

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

Small PHA Plan Update
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**

PHA Name: ST.GEORGE HOUSING AUTHORITY

PHA Number: UT021

PHA Fiscal Year Beginning: (mm/yyyy) 07/2002

PHA Plan Contact Information:

Name: Brenda Butler

Phone: 1-435-628-3648

TDD:

Email (if available): sghousing@infowest.com

Public Access to Information

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

Main administrative office of the PHA

PHA development management offices

Display Locations For PHA Plans and Supporting Documents

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

Main administrative office of the PHA

PHA development management offices

Main administrative office of the local, county or State government

Public library

PHA website

Other (list below)

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

Main business office of the PHA

PHA development management offices

Other (list below)

PHA Programs Administered :

X Public Housing and Section 8 Section 8 Only Public Housing Only

**Annual PHA Plan
Fiscal Year 2001
[24 CFR Part 903.7]**

i. Table of Contents

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

Contents	<u>Page#</u>
Annual Plan	
i. Executive Summary (optional)	
ii. Annual Plan Information	
iii. Table of Contents	
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	
2. Capital Improvement Needs	
3. Demolition and Disposition	
4. Homeownership: Voucher Homeownership Program	
5. Crime and Safety: PHDEP Plan	
6. Other Information:	
A. Resident Advisory Board Consultation Process	
B. Statement of Consistency with Consolidated Plan	
C. Criteria for Substantial Deviations and Significant Amendments	

Attachments

X Attachment A: Supporting Documents Available for

Review

X Attachment B_: Capital Fund Program Annual Statement

X Attachment C_: Capital Fund Program 5 Year Action Plan

Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement

Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan

X Attachment D_: Resident Membership on PHA Board or Governing Body

X Attachment E_: Membership of Resident Advisory Board or Boards

Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)

Other (List below, providing each attachment name)

ii. Executive Summary -

[24 CFR Part 903.79(r)]

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

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

There have been a number of changes in Policy for the upcoming year. The changes are as follows:

a) 18.0 Interim Changes

#3. The tenant MUST report with proper documentation any of the following factors which could result in an increase in rent;

a) an increase in gross household income within 10 working days.

To this policy in Section a) we added that if the person is employed by the same Company as at the previous annual re-certification... an increase in income will not affect rent until their next re-certification.

The reason for this policy is to give an incentive to clients to retain employment. Also, it gives them the opportunity to get ahead on bills and family necessities and hopefully be able to save some money.

b) 26.0 Welfare-to-Work Policies/Procedures

The Referral System has been changed, removing the WtW Coordinator at Work Force Services. It was felt that the screening process was too laborious.. referrals are now taken directly from the Work Force Case Workers. Once the Housing Authority Case Manager receives the package a housing screening process begins.

These are the only changes that have been made to date. Our Waiting list for Section 8 Vouchers has been closed since 11/00. The Public Housing and Welfare-to-Work Lists are still open. Our needs as outlined in the original plan have not changed.

We are following our five year goals in that we are:

- 1. Still considered a High Performer in Public and Sec. 8**
- 2. Have applied for most of the NOFA's for Fair Share and for the Disabled.**
- 3. Have a 75% employment rate for Welfare-to-Work clients**

2. Capital Improvement Needs

[24 CFR Part 903.79(g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$53,916.00

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

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

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

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.79(h)]

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

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

2. Activity Description

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

4. Voucher Homeownership Program

[24 CFR Part 903.79(k)]

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

Within the next year we plan to look at this issue and decide if it is something that our Agency wants to participate in.

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

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

Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources

Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Other Information

[24 CFR Part 903.79(r)]

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

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

2. If yes, the comments are attached at Attachment (Filename)

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

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

A list of these changes is included

Yes No: below or

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

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

Other: (list below) Comments did not suggest changes... they were very positive on what we are currently doing.

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: Five County Association of Governments

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

- X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
Other: (list below)

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

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

The Five County Association of Governments covers a large area... their efforts are more geared to the areas where there is no Housing Authority. They have always supported our endeavors in the St. George City area. They are always willing to back our projects with letters of support when needed. They also provide us with the breakdown of needs for our jurisdiction.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

A. Substantial Deviation from the 5-year plan:

Any deviation from the Goals of the 5-year plan that would in any way give the Goal new meaning and definition must be approved and adopted by the Housing Board of Commissioners

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

significant amendment or modification to the Annual Plan must be approved and adopted by the Housing Board of Commissioners.

Attachment A

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/ in which the PHA is located 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/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered each public housing development X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction	Annual Plan:

	Survey (if necessary)	Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public	Annual Plan: Demolition and

	housing	Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation:	Annual Plan:

	<ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Safety and Crime Prevention
X	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)</p> <p>X check here if included in the public housing A & O Policy</p>	Pet Policy
X	<p>The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings</p>	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	<p>Other supporting documents (optional) (list individually; use as many lines as necessary)</p>	(specify as needed)

**Attachment A: Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPR)**

PHA Name: ST. GEORGE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program: UT06P02150102 Capital Fund Program Replacement Housing Factor Grant No:
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**Original Annual Statement Reserve for Disasters/Emergencies
Annual Statement (revision no: 1)
Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report**

Li No	Summary by Development Account	Total Estimated Cost	
		Original	Revised
1	Total non-CFP Funds		
2	1406 Operations	10,421	6,523
3	1408 Management Improvements	4,000	13,000
4	1410 Administration		
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement	12,000	20,233
10	1460 Dwelling Structures		
11	1465.1 Dwelling Equipment—Nonexpendable	27,495	25,470
12	1470 Nondwelling Structures		
13	1475 Nondwelling Equipment		
14	1485 Demolition		
15	1490 Replacement Reserve		
16	1492 Moving to Work Demonstration		
17	1495.1 Relocation Costs		
18	1498 Mod Used for Development		
19	1502 Contingency		
20	Amount of Annual Grant: (sum of lines 2-19)	65,226	

21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Compliance	15,733		
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures	12,000		

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

PHA Name: ST. GEORGE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program # UT06P02150101 Capital Fund Program Replacement Housing Factor #:			
Development Number/HA-Wi Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	
				Original	Revised
UT021	LANDSCAPE CHANGES (conserve water)	1450		12,000	12,000
UT021	REPLACE STOVES	1465	15 UNITS	8,985	
UT021	REPLACE BATHROOM FANS	1465	30 UNITS	3,000	0
UT021	REPLACE REFRIGERATORS	1465	15 UNITS	8,985	
UT021	OPERATIONS	1406		10,421	6,523
UT021	MANAGEMENT IMPROVEMENTS	1408		4,000	13,000
UT021	INSTALL HANDICAP-ACCESSIBLE TOILETS	1465	15 UNITS	7,500	
UT021	SIDEWALK ADDITIONS & REPAIRS	1450			8,233

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

PHA Name: SGHA		Grant Type and Number					
		Capital Fund Program#: X					
		Capital Fund Program Replacement Housing Factor#:					
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Revised
	Original	Revised	Actual	Original	Revised	Actual	
Ut021	12/02			6/30/03			
UT021	12/02			6/30/03			

Attachment C: Capital Fund Program 5-Year Action Plan

Complete on a table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or

management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
X Original statement		Revised statement
Development Number	Development Name (or indicate PHA wide)	
UT021	DIXIE SUN MANOR	
Description of Needed Physical Improvements or Management Improvements		Estimated Cost
		161,757
SIDEWALK REPAIRS DRIVEWAY RESEAL CENTRAL PHONE SYSTEM RE-ROOF COMPLEX REPLACE REFRIGERATORS REPLACE STOVES RE-CARPET UNITS RE-PAINT UNITS CARPORTS INSTALL TOILETS FOR DISABLED LANDSCAPE - CONTINUE TO ROCK		
Total estimated cost over next 5 years		161,757

Required Attachment D: Resident Member on the PHA Governing Board

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

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

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

C. The term of appointment is (include the date term expires): 2 YRS (02)

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?
the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
Other (explain):

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

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

Required Attachment E: Membership of the Resident Advisory Board or Boards

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

1. SYBILLIVINGSTON
2. LEAHVIGIL
3. DIONEROBINSON
4. DAWNMOORE