsholiveand/orworkinthe  
jurisdiction”(selectone)

- ThispreferencehaspreviouslybeenreviewedandapprovedbyHUD
- ThePHArequestsapprovalforthispreferencethroughthisPHAPlan

6.Relationshipofpreferencestoincometargetingrequirements:(selectone)

- ThePHAappliespreferenceswithinincometiers
- X Notapplicable:thepoolofapplicantfamiliesensuresthatthePHAwillmeet  
incometargeting requirements

**(5)SpecialPurposeSection8AssistancePrograms**

a.Inwhichdocumentsorotherreferencematerialsarethepoliciesgoverning  
eligibility,selection,andadmissionstoanyspecial -purposesection8program  
administeredbythePHAcontained?(selectallthatapply)

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

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

- Through published notices
- Other (list below)

#### **4. PHA Rent Determination Policies**

[24 CFR Part 903.79(d)]

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

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

##### **(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)

X 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
- X \$26-\$50

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

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

1. The family has lost eligibility for or is awaiting an eligibility determination for a Federal, State, or local assistance program, including a family that includes a member who is an alien lawfully admitted for permanent residence under the Immigration and Nationality Act who would be entitled to public benefits but for the title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.
2. The family would be evicted as a result of the imposition of the minimum rent
3. The income of the family has decreased because of changed circumstances, including loss of employment
4. A death in the family has occurred

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

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

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

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

For the earned income of a previously unemployed household member  
 For increases in earned income  
 Fixed amount (other than general rent -setting policy)  
If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent -setting policy)  
If yes, state percentage/s and circumstances below:

- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

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

- Yes for all developments
- Yes but only for some developments
- X No

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

- For all developments
- For all general occupancy developments (not elderly or disabled or elderly only)
- For specified general occupancy developments
- For certain parts of developments; e.g., the high-rise portion
- For certain size units; e.g., larger bedroom sizes
- Other (list below)

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

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

f. Rent re-determinations:

1. Between income re-examinations, 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
- X At family option
- Anytime the family experiences an income increase
- X Anytime a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) - \$400.00 annually
- Other (list below)

g.  Yes X No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12-month

disallowance of earned income and phasing in of rent increases in the next year?

**(2) Flat Rents**

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

- This 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) – HCHA used a list of comparable unassisted apartments in the community. Amenities and size were considered in setting the flat rent. Flat rates currently are:

Efficiency unit:	\$200.00
One Bedroom (including Golden Towers):	\$300.00
One Bedroom (Rainbow Terrace):	\$350.00
Two Bedroom (Pletcher Terrace):	\$350.00
Two Bedroom:	\$400.00
Three Bedroom:	\$500.00

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

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

**(1) Payment Standards**

Describe the voucher payment standards and policies.

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

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

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

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

Other(listbelow)

c.IfthepaymentstandardishigherthanFMR,whyhasthePHAchosenthislevel?  
(selectallthatapply)

- X FMRsarenotadequatetoensuresuccessamongassistedfamiliesinthePHA's  
segmentoftheFMRarea
- X Reflectsmarketorsubmarket
- X Toincreasehousingoptionsforfamilies
- Other(listbelow)

d.Howoftenarepaymentstandardsreevaluatedforadequacy?(selectone)

- X Annually
- Other(listbelow)

e.WhatfactorswillthePHAconsiderinitsassessmentoftheadquacyofitspayment  
standard?(selectallthatapply)

- X Successratesofassistedfamilies
- X Rentburdensofassistedfamilies
- Other(listbelow)

## **(2)MinimumRent**

a.Whatamountbestreflectsthe PHA'sminimumrent?(selectone)

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

b.XYes No:HasthePHAadoptedanydiscretionaryminimumrenthardship  
exemptionpolicies?(ifyes,listbelow)

1. The family has lost eligibility for or is awaiting an eligibility determination for a Federal, State, or local assistance program, including a family that includes a member who is an alien lawfully admitted for permanent residence under the Immigration and Nationality Act who would be entitled to public benefits but for the title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.
2. The family would be evicted as a result of the imposition of the minimum rent
3. The income of the family has decreased because of changed circumstances, including loss of employment
4. A death in the family has occurred

## **5. Operations and Management**

[24CFR Part 903.79(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. Attachment G
- A brief description of the management structure and organization of the PHA follows:

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

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

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	392 (Total Units)	106 (est. M.I. fiscal yr.)
Section 8 Vouchers	318 (Families Served)	59
Section 8 Certificates	NA	NA
Section 8 Mod Rehab	NA	NA
Special Purpose Section 8 Certificates/Vouchers (list individually)	NA	NA
Public Housing Drug Elimination Program (PHDEP)	NA	NA
Other Federal Programs (list individually)	N/A	N/A

### 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.

3. Public Housing Maintenance and Management: (list below)
  4. Admissions and Occupancy Policy
  5. Maintenance Policy
  6. Public Housing Grievance Policy
  7. Natural Disaster Policy
  8. Pest Control Policy
  9. Investment Policy
  10. Transfer Policy
  11. Community Center Policy
  12. Procurement Policy
  13. Public Housing Lease
  14. Capitalization Policy
  15. Criminal Records Management Policy
  16. Disposition Policy
  17. Blood Borne Disease Policy
  18. Equal Housing Opportunity Policy (both programs)
  19. Ethics Policy (both programs)
  20. "One Strike & You're Out" Policy (both programs)
  21. Ban & Bar Policy

(2) Section 8 Management: (list below)

- a. Section 8 Administrative Plan
- b. Tenant Based Informal Grievance Policy

### 6. PHA Grievance Procedures

[24 CFR Part 903.79(f)]

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

#### A. Public Housing

1.  Yes  No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

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

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

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

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

If yes, list additions to federal requirements below:

2. Which PHA offices 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 903.79(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) Attachment H

-or-

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

**(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. X 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:

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

-or-

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

**B. HOPEVI and Public Housing Development and Replacement Activities (Non -Capital Fund)**

Applicability of sub -component 7B: All PHAs administering public housing. Identify any approved HOPEVI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- Yes X No: a) Has the PHA received a HOPEVI 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 HOP EVI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development
- Revitalization Plan submitted, pending approval
- Revitalization Plan approved

Activities pursuant to an approved Revitalization Plan underway

Yes X No:c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name/s below:

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

Yes X 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**

[24CFR Part 903.79(h)]

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

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

### 2. Activity Description

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

<b>Demolition/Disposition Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>

4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

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

[24 CFR Part 903.79(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 as streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

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

<b>Designation of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. Designation type:	
Occupancy by only the elderly	<input type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>

3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <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**

[24CFR Part 903.79(j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

#### **A. Assessment of Reasonable Revitalization Pursuant to Section 202 of the HUD FY1996 HUD Appropriations Act**

1.  Yes  No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

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

<b>Conversion of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway	
<input type="checkbox"/> Assessment results submitted to HUD	
<input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question)	

<input type="checkbox"/> Other(explainbelow)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No:IsaConversionPlanrequired?(Ifyes,gotoblock4;ifno,goto block5.)
4.StatusofConversionPlan(selectthestatementthatbestdescribesthecurrent status) <input type="checkbox"/> ConversionPlanindevelopment <input type="checkbox"/> ConversionPlansubmittedtoHUDon:(DD/MM/YYYY) <input type="checkbox"/> ConversionPlanapprovedbyHUDon:(DD/MM/YYYY) <input type="checkbox"/> Activitiespursuant toHUD -approvedConversionPlanunderway
5.Descriptionofhowrequirements ofSection202arebeingsatisfiedbymeansother thanconversion(selectone) <input type="checkbox"/> Unitsaddressedinapendingorapproveddemolitionapplication(date submittedorapproved: <input type="checkbox"/> UnitsaddressedinapendingorapprovedHOPEVIDemolitionapplication (datesubmittedorapproved: ) <input type="checkbox"/> UnitsaddressedinapendingorapprovedHOPEVIREvitalizati onPlan (datesubmittedorapproved: ) <input type="checkbox"/> Requirementsnolongerapplicable:vacancyratesarelessthan10percent <input type="checkbox"/> Requirementsnolongerapplicable:sitenowhaslessthan300units <input type="checkbox"/> Other:(describebelow)

**B.ReservedforConversionspursuanttoSection22oftheU.S.HousingActof 1937**

**Component10(B)VoluntaryConversionInitialAssessments**

- a. HowmanyofthePHA'sdevelopmentsaresubjecttotheRequiredInitial Assessments? **6**
- b. HowmanyofthePHA'sdevelopmentsarenotsubjecttotheRequiredInitial Assessmentsbasedonexemptions(e.g.,elderlyand/ordisableddevelopments notgeneraloccupancyprojects)? **0**
- c. HowmanyAssessmentswereconductedforthePHA'scovereddevelopments? **6**
- d. IdentifyPHAdevelopments thatmaybeappropriateforconversionbasedon theRequiredInitialAssessments:

DevelopmentName	NumberofUnits
001	50
002	81
003	123
005	103
006	20
007	15

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: Completed

### VOLUNTARY CONVERSION ANALYSIS

Consistent with 24CFR972, the Hall County Housing Authority has done an analysis of its “covered” developments as prescribed in this regulation. The HCHA units affected by this rule and subsequently reviewed by this agency include Pletcher Terrace Apartments – Project No. 001, Golden Towers Apartments – Project No. 002, Centennial Towers Apartments – Project No. 003, Rainbow Terrace Apartments – Project No. 005, Western Apartments – Project No. 005, Orleans Apartments – Project No. 005, Stolley Park Apartments – Project No. 005, Scattered Site Homes – Project No. 006 and Shady Bend Development – Project No. 007.

According to 24CFR972, PHA’s are to review covered developments and consider their conversion from public housing to private market developments. The conversion would provide tenant-based assistance to all individuals who currently live in the Public Housing Development. As stated in this law, the conversion is only to take place if this action is beneficial to the residents of the development and the surrounding area, and does not have impact on the availability of affordable housing.

Based upon a study paid for by the City of Grand Island and performed by Hanna: Keelan Associates, P.C. additional affordable housing is necessary and needed in the City of Grand Island over the next five years. The study, as stated in the city’s Five Year Action Plan (available for review), suggests a need for 275 additional affordable apartment units serving HCHA target populations (income less than 80% of median).

Thus, based on this information, it is the belief of the Hall County Housing Authority that any conversion from public housing units to a tenant-based assistance program would not assure future use of the development as affordable housing. As is being witnessed around the country, many developments are opting out of unit-based assistance because it is more profitable to provide housing that may not be considered affordable. A conversion to tenant-based assistance would remove any assurance that the future use of the development would be for affordable housing. Thus, HCHA firmly believes that conversion would not be allowable for the reasons stated in 24CFR972. In particular,

HCHA believes that conversion could and eventually would adversely impact the availability of affordable housing in the City of Grand Island and the County of Hall.

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

**11. Homeownership Programs Administered by the PHA**

[24CFR Part 903.79(k)]

**A. Public Housing**

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

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

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I X 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) X 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: (10/July/1986)
5. Number of units affected: 19
6. Coverage of action: (select one)
<input type="checkbox"/> Part of the development
X Total development

## B. Section 8 Tenant Based Assistance

1.  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 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 903.79(1)]

**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 supportives services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? 2/27 / March/2000

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

- X Client referrals
- X Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self -sufficiency services and programsto 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)

- X 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 home ownership option participation
- Preference/eligibility for section 8 home ownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

X Yes  No: Does the PHA coordinate, promote or provide any program 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)
Resident Initiatives Counsel includes education, computer lab, betterment activities, management training, etc.	72	Interested Parties	Through resident development office or Administration Office	Public Housing Residents

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

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	0	0
Section 8	0	0

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 plan to take to achieve at least the minimum program size?

If no, list steps the PHA will take below:

### C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.
- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

<b>D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937</b>
--

### 13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.79(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 component D. sub -

#### 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 area 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 level of violent and/or drug -related crime
- Other (describe below)

Residents fearful of property damage or deterioration of the neighborhood.

2. What information or data did the PHA use 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 anti-crime/anti-drug programs
- Other (describe below)  
Speaking with residents about changes needed and safety concerns.

3. Which developments are most affected? (list below)  
All developments are equally affected in different ways

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

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

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug -prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at -risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)  
Designated a family apartment to a Police Officer occupied unit and other physical improvements. There have also been improvements made on existing security systems.

2. Which developments are most affected? (list below)  
All developments affected. Family apartments will see most of the electronic equipment.

### **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)

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

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

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

PHA eligible for FY2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

**PHDEP HAS BEEN ELIMINATED, THIS SECTION WILL NOT BE COMPLETED**

- 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 FY2000 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.79(n)]

**20.0 Pet Policy**

**20.1 Exclusions**

This policy does not apply to animals that are used to assist persons with disabilities. Assistive animals are allowed in all public housing facilities with no restrictions other than those imposed on all tenants to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing their neighbors.

**20.2 Pets In Public Housing Buildings**

The Hall County Housing Authority will allow indoor dogs, no more than 12 inches high (as projected to adult size – listing compiled by HCHA) in the following projects: Pletcher Terrace, Rainbow Terrace, Scattered Site Homes, Shady Bend, Stolley Park Duplexes, 718 Building of Orleans Apartments, 3021 Building of Western Apartments. Indoor cats will also be allowed in these designated projects.

Cats and Dogs are not allowed in the buildings not mentioned (see 24 CFR 5.318 and 24 CFR 960.707 for authorization)

Birds and Fish will be allowed in all projects.

Dogs who have been trained to exhibit aggressive behavior will not be allowed.

Residents are responsible for any damage caused by their pets, including the cost of fumigating or cleaning their units. In exchange for the right to own a pet, residents assume full responsibility and liability for their pet and agree to hold the Hall County Housing Authority harmless from any claims caused by an action or inaction of a pet. Residents who are tenants at Western or Orleans apartments as of 7/1/01 will be “grandfathered” and may have pets in their existing buildings provided all other rules and regulations are followed.

### 20.3 Approval

Residents must have the prior approval of the Housing Authority before moving a pet into their unit. Residents must request approval from HCHA by filling out a Pet Ownership form prior to pet ownership or move-in. Further, a picture of the pet must be given to HCHA so the pet can be identified in the event it is running loose.

### 20.4 Types and Number of Pets

The Hall County Housing Authority will allow only domesticated dogs, cats, birds, and fish in aquariums in units (see Section 20.2). All dogs and cats must be spayed or neutered before they become six months old. A licensed veterinarian must verify this fact.

Only one (1) cat or dog (where authorized) per unit allowed.

Two birds are allowed per unit provided they are in a cage.

Fish are limited to a 10-gallon tank.

Any animal deemed to be potentially harmful to the health or safety of others, including attack or fight trained dogs, will not be allowed.

Birds cannot exceed 6 inches in height.

Fish cannot be carnivorous.

No animal may exceed twenty (20) pounds in weight projected to full adult size.

## 20.5 Inoculations

In order to be registered, pets must be appropriately inoculated against rabies and other conditions prescribed by local ordinances. HCHA will give an owner 14 days to register their pet upon ownership. Residents must responsibly own their pets in accordance with all applicable state and local public health, animal control, and animal anti-cruelty laws and regulations including any licensing requirements. A certification signed by a veterinarian or state or local official shall be annually filed with the Hall County Housing Authority to attest to the inoculations.

## 20.6 Pet Deposit

A pet deposit of \$300.00 is required for all cat and dog owners at the time of registering the pet. Owners of birds and fish must pay a \$50.00 pet deposit at time of registration. The deposit is refundable when the pet or the family vacate the unit, less any amounts owed due to damage beyond normal wear and tear.

Pet Deposits must be paid in full upon move-in. Payment arrangements may be made with the administrative office if good cause is presented. HCHA will determine good cause on a case-by-case basis. A pet deposit payment plan will never exceed three months and will not be made if there is outstanding debt currently owed to HCHA.

## 20.7 Financial Obligation of Residents

Any resident who owns or keeps a pet in their dwelling unit will be required to pay for any damages caused by the pet. Also, any pet-related insect infestation in the pet owner's unit will be the financial responsibility of the pet owner and the Hall County Housing Authority reserves the right to exterminate and charge the resident.

## 20.8 Nuisance or Threat to Health or Safety

The pet and its living quarters must be maintained in a manner to prevent odors and any other unsanitary conditions in the owner's unit and surrounding areas.

Repeated substantiated complaints by neighbors or Hall County Housing Authority personnel regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisance will result in the owner having to remove the pet or move him/herself.

Pets who make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one half hour or more to the disturbance of any person at any time of day or night shall be considered a nuisance.

## 20.9 Designation of Pet Areas

Pets must be kept in the owner's apartment or on a leash at all times when outside (no outdoor cages may be constructed). Pet owners must clean up after their pets and are responsible for disposing of pet waste.

With the exception of assistive animals no pets shall be allowed in the community room, laundry room, public bathroom, hallway or office other than designated areas.

## 20.10 Miscellaneous Rules

Pets may not be left unattended in a dwelling unit for over 48 hours. If the pet is left unattended and no arrangements have been made for its care, the HA will have the right to enter the premises and take the uncared-for pet to be boarded at a local animal care facility at the total expense of the resident.

Pet bedding shall not be washed in any common laundry facilities.

Residents must take appropriate actions to protect their pets from fleas and ticks.

All pets must wear a tag bearing the resident's name and phone number and the date of the latest rabies inoculation.

Pets cannot be kept, bred or used for any commercial purpose.

Residents owning cats shall maintain waterproof litter boxes for cat waste. Refuse from litter boxes shall not accumulate or become unsightly or unsanitary. Litter shall be disposed of in an appropriate manner.

A pet owner shall physically control or confine his/her pet during the times when Housing Authority employees, agents of the Housing Authority or others must enter the pet owner's apartment to conduct business, provide services, enforce lease terms, etc.

If a pet causes harm to any person, the pet's owner shall be required to permanently remove the pet from the Housing Authority's property within 24 hours of written notice from the Housing Authority. The pet owner may also be subject to termination of his/her dwelling lease.

### 20.11 Visiting Pets

Pets that meet the size and type criteria outlined above may visit the projects/buildings where pets are allowed for 8 hours per day but no more than 40 hours in a 12 month period. Visiting pets may not stay overnight without written approval from the Hall County Housing Authority. Tenants who have visiting pets must abide by the conditions of this policy regarding health, sanitation, nuisances, and peaceful enjoyment of others. If visiting pets violate this policy or cause the tenant to violate the lease, the tenant will be required to remove the visiting pet.

### 20.12 Removal of Pets

The Hall County Housing Authority, or an appropriate community authority, shall require the removal of any pet from a project if the pet's conduct or condition is determined to be a nuisance or threat to the health or safety of other occupants of the project or of other persons in the community where the project is located.

In the event of illness or death of pet owner, or in the case of an emergency which would prevent the pet owner from properly caring for the pet, the Hall County Housing Authority has permission to call the emergency caregiver designated by the resident or the local Pet Law Enforcement Agency to take the pet and care for it until family or friends would claim the pet and assume responsibility for it. Any expenses incurred will be the responsibility of the pet owner.

## **15. Civil Rights Certifications**

[24 CFR Part 903.79(o)]

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

## **16.Fiscal Audit**

[24CFRPart903.79(p)]

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

## **17.PHA Asset Management**

[24CFRPart903.79(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**

[24CFR Part903.79(r)]

### **A. Resident Advisory Board Recommendations**

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

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

Attached at Attachment (Filename)

X Provided below:

### **Resident Advisory Board Suggestions & Comments**

Comment – HCHA needs to replace concrete around Centennial Towers.

Response – Money was requested and received for major concrete replacement in many of our developments, including Centennial Towers, in the 2001 Capital fund. Thus, this will be done as quickly as weather and other factors permit.

Comment – More handicap parking spaces are needed at Centennial Towers.

Response – The required amount of handicap parking is currently being met. Additional spaces would require HCHA to reduce the amount of total parking available due to the additional space requirements of a handicapped space. Because HCHA feels that parking is a major problem, particularly at this building, additional handicapped parking could cause more problems than it would solve.

Comment – Is there a way to get rid of the ice on the parking lots rather than waiting for it to melt.

Response – HCHA currently removes snow and uses ice melt chemicals on all walkways when necessary. Snow is removed from parking lots but chemicals are not applied, as the cost would be prohibitive. HCHA has equipment to salt walks and remove snow from walks and lots; however, funds are not available at this time to purchase products or equipment necessary to salt roads and parking lots.

Comment – There is a need for exterior lights on Centennial Towers.

Response – Currently our lighting system is very adequate. However, we certainly would be willing to listen to suggestions from residents regarding the placement of additional lights and would then study the feasibility of the request.

Comment – Has a patio ever been considered for the back of Centennial Towers.

Response – A shaded area with a picnic table and benches did exist at the rear of Centennial Towers, but was removed when the Community Room was enlarged. This project could be included in a 5-year plan and in the event that capital funds were made available for this project, the feasibility of a patio could be explored at that time.

Comment – If driveways are plowed shut by the City snow plows, who do residents call?

Response – The City of Grand Island Public Works Department.

Comment – Can windows be cleaned in apartments and the Community Room at Centennial Towers?

Response – Yes, a flier was mailed in mid -March to all the tenants at this building asking who is interested in this service. This was done in order for the Housing Authority to start planning on how to prepare for the project (resources and manpower needed, etc.). We expect to begin the project by the first part of summer and end by the first of fall. The Community Room windows will be cleaned this month.

Comment – New tile is needed in the men's public restroom in Centennial Towers.

Response – The tile in the men's room in this building is discolored around the urinal and will be replaced in the near future.

Comment – People are smoking in the elevators.

Response – We do not allow smoking in the building other than in residents apartments. If someone is aware of a person smoking against HCHA rules, they should notify the HCHA office immediately so that proper action can be taken.

Comment – Would like to have the grass in the sidewalks sprayed or removed.

Response – HCHA is responsible for a substantial portion of concrete walkways. Last year, the HCHA summer help attempted to rectify this problem at all complexes with varying degrees of success. We plan to use a more aggressive approach this summer.

Comment – Not all entrances accommodate wheelchairs.

Response – Entrances currently meet ADA standards; however, in an effort to provide every convenience for our residents and guests, appropriate individuals and agencies will be contacted to see if a better entrance could be constructed using capital funds.

Comment – The rear entrance door at Centennial Towers Community Room needs adjusting so that it will close properly.

Response – This was immediately reported to maintenance and has been corrected.

Comment – When is the dead bolt installation going to be completed?

Response – Deadbolt locks were a part of the 1999 PHDEP grant received by HCHA in October, 2000. Consistent with grant requirements, HCHA will complete deadbolt lock installation by October 2002.

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

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments  
List changes below:
- Other: (list below)

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

- 1.  Yes  No: Does the PHA meet the exemption criteria provided in section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
- 2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

### 3. Description of Resident Election Process

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

- Candidates were nominated by resident and assisted family organizations
- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- X Other: (describe) – Residents were asked to bring in resumes if they were interested in becoming a board member. These resumes were given to the HCHA Board of Commissioners who made a recommendation to the Hall County Board who subsequently selected the resident board member. This is similar to our current process of choosing a board member.

b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

- All adult recipients of PHA assistance (public housing and section 8 tenant based assistance) -
- Representatives of all PHA resident and assisted family organizations
- X Other (list) - Since HCHA Public Housing units are located in various areas of the city, and Section 8 participants may live anywhere in Hall County, it did not seem feasible to hold an election. We did not feel it was a fair method of choosing a board member, since many candidates would not have the time or money to "campaign" and would not have the resources to visit each of the complexes and the Section 8 units. Thus, all participants in HCHA programs were notified of the opening and asked to provide resumes if they were interested in the position. These resumes were given to the HCHA Board of Commissioners whom made a recommendation to the Hall County Board who subsequently selected the resident board member. This is similar to our current process of choosing a board member.

**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)

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.
- X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- Other: (list below)

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

**D. Other Information Required by HUD**

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

**Resident Board Member**

Karen Duff, 915 Baumann Drive #14, Grand Island, NE 68803

Appointed to the Board on July 1, 2000 – June 30, 2005

**Definition** – Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

## **Statement of Progress in Meeting 5 - Year Mission & Goals**

**Goal One:** Manage the Hall County Housing Authority's existing public housing program in an efficient and effective manner thereby qualifying as at least a Standard performer.

**Objectives:**

1. HUD shall recognize the Hall County Housing Authority as a high Performer by July 31, 2003.
2. The Hall County Housing Authority shall achieve and sustain an occupancy rate of 97% by July 31, 2005.
3. The Hall County Housing Authority shall promote a motivating work environment with a capable and efficient team of employees to operate as a customer -friendly and fiscally prudent leader in the affordable housing industry.

**Goal Two:** Improve resident and community perception of safety and security in the Hall County Housing Authority's public housing developments.

**Objectives:**

1. The Hall County Housing Authority shall reduce crime in its Developments so that the crime rate is less than the surrounding neighborhood by December 31, 2004.
2. The Hall County Housing Authority will work closely with Law Enforcement and other community organizations to increase response time and better serve our residents.
3. The Hall County Housing Authority shall reduce its evictions due to Violations of criminal laws by 10% by December 31, 2004, through aggressive screening procedures.

**Goal Three:** Enhance the marketability and customer satisfaction of the Hall County Housing Authority.

Objectives:

1. The Hall County Housing Authority shall become a more customer oriented organization.
2. The Hall County Housing Authority shall enhance its curb appeal for Public Housing developments by maintaining its property in a responsible and appealing manner.
3. Improve or maintain all HCHA property in a good condition and provide timely, high quality maintenance services to Hall County Housing Authority residents.

The Hall County Housing Authority set three goals and three objectives within each goal two years ago, when developing the year 2000-2005 Five-Year Plan. Objective One, number one has been modified this year moving the date of becoming a high performer back one year. It seems very unlikely that HCHA will reach high performer status earlier than that date though our effort has certainly been focused on that goal. HCHA has also had a Mission Statement that has been followed for some time.

The Hall County Housing Authority has made quite remarkable progress in a very short period of time on our first goal (Goal One). Four years ago, HCHA was considered to be in troubled status by the Department of Housing & Urban Development with a very low PHMAP score of under 60%. As proof of the HCHA improvement, the most recent PHAS score for fiscal year ending 6/30/01 was 86%. That score is well above what is needed to be a standard performer. However, continued progress in this area will require a longer period of time than originally submitted, making it necessary to modify the timing on this objective in our current plan. Objective two concerns our occupancy rate and will be very difficult to attain due to competition in the area. Every effort has and will continue to be put forth in order to reach this objective. Objective three is more of a theoretical goal, which is being met, but requires continual training and education in order to sustain and maintain our objective.

It is our opinion that goal two is probably the area that has seen the most improvement. Primarily this is due to the PHDEP grant received by the Hall County Housing Authority in 1999, 2000 and 2001. Though Resident Survey results show only slight increases, we are quite certain that the perception of safety and security has greatly increased with the implementation of the PHDEP grant.

Objective One cannot be measured until crime rates are obtained for HCHA properties only (those statistics are now being kept). However, there may actually be a slight increase when the numbers are available largely due to the accessibility of our officer to HCHA residents. Objective two is currently being accomplished as HCHA now employs a police officer and works closely with the local police department. Due to

our current vacancy rate, objective three will be more difficult to achieve. Though HCHA has implemented stringent screening procedures, a more aggressive policy could be put in place. However, at this time we are struggling with market conditions while trying to improve our vacancy rate. Thus, currently, applicants with serious criminal or drug related offences are denied; however, applicants with lesser offences may be admitted to our program, which may result in undesirable tenants.

Goal three is also taking time to achieve. Administration, office and maintenance staff have attended educational meetings, trainings, and seminars in an effort to be a more customer oriented organization as addressed in objective one. We have and will continue to keep staff informed of new regulations and reporting requirements. To achieve objective two, we have set aside funds for items to improve curb appeal and will continue to maintain our property in a responsible and appealing manner. To attain objective three, HCHA property will be improved and maintained through continued modernization with the funds received from the Capital Fund. As evidenced in our last Resident Survey report, maintenance service to HCHA residents has been highly improved and we will continue to provide high quality service.

HCHA has also made a number of minor changes to its policies and procedures. Most changes were minor clarity changes or modifications designed to resolve issues that the Housing Authority has had to deal with over the past year. A couple changes were due to HUD clarifications such as the modification to the wording of the federal income exclusions list and the suspension of the Community Service rule. HCHA did make a few discretionary changes as well. These include an increase in late fees from \$10.00 to \$15.00 dollars, a change in cable amounts and service provided, and the addition of a near elderly preference to the Housing Choice Voucher Program. These changes were presented to the Resident Advisory Board and approved by the Hall County Housing Authority Board of Commissioners. They were also available for review at the HCHA Administrative office.

### **MISSION STATEMENT**

Our aim is to ensure safe, decent, and affordable housing; create opportunities for residents' self-sufficiency and economic independence; and assure fiscal integrity by all program participants. In order to achieve this mission, we will:

1. Recognize the resident's as our ultimate customer
2. Improve PHA Management and service delivery efforts through oversight, assistance, and selective intervention by highly skilled, diagnostic, and result oriented field personnel
3. Seek problem-solving partnerships with PHA, resident, community, and government leadership
4. Act as an agent for change when performance is unacceptable and we judge that local leadership is not capable or committed to improvement
5. Efficiently apply limited HUD resources by using risk assessment techniques to focus our oversight efforts

Our mission statement has remained the same for a long period of time. We believe that we have done our best to adhere to this mission and strive to do ever better in fulfilling its intent.

## **Attachments**

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

- Attachment A – PHA Management Organizational Chart
- Attachment B – Records Management Policy
- Attachment C – Public Meeting Comments
- Attachment D – Resident Advisory Board Members
- Attachment E – Revised Annual Statement Revision #1 ('99)
- Attachment F – Performance & Evaluation Report for Period Ending  
12/31/01 ('99)
- Attachment G – Revised Annual Statement Revision #1 ('00)
- Attachment H – Performance & Evaluation Report for Period Ending  
12/31/01 ('00)
- Attachment I – Performance & Evaluation Report for Period Ending  
12/31/01 ('01)
- Attachment J – Original Annual Statement & Five Year Action Plan



## Attachment F

### CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHAName: Hall County Housing Authority		Grant Type and Number CGPNE26P003707 -99 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 1999
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:    12/31/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	30,000	30,000	30,000	13,769
4	1410 Administration	40,800	40,800	40,800	20,725
5	1411 Audit	0	3,000	3,000	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	14,933	14,933	14,933	110
8	1440 Site Acquisition				
9	1450 Site Improvement	0	40,000	40,000	0
10	1460 Dwelling Structures	223,000	177,500	177,500	57,684
11	1465.1 Dwelling Equipment — Nonexpendable	85,000	87,500	87,500	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	15,000	15,000	15,000	12,151
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

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

<b>PHAName:</b> Hall County Housing Authority	<b>Grant Type and Number:</b> CGPNE26P003707 -99 <b>Capital Fund Program Grant No:</b> <b>Replacement Housing Factor Grant No:</b>	<b>Federal FY of Grant:</b> 1999
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Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no:    )  
 Performance and Evaluation Report for Period Ending: 12/31/01  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 -20)	408,733	408,733	408,733	104,439
22	Amount of line 21 Related to LBP Activities	5,000			
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	6,000			

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

PHAName: Hall County Housing Authority		Grant Type and Number CGPNE26P003707 -99 Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA/WIDE	Management Improvements	1408 *		30,000	30,000	30,000	13,769	
	Administration	1410 **		40,800	40,800	40,800	20,725	
	Fees	1430		14,933	14,933	14,933	110	
	Equipment	1475		15,000	15,000	15,000	12,151	In Progress
	Audit	1411		0	3,000	3,000		
001	Replace Furnaces	1460	10 bldg	10,000	10,000	10,000	2,151	In Progress
	Replace furnace (CR)	1460	1	10,000	0	0	0	
	Convert 2 apt to 1	1460	2	5,000				
	Exterior plumbing	1460		10,000	10,000	10,000	8,240	In Progress
	Concrete	1450		0	40,000	40,000		
002	Remodel apts	1460	16	48,000	38,251	38,251	2,892	In Progress
	Replace fire alarm	1465		30,000	0	0	0	
	Elevator lights (emergency)	1460		0	379	379	379	Completed
	Elevator (emergency)	1460		0	5,488	5,488	5,488	Completed
003	Remodel Apts	1460	20	90,000	40,000	40,000	2,888	In Progress
	Replace Fire Alarms	1465		30,000	60,000	60,000		

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

PHAName: Hall County Housing Authority		Grant Type and Number CGPNE26P003707 -99 Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
003	Elevator	1460		0	9,996	9,996	9,996	Complete
005	Replace Furnaces	1465	17	17,500	27,500	27,500	2,394	In Progress
	Remodel Entry	1460	12	12,000				
	Energy Audit Repairs	1460		1,000	0			
	Fire Alarm (Emergency)	1460		0	6,029	6,029	6,029	Completed
	Replace fire alarm doors	1465	2	7,500	0			
	Boiler (Emergency)	1460		0	8,357	8,357	8,357	Completed
006	Replace Shower	1460		0	7,000	7,000	7,000	Completed
	Replace Windows	1460	12	25,000	25,000	25,000		
	Replace Siding	1460	6	12,000	12,000	12,000		
	Replace Exterior Doors	1460		0	5,000	5,000	1,870	In Progress
007	Now works scheduled							
*	For accounting system, work order system, resident training							
**	Mod coordinator							
				408,733	408,733	408,733	104,439	

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

PHAName: Hall County Housing Authority		Grant Type and Number CGPNE26P003707 -99 Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant: 1999
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA/WIDE	9/30/01			9/30/02			
001							
002							
003							
005							
006							
007							

# **CRIMINAL, DRUG TREATMENT, AND REGISTERED SEX OFFENDER CLASSIFICATION RECORDS MANAGEMENT POLICY**

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## **1.0 PURPOSE**

In the course of its regular operations, the Hall County Housing Authority comes into possession of criminal records as well as records of drug treatment or registered sex offender status of both residents and applicants. While necessary to accomplish Housing Authority business, these records must be maintained securely and kept from improper use.

## **2.0 ACQUISITION**

All adult applicants and residents shall complete the Hall County Housing Authority Authorization for Release of Information when they apply for housing. The Hall County Housing Authority will check district court records, state sex offender records and may request information from the Grand Island Police Department when appropriate. These checks are done for the purpose of screening applicants for housing and for enforcing lease and "One Strike & You're Out" policy provisions.

All criminal, drug treatment and sex offender records will be used by employees only as required to make a housing decision.

## **3.0 MAINTENANCE**

The Hall County Housing Authority will keep all records of criminal, drug treatment or sex offender status that are received confidential. These records will be used only to screen applicants for housing or to pursue evictions. The records will not be disclosed to any person or other entity except for official use in the application process or in court proceedings. No copies will be made of the records except as required for official or court proceedings.

Criminal records or records of drug treatment or registered sex offender status will be kept in a file separate from other application or eviction information. These files will be maintained in a different cabinet that is locked and kept in a secure location. Only specified employees shall have access to this cabinet.

#### **4.0 DISPOSITION**

The records shall be destroyed after all practical use of such information has expired.

**This policy will not apply to any and all records accessible by the public.**

## ATTACHMENT C

### PUBLIC MEETING COMMENTS

HELD MARCH 27, 2002

**Comment:** There need to be more accountability for tenant funds.

**Response:** Tenant funds have been the responsibility of the Housing Authority since the fund was established. The funds are used to pay for tenant parties, memorials and other expenses the building may have. HCHA will now allow each building to be responsible for their own funds if they wish, diminishing the role and responsibility of the Housing Authority in this area.

**Comment:** Would it be possible to have a meeting with residents every three months to hash out things before the annual meeting.

**Response:** The Hall County Housing Authority would welcome this suggestion and has already set up a meeting to answer these questions. HCHA would modify this request slightly to include all buildings for the purpose of time.

**Comments:** Explain the duties of the Police Officer – residents feel they are being “governed”.

**Response:** The Grand Island Police Department has assigned Officer James Colgan to HCHA property. Officer Colgan is first and foremost a police officer and is sworn to fulfill those duties. However, he will also be providing extra safety and security measures to HCHA property. We assure HCHA residents that Officer Colgan is not here to bother, harass, or govern any resident. But rather, he has been procured by HCHA to help provide for a better, safer, more secure place to live.

**Comment:** Stairwell doors are being propped open. Residents would like to have alarms on the doors after certain hours to alleviate this problem.

**Response:** If residents know that a door is being propped open, they should remove the object(s) from the door so it will close. All residents will be reminded that the doors are locked for the security of the residents and that the stairway doors are to be used as an exit only; not as an entrance. At this time, alarms will not be considered, as they would be very disturbing and annoying to residents who are in their apartments. These doors cannot be locked from the inside, as they must be available to be used as a fire exit.

- Comment:** A bedroll was found in the elevator and people are sleeping in the stairwell.
- Response:** According to the information received by the Hall County Housing Authority, the bedroll found in the elevator was actually a small foam mattress which had apparently been left by a resident, as pieces of furniture were also left at the same time in the lobby area. No report has ever been made to the HCHA office, maintenance or police that a problem exists regarding people sleeping in the stairwell. Residents must also take responsibility and report any suspicions they may have regarding unauthorized visitors to the proper authorities mentioned above.
- Comment:** Parking problems still exist and the residents would like to have additional handicapped parking.
- Response:** Due to the number of residents who have vehicles, compared to the available parking places, parking problems will continue to exist. Staff will continue to monitor the areas in an effort to ensure that parking policies are being followed. The required amount of handicap parking spaces is currently being met. Additional spaces would require HCHA to reduce the amount of total parking available due to additional space requirements of a handicap space.
- Comment:** A request was made for a patio at Centennial Towers.
- Response:** A shaded area with a picnic table and benches did exist at the rear of Centennial Towers, but was removed when the community room was enlarged. This project could possibly be included in a 5-year plan and in the event that capital funds are available for this project, the feasibility of a patio could be explored.
- Comment:** There is a need for better handicap access at the front door in Centennial Towers.
- Response:** Entrances currently meet ADA standards; however, in an effort to provide every convenience for our residents and guests, appropriate individuals and agencies will be contacted to see if a better entrance could be constructed using capital funds.
- Comment:** Golden Towers has some loose floor tiles.
- Response:** The floors in this building will be examined and any repairs necessary will be completed.
- Comment:** Need different chairs in lobby and out front for bigger people.

**Response:** We are planning to replace the existing benches in the front of Centennial with sturdier benches. We will also try to find several chairs without arms for the lobby area.

**Comment:** The treadmill in Centennial Towers doesn't work all the time .

**Response:** The treadmill will be repaired or replaced if necessary.

**Comment:** A request was made for a front -loading washing machine. It was also mentioned that the present washing machines don't work all the time.

**Response:** The vendor will be contacted regarding these requests.

**Comment:** A request for another pop machine was made.

**Response:** The vending company will be contacted. However, in the past we have been informed that they will only make one available for us per building due to the limited use.

**Comment:** Residents would like to have change machines for the laundry and vending machines.

**Response:** This item was researched last year. At that time, it was felt that the cost of the change machine was excessive. It was also believed that the installation of such machines would not be wise for security reasons.

**ATTACHMENTD**

**RESIDENT ADVISORY BOARD MEMBERS**

SamDean -910NorthBoggs#1004,GrandIsland,NE68803

RichardLighthill -915BaumannDrive#13,GrandIsland,NE68803

DaveRittenhouse -3113WestNorthFront#5,GrandIsland,NE68803

LindaMetteer -4014ReedRoad,GrandIsland,NE68803

CarlaWalker -312StolleyParkRoad,GrandIsland,NE68801

SusanReynek -223VossRoad,GrandislandNE68801

## Attachment E

### CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Hall County Housing Authority		Grant Type and Number: CGPNE26P003707 -99 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 1999
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1) <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	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	30,000	30,000	30,000	13,769
4	1410 Administration	40,800	40,800	40,800	20,725
5	1411 Audit	0	3,000	3,000	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	14,933	14,933	14,933	110
8	1440 Site Acquisition				
9	1450 Site Improvement	0	40,000	40,000	0
10	1460 Dwelling Structures	223,000	177,500	177,500	57,684
11	1465.1 Dwelling Equipment — Nonexpendable	85,000	87,500	87,500	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	15,000	15,000	15,000	12,151
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

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

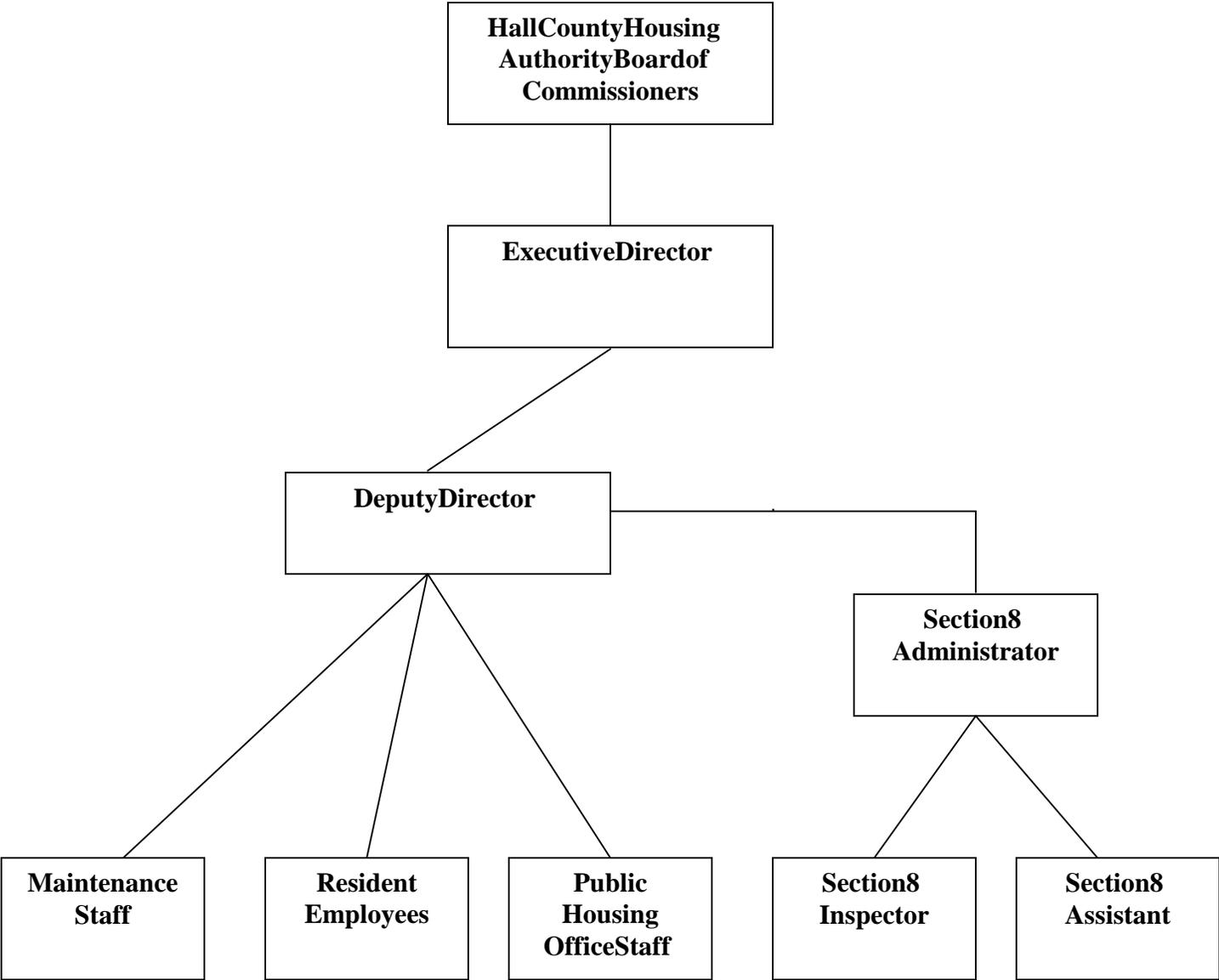
PHAName: Hall County Housing Authority	Grant Type and Number: CGPNE26P003707 -99 Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Federal FY of Grant: 1999
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Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: 1)  
 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
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 - 20)	408,733	408,733	408,733	104,439
22	Amount of line 21 Related to LBP Activities	5,000			
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	6,000			

**ATTACHMENT A**

**HALL COUNTY HOUSING AUTHORITY**  
**ORGANIZATIONAL CHART**



## AttachmentG

### CAPITALFUNDPROGRAMTABLESSTARTHERE

<b>AnnualStatement/PerformanceandEvaluationReport</b> <b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary</b>						
PHAName:HallCountyHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: NE26P00350100 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2000	
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/EmergenciesX <input type="checkbox"/> RevisedAnnualStatement(revisionno1 ) <input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport						
Line No.	SummarybyDevelopme ntAccount	TotalEstimatedCost		TotalActualCost		
		Original	Revised	Obligated	Expended	
1	TotalNon -CFPFunds					
2	1406Operations					
3	1408ManagementImprovements	40,000	40,000	40,000		
4	1410Administration	61,246	61,246	61,246		
5	1411Audit	3,000	3,000	3,000		
6	1415LiquidatedDamages					
7	1430FeesandCosts	59,909	59,909	20,000	6,033	
8	1440SiteAcquisition					
9	1450SiteImprovement	97,500	72,500	10,000		
10	1460DwellingStruct ures	300,801	325,778	250,761	39,193	
11	1465.1DwellingEquipment —Nonexpendable					
12	1470NondwellingStructures	50,000	50,023	50,023	13,294	
13	1475NondwellingEquipment					
14	1485Demolition					
15	1490ReplacementReserve					
16	1492MovingtoWorkDemonstration					

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

PHAName: Hall County Housing Authority	Grant Type and Number Capital Fund Program Grant No: NE26P00350100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement  
  Reserve for Disasters/Emergencies X  
  Revised Annual Statement (revision no 1 )  
 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
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 - 20)	612,456	612,456	435,030	58,520
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	5,000			
24	Amount of line 21 Related to Security - Soft Costs	3,000			
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	6,000			

## AttachmentH

### CAPITALFUNDPROGRAMTABLESSTARTHERE

<b>AnnualStatement/PerformanceandEvaluationReport</b> <b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary</b>					
PHAName:HallCountyHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: NE26P00350100 ReplacementHousingFactorGrantNo:			FederalFYofGrant: <b>2000</b>
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno: ) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding:12/31/01 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimate dCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements	40,000	40,000	40,000	
4	1410Administration	61,246	61,246	61,246	
5	1411Audit	3,000	3,000	3,000	
6	1415LiquidatedDamages				
7	1430FeesandCosts	59,909	59,909	20,000	6,033
8	1440SiteAcquisition				
9	1450SiteImprovement	97,500	72,500	10,000	
10	1460DwellingStructures	300,801	325,778	250,761	39,193
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures	50,000	50,023	50,023	13,294
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				

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

PHAName: Hall County Housing Authority	Grant Type and Number Capital Fund Program Grant No: NE26P00350100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/01  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 - 20)	612,456	612,456	435,030	58,520
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	5,000			
24	Amount of line 21 Related to Security - Soft Costs	3,000			
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	6,000			

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

PHAName: Hall County Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P00350100 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA/WIDE	Management Improvements	1408		40,000	40,000	40,000		
	Administration	1410		61,246	61,246	61,246		
	Audit	1411		3,000	3,000	3,000		
	Fees	1430		59,909	59,909	20,000	6,033	In Progress
	Concrete	1450		87,500	67,500			
001	Carpet	1460		4,000	4,000	4,000		
	Remodel Apartments	1460		17,500	17,500	17,500		
	Remodel Non-dwelling structure*	1470		50,000	50,023	50,023	13,294	In Progress
	Exterior plumbing	1460		10,000	10,000	5,000		
002	Remodel Apartments	1460	16	45,000	25,000	25,000		
	Exterior Screen Doors	1460		10,000	20,000			
	Elevators	1460		10,000	20,000	16,463		
	Roof	1460		10,000	10,000	10,000		
	Remodel lobbies	1460		10,000	10,000			
003	Remodel apartments	1460		50,301	30,301	30,301		
	Boiler Repair	1460		10,000	10,000			

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

PHAName: Hall County Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P00350100 Replacement Housing Factor Grant No:			Federal F Y of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
003	Elevator	1460		10,000	32,564	32,564	32,564	Complete
	Replace fire sprinkler/ alarm	1460		0	40,000	40,000		
	Roof	1460		13,000	13,000			
	Remodel lobbies	1460		10,000	10,000	1,933		
005	Furnaces	1460		23,000	23,000	23,000		
	Remodel apartments	1460		17,000	12,000	12,000		
	Remodel laundry rooms*	1460		10,000	10,000			
006	Exterior	1460		23,000	13,000	23,000		
	Furnaces	1460		18,000	10,413	10,000	6,629	In progress
007	Landscaping	1450		5,000	5,000	5,000		
	Playground	1450		5,000	5,000	5,000		
	*Both work items were in revised Annual statement (2000)							
				612,456	612,456	435,030	58,520	

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

PHAName: Hall County Housing Authority		Grant Type and Number Capital Fund Program No: NE26P00350100 Replacement Housing Factor No:				Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA/WIDE	3/31/02			9/30/03			
001							
002							
003							
005							
006							
007							

## Attachment I

### CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHAName: Hall County Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P00350101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	40,000		40,000	
4	1410 Administration	58,083		58,083	
5	1411 Audit	3,000		3,000	
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	70,000		6,237	
10	1460 Dwelling Structures	384,746		50,000	
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

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

PHAName: Hall County Housing Authority	Grant Type and Number Capital Fund Program Grant No: NE26P00350101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/01  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 - 20)	580,829		157,320	
22	Amount of line 21 Related to LBP Activities	10,000			
23	Amount of line 21 Related to Section 504 compliance	5,000			
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	5,000			

1408 - Management Improvements -\$40,000  
 Ric Salaries -\$20,000 Improve Preventative Maintenance Programs -\$10,000 Inventory control -\$10,000

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

PHAName: Hall County Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P00350101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
001	Replace windows (CR)	1460		10,000	0			
	Tile Showers	1460		10,000	10,000	10,000		
	Remodel Laundry Rooms	1460		2,000	2,000			
002	Remodel Balconies	1460		20,000	20,000			
	Remodel Laundry Rooms	1460		2,000	2,000			
	Boiler	1460		10,000	10,000			
	Elevator	1460		50,000	50,000			
	Paint Stairwells	1460		15,000	15,000			
003	Remodel Entry	1460		30,000	30,000	15,000		
	Elevator	1460		20,000	20,000			
	Remodel Laundry Room	1460		3,000	3,000			
	Boiler	1460		10,000				
	Paint Stairwells	1460		15,000	15,000			
	Replace fire sprinkler/ alarm	1460		0	45,000			
005	Furnaces	1460		25,000	25,000			
	Remodel Apartments	1460		15,000	15,000	5,000		
	Roof	1460		25,000	25,000			

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

PHAName: Hall County Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P00350101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
005	Exterior Patio	1450		5,000	5,000			
006	Remodel exterior & interior Furnaces/AC	1460		37,746	27,746			
		1460		15,000	15,000			
007	Repair Showers	1460		10,000	5,000			
HA/WIDE	Landscaping	1450		20,000	20,000	6,237		
	Carpet and Tile	1460		50,000	30,000	20,000		
	Repair gutters	1460		10,000	10,000			
	Concrete	1450		45,000	45,000			
	Management Improvements	1408		40,000	40,000	40,000		
	Administration	1410		58,083	58,083	58,083		
	Audit	1411		3,000	3,000	3,000		
	Fees and Cost	1430		25,000	25,000	25,000		
				580,829	580,829	157,320	0	

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

PHAName: Hall County Housing Authority		Grant Type and Number Capital Fund Program No: NE26P00350101 Replacement Housing Factor No:				Federal FY of Grant: 2001	
Development Number Name/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	
HA/WIDE	3/31/03			9/30/04			
001							
002							
003							
005							
006							
007							

## AttachmentJ

### CAPITALFUNDPROGRAMTABLESSTARTHERE

<b>AnnualStatement/PerformanceandEvaluationReport</b> <b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary</b>						
<b>PHAName:</b> HALLCOUNTY                      HOUSINGAUTHORITY		<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: NE26P00350102 ReplacementHousingFactorGrantNo:			<b>FederalFYofGrant:</b> 2002	
X <input type="checkbox"/> <b>OriginalAnnualStatement</b> <input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b> <input type="checkbox"/> <b>RevisedAnnualStatement(revisionno:    )</b> <input type="checkbox"/> <b>PerformanceandEvaluationReportforPeriodEnding:</b> <input type="checkbox"/> <b>FinalPerformanceandEvaluationR eport</b>						
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost		
		Original	Revised	Obligated	Expended	
1	Totalnon -CFPFunds					
2	1406Operations					
3	1408ManagementImprovements	40,000				
4	1410Administration	58,083				
5	1411Audit	3,000				
6	1415LiquidatedDamages					
7	1430FeesandCosts	25,000				
8	1440SiteAcquisition					
9	1450SiteImprovement	120,000				
10	1460DwellingStructures	260,342				
11	1465.1DwellingEquipment —Nonexpendable	75,000				
12	1470NondwellingStructures					
13	1475NondwellingEquipment					
14	1485Demolition					
15	1490ReplacementReserve					
16	1492MovingtoWorkDemonstration					

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

<b>PHAName:</b> HALL COUNTY                      HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P00350102 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  2002
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X  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
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	580,829			
22	Amount of line 21 Related to LBP Activities	10,000			
23	Amount of line 21 Related to Section 504 compliance	5,000			
24	Amount of line 21 Related to Security – Soft Costs	75,000			
25	Amount of Line 21 Related to Security – Hard Costs	50,000			
26	Amount of line 21 Related to Energy Conservation Measures	5,000			

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

PHAName: HALL COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NE26P00350102 Replacement Housing Factor Grant No:				Federal FY of Grant: 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 Work
				Original	Revised	Funds Obligated	Funds Expended	
001	Remodel apartments	1460		8,000				
	Exterior repair	1460		10,000				
	Replace gutters	1460		5,000				
002	Remodel apartments	1460		20,000				
	Ranges & Refrigerators	1465		25,000				
003	Remodel apartments	1460		20,000				
	Firesprinkler/alarm	1460		45,000				
	Ranges & refrigerators	1465		25,000				
005	Furnaces	1460		23,000				
	Remodel apartments	1460		9,000				
	Repair gutters	1460		10,000				
006	Exterior repair	1460		15,000				
	Remodel interior	1460		14,746				
	Ranges & refrigerators	1465		25,000				



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

PHAName: HALL COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program No: NE26P00350102 Replacement Housing Factor No:	Federal FY of Grant: 2002
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA/WIDE	9/30/04			9/30/05			
001							
002							
003							
005							
006							
007							



**CapitalFundProgramFive -YearActionPlan**  
**PartI:Summary**

PHANameHallCountyHousing Authority						<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:
Development Number/Name/HA-Wide	Year1	WorkStatementforYear 2 FFYGrant:2003 PHAFY:2003	WorkStatementforYear3 FFYGrant:2004 PHAFY:2004	WorkStatementforYear4 FFYGrant:2005 PHAFY:2005	WorkStatementforYear5 FFYGrant:2006 PHAFY:2006	
NE26P003	Annual Statement					
001-Pletcher		40,000	35,000	35,000	35,000	
002-Golden		140,000	50,000	70,000	133,000	
003-Centennial		120,000	55,000	70,000	140,000	
005-Family/Elderly		40,000	70,000	70,000	55,000	
006-ScatteredSites		23,000	15,000	15,000	33,000	
007-5hReplacement		10,000	10,000	25,000	25,000	
HA/Wide		125,000	125,000	175,000	175,000	
CFPFundsListedfor 5-yearplanning						
		498,000	360,000	460,000	596,000	
ReplacementHousing FactorFunds						

**CapitalFundProgramFive -YearActionPlan**  
**PartII:SupportingPages —WorkActivities**

Activitiesfor Year1	ActivitiesforYear: <u>2</u> ___ FFYGrant:2003 PHAFY:2003			ActivitiesforYear: <u>3</u> ___ FFYGrant:2004 PHAFY:2004		
	<b>Development Name/Number</b>	<b>MajorWork Categories</b>	<b>EstimatedCost</b>	<b>Development Name/Number</b>	<b>MajorWork Categories</b>	<b>EstimatedCost</b>
See	001	RemodelApts	20,000	001-Pletcher	RemodelApts	15,000
Annual		ExteriorRepair	20,000		ExteriorRepair	20,000
Statement	<i>Subtotal</i>		<i>40,000</i>		<i>Subtotal</i>	<i>35,000</i>
	002-GoldenTowers	FireSprinkler/alarm	68,000	002-GoldenTowers	CommonAreaRepairs	25,000
		RemodelApts	72,000		Roof	25,000
	<i>Subtotal</i>		<i>140,000</i>	<i>Subtotal</i>		<i>50,000</i>
	003-CentennialTowers	RemodelApts	20,000	003-CentennialTowers	RemodelApts	20,000
		FireSprinkler/alarm	80,000		Roof	10,000
		Boiler	5,000		CommonAreaRepairs	25,000
		Elevator	10,000			
		Roof	5,000			
	<i>Subtotal</i>		<i>120,000</i>	<i>Subtotal</i>		<i>55,000</i>
	005-Family/Elderly	Furnaces	23,000	005-Family/Elderly	Concrete	50,000
		RemodelApts.	17,000		RemodelApts.	20,000
	<i>Subtotal</i>		<i>40,000</i>	<i>Subtotal</i>		<i>70,000</i>
	006-ScatteredSites	ExteriorRepair	23,000	006-ScatteredSites	Furnaces	15,000
	<i>Subtotal</i>		<i>23,000</i>	<i>Subtotal</i>		<i>15,000</i>
	007-5hReplacement	ExteriorRepair	10,000	007-5hReplacement	ExteriorRepair	10,000
	<i>Subtotal</i>		<i>10,000</i>	<i>Subtotal</i>		<i>10,000</i>
	HA/WIDE	SoftwareUpgrade, Travel,Training,Fees	125,000	HA-Wide	Software,Training,Fee	125,000
	<i>Subtotal</i>		<i>125,000</i>	<i>Subtotal</i>		<i>125,000</i>
	<b>TotalCFPEstimatedCost</b>		\$498,000			\$360,000

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

Activities for Year: 4			Activities for Year: 5		
FFY Grant: 2005			FFY Grant: 2006		
PHAFY: 2005			PHAFY: 2006		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
001-Pletcher	Remodel Apts.	15,000	001-Pletcher	Remodel Apts	17,500
	Exterior Repair	20,000		Exterior Repair	17,500
<i>Subtotal</i>		<i>35,000</i>	<i>Subtotal</i>		<i>35,000</i>
002-Golden Towers	Plumbing	30,000	002-Golden Towers	Firesprinkler/alarm	68,000
	Trash Compactor	40,000		Remodel Apts	15,000
<i>Subtotal</i>		<i>70,000</i>		Elevator	50,000
003-Centennial Towers	Trash Compactor	40,000	<i>Subtotal</i>		<i>133,000</i>
	Plumbing	30,000	003-Centennial Towers	Firesprinkler/alarm	80,000
<i>Subtotal</i>		<i>70,000</i>		Elevator	50,000
005-Family/Elderly	Exterior	30,000		Roof	10,000
	Remodel Apts	20,000	<i>Subtotal</i>		<i>140,000</i>
	Plumbing	20,000	005-Family/Elderly	Furnaces	25,000
<i>Subtotal</i>		<i>70,000</i>		Remodel Apts.	20,000
006-Scattered Sites	Furnaces	15,000		Fire alarm	10,000
<i>Subtotal</i>		<i>15,000</i>	<i>Subtotal</i>		<i>55,000</i>
007-5h Replacement	Exterior Repair	10,000	006-Scattered Sites	Exterior repair	23,000
	Remodel Apts.	15,000		Remodel units	10,000
<i>Subtotal</i>		<i>25,000</i>	<i>Subtotal</i>		<i>33,000</i>
HA/Wide	Software, Training, Fee	100,000	007-5h Replacement	Plumbing	15,000
	Paint occupied apts	75,000		Remodel units	10,000
<i>Subtotal</i>		<i>175,000</i>	<i>Subtotal</i>		<i>25,000</i>
<b>Total CFPE Estimated Cost</b>		\$460,000			\$

**CapitalFundProgramFive -YearActionPlan  
PartII:SupportingPages —WorkActivities**

ActivitiesforYear: __ __ FFYGrant: PHAFY:			ActivitiesforYear:5(Continued)____ FFYGrant:2006 PHAFY:2006		
Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
			HA/Wide	Concrete	45,000
				Landscape	10,000
				Security	120,000
			<i>Subtotal</i>		<i>175,000</i>
<b>TotalCFPEstimatedCost</b>		\$			\$596,000