

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2002

**AURORA HOUSING AUTHORITY  
CROSSROADS COURT OFFICE  
1505 PST., #1003  
AURORA, NEBRASKA 68818 -1341**

**Phone (402) 694 3292 Fax (402) 694 -5492 E-mail [crossroads@hamilton.net](mailto:crossroads@hamilton.net)**

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

## PHA Plan Agency Identification

**PHAName:** AURORAHOUSINGAUTHORITY

**PHANumber:** NE090001

**PHAFiscalYearBeginning:(mm/yyyy)** APRIL2002

### PHA Plan Contact Information:

Name: Sally Wilson  
Phone: (402)694 -3292  
TDD:  
Email(if available): [crossroads@hamilton.net](mailto:crossroads@hamilton.net)

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

### PHA Programs Administered :

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

**Annual PHA Plan**  
**Fiscal Year 20**  
 [24CFR Part 903.7]

**i. Table of Contents**

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

<b>Contents</b>	<u>Page#</u>
<b>Annual Plan</b>	
i. Executive Summary (optional)	
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2. Capital Improvement Needs	
3. Demolition and Disposition	
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5. Crime and Safety: PHDEP Plan	
6. Other Information:	
A. Resident Advisory Board Consultation Process	
B. Statement of Consistency with Consolidated Plan	
C. Criteria for Substantial Deviations and Significant Amendments	
<b>Attachments</b>	
<input type="checkbox"/> Attachment A: Supporting Documents Available for Review	
<input type="checkbox"/> Attachment__: Capital Fund Program Annual Statement	
<input type="checkbox"/> Attachment__: Capital Fund Program 5 Year Action Plan	
<input type="checkbox"/> Attachment__: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment__: Public Housing Drug Elimination Program (PHDEP) Plan	
<input type="checkbox"/> Attachment__: Resident Membership on PHA Board or Governing Body	
<input type="checkbox"/> Attachment__: Membership of Resident Advisory Board or Boards	
<input type="checkbox"/> Attachment__: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input type="checkbox"/> Other (List below, providing each attachment name)	

## ii. Executive Summary

[24CFR Part 903.79(r)]

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

The Aurora Housing Authority has prepared an Agency Plan in compliance with the section 511 of the Quality Housing and Work Responsibility Act of 1998 and are ensuring HUD requirements are being kept. There are no plans to change any policies during the fiscal year unless Housing & Urban mandates some changes that will affect the local Housing Authority. We plan to complete the Capital Funding Programs on time and to make sure that each project is completed correctly. We would like to complete the Accordion Closet door project by the end of the year 2002. The Aurora Housing Authority is here to provide better Housing for those living at the Court and to serve others in the future.

### Real Estate Assessment Score

Physical	28
Financial	26
Management	25
Resident	8
PHATotal	87

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

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

1. Changes in the Capital Funding Program work items and dates to be completed.
2. Due to the need that did arise over the last fiscal year, changing some of the work items that needed to be done at the Complex, with the Board of Commissioners being in full agreement. This caused some changes to the 5-Year Agency Plan Action Plan in the year that each project would be completed. The Board of Commissioners took action – Resolution.
3. The Board of Commissioners has recommended that the Flat Rent be increased in the coming year.

## **2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$51,766.00

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

D. Capital Fund Program Grant Submissions

### **(1) Capital Fund Program 5 - Year Action Plan**

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

### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment

## **3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

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

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

2. Activity Description

<b>Demolition/Disposition Activity Description</b> <b>(Not including Activities Associated with HOPE VI or Conversion Activities)</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: <u>          (DD/MM/YY)          </u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for           units <input type="checkbox"/> Public housing for           units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for           units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities       : c. Projected end date of activity:	

**4. Voucher Homeownership Program**

[24 CFR Part 903.79(k)]

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

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

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

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

**5. Safety and Crime Prevention: PHDEP Plan**

[24CFR Part 903.7(m)]

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

- A.  Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_
- C.  Yes  No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D.  Yes  No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

**6. Other Information**

[24CFR Part 903.79(r)]

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

- 1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
- 2. If yes, the comments are attached at Attachment (Filename)

3. In what manner did the PHA address those comments? (select all that apply)
- The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included.
    - Yes  No: below
    - Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_.
  - Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_.
  - Other: (list below)

The Resident Advisory Board does not longer want to be. Since a Resident Commissioner has been added to the Board of Commissioners. Resolved to eliminate the Resident Advisory Board. Under Resolution 26 -00, Exhibit 904 -C. Attached on the hard copy. But not to change the goals of the Housing Authority Board of Commissioners and to increase our knowledge what the tenants really need and want for the future of serving others. By having a Resident Commissioner on the Board of Commissioners it has helped expand our mission statement, goals, or objectives of the 5 -year plan and is with the approval of the Board of Commissioners of the Aurora Housing Authority.

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

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

1. Consolidated Plan jurisdiction: (provide name here) Chairman of the Aurora Housing Authority; Mayor, and City Council of Aurora, and the State of Nebraska Rural Development.
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

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

3. PHA Requests for support from the Consolidated Plan Agency

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

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

### C. Criteria for Substantial Deviation and Significant Amendments

#### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

#### A. Substantial Deviation from the 5 -year Plan:

The 5 -Year Plan is deviation only by the Board of Commissioners in wishing to change any of the mission statements, goals, or any objectives of the 5 -Year Plan after the recommendations from the Public Hearing and Residents input.

#### B. Significant Amendment or Modification to the Annual Plan:

1. Policy changes have been all made in accordance with the Housing & Urban Development recommendations.
2. Reporting one Resident Commissioner has been added to the Board of Commissioners and is working out very well.
3. Only Policies will be changed if Housing & Urban Development recommendations.
4. The Board of Commissioners are the policymakers of the Housing Authority, and continue to do so. All Mission Statements, Goals or Objectivity of the 5 -Year Plan. The Board of Commissioners approves and formally approves the Minutes and Resolutions of and makes suggestions for the Housing Authority.

## Attachment A Supporting Documents Available for Review

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

<b>List of Supporting Documents A available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>X</b>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
<b>X</b>	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
<b>X</b>	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
<b>X</b>	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
<b>X</b>	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>X</b>	Public housing rent determination policies, including the method for setting public housing flat rents <b>X</b> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
<b>X</b>	Schedule of flat rents offered at each public housing development <b>X</b> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

<b>List of Supporting Documents A available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	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
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

<b>List of Supporting Documents A available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
<b>X</b>	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
<b>X</b>	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)



**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: AURORA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NE26P090501-02 Replacement Housing Factor Grant No:		Federal FY of Grant:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	2,000			
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	48,116			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

<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>					
<b>PHAName:</b> AURORA HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P090501-02 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	50,116			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: AURORAHOUS INGAUTHORITY		Grant Type and Number Capital Fund Program Grant No: NE26P09050101 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 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	52,766			
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	2,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	50,766			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 -20)	52,766			

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: AURORAHOUS INGAUTHORITY		Grant Type and Number Capital Fund Program Grant No: NE26P09050101 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 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
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	10,000			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
<b>PHAName:</b> AURORA HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program Grant No.: NE26P09050101 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 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	
NE090001	Wages-Benefits	1410		2,000				Project is not completed.
NE090001	Changing tubs to showers in 500 Building-Plumber-Contractor-Tiling-Lodging & Meals Reimburse of Residents during Construction.(26,000)  Accordion Closet Doors(24,766)	1460		50,766				Project is not Started.
<b>TOTAL</b>				<b>52,766</b>				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>
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**Capital Fund Program 5 - Year Action Plan**

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

<b>CFP5 - Year Action Plan</b>		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
<b>Development Number</b> NE26P090001	<b>Development Name</b> AURORA HOUSING AUTHORITY --CROSSROADS COURT	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Upgrading of computer equipment and office (This will probably take a two year project)	10,000	2003-2004
Installation of Sidewalks & Parking Areas (Installation of Sidewalks & Parking is an never ending project, due to Nebraska climate sand we are on 3.26 acres site -preventative maintenance)	41,330	2000-2006
Replacement of Storm Doors & Accordion Closet Doors (This project will take at least two years to complete, there are four doors per unit and the main building. The Accordion doors have been a problem for years and will until they are all replaced).	132,000	2000-2001-2002
Replacement of Sprinkler System (This project will be completed during the years that emergency items do not come first. We have had to move some projects around to emergency needs first.) (The System we have was installed in 1978)	50,000	2005-2006
Operating Expenditures: Laundry Facilities -Lighting Fixtures -Equipment for Maintenance Space & Office Space -4-Apartments Tubs changed over to Showers. Tubs changed over to Showers (The Residents requested the change over. This was one of the long planned work items, due to disabled and age of people who are housed in these units and the tubs were no longer safe.) Laundry Facilities: (Needs some readjustment for use) The light fixtures: (The lighting needs to be changed to cut costs and more lighting is needed for the elderly residents). Operating Expenditures: (Is a necessity over the year, just to maintain a budget for a year at a time).	111,000	2001-2006
<b>Totalestimatedcostovernext5years</b>	<b>344,330</b>	



**Required Attachment \_\_\_\_: Resident Member on the PHA Governing Board**

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

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

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

C. The term of appointment is (include the date term expires): **5/31/06**

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

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

B. Date of next term expiration of a governing board member: **5/31/2002**

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

<b>Gail Nelson -Chairman</b>	<b>5/2006</b>
<b>Dianne Danhauser -Vice-Chairman</b>	<b>5/2004</b>
<b>Michael Powell -Commissioner</b>	<b>5/2005</b>
<b>Roger Scott -Commissioner</b>	<b>5/2003</b>
<b>Del Sinner -Commissioner</b>	<b>5/2002</b>
<b>Dorothy Reeve -Resident Commissioner</b>	<b>5/2006</b>

**Required Attachment \_\_\_\_\_: Membership of the Resident Advisory Board or Boards**

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

Dorothy Reeve, Resident Commissioner, was appointed by the Aurora Mayor and City Council. Mrs. Reeve agreed to have her name presented to the City Council for their appointment, after the Resident Advisory Board decided that they would not be involved, stating that they would come to her with any wishes or needs. Mrs. Reeve would then present at the Board Meetings, and Direct to place on the agenda of the Board Meetings. Of which all agreed upon.

Public Hearing January 10<sup>th</sup>, 2002.  
Resolution 1 -02, Exhibit 921 -A  
Comments and Recommendations  
No one attended the public hearing  
Approved - Motion Carried.  
Attached on the hard copy  
Agency Plan  
Resolution 2 -01, Exhibit 921 -B  
Approval of Agency Plan  
Approved Motion - Carried  
Attached on hard copy

**Component 3,(6) Deconcentration and Income Mixing**

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

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

If yes, list these developments as follows:

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

**Component 10(B) Voluntary Conversion Initial Assessments**

- a. How many of the PHA's developments are subject to the Required Initial assessments? One
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? None
- c. How many Assessments were conducted for the PHA's covered developments? None
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

<b>Development Name</b>	<b>Number of Units</b>

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

PHA is a general occupancy project that was developed for the elderly/disabled population. Assessment will be completed during the next fiscal year.

## RESIDENT COMMENTS:

The Aurora Housing Authority has engaged in an extensive process of seeking Resident and Public comments on our Agency Plan Update. In the course of compiling the Plan we engaged in the following process:

1. Notice of the Meeting was posted in the main building and local newspaper for January 10<sup>th</sup>, 2002 at 12:00 Noon, local time. (Resident Commissioner was the only one attending).
2. As a result of this effort, we received the following comments and response from the Resident Commissioner for Residents.

**Comment:** Residents requested new showers in the 500 building replacing tubs.

**Response:** Board of Commissioners accepted, stating that an earlier request was in the process of being completed under the Capital Fund Program.

**Comments:** Door Locks and Accordion Closet Doors were commented on.

**Response:** Board of Commissioners accepted, stating that this was changed this last year on funding and was in the process of being done. Also, stating that the Board of Commissioners were in the process under the new Capital Fund Program to replace Accordion Closet Doors and hoping to complete all of them in the near future under the CFP Grants. Board approved with resolution.