

# PHA Plans

5 Year Plan for Fiscal Years 2002 - 2006  
Annual Plan for Fiscal Year 2002

**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:** City of Olean Housing Authority

**PHANumber:** NY093

**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 2002 -2006**  
 [24CFRPart903.5]

**A.Mission**

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

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

The City of Olean Housing Authority has as its primary goal to serve low - income families within the City of Olean and surrounding area.

The Housing Authority will achieve its mission as follows:

-By its commitment to provide decent, safe and sanitary housing to eligible applicants, and residents in occupancy.

-By increasing educational opportunities for low -income families to achieve self -sufficiency.

**B.Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHA 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 EN COURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS .** (Quantifiable measures would include targetssuch as: numbers of families served or PHA scores achieved.) PHA 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)**

Olean Housing Authority – GOALS and OBJECTIVES

-To develop and maintain a countywide needs assessment which will monitor the availability of decent, safe and affordable housing in the community.

-To ensure equal opportunity in housing for all Americans.

-To promote self-sufficiency for low-income families.

The Housing Authority's mission and goals are consistent with and contribute to HUD's mission and goals and objectives.

## **PROGRESS REPORT**

The City of Olean Housing Authority uses the PHAS Score, as its primary gauge to determine if it is accomplishing its mission. For the year ending June 30, 2001, the City of Olean Housing Authority received a score of 96. This resulted in a "High Performer" status.

One of the Authority's goals was to develop and maintain a countywide needs assessment, which will monitor the availability of decent, safe and affordable housing in our community. The Olean Housing Authority is an active member of the Cattaraugus County Housing Consortium. The Consortium has as its members, HUD, DHCR, Cattaraugus County Department of Economic Development, Planning and Tourism and the majority of the low-income housing and service providers in the county.

The Consortium, through HUD, contracted with the Coalition for Low Income Community Development, Baltimore, Maryland, to conduct a housing needs assessment for Cattaraugus County. This assessment is to include a one-year analysis of waiting lists. On December 12, 2000 the Consortium received a draft copy of the report and has completed its initial analysis of the data. Based on the findings, the Consortium has decided to conduct the assessment on a semi-annual basis. The assessment will be done in March and again in July of each year. For the time being, the Buffalo HUD Office will facilitate this process.

The Authority is also working with the City of Olean Public Library in an effort to secure grants that will fund Family Literacy Programs. Funds have been secured from New York State to conduct "Reading for Life Programs" in the three family sites and also in one elderly site. These funds are to be expended by June 30, 2002.

**AnnualPHAPlan**  
**PHAFiscalYear2001**  
[24CFRPart903.7]

**i. AnnualPlanType:**

SelectwhichtypeofAnnualPlanthePHAwill submit.

**StandardPlan**

**StreamlinedPlan:**

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

**TroubledAgencyPlan**

**ii. ExecutiveSummaryoftheAnnualPHAPlan**

[24CFRPart903.79(r)]

ProvideabriefoverviewoftheinformationintheAnnualPlan,includinghighlightsofmajorinitiatives anddiscretionarypolicies,thePHAhasincludedintheAnnualPlan.

**NotRequired**

**iii. AnnualPlanTableofContents**

[24CFRPart903.79(r)]

ProvideatableofcontentsfortheAnnualPlan, includingattachments,andalistofsupporting documentsavailableforpublicinspection.

**TableofContents**

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**Attachments**

Indicatewhichattachmentsareprovidedbyselectingallthatapply.Providetheattachment'sname(A, B,etc.)inthespacetotheleftofthenameoftheattachment.Note:Iftheattachmentispr ovidedasa **SEPARATE**files submissionfromthePHAPlansfile,providethefilenameinparenthesesinthespace totherightofthetitle.

**Required Attachments:**

- AdmissionsPolicyforDeconcentration
- FY2002CapitalFundProgramAnnualStatement(Attachmentny093a02)
- Mostrecentboard -approvedoperatingbudget(RequiredAttachmentforPHAs thataretroubledoratriskofbeingdesignatedtroubledONLY)

**Optional Attachments:**

- PHAManagementOrganizationalChart
- FY2002CapitalFundProgram5YearActionPlan(Attachmentny093b02)
- PublicHousingDrugEliminationProgram(PHDEP)Plan
- CommentsofResidentAdvisoryBoardorBoards(mustbeattachedifnot includedinPHAPlantext)
- Other(Listbelow,providingeachattachmentname)

**Other Attachments:**

- (1)2000 -AnnualStatement -Performance&Evaluationny093c03
- (2)2001 -AnnualStatement - Performance&evaluationny093d03
  - PetPolicyny093e03
  - VoluntaryConversionny093f03
  - DeconcentrationandIncomeMixingny093g03
  - SubstantialDeviationny093h03

**Supporting Documents Available for Review**

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHAPlanCertificationsofCompliancewiththePHAPlans andRelatedRegulations	5YearandAnnualPlans

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
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 any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
N/A	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
N/A	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 the active grant year	Annual Plan: Capital Needs
	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
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	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	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self -Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	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 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 result 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)

## 1. Statement of Housing Needs

[24CFR Part 903.79(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>							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income ≤ 30% of AMI	2,163	NA	NA	NA	NA	NA	NA
Income > 30% but ≤ 50% of AMI	1,673	NA	NA	NA	NA	NA	NA
Income > 50% but < 80% of AMI	1,663	NA	NA	NA	NA	NA	NA
Elderly	1,767	NA	NA	NA	NA	NA	NA
Families with Disabilities	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s  
Indicate year:
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

**B. Housing Needs of Families on the Public Housing and Section 8  
Tenant-Based Assistance Waiting Lists**

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA - wide waiting list administered by the PHA.** PHA may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant -based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site -Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	49		129
Extremely low income <= 30% AMI	31	63.3	
Very low income (> 30% but <= 50% AMI)	14	28.6	
Low income (> 50% but < 80% AMI)	4	8.1	
Families with children	18	60.0	
Elderly families	3	10.0	
Families with Disabilities	9	30.0	
White	45	91.8	
African-American	4	8.2	
American Indian			
Asian/Pacific			
Characteristics by Bedroom Size			

Housing Needs of Families on the Waiting List			
(Public Housing Only)			
1BR/Studio	28	57.1	38
2BR	10	20.4	9
3BR	7	14.3	56
4BR	4	8.2	26
5BR			
5+BR			
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 open 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.

Each year the Authority experiences a higher turnover rate. Last year 129 apartments were vacated. This year, at the rate we are going, we could possibly turnover 150 apartments, which equates to almost 50% of our units. The Authority has 306 units in its inventory

To deal with the turnover problem we must find out why we have the high turnover. Once this is determined we have to come up with a strategy to reduce the turnover.

As you can see from the lack of information available there is a need for new information, which will help determine local need. To deal with this we are active members of the Cattaraugus County Housing Consortium, which has as its mission the creation of a County Consolidated Plan.

#### (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 resource in the community through the creation of mixed -finance housing
- Pursue housing resources other than public housing or Section 8 tenant -based assistance.
- Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30% of AMI**

Select all that apply

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

**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

- Employment 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
- Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

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

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

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

Select if applicable

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

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

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

Other:(listbelow)

**OtherHousingNeeds&Strategies:(listneedsandstrategiesbelow)**

**(2)ReasonsforSelectingStrategies**

Ofthefactorslistedbelow,selectallthatinfluencedthePHA'sselectionofthe strategiesitwillpursue:

- Fundingconstraints
- Staffingconstraints
- Limitedavailabilityofsitesforassistedhousing
- Extenttowhichparticularhousingneedsaremetbyotherorganizationsinthe community
- EvidenceofhousingneedsasdemonstratedintheConsolidatedPlanandother informationavailabletothePHA
- Influenceofthehousing marketonPHAprograms
- Communityprioritiesregardinghousingassistance
- Resultsofconsultationwithlocalorstategovernment
- ResultsofconsultationwithresidentsandtheResidentAdvisoryBoard
- Resultsofconsultationwithadvocacygroups
- Other:(listbelow)

**2. StatementofFinancialResources**

[24CFRPart903.79(b)]

ListthefinancialresourcesthatareanticipatedtobeavailabletothePHAforthesupportof Federal publichousingandtenant -basedSection8assistanceprogramsadministeredbythePHAduringthePlan year.Note:thetableassumes thatFederalpublichousingortenantbasedSection8assistancegrant fundsareexpendedoneligiblepurposes;therefore,usesofthesefundsneednotbestated.Forother funds,indicatetheuseforthosefundsasoneofthefollowingcategories:publichousingoperations, publichousingcapitalimprovements,publichousingsafety/security,publichousingsupport iveservices, Section8tenant -basedassistance,Section8supportiveservicesorother.

<b>FinancialResources: PlannedSourcesandUses</b>		
<b>Sources</b>	<b>Planned\$</b>	<b>PlannedUses</b>
<b>1. FederalGrants(FY2000grants)</b>		
a) PublicHousingOperatingFund	594,689	
b) PublicHousingCapitalFund	652,660	
c) HOPEVIRevitalization		
d) HOPEVIDemolition		
e) AnnualContributionsforSection 8Tenant -BasedAssistance		

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
Comp. Grant 2000	577,389	
<b>3. Public Housing Dwelling Rental Income</b>	777,413	
<b>4. Other income (list below)</b>		
Misc. Income	29,000	
<b>4. Non-federal sources (list below)</b>		
<b>Public Housing Investment Income</b>		
Income	28,000	
<b>Total resources</b>	2,659,151	

Note: "We specifically reserve the right to change this financial resources statement based on later, better information."

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

[24 CFR Part 903.79(c)]

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

**(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe) Within one week of application.

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

- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other (describe)

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

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

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

**(2) Waiting List Organization**

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

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

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

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

c. If the PHA 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 list 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
  - Two
  - Three or More
- b.  Yes  No: Is this policy consistent across all waiting list types?
- c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

**(4) Admissions Preferences**

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

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

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- 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)

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.

Date and Time

Former Federal preferences:

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

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 contributes to meeting income goals (broad range of incomes)
- Household that contributes to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

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

**(5) Occupancy**

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

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

b. How often must residents notify the PHA of changes in family composition?

(select all that apply)

- At an annual reexamination and lease renewal
- Anytime family composition changes
- At family request for revision

Other(list)

**(6)DeconcentrationandIncomeMixing**

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

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

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

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

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

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

Other (list policies and developments targeted below)

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

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

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

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

- Not applicable: results of analysis did not indicate a need for such efforts  
 List (any applicable) developments below:

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

- Not applicable: results of analysis did not indicate a need for such efforts  
 List (any applicable) developments below:

## B. Section 8

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

### (1) Eligibility

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

- Criminal or drug-related activity only to the extent required by law or regulation  
 Criminal and drug-related activity, more extensively than required by law or regulation  
 More general screening than criminal and drug-related activity (list factors below)  
 Other (list below)

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

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

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

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

- Criminal or drug-related activity  
 Other (describe below)

**(2)WaitingListOrganization**

a. With which of the following program waiting lists is the section 8 tenant -based assistance waiting list merged? (select all that apply)

- None
- Federal public housing
- Federal moderate rehabilitation
- Federal project -based certificate program
- Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant -based assistance? (select all that apply)

- PHA main administrative office
- Other (list below)

**(3)SearchTime**

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

If yes, state circumstances below:

**(4)AdmissionsPreferences**

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

- Involuntary Dis placement (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 contributes to meeting income goals (broad range of incomes)
- Household that contributes to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

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

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
- High rent burden

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 contributes to meeting income goals (broad range of incomes)
- Household that contributes to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes

Other preference(s) (list below)

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

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

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)

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

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

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

#### **(5) Special Purpose Section 8 Assistance Programs**

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

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

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

- Through published notices  
 Other (list below)

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

[24 CFR Part 903.79(d)]

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

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

**(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

-The family has lost eligibility or is awaiting eligibility determination for a Federal, State or local assistance program.

-The family would be evicted as a result of the imposition of the minimum rent requirement.

-The income of the family has decreased because of changed circumstances, including loss of employment.

- A death in the immediate family has occurred.

-Other circumstances determined by the PHA or HUD.

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

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

(Note: Flat Rents)

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)  
- Child Support Paid  
- 401K type deductions

e. Ceiling rents

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

Yes for all developments

Yes but only for some developments

No

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

For all developments

For all general occupancy developments (not elderly or disabled or elderly only)

For specified general occupancy developments

For certain parts of developments; e.g., the high-rise portion

- For certain size units; e.g., larger bedroom sizes
- Other (list below)

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

- Market comparability study
- Fair market rents (FMR)
- 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
- At family option
- Anytime the family experiences an income increase
- Anytime a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) \_\_\_\_\_
- Other (list below) Anytime the family experiences an income decrease.

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

**(2) Flat Rents**

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

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

## B. Section 8 Tenant -Based Assistance

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

### (1) Payment Standards

Describe the voucher payment standards and policies .

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

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

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

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

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- Annually
- Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- Success rates of assisted families
- Rent burden of assisted families
- Other (list below)

**(2) Minimum Rent**

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

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

b.  Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

**5. Operations and Management (Not Required - High Performer)**

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

**B. HUD Programs Under PHA Management**

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing		
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		

Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs (list individually)		

**C. Management and Maintenance Policies**

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

(2) Section 8 Management: (list below)

**6. PHA Grievance Procedures (Not Required – High Performer)**

[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 24CFR 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**

[24CFR 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) ny093a02

-or-

- The Capital Fund Program Annual Statement is provided below:

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

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

Capital Fund Grant Number      FFY of Grant Approval:

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non -CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment -Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2 -19)</b>	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

**Annual Statement**

**CapitalFundProgram(CFP )PartII:SupportingTable**

Development Number/Name HA-WideActivities	GeneralDescriptionofMajorWork Categories	Development Account Number	Total Estimated Cost

**AnnualStatement  
CapitalFundProgram(CFP)PartII:SupportingTable**

Development Number/Name HA-WideActivities	GeneralDescriptionofMajorWork Categories	Development Account Number	Total Estimated Cost


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

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

**Annual Statement  
Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-WideActivities	AllFundsObligated (QuarterEndingDate)	AllFundsExpended (QuarterEndingDate)

**(2)Optional5 -YearActionPlan**

Agenciesareencouragedtoincludea5 -YearActionPlancoveringcapitalworkitems.Thisstatement canbecompletedbyusingthe5YearActionPlantableprovidedinthetablelibraryattheendofthe PHAPlantemplate **OR**bycompletingandattachingaproperlyupdatedHUD -52834.

a.  Yes  No:Is the PHA providing an optional 5 -Year Action Plan for the Capital Fund?(if no, skip to sub -component 7B)

b. If yes to question a, select one:

The Capital Fund Program 5 -Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name ny093b02

-or-

The Capital Fund Program 5 -Year Action Plan is provided below:

Optional 5 - Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
NY093001	West and Alder Court	2	1.8%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
				07/01/2001 07/01/2002 07/01/2004 07/01/2003 07/01/2004 07/01/2003 07/01/2004 07/01/2001 07/01/2002 07/01/2003 07/01/2004 07/01/2003 07/01/2004 07/01/2004 07/01/2003 07/01/2004 07/01/2002 07/01/2003 07/01/2003 07/01/2003 07/01/2002 07/01/2003 07,01/2003 07/01/2004
<b>Totalestimatedcostovernext5years</b>				

Optional 5 - Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
NY093002	Spring and Seneca Courts	0	0%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
				07/01/2001 07/01/2002 07/01/2003 07/01/2002 07/01/2002 07/01/2001

				07/01/2003 07/01/2001 07/01/2003 07/01/2004 07/01/2004 07/01/2002 07/01/2003 07/01/2003 07/01/2001 07/01/2003 07/01/2003 07/01/2001 07/01/2003 07/01/2002 07/01/2002 07/01/2002 07/01/2001
<b>Totalestimatedcostovernext5years</b>				
<b>Optional5 - YearActionPlanTables</b>				
<b>Development Number</b>	<b>DevelopmentName (orindicatePHAwide)</b>	<b>Number Vacant Units</b>	<b>%Vacancies inDevelopment</b>	
NY093003	OleanHouse	4	6%	
<b>DescriptionofNeededPhysicalImprovementsorManagement Improvements</b>			<b>Estimated Cost</b>	<b>PlannedStartDate (HAFiscalYear)</b>
				07/01/2003 07/01/2003 07/01/2003 07/01/2001 07/01/2004 07/01/2001 07/01/2002 07/01/2003 07/01/2004 07/01/2001 07/01/2001 07/01/2002 07/01/2001 07/01/2002 07/01/2003
<b>Totalestimatedcostovernext5years</b>				

<b>Optional 5 - Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
NY093004	South Court	2	3.6%	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
				07/01/2001 07/01/2003 07/01/2004 07/01/2001 07/01/2001 07/01/2003 07/01/2003 07/01/2003 07/01/2003 07/01/2001 07/01/2002 07/01/2002 07/01/2001 07/01/2002  07/01/2001 07/01/2002 0 7/01/2003
<b>Totalestimatedcostovernext5years</b>				
<b>Optional 5 - Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
PHA WIDE	Olean Housing Authority			
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
				07/01/2001 07/01/2002 07/01/2003 07/01/2004 07/01/2001 07/01/2002 07/01/2003 07/01/2004

<b>Totalestimatedcostovernext5years</b>		

**B.HOPEVIandPublicHousingDevelopmentandReplacement  
Activities(Non -CapitalFund)**

Applicabilityofsub -component7B:AllPHAsadministeringpublichousing.Identifyanyapproved HOPEVIand/orpublichousingdevelopmentorreplacementactivitiesnotdescribedintheCapitalFund ProgramAnnualStatement.

Yes  No:a)HasthePHAreceivedaHOPEVIrevitalizationgrant?(ifno, skiptoquestionc;ifyes,provideresponsestoquestionbfor eachgrant,copyingandcompletingasmanytimesasnecessary)  
b)StatusofHOPEVIrevitalizationgrant(completeonesetofquestionsfor eachgrant)

- 1.Developmentname:
- 2.Development(project)number:
- 3.Statusofgrant:(selectthestatementthatbestdescribesthecurrent status)
  - RevitalizationPlanunderdevelopment
  - RevitalizationPlansubmitted,pendingapproval
  - RevitalizationPlanapproved
  - ActivitiespursuanttoanapprovedRevitalizationPlan underway

Yes  No:c)DoesthePHAplantoapplyforaHOPEVIRevitalizationgrant inthePlanyear?  
Ifyes,listdevelopmentname/sbelow:

Yes  No:d)WillthePHAbeengaginginanymixed -financedevelopment activitiesforpublichousinginthePlanyear?  
Ifyes,listdevelopmentsoractivitiesbelow:

Yes  No:e)WillthePHAbeconductinganyotherpublichousing developmentorreplacementactivitiesnotdiscussedinthe CapitalFundProgramAnnualStatement?

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  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**

[24CFR 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 a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

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

<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 (Not Required to Complete – High Performer)**

[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 FY 1996 HUD Appropriations Act**

1.  Yes  No: Have any of the PHA’s developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If “No”, skip to component 11; if “yes”, complete one activity description for each identified development, unless eligible to complete as 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 (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD -approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)

Units addressed in a pending or approved demolition application (date submitted or approved: \_\_\_\_\_)

Units addressed in a pending or approved HOPEVI demolition application (date submitted or approved: \_\_\_\_\_)

Units addressed in a pending or approved HOPEVI Revitalization Plan (date submitted or approved: \_\_\_\_\_)

Requirements no longer applicable: vacancy rates are less than 10 percent

Requirements no longer applicable: site now has less than 300 units

Other: (describe below)

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

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

**11. Homeownership Programs Administered by the PHA**  
 [24CFR Part 903.79(k)]

**Not Required to Complete - High Performer**

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

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

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

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

## B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

- 25 or fewer participants  
 26- 50 participants

- 51 to 100 participants
- more than 100 participants

b. PHA - established eligibility criteria

- Yes  No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?  
If yes, list criteria below:

**12. PHA Community Service and Self -sufficiency Programs Note:**  
**High Performing Housing Authority – Not required to Complete**

[24 CFR Part 903.79(l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8 - Only PHAs are not required to complete sub -component C.

**A. PHA Coordination with the Welfare (TANF) Agency**

1. Cooperative agreements:

- Yes  No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

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

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



**(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		
Section 8		

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)

**D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937**

**13. PHA Safety and Crime Prevention Measures High Performing Housing Authority not Participating in PHDEP – Not Required to Complete This Section.**

[24CFRPart903.79(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 sub component D.

**A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents

(select all that apply)

- High incidence of violent and/or drug -related crime in some or all of the PHA's developments
- High incidence of violent and/or drug -related crime in the 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 levels of violent and/or drug -related crime
- Other (describe below)

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)

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

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

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

- Contracting without side and/or resident organizations for the provision of crime-and/or drug -prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at -risky youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

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

**C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

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

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

**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.

- 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**

[24CFR Part 903.79(n)] Note: Board Resolution re; "Pet Policy" dated 3/27/01

## 15. Civil Rights Certifications

[24CFRPart903.79(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 (Note: High Performer – Not Required To File)

[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 Part 903.79(r)]

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

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

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

Attached as Attachment (Filename)

Provided below:

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

Considered comments, but determined that no changes to the PHA Plan were necessary.

The PHA changed portions of the PHA Plan in response to comments  
List changes below:

Other: (list below)

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

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

2.  Yes  No: Was there a 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

Other: (describe)

b. Eligible candidates: (select one)

Any recipient of PHA assistance

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

c. Eligible voters: (select all that apply)

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

### C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: New York State

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 need expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below) The local Abbreviated Submission calls for handicap accessibility at the Elderly Units. The 2000 and 2001 Capital Fund Program include a new elevator and handicap accessible entrance at the Olean House. Front controlled stoves are included in the 2001 and 2002 Capital Fund Program for Spring, Seneca and the Olean House. The 2002 Program includes a total handicap unit conversion at Spring Court.
- Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: Both Plans see handicap accessibility as a priority.

## **D. Other Information Required by HUD**

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

## Attachments

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

ny093g01 –Resident Advisory Board Membership:

Alder Court:

Teresa Button Apartment 404	-2, Alder Street
Elizabeth Thayer Apartment 408	-6, Alder Street
Carol Button Apartment 404	-2, Alder Street

West Court:

Charles Black Apartment 309	-6, N15 <sup>th</sup> Street
Amber Miller Apartment 305	-9, N15 <sup>th</sup> Street
Penny Dibble Apartment 305	-3, N15 <sup>th</sup> Street
John Shafer Apartment 315	-3, N15 <sup>th</sup> Street

South Court:

Walter Vaughn, Sr. Apartment C	-6, 554 Martha Ave.
Marcy Stuart Apartment H	-1, 554 Martha Ave,

.Lucinda Connelly

Olean House

Mary Lou Kline Apartment 219, 132 N. Union St.

Jo Seweten Apartment 224, 132 N. Union St.

Spring Court:

June Molenda Apartment 6, 102 W. Spring St.

Mary Rose Apartment 7, 102 W. Spring St.

Rose La Frenz Apartment 21, 102 W. Spring St.

Marie Napoleoni Apartment 8, 102 W. Spring St.

Seneca Court:

Ernie Gray Apartment 2, 401 Alder St.

Helen Lucanik Apartment 27, 401 Alder St.

Suzanne Benjamin Apartment 34, 401 Alder Street

Patricia Cornelius Apartment 19, 401 Alder St.

ny093h01 –Resident Membership:

Vincent Caffo Apartment 31, 401 Alder St.

Joseph Fusiara Apartment 315 -5, N15<sup>th</sup> St.



**Table Library**

**CAPITAL FUND PROGRAM TABLES START HERE**

**ATTACHMENTny093d03**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350101 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: 112/07/01) <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 Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	46,696	46,696	46,696	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000	12,400		
8	1440 Site Acquisition	80,000	80,000		
9	1450 Site Improvement	60,212	60,212	15,884	15,884
10	1460 Dwelling Structures	400,752	397,749	9,088	9,088
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	55,000	55,603	3,603	3,603
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	652,660	652,660	75,271	28,575

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHAName: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350101 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: 112/07/01)					
<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	
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security --Soft Costs				
	Amount of Line XX related to Security --Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHAName: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350101 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	
NY093001									
West/Alder	Concrete Replacement & Drainage	1450	partial	10,000	10,000	7,999	7,999		
	Asphalt Replacement, Repair & Sealing	1450	partial	22,000	22,000	838	838		
	Replace Exterior Doors & Storms	1460	21 @ 300	6,300	6,300				
	Replace Hot Water Tanks & Boilers	1460	3 @ 2000	6,000	6,000	2,671	2,671		
	Frost Free Refrigerators	1460	5 @ 400	2,000	3,100	3,100	3,100		
	Stoves with Rear Controls	1460	5 @ 300	1,500	1,500				
	Laundry Equipment - Washers & Dryer	1475	36 @ 1000	36,000	36,000				
	SUBTOTAL			<b>83,800</b>	<b>84,900</b>	<b>14,608</b>	<b>14,608</b>		
NY093002									
Spring/Seneca	Property Purchase - Spring Court	1440	New parking	80,000	80,000	4,062	4,062		
	Concrete Replacement & Drainage	1450	partial	15,000	15,000				
	Asphalt Replacement, Repair & Sealing	1450	partial	2,000	2,000				
	Stoves with Front Controls	1460	5 @ 300	1,500	1,500				
	Replace Hot Water Tanks & Boilers	1460	1 @ 3000	3,000	3,000				
	Renovate Corridor Ceiling	1460	20%	20,000	20,000				
	Laundry Equipment - Washer & Dryer	1475	12 @ 1000	12,000	12,000				
	SUBTOTAL			<b>133,500</b>	<b>133,500</b>	<b>4,062</b>	<b>4,062</b>		
NY093003									
Olean House	Asphalt Replacement, Repair & Sealing	1450	partial	1,500	1,500	994	994		
	Stoves with Front Controls	1460	5 @ 300	1,500	1,500				
	New Storefront Entrance	1460	70%	74,452	70,349				
	New Elevator	1460	50%	100,000	100,000				

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

PHAName: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350101 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	
	Update, Repair & Paint Fire Escape	1460	25%	10,000	10,000				
	Apartment Restoration (Force Acct)	1460	9@18000	162,000	162,000				
	Laundry Equipment – Was her & Dryer	1475	4@1000	4,000	4,000				
	<b>SUBTOTAL</b>			<b>353,452</b>	<b>349,349</b>	<b>994</b>	<b>994</b>		
NY093004									
South Court	Concrete Replacement & Drainage	1450	partial	6,406	6,406				
	Landscaping	1450	partial	1,000	1,000	180	180		
	Asphalt Replacement, Repair & Sealing	1450	partial	2,306	2,306	1,811	1,811		
	Frost Free Refrigerators	1460	5@400	2,000	2,000	2,000	2,000		
	Stoves with Rear Controls	1460	5@300	1,500	1,500				
	Replace Hot Water Tanks & Boilers	1460	2@2000	4,000	4,000	1,317	1,317		
	Replace Exterior Doors & Storm Doors	1460	5@1000	5,000	5,000				
	Computer Equipment & Software	1475	partial	3,000	3,603				
	<b>SUBTOTAL</b>			<b>25,212</b>	<b>25,815</b>	<b>8,911</b>	<b>8,911</b>		
PHAWIDE									
	Administrator & Benefits	1410		46,696	46,696				
	Architect & Engineer	1430		10,000	12,400				
	<b>SUBTOTAL</b>			<b>56,696</b>	<b>59,096</b>	<b>46,696</b>			
	<b>GRANT TOTAL</b>			<b>652,660</b>	<b>652,660</b>	<b>75,271</b>	<b>28,575</b>		



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

PHAName: City of Olean Housing Authority		Grant Type and Number Capital Fund Program No: NY06P09350101 Replacement Housing Factor No:				Federal FY of Grant: 2001	
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	
NY093001 West/Alder	12/31/02			6/30/04			
NY093002 Spring/Seneca	12/31/02			6/30/04			
NY093003 Olean House	12/31/02			6/30/04			
NY093004 South Court	12/31/02			6/30/04			
PHAWide	12/31/02			6/30/04			

**CAPITAL FUND PROGRAM TABLES START HERE**

**ATTACHMENT ny093c03**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 212/07/01) <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 Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	44,952	44,952	44,952	13,678
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,000	8,000	760	760
8	1440 Site Acquisition		41,359	41,539	41,359
9	1450 Site Improvement	40,000	62,453	62,453	62,453
10	1460 Dwelling Structures	562,407	461,970	268,488	268,488
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures	16,000	16,000	16,000	16,000
13	1475 Nondwelling Equipment	3,000	3,294	3,294	3,294
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHAName: City of Olean Housing Authority	Grant Type and Number Capital Fund Program Grant No: NY06P09350100 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: 212/07/01)  
 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	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	674,359	638,208	437,486	406,212
	Amount of line XX Related to LBP Activities				
	Amount of line X X Related to Section 504 compliance				
	Amount of line XX Related to Security --Soft Costs				
	Amount of Line XX related to Security --Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHAName: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350100 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	
NY093001	Site Acquisition (Alder Ct.)	1440			41,539	41,539	41,539		
West/Alder	Concrete Replacement & Drainage	1450	partial	10,000	46,361	46,361	46,361		
	Landscaping	1450	partial	4,000	7,345	7,345	7,345		
	Refuse Collection Center	1470	2 bldgs.	16,000	16,000	16,000	16,000		
	Exterior Boiler Room Bldg. 416	1460			20,994	20,994	20,994		
				-----	-----	-----	-----		
	SUBTOTAL			30,000	132,239	132,239	132,239		
				=====	=====	=====	=====		
NY093002									
Spring/Seneca	Concrete Replacement	1450	20%	20,000	3,677	3,667	3,667		
	Landscaping	1450	partial	5,000	2,785	2,785	2,785		
	Handicap Conversion - Spring	1460	1 unit	8,000					
	Seneca Community Room Furniture	1460			675	675	675		
	Renovate Main Entrance - Spring	1460	100%	80,000					
				-----	-----	-----	-----		
	SUBTOTAL			113,000	7,137	7,137	7,137		
				=====	=====	=====	=====		
NY093003									
Olean House	Landscaping	1450	partial	1,000					
	Apartment Restoration (Force Acct)	1460	8 units	162,000	178,101	178,101	178,101		
	Insulate Attic	1460	50%	49,407					

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

PHAName: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350100 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
	New Elevator		1460	100%	200,000	193,729	247	247	
	First Floor Restoration		1460	partial	60,000	68,471	68,471	68,471	
					-----	-----	-----	-----	
	SUBTOTAL				472,407	440,301	246,819	246,819	
					=====	=====	=====	=====	
NY093004									
South Court	Concrete Replacement/Drainage		1450	partial		2,285	2,285	2,285	
	Refrigerator Replacements		1460	8@375	3,000				
	Computer Equipment - Adm. Office		1475		3,000	3,294	3,294	3,294	
					-----	-----	-----	-----	
	SUBTOTAL				6,000	5,579	5,579	5,579	
					=====	=====	=====	=====	
PHAWIDE									
	Administrator & Benefits		1410		44,952	44,952	44,952	13,678	
	Architect & Engineer		1430		8,000	8,000	760	760	
					-----	-----	-----	-----	
	SUBTOTAL				52,952	52,952	45,712	14,438	
					=====	=====	=====	=====	
	GRANT TOTAL				674,359	638,208	437,486	406,212	
					=====	=====	=====	=====	

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

PHAName: City of Olean Housing Authority		Grant Type and Number Capital Fund Program No: NY06P09350100 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	
NY093001 West/Alder	3/31/02			9/30/03			
NY093002 Spring/Seneca	3/31/02			9/30/03			
NY093003 Olean House	3/31/02			9/30/03			
NY093004 South Court	3/31/02			9/30/03			
PHAWide	3/31/02			9/30/03			



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

PHAName		<input type="checkbox"/> <b>Original5 -YearPlan</b> <input type="checkbox"/> <b>RevisionNo:</b>			
Development Number/Name/HA-Wide	Year1	WorkStatementforYear2 FFYGrant: PHAFY:	WorkStatementforYear3 FFYGrant: PHAFY:	WorkStatementforYear4 FFYGrant: PHAFY:	WorkStatementforYear5 FFYGrant: PHAFY:
	Annual Statement				
TotalCFPFunds (Est.)					
TotalReplacement HousingFactorFunds					



**CAPITAL FUND PROGRAM TABLES START HERE**  
**ATTACHMENT ny093a03**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> City of Olean Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NY06P09350102 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2002	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs	6,000			
4	1410 Administration	48,510			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	163,000			
10	1460 Dwelling Structures	430,150			
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				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHAName: City of Olean Housing Authority	Grant Type and Number Capital Fund Program Grant No: NY06P09350102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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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	
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	652,660			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security —Soft Costs				
	Amount of Line XX related to Security —Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHAName: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350102 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
NY093001								
West/Alder Court	Concrete Replacement & Drainage		1450		20,000			
	Landscaping – Shrubs/Fence		1450		1,000			
	Asphalt – New Parking, West/Alder		1450		50,000			
	Replace Exterior Doors & Storm Doors		1460	21 @ 300	6,300			
	Replace Hot Water Tanks & Boilers		1460	3 @ 2,000	6,000			
	Frost Free Refrigerators		1460	5 @ 400	2,000			
	Stoves with Rear Controls		1460	5 @ 300	1,500			
	SUB-TOTAL				86,800			
					=====	=====	=====	=====
NY093002								
Spring/Seneca	Concrete Replacement & Drainage		1450		15,000			
	Asphalt: Replace, Repair & Seal		1450		15,000			
	Construct Additional Parking Spaces		1450		25,000			
	Landscaping: Site Furnishings		1450		1,000			
	Plantings		1450		1,000			
	Smoke Detector with Strobe Light		1460	81 @ 100	8,100			
	Renovate Main Entrance – Spring Court		1460		80,000			
	Stoves with Front Controls		1460	5 @ 300	1,500			
	Renovate Corridor Ceilings – Force Acct.		1460	20%	20,000			
	New Medicine Cabinet & Lights		1460	81 @ 150	12,500			

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

PHAName: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350102 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
	Furniture for Entrance & Community Rm.		1460		2,000				
					-----	-----	-----	-----	
	<b>SUB-TOTAL</b>				<b>181,100</b>				
					-----	-----	-----	-----	
NY093003	Olean House								
	First Floor Restoration (Force Acct)		1460		41,673				
	Apartment Restoration - Force Acct.		1460	9 @ 18,000	162,000				
	New Entrance		1460	20%	34,452				
	Asphalt/Concrete Replacement - Parking		1450		35,000				
	Stoves with Front Controls		1460	5 @ 300	1,500				
	Update & Repair Fire - escapes		1460	25%	10,000				
	Emergency Generator / New Elevator		1460		10,000				
	Power-wash Painted Portion of Bldg.		1460		5,000				
	Replace Hot Water Tank & Boiler		1460	1 @ 2,500	2,500				
					-----	-----	-----	-----	
	<b>SUB-TOTAL</b>				<b>302,125</b>				
					=====	=====	=====	=====	
NY093004									

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

PHAName: City of Olean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P09350102 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
South Court	Concrete Replacement & Drainage		1450						
	Frost Free Refrigerators		1460	5 @ 400	2,000				
	Stoves with Rear Controls		1460	5 @ 300	1,500				
	Hot Water Tank/Boiler Replacement		1460	2 @ 2,000	4,000				
	Replace Exterior Doors & Storm Doors		1460	10 @ 1,000	10,000				
	Patio Dividers		1460		5,625				
	Computer Equipment Upgrade		1408		6,000				
					-----	-----	-----	-----	
	SUB-TOTAL				29,125				
					=====	=====	=====	=====	
PHA Wide	Salary Comp Grant Administrator & Maintenance Supervisor		1410		48,510				
	Architect & Engineer		1430		5,000				
					-----	-----	-----	-----	
	SUB-TOTAL				53,510				
					=====	=====	=====	=====	
	GRANT TOTAL				652,660				
					=====	=====	=====	=====	

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

PHAName: City of Olean Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NY06P09350102 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 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

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

PHAName: City of Olean Housing Authority		Grant Type and Number Capital Fund Program No: NY06P09350102 Replacement Housing Factor No:				Federal FY of Grant: 2002	
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	
NY093001 West/Alder Court	12/31/03			6/30/05			
NY093002 Spring/Seneca Court	12/31/03			6/30/05			
NY093003 Olean House	12/31/03			6/30/05			
NY093004 South Court	12/31/03			6/31/05			
PHAWide	12/31/03			6/31/05			



### Capital Fund Program Five - Year Action Plan Attachment NY093b03

#### Part I: Summary

PHANameCityofOlean HousingAuthority		601MarthaAvenue,Olean,N.Y.14760CattaraugusCounty			<input checked="" type="checkbox"/> <b>Original5 -YearPlan</b> <input type="checkbox"/> <b>RevisionNo:</b>	
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant: PHAFY:	WorkStatementforYear3 FFYGrant: PHAFY:	WorkStatementforYear4 FFYGrant: PHAFY:	WorkS tatementforYear5 FFYGrant: PHAFY:	
	Annual Statement					
NY093001 West/AlderCourt		118,550	276,849	42,800	131,800	
NY093002 Spring/SenecaCourt		137,500	61,800	120,500	152,500	
NY093003 OleanHouse		253,351	200,452	268,952	223,952	
NY093004 SouthCourt		41,910	30,660	150,922	68,287	
PHAWide		101,349	82,899	69,486	76,121	
TotalCFPFunds (Est.)		652,660	652,660	652,660	652,660	
TotalReplacement HousingFactorFunds						

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

Activities for Year 1	Activities for Year: <u>  2  </u> FFY Grant: 2003 PHAFY: 6/30/03			Activities for Year: <u>  3  </u> FFY Grant: 2004 PHAFY: 6/30/04		
	<b>NY093001 West/Alder Courts</b>			<b>NY093001 West/Alder Courts</b>		
	Concrete Replacement & Drainage	#404 & #408	25,000	Concrete Replacement & Drainage	#412	40,000
	Playground Equipment	West	10,000	Landscaping - Fence	Partial	5,000
	Site Furnishings	Partial	2,000	Playground Equipment	Alder	5,000
	Exterior Boiler Room	Bldg #303	20,000	Asphalt Replacement, Repair & Seal	Alder	20,000
	Asphalt Replacement, Repair, Seal		2,000	Interior Closet Doors	50 @ 300	15,000
	Site Acquisition - Additional Parking	West	15,000	Replace Exterior Doors & Storm Doors	21 @ 300	6,300
	Replace Exterior Doors & Storm Doors	21 @ 300	6,300	Roof, Soffit & Gutter Replacement	Partial	76,049
	Roof, Soffit & Gutter Replacement	Partial	10,000	Replace Hot Water Tanks & Boilers	3 @ 2000	6,000
	Replace Hot Water Tanks & Boilers	3 @ 2000	6,000	Frost Free Refrigerators	5 @ 400	2,000
	Exterior Lighting	Partial	2,000	Stoves with Rear Controls	5 @ 300	1,500
	Power Wash, Seal & Point Brick	West	10,000	Remodel Apartment Entrances	Partial	100,000
	Frost Free Refrigerators	5 @ 400	2,000	SUBTOTAL		<u>276,849</u>
	Stoves with Rear Controls	5 @ 300	1,500			
	Patio Divider Replacement	3 @ 125	3,750			
	Security Equipment - Cameras	Partial	3,000			
	SUBTOTAL		<u>118,550</u>	<b>NY093002 Spring/Seneca Courts</b>		
				Handicap Door Knobs		6,000
	<b>NY093002 Spring/Seneca Courts</b>			Replace Exterior Doors	81 @ 300	24,300
	Concrete Replacement & Drainage	15%	15,000	Stoves with Front Controls	5 @ 300	1,500
	Asphalt Replacement, Repair & Seal		2,000	Renovate Corridor Ceilings	20%	30,000
	Construct Additional Parking - Spring		50,000			
	Weatherstrip Apartment Doors	80 @ 50	4,000	SUBTOTAL		<u>61,800</u>
	Power Wash, Seal & Point Brick	100%	10,000			
	Carpet Corridors	Partial	15,000	<b>NY093003 Olean House</b>		
	Stoves with Front Controls	5 @ 300	1,500	Stoves with Front Controls	5 @ 300	1,500

RenovateCorridorCeilings	20%	30,000	Power-wash,Paint/Seal&PointBrick	Partial	20,000
ReplaceVinylBetweenWindows	100%	10,000	ApartmentRestoration	9@19,605	176,452
			ReplaceHotWaterTank&Boiler	1@2,500	2,500
SUBTOTAL		<u>137,500</u>	SUBTOTAL		<u>200,452</u>
<b>NY093003OleanHouse</b>			<b>NY093004SouthCourt</b>		
StoveswithFrontControls	5@300	1,500	ConcreteReplacement	Partial	13,160
CommunityRoom&LobbyFurnishings	Partial	2,000	FrostFreeRefrigerators	5@400	2,000
WindowReplacement(FrontOnly)	Partial	65,899	StoveswithRearControls	5@300	1,500
ApartmentRestoration	9@19,605	176,452	ReplaceHotWaterTanks&Boiler	2@2,000	4,000
ReplaceHotWaterTank&Boiler	1@2,500	2,500	ReplaceExteriorDoors&StormDoors	10@1,000	10,000
SecurityEquipment	Partial	5,000			
SUBTOTAL		<u>253,351</u>	SUBTOTAL		<u>30,660</u>
<b>NY093004SouthCourt</b>			<b>PHAWide</b>		
ConcreteReplacement	Partial	4,000	Administration		52,899
AsphaltReplacement,Repair,Seal		3,000	Fees&Costs(ArchitectFees)		<u>30,000</u>
ReplaceRoofs,Soffits&Gutters	Partial	7,410	SUBTOTAL		<u>82,899</u>
FrostFreeRefrigerators	5@400	2,000	<b>TOTAL FY2004</b>		
StoveswithRearControls	5@300	1,500	<u>652,660</u>		
HotWaterTanks/Boilers/InsulateLines	2@2,000	4,000			
ReplaceExteriorDoors&StormDoors	10@1,000	10,000			
ComputerEquipmentUpgrade	Partial	10,000			
SUBTOTAL		<u>41,910</u>			
<b>PHAWide</b>					
Administration		51,349			
Fees&Costs(Architect/Engineer)		<u>50,000</u>			
SUBTOTAL		<u>101,349</u>			
<b><u>TOTAL FY2003</u></b>		<u>652,660</u>			

<b>Capital Fund Program Five Year Action Plan – Work Activities</b>						
Activities Year 1	<u>Activities for Year:4</u> <u>FFY Grant 2005</u> <u>PHAFY:6/30/06</u>			<u>Activities for Year:5</u> <u>FFY Grant 2006</u> <u>PHAFY:6/30/07</u>		
	<b>NY093001 West /Alder Courts</b>			<b>NY093001 West/Alder Courts</b>		
	Concrete Replacement & Drainage	Partial	5,000	Concrete Replacement & Drainage	Partial	5,000
	Landscaping: Shrubs, Fences		2,000	Landscaping: Shrubs, Fencing		2,000
	Asphalt Replacement, Repair, Sealing		2,000	Site Furnishings	Partial	2,000
	Replace Exterior Doors & Storm Doors	21 @ 300	6,300	Asphalt Replacement, Repair, Sealing		4,000
	Replace Hot Water Tanks and Boilers	3 @ 2,000	6,000	Replace Exterior Doors & Storm Doors	21 @ 300	6,300
	Security Lighting & Door Lights		5,000	Roof, Soffit & Gutter Replacement	Partial	100,000
	Power wash, Seal & Point Brick (Alder)		10,000	Replace Hot Water Tanks & Boilers	3 @ 2,000	6,000
	Frost Free Refrigerators	5 @ 400	2,000	Frost Free Refrigerators	5 @ 400	2,000
	Stoves with Rear Controls	5 @ 300	1,500	Stoves with Rear Controls	5 @ 300	1,500
	Laundry Equipment - Replacements	3 @ 1,000	3,000	Laundry Equipment Replacement	3 @ 1000	3,000
	<b>SUBTOTAL</b>		<b>42,800</b>	<b>SUBTOTAL</b>		<b>131,800</b>
	<b>NY093002 Spring/Seneca Court</b>			<b>NY093002 Spring/Seneca Courts</b>		
	Concrete Replacement & Drainage	Partial	8,000	Concrete Replacement & Drainage		12,000
	Asphalt Replacement, Repair, Seal		15,000	Landscaping: Plantings, Shrubs	Partial	2,000
	Laundry Equipment - Replacements	1 @ 1,000	1,000	Security Lighting – Pole Lights		6,000
	Carpet Corridors	Partial	15,000	Laundry Equipment	@ 1,000	1,000
	Stoves with Front Controls	5 @ 300	1,500	Stoves with Front Controls	5 @ 300	1,500
	Fire Door Replacement with Auto Open		4,000	Replace Hot Water Tank & Boiler	1 @ 3,000	3,000
	Renovate Corridor Ceilings	20%	20,000	Handicap Unit Conversion – Spring Ct		25,000
	Roof Replacement	Partial	40,000	Roof Replacement	Partial	100,000

	SecurityEquipment&DoorOpeners	8@2,000	16,000	CommunityRoomFurnishings	Partial	2,000
	SUBTOTAL		<u>120,500</u>	SUBTOTAL		<u>152,500</u>
	<b>NY093003OleanHouse</b>			<b>NY093003OleanHouse</b>		
	StoveswithFrontControls	5@300	1,500	StoveswithFrontControls	5@300	1,500
	CommunityRoom&Entrance Furnishings		6,000	InsulateAttic	25%	15,000
	Power-wash,Seal&PointBrick	Partial	30,000	ApartmentRestoration	9@19,605	176,452
	InsulateAttic	25%	15,000	FourthFloorCorridorVentilation		25,000
	ApartmentRestoration	9@20,605	176,452	ReplaceHotWaterTanks&Boilers	1@2,500	2,500
	AsphaltReplacement,Repair&Sealing		2,000	Landscaping	Partial	500
	EngineeringStudy -FireTower		6,000	SecurityEquipment -Update	Partial	3,000
	LaundryEquipment -Replacements	2@1,000	2,000			
	DemolitionofWaterToweronRoof		30,000			
	SUBTOTAL		<u>268,952</u>	SUBTOTAL		<u>223,952</u>
	<b>NY093004SouthCourt</b>			<b>NY093004SouthCourt</b>		
	ConcreteReplacement&Drainage	Partial	20,000	ConcreteReplacement&Drainage	Partial	5,000
	Landscaping -SiteFurnishings	Partial	3,000	ReplaceRoofs,Soffits&Gutters	Partial	40,787
	Landscaping -Plantings&Fences	Partial	10,000	FrostFreeRefrigerators	5@400	2,000
	AsphaltReplacement,Repair&Sealing		3,000	StoveswithRearControls	5@300	1,500
	ReplaceRoofs,Soffits&Gutters	Partial	50,000	ReplaceHotWaterTanks&Boilers	2@2,000	4,000
	SecurityLighting,ExteriorEntrance Light		5,000	ReplaceExteriorDoors&StormDoors	10@1,000	10,000
	ReplaceCirclelineLights	55@150	8,250	ComputerEquipment&Software Upgrade	Partial	5,000
	FrostFreeRefrigerators	5@400	2,000			
	StoveswithRearControls	5@300	1,500			
	CommunityRoomFurnishings	Partial	3,000			
	ReplaceHotWaterTanks&Boilers	2@2,000	4,000			
	Power-wash&SealBrick		10,000			
	ReplaceExteriorDoors&StormDoors	10@1,000	10,000			

	StorageShedforMaintenance		16,172		
	ComputerEquipment&Software Upgrade	Partial	5,000		
	SUBTOTAL		<u>150,922</u>	SUBTOTAL	<u>68,287</u>
	<b>PHAWIDE</b>			<b>PHAWIDE</b>	
	ManagementImprovements: Tenant Relations&TenantReceivables		10,000	ManagementImprovements: Tenant Relations&TenantReceivables	10,000
	Administration		54,486	Administration	56,121
	Architect&Engineer		5,000	Architect&Engineer	10,000
	SUBTOTAL		<u>69,486</u>	SUBTOTAL	<u>76,121</u>
	<b>TOTALFY20 05</b>		<b><u>652,660</u></b>	<b>TOTALFY2006</b>	<b><u>652,660</u></b>

**CITY OF OLEAN HOUSING AUTHORITY**  
**PET POLICY AND PERMIT**  
**Attachment ny093e03**

Purpose

The purpose of the Olean Housing Authority Pet Policy is to insure that those residents who desire pets are responsible pet owners, and that those residents who do not desire their own pets are not inconvenienced by pets on the premises. It is also intended to assure that pets on OHA premises are properly cared for. Further goals of this policy are to assure a decent, safe, and sanitary living environment for existing and prospective tenants, and to protect and preserve the physical condition of the premises and the financial interest of the Olean Housing Authority ("OHA"). Pets may not leave owner's apartment except where noted. Such pets will not be allowed to roam either inside the buildings or on the grounds.

**OWNING A PET WITHIN THE OLEAN HOUSING AUTHORITY'S  
PROPERTIES IS A PRIVILEGE THAT MUST NOT BE ABUSED**

General Policy

Only pets pre-approved by the Executive Director or designated staff will be permitted on OHA property.

Security Deposit

A security deposit of \$200 for a cat or dog and no deposit for any other allowed pet type (see "Types of Pets Allowed") is required in full before entrance of a pet. This is an obligation in addition to any other financial obligations generally imposed on tenants by terms of their leases. The OHA will use the pet deposit only to pay reasonable expenses directly attributable to the presence of the pet in the project, including, but not limited to, the cost of repairs and replacement, and fumigation of the tenant's apartment. The OHA will refund any unused portion of the pet deposit to the tenant within 30 days after the tenant moves from the apartment. The pet deposit is not part of the rent payable by the tenant.

Insurance Requirements

Each pet owner of dogs and cats only, will be required to show proof of Renter's Insurance with Liability coverage of no less than \$50,000 to cover personal injury caused by their pet. A copy of the policy will be required for the OHA files and proof of policy renewal must also be given to our office annually.

Damages

Pet owners are responsible for paying the total cost of repairing any damages caused by a

pet to any property owned by the OHA in excess of the security deposit, whether the damages are within the apartment or outside on the grounds, including any part of the building itself. This includes furniture and shrubbery, walls, windows, rugs, etc. The Maintenance Supervisor will assess reasonable costs for damages.

### Registration Requirements

- 1) All pets must be registered with management **before** permission is granted
- 2) Registration must show type of pet and a recent picture (two copies)
- 3) The pet's name, age, license number, current inoculation information (if applicable) and current weight and projected weight at full maturity. Name and address of the pet's veterinarian.
- 4) Dogs and cats must be neutered or spayed and proof of neutering or spaying must be submitted at the time of application.

## **GUESTS MAY NOT BRING THEIR PETS ON TO CLEAN HOUSING AUTHORITY PROPERTY AT ANY TIME.**

### Types of Pets Allowed

Pets permitted per household \_\_\_\_\_ include:

one dog; or

one cat; or

one bowl or tank of fish (maximum tank size \_\_\_\_\_ – twenty gallons); or

two caged birds; or

one small caged animal (i.e. guinea pig or hamster or gerbil)

**All adult dogs must be house broken. At full maturity the weight of a dog may not exceed 20 pounds.**

### Neutering/Spaying

Dogs and cats must be neutered or spayed and proof of neutering/spaying must be submitted at the time of application.

### Pet Offspring

No pet, already pregnant, may be introduced into any unit. No pet offspring will be allowed.

Medical Care

**All shots must be kept up -to-date each year and a proof submitted at tenant's annual recertification.**

**Dogs and cats must have proper medical shots as listed:**

- distemper and rabies for dogs and cats,
- others, as recommended by veterinarian or required by State or local law, ordinance or regulation.

Puppies and/or kittens may be admitted with the preliminary shot only, as long as the tenant provides proof within three months that the necessary succeeding shots are administered by a veterinarian.

Pet Behavior

If, in the opinion of the OHAA Administration and after three warnings to the owner, a pet continues to be unruly, noisy and a nuisance to neighbors, the pet shall be removed by any means or procedure referred to in this section of this policy on "Pet Removal".

If a pet jumps on, growls at, or bites a resident, the pet may be removed immediately at the discretion of the OHAA Management pursuant to any available means or procedures referred to in this section of this policy on "Pet Removal".

**Dogs:** Dogs may pass through halls, elevators and public spaces for the purpose of being walked, going to the veterinarian, going on vacation, or going to other homes. They must be leashed or held by their owners when in transit.

- **THEY MAY NOT ROAM AT WILL**
- **PETS ARE NOT ALLOWED TO DEFECATE OR URINATE ON OHA PROPERTY**
- **OWNERS MUST COMPLY WITH THE CITY CODE -Section 5 -1 through section 5 -32**

If a dog accidentally defecates on OHA property, including common grass areas, the owner is responsible for removing and properly disposing of said waste. If not done, this will be grounds for removal of the pet pursuant to any available means or procedures referred to in this section of this policy on "Pet Removal".

**Cats:** Cats will not be permitted outside of their apartments unless they are caged or held by their owner when in transit. **THEY MAY NOT ROAM AT WILL** Cats may pass through halls, elevators or public spaces only for the purpose of going to the veterinarian, going on vacation or going to other homes. Cats must use owner's litter pans and may not use the ground to defecate or urinate.

### Care of the Apartment

Apartments containing pets must be kept clean and free of odors at all times. The OHA strongly recommends de-clawing of cats, proper veterinarian care and requires neutering of all dogs and cats.

Commercial cat litter (not sand, newspaper or earth) must be used for cats. Pans must be cleaned daily and kept odor free. Litter must be disposed of in double, tied plastic bags.

**LITTER MUST NOT BE FLUSHED DOWN TOILETS, SINKS OR TUBS**

### Absence of Owners:

No pet may be unattended for more than 24 hours.

### Pet Removal:

A pet may be removed from the premises pursuant to any State or local laws, ordinances or regulations, pursuant to the OHA grievance hearing procedure. The OHA reserves the right to choose the most expeditious remedy, process, or procedure available according to the circumstances or urgency of the case. The tenant will be responsible for all costs.

Nothing prohibits the OHA or an appropriate community authority from requiring the removal of any pet from premises, if the pet's conduct or condition is duly determined to constitute, under the provisions of State or local law, an nuisance or a threat to the health or safety of other occupants of the OHA premises or other persons in the community where the project is located. This includes, but is not limited to, situations in which immediate action is needed for removal of any pet from the premises pursuant to State or local laws, ordinances or regulations to preserve the health, safety or welfare of the pet, or the health, safety, welfare, or right to peaceful enjoyment of the premises of any person.

Pets will be removed by the OHA for the following reasons:

- 1) Continued complaint from other residents regarding pet noise, odor, or annoyance.
- 2) Excessive damage to the resident's apartment.
- 3) Repeated problems with flea infestation.
- 4) Repeated warnings about cleaning up after pet. (Not to Exceed Three Times)
- 5) Failure of the resident to provide adequate care for the pet.
- 6) Leaving a cat or dog unattended for more than 24 hours.
- 7) Resident serious illness or death.
- 8) Resident failure to comply with a Housing Authority request to inspect their apartment for pet up-keep or let staff in during an emergency situation.
- 9) Resident's failure to observe any of the rules contained in this policy.

Incorporation into Lease:

This Pet Policy is incorporated by reference into the Lease of each Tenant of the Olean Housing Authority. This Pet Policy shall be publicly posted in a conspicuous manner in the Olean Housing Authority Office and shall be made available to any Tenant

Resident hereby certifies that he/she has read the above policy and hereby agrees to abide by the requirements of this document.

Date \_\_\_\_\_ Signatures \_\_\_\_\_

\_\_\_\_\_

**NOTICE: At full maturity the weight of a dog  
may not exceed 20 pounds**

**CITY OF OLEAN HOUSING AUTHORITY**  
**PET PERMIT**

Parties and Dwelling Unit

The parties of this permit are the City of Olean Housing Authority and

Tenant Name \_\_\_\_\_

Address \_\_\_\_\_

The tenant is allowed the following pet: Type \_\_\_\_\_ Weight \_\_\_\_\_  
(For dogs and cats, two photos must be provided) (Dog only)

Pet Security Deposit The tenant has deposited \$ \_\_\_\_\_ with the Olean Housing Authority. The Authority will hold the pet security deposit until the tenant vacates the apartment.

License The tenant agrees to file a copy of the dog license with the Authority **before the pet is admitted** and to keep same current. Proof must be submitted **before the pet is admitted** and date each annual recertification.

Renter's Insurance: The tenant agrees to provide a copy of the Renter's Insurance policy with Liability coverage of no less than \$50,000. Proof must be provided at each recertification.

Inoculations: The tenant agrees to keep the pet properly inoculated for rabies and distemper and to keep same current. Proof must be submitted **before the pet is admitted** and date each annual recertification.

Damages: The tenant agrees to assume all personal financial responsibility for damages to any personal or project property caused by the pet and assumes personal responsibility for personal injury to any party caused by the pet.

Emergency Provision: The following person(s) have agreed to be responsible for taking care of the pet in the absence of the pet's owner:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

Failure to Comply with Pet Policy: The Tenant agrees to comply with the OHAPet Policy. Any violation of the rules of the OHAPet Policy may be grounds for removal of the pet or termination of the petowner's tenancy (or both), in accordance with the provisions of 24CFR part 942 (governing pet ownership in public housing), 24CFR part 966 (governing lease and grievance procedures), New York State Law and local law.

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Tenant Signature Date

City of Olean Housing Authority

By: \_\_\_\_\_



**CITY OF FOLEAN HOUSING AUTHORITY  
AGENCY PLAN FOR FISCAL YEAR 2002**

**Attachments**

**ny093f03 – Voluntary Conversion:**

- a. How many of the PHA's developments are subject to the Required Initial Assessment? Four (4)
- 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? Four
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
none	none

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

**ny093g03 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.

**Deconcentration Policy for Covered Developments**

Development Name	Number of Units	Explanation (if any)	Deconcentration policy


**ny093h03SubstantialDeviation:**

The City of Olean Housing Authority certifies that it will not deviate from the most recently approved five -year plan, and/or annual plan in any respect without utilizing the proper annual up -date method and full public process.

**SIGNIFICANT AMENDMENT OR MODIFICATION:**

The City of Olean Housing Authority will consider the following areas to be significant amendments or modifications and therefore subject to proper annual up -date method and full public process:

- Change to rent or admissions policies or organization of the waiting list;
- Addition of non -emergency work items (items not included in the current Annual Statement or 5 -year Action Plan) or change in use of replacement reserve under the Capital Fund;
- Any changes with regard to demolition or disposition, designation, homeownership programs or conversion activities.

An exception to the above is in the case where any of the above are adopted to reflect changes in HUD regulatory requirements. HUD will not consider these changes significant amendments.