

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

PHAPlans

5YearPlanforFiscalYears2003 -2007
AnnualPlanforFiscalYear2003

AR003V01.DOC

Ar003v02.doc

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

**PHA Plan
Agency Identification**

PHAName: THECITYOFFORTSMITHHOUSINGAUTHORITY

PHANumber: AR003

PHAFiscalYearBeginning: 10/01/2003

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 2003 -2008
 [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)

- X 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)

B.Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD -suggested objectives or their own, **PHAS ARE STRONGLY EN COURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS .** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the space to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- X PHA Goal: Expand the supply of assisted housing
 Objectives:
 - X Apply for additional rental vouchers:
 - X Reduce public housing vacancies:
 - X Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - X Other (list below)
 HOMEOWNERSHIP PROGRAM
- X PHA Goal: Improve the quality of assisted housing
 Objectives:
 - X Improve public housing management: (PHAS score) 94
 - X Improve voucher management: (SEMAP score) 88
 - X Increase customer satisfaction:
 - X Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
 - X Renovate or modernize public housing units:
 - Demolish or dispose of obsolete public housing:

- Provide replacement public housing:
 - Provide replacement vouchers:
 - Other: (list below)
- BUILD SCATTERED SITES FOR HOME OWNERSHIP**

- X PHA Goal: Increase assisted housing choices
- Objectives:
- X Provide voucher mobility counseling:
 - X Conduct outreach effort to potential voucher landlords
 - X Increase voucher payment standards
 - X Implement voucher home ownership program:
 - Implement public housing or other home ownership 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

- X 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:
 - X Implement public housing security improvements:
 - X Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
 - X Other: (list below)
- OFFSITE FAMILY COUNSELING CENTER**

HUD Strategic Goal: Promote self -sufficiency and asset development of families and individuals

- X PHA Goal: Promote self -sufficiency and asset development of assisted households
- Objectives:
- X Increase the number and percentage of employed persons in assisted families:
 - X Provide or attract support services to improve assistance recipients' employability:
 - X Provide or attract support services to increase independence for the elderly or families with disabilities.
 - X Other: (list below)

PROVIDEONSITEJOBTRAININGPROGRAMS

HUDStrategicGoal:EnsureEqualOpportunityinHousingforallAmericans

- X PHAGoal:Ensureequalopportunityandaffirmativelyfurtherfairhousing
Objectives:
 - X Undertakeaffirmativemeasurestoensureaccesstoassistedhousing
regardlessofrace,color,religionnationalorigin,sex,famili alstatus,and
disability:
 - X Undertakeaffirmativemeasurestoprovideasuitablelivingenvironment
forfamilieslivinginassistedhousing,regardlessofrace,color,religion
nationalorigin,sex,familialstatus,anddisability:
 - X Undertakeaffirmativemeasurestoensureaccessiblehousingtopersons
withallvarietiesofdisabilitiesregardlessofunitsizerequired:
Other:(listbelow)

OtherPHAGoalsandObjectives:(listbelow)

AnnualPHAPlan
PHAFiscalYear2003
[24CFRPart903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

Streamlined Plan:

- High Performing PHA**
 Small Agency (<250 Public Housing Units)
 Administering Section 8 Only

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24CFRPart903.79(r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

THE HOUSING AUTHORITY OF THE CITY OF FORT SMITH, ARKANSAS, HAS TAKEN THE NEW QUALITY OF HOUSING AND WORK RESPONSIBILITY ACT OF 1998 AS AN EXCEPTIONAL EVENT REQUIRING AN EXCEPTIONAL RESPONSE.

IN PREPARING ITS PLAN, THE FSHA RECOGNIZED THE NEED TO EXPLORE POSSIBILITIES AND PLAN FOR THE IMPROVEMENT OF ITS OPERATIONS, AND MORE IMPORTANTLY, TO MODERNIZE FOR SUCCESSFUL FUNCTIONING AND ACHIEVEMENTS IN THE TWENTY - FIRST CENTURY.

THE FSHA HAS DEVELOPED A PLAN THAT IS CONSISTENT WITH HUD'S STAT EMISSION AND GOALS. IT HAS ALSO DEVELOPED A PLAN THAT PROVIDES FOR MEASURABLE STANDARDS AGAINST WHICH PLAN OBJECTIVES CAN BE MEASURED. AS A STEP TOWARDS ITS OWN IMPROVED MANAGEMENT, THE FSHA HAS KEYED THESE STANDARDS TO THE REQUIREMENTS IN THE PUBLIC HOUSING

**MANAGEMENTASSESSMENTPROGRAMANDSECTION8
MANAGEMENTASSESSMENTPROGRAM.**

**THEFSHAHASESTABLISHEDITSFUNDAMENTALGOALS.
THESEARETOASSUREGOODQUALITYHOUSINGFORITS
RESIDENTS,TOENCOURAGERESIDENTRESPONSIBILITY
FORTHEIRLIVINGSPACE,TOPROVIDESELF-SUFFICIENCY
OPPORTUNITIESFORRESIDENTS,TOASSUREEQUAL
OPPORTUNITYFORITSHOUSINGANDTOPROVIDE
CURRENT,SOUNDMANAGEMENTPOLICIESAND
PRACTICES TOITS OPERATIONS.**

**ALTHOUGHTHEFSHAHASMADESTREAMLINED
SUBMISSION,ITISMINDFULTHAT THEREQUIREMENTS
FORASHORTENEDSUBMISSIONDONOTEXCLUDEIT
FROMHAVINGTOMEETALLREQUIREMENTSOFTHE
QHWRA;THEREFORE,ITHASMADEITCLEARWHEREAND
WHENITEMSNOTSUBMITTEDWITHITSPLANMAYBE
VIEWEDBYTHEPUBLIC.**

**THEFSHAMETWITHITSRESIDENTS TOGAINTHEIR
ASSISTANCEFIRSTINPERFORMINGANEEDSASSESSMENT
FORAUTHORITYOPERATIONS,THENFORADDITIONAL
INPUTONDEVELOPINGPARTSOFTHEANNUALPLAN.
THEFSHAHASDOCUMENTEDTHOSEMEETINGSANDIT
HASSHOWNHOWITWILLADDRESSRESIDENT
SUGGESTIONSFORITSPLAN**

**THEFSHAHASMEDEEVERYEFFORTTOCONFORMTO
THEREQUIRMENTSOFQHWRAINTIMEFORTHIS
SUBMISSION.THEAUTHORITYISAWARETHATITNEEDS
TOMAKECHANGESTOTHESEITEMS.ITHASMADETHAT
APRIMARYOPERATIONALGOAL.THEAUTHORITYIS
WORKINGHARD TOCOMPLYWITHTHEDETAILSOFTHE
NEWLAWANDHUDREGULATIONS.**

iii. Annual Plan Table of Contents

[24CFR Part 903.79(r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

Table of Contents

	<u>Page#</u>
Annual Plan	
i. Executive Summary	1
ii. Table of Contents	
1. Housing Needs	6
2. Financial Resources	11
3. Policies on Eligibility, Selection and Admissions	12
4. Rent Determination Policies	21
5. Operations and Management Policies	26
6. Grievance Procedures	27
7. Capital Improvement Needs	28
8. Demolition and Disposition	30
9. Designation of Housing	31
10. Conversions of Public Housing	32
11. Homeownership	33
12. Community Service Programs	35
13. Crime and Safety	38
14. Pets (Inactive for January 1 PHAs)	39
15. Civil Rights Certifications (included with PHA Plan Certifications)	40
16. Audit	40
17. Asset Management	40
18. Other Information	41

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. Note: 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.

Required Attachments:

- Admissions Policy for Deconcentration
- FY2003 Capital Fund Program Annual Statement ar003c01. doc
- Most recent board -approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- PHA Management Organizational Chart
- FY2003 Capital Fund Program 5 Year Action Plan ar003c01.doc
- Public Housing Drug Elimination Program (PHDEP) Plan

- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- X Other (List below, providing each attachment name)
- ar003a01.doc DEFINITION OF "SUBSTANTIAL DEVIATION"
 - ar003b01.doc RESIDENT ADVISORY BOARD
 - ar003c01.doc CAPITAL FUND 2003
 - ar003d01.doc CAPITAL FUND 2002
 - ar003e01.doc CAPITAL FUND 2001
 - ar003f01.doc COMPONENT 10(B) VOLUNTARY CONVERSION

Supporting Documents Available for Review

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	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediment 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
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	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	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	2. Documentation of the required deconcentration and income mixing analysis	
X	Public housing rent determination policies, including the methodology for setting public housing flat rents X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	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 the active grant year	Annual Plan: Capital Needs
NA	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
NA	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
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
X	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self - Sufficiency
NA	Most recent self - sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self - Sufficiency
X	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 results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR 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.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	179	NA	NA	NA	NA	NA	NA
Income > 30% but <= 50% of AMI	150	NA	NA	NA	NA	NA	NA
Income > 50% but < 80% of AMI	283	NA	NA	NA	NA	NA	NA
Elderly	194	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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
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: 2002
- 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.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant -based assistance			
<input type="checkbox"/> Public Housing			
<input checked="" 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

Housing Needs of Families on the Waiting List			
Waiting list total	796		15%
Extremely low income <=30% AMI	603	76%	
Very low income (>30% but <=50% AMI)	152	19%	
Low income (>50% but <80% AMI)	30	4%	
Families with children	732	92%	
Elderly families	27	3%	
Families with Disabilities	58	7%	
Race/ethnicity 1	541	68%	
Race/ethnicity 2	221	28%	
Race/ethnicity 3	16	2%	
Race/ethnicity 4	18	2%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	14		
2BR	5		
3BR	2		
4BR	1		
5BR	0		
5+BR	0		
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.

(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

- X Employ effective maintenance and management policies to minimize the number of public housing units off -line
- X Reduce turnover time for vacated public housing units
- X 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
- X Maintain or increase section 8 lease -uprates by establishing payment standards that will enable families to rent throughout the jurisdiction
- X Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- X Maintain or increase section 8 lease -uprates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- X Maintain or increase section 8 lease -uprates by effectively screening Section 8 applicants to increase owner acceptance of program
- X 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

- X Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed -finance housing
- X Pursue housing resources other than public housing or Section 8 tenant -based assistance.
- X Other: (list below)
HOMEOWNERSHIP PROGRAMS PARTNERING WITH CITY CDBG FUNDS

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

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

Select all that apply

- X Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing

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

ONSITE JOB TRAINING PROGRAMS

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

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

HOMEOWNERSHIP PROGRAMS FOR MEDIUM INCOME FAMILIES

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- X Seek designation of public housing for the elderly
- X 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

- X Seek designation of public housing for families with disabilities
- X Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- X 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 show 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 these section 8 program to owners outside of areas of poverty/minority concentrations
- Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

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

2. Statement of Financial Resources

[24CFR Part 903.79(b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant-based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing support services, Section 8 tenant-based assistance, Section 8 support services or other.

FinancialResources: PlannedSourcesandUses		
Sources	Planned\$	PlannedUses
1. FederalGrants(FY2002grants)		
a) PublicHousingO peratingFund	490,028	
b) PublicHousingCapitalFund	720,945	
c) HOPEVIRevitalization	0	
d) HOPEVIDemolition	0	
e) AnnualContributionsforSection 8Tenant -BasedAssistance	5,131,762	
f) PublicHousingDrugElimination Program(includinganyTechnical Assistancefunds)	0	
g) ResidentOpportunityandSelf - SufficiencyGrants	250,000	
h) CommunityDevelopmentBlock Grant	205,350	
i) HOME	82,616	
OtherFederalGrants(listbelow)		
FSSCOORDINATORS	94,500	
2.PriorYearFederalGrants (unobligatedfundsonly)(list below)		
3.PublicHousingDwellingRental Income	820,000	
4.Otherincome (listbelow)	45,000	
4.Non -federalsources (listbelow)	0	
Totalresources	7,840,201	

3.PHAPoliciesGoverningEligibility,Selection,andAdmissions

[24CFRPart903.79(c)]

A.PublicHousing

Exemptions: PHA that do not administer public housing are not required to complete subcomponent 3A.

(1)Eligibility

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

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- X Other: (describe)

UPON RECEIPT OF APPLICATION

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

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

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

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

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

(2)WaitingListOrganization

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
- X Site-based waiting lists
- Other (describe)

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

- X PHA main administrative office

- X PHA development site management office
 - X Other (list below)
MAIL, HOME VISITS AS REQUESTED, ANY REASONABLE ACCOMMODATION PER REQUEST
- 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?
TWO
 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. X 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)?
 - X PHA main administrative office
 - X All PHA development management offices
 - X Management offices at developments with site-based waiting lists
 - X 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)
 - X One DROPPED TO BOTTOM
 - Two
 - X Three or More REMOVED
- b. X Yes No: Is this policy consistent across all waiting list types?
- c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

- a. Income targeting:

X 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)

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

- X 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
- Households that contribute to meeting income goals (broad range of incomes)
- X Households 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.

1 Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

- 2 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)
- 2 Household that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- 2 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)

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

(select all that apply)

X At an annual reexamination and lease renewal

X Anytime family composition changes

X At family request for revision

Other (list)

(6) Deconcentration and Income Mixing

a. Yes No: Did the PHA's analysis of its family (general occupancy) development(s) 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 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)

- Additionalaffirmativemarketing
- Actionstoimprovethe marketabilityofcertain developments
- Adoptionoradjustmentofceilingrentsforcertaindevelopments
- Adoptionofrentincentivestoencouragedeconcentrationofpovertyand income-mixing
- Other(listbelow)

f. Basedontheresultsoftherequiredanalysis,inwhichdevelopmentswillthePHA makespecial effortstoattractorretainhigher -incomefamilies?(selectallthatapply)

- X Notapplicable:resultsofanalysisdidnotindicateaneedforsuchefforts
- List(anyapplicable)developmentsbelow:

g. Basedontheresultsoftherequiredanalysis,inwhichdevelopmentswillthePHA makespecial effortstoassureaccessforlower -incomefamilies?(selectallthatapply)

- X Notapplicable:resultsofanalysisdidnotindicateaneedforsuchefforts
- List(anyapplicable)developmentsbelow:

B. Section 8

Exemptions: PHA 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)

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

MULTIPLE LEASE VIOLATIONS - SIX MONTH INELIGIBLE

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

c. Yes X 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)

LAST KNOWN ADDRESS/LANDLORD

(2) Waiting List Organization

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

- 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)
HOME VISITS, MAIL IN, REASONABLE ACCOMMODATIONS PER REQUEST

(3) Search Time

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

If yes, state circumstances below:

LOW HOUSING STOCK, MEDICAL, DISABILITY, ELDERLY, SCHOOL SERVICES, WORK ACCOMMODATIONS, REASONABLE ACCOMMODATIONS PER REQUEST

(4) Admissions Preferences

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. X 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

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Household that contribute to meeting income goals (broad range of incomes)
- Household that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

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.

1 Date and Time

Former Federal preferences

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

Highrentburden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households 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)

4. Among applicants on the waiting list with the 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 preference to income targeting requirements: (select one)

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensure 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 program to the public?

- X Through published notices
- Other (list below)

4.PHA Rent Determination Policies

[24CFR Part 903.79(d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

- 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---

- X The PHA employs discretionary policies for determining income base drent (If selected, continue to question b.)

b. Minimum Rent

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

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

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

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

MEDICAL, LOSS OF WAGES OR BENEFITS, LOSS OF SUPPORTING FAMILY MEMBER

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

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

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

FLAT RENT – BASED ON 75% OF THE 2001 FAIR MARKET RENTS

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

For the earned income of a previously unemployed household member

For increases in earned income

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

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

For household heads

For other family members

For transportation expenses

For the non-reimbursed medical expenses of non-disabled or non-elderly families

Other (describe below)

e. Ceiling rents

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

Yes for all developments

Yes but only for some developments

X No

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

For all developments

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

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

- Market comparability study
- Fair market rents (FMR)
- 95th 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 determination:

1. Between income reexaminations, 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)

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.)

- Thesection8rentreasonablenessstudyofcomparablehousing
 - Surveyofrentslistedinlocalnewspaper
 - Surveyofsimilarunassistedunitsintheneighborhood
 - X Other(list/describelow)
- BASEDON75%OF2001FAIRMARKETRENTSOF
VOUCHERPROGRAM**

B.Section8Tenant -BasedAssistance

Exemptions:PHAsthatdonotadministerSection8tenant -basedassistancearenotrequiredto completesub -component4B. **Unlessotherwise specified,allquestionsinthissectionapplyonlyto thetenant -basedsection8assistanceprogram(vouchers,anduntilcompletelymergedintothe voucherprogram,certificates).**

(1)PaymentStandards

Describe the voucher payment standards and policies .

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

- X 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)

- X Annually

Other(listbelow)

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 burdens of assisted families
 Other(listbelow)

(2) Minimum Rent

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

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

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

5. Operations and Management

[24CFR Part 903.79(e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached.
 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

[24CFR 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 24CFR 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 stop 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: PHA 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:

X The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) AR003C01.DOC ARKANSAS

-or-

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

(2) Optional 5 -Year Action Plan

Agencies are encouraged to include a 5 -Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template OR by completing and attaching a properly updated HUD -52834.

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

b. If yes to question a, select one:

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

-or-

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

B. HOPE VI and Public Housing Development and Replacement Activities (Non -Capital Fund)

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

Yes No: a) Has the PHA received a HOPE VI revitalization grant ? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

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

Revitalization Plan under development

- Revitalization Plans submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

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

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

Yes No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
If yes, list developments or activities below:

8. Demolition and Disposition

[24CFR Part 903.79(h)]

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

1. Yes 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.)

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

Submitted, pending approval <input type="checkbox"/>
Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one)
<input type="checkbox"/> Part of the development
<input type="checkbox"/> Total development
7. 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. X 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.

Designation of Public Housing Activity	Description
1a. Development name:	NELSON HALL HOMES
1b. Development (project) number:	AR003 -003
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 X
3. Application status (select one) Approved; included in the PHA's Designation Plan X Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (09/01/1968)
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan X Revision of a previously -approved Designation Plan?
6. Number of units affected: 270
7. Coverage of action (select one) <input type="checkbox"/> Part of the development X Total development

10. Conversion of Public Housing to Tenant -Based Assistance

[24CFR Part 903.79(j)]

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

A. Assessments of Reasonable Revitalization Pursuant to Section 202 of the HUD FY1996 HUD Appropriations Act

1. Yes No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under Section 202 of the HUD FY1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete as a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

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

Conversion of Public Housing Activity Description
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) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved:) <input type="checkbox"/> Units addressed in a pending or approved HOPEVI demolition application (date submitted or approved:) <input type="checkbox"/> Units addressed in a pending or approved HOPEVI revitalization Plan (date submitted or approved:) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> 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

[24 CFR Part 903.79(k)]

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 11 B; 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 11 B.)

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.)

Public Housing Homeownership Activity Description (Complete one for each development affected)
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 24CFR 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 at least one 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

[24CFR Part 903.79(1)]

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 programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing homeownership option participation
- Preference/eligibility for section 8 homeownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

- Yes No: Does the PHA coordinate, promote or provide any program to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following table; if "no" skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

- 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

[24CFR Part 903.79(m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to 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 plan to undertake in the next PHA fiscal year

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

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug -prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at -risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

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 FY2003 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 FY2003 in this PHA Plan?
- Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: _____)

14. RESERVED FOR PET POLICY

[24CFR Part 903.79(n)]

15. Civil Rights Certifications

[24CFR Part 903.79(o)]

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

16. Fiscal Audit

[24CFR Part 903.79(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 a 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

[24CFR Part 903.79(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

[24 CFR 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 the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub component C.) -

3. Description of Resident Election Process

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

- Candidates were nominated by resident and assisted family organizations
 Candidates could be nominated by any adult recipient of PHA assistance
 Self-nomination: Candidates registered with the PHA and requested a place on ballot
 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: STATE OF ARKANSAS, CITY OF FORT SMITH, ARKANSAS
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

Other:(listbelow)

4.TheConsolidatedPlanofthejurisdictionssupportsthePHAPlanwiththefollowing
actionsandcommitments:FINANCIALSUPPORT/CDBGFUNDS

D.OtherInformationRequiredbyHUD

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

Attachments

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

AR003A01.DOC

AR003B01.DOC

AR003C01.DOC

AR003D01.DOC

AR003E01.DOC

AR003F01.DOC

PHA Plan Table Library

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: (MM/YYYY)

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	Amount of Annual Grant (Sum of lines 2 -19)	
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
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

**AnnualStatement
CapitalFundProgram(CFP)PartIII:ImplementationSchedule**

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

Optional Table for 5 -Year Action Plan for Capital Fund (Component 7)

Complete one 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.

Optional 5 -Year Action Plan Tables					
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development		
Description of Needed Physical Improvements or Management Improvements				Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cost over next 5 years					

ATTACHMENT A

DEFINITION OF "SUBSTANTIAL DEVIATION" AND "SIGNIFICANT ADMENDMENT OR MODIFICATION"

THE PHA WILL CONSIDER THE FOLLOWING ACTIONS TO BE SIGNIFICANT ADMENDMENTS OR MODIFICATIONS:

CHANGES TO RENT OR ADMISSIONS POLICIES OR ORGANIZATION OF THE PHA; AND
NEW WAITING LIST;

ADDITIONS 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 FUNDS UNDER THE CAPITAL FUND;

ADDITIONS OF NEW ACTIVITIES NOT INCLUDED IN THE CURRENT PHA DEP PLAN;
AND

ANY CHANGE WITH REGARD TO DEMOLITION OR DISPOSITION, DESIGNATION, HOME OWNERSHIP PROGRAMS OR CONVERSION ACTIVITIES.

AN EXCEPTION TO THIS DEFINITION WILL BE MADE FOR ANY OF THE ABOVE THAT ARE ADOPTED TO REFLECT CHANGE IN HUD REGULATORY REQUIREMENTS; SUCH CHANGES WILL NOT BE CONSIDERED SIGNIFICANT ADMENDMENTS BY HUD.

ATTACHMENTB

RESIDENTADVISORYBOARD
FORTSMITHHOUSINGAUTHORITY
2003

ISASIAHHILLS,3300NORTH6THSTR,APT48

SHEILAKCKINLEY,3300NORTH6THSTR,APT162

GINGERCARGLE,3300NORTH6THSTR,APT146

BLANCHESMITH,3300NORTH6THSTR,APT12

KAYWILLIAMS,#236NELSONHALLHOMES

CHRISTINEBURNS,#264NELSONHALLHOMES

CAPITAL FUND PROGRAM TABLES START HERE

ATTACHMENT C

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

PHAName: FORTSMITH HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: AR37P00350103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
--------------------------------------	---	------------------------------

Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	72,094			
3	1408 Management Improvements				
4	1410 Administration	53,000			
5	1411 Audit	1600			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	31,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	311,000			
10	1460 Dwelling Structures	234,051			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	18,200			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

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

PHAName: FORTSMITH HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: AR37P00350103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
--------------------------------------	---	------------------------------

Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	720,945			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHAName: FORTSMITHHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgramGrantNo: AR37P00350103 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2003		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
				Original	Revised	Funds Obligated	Funds Expended	
HAWIDE	RESIDENTPREVENTION PROGRAM	1406		72,074				
HAWIDE	RESIDENTCOORDINATOR	1408		53,000				
HAWIDE	AUDIT	1411		1,600				
HAWIDE	A/EPLANS&SPECIFICATIONS	1430		31,000				
AR003-001	PARKING	1450		98,000				
AR003-003	PARKING	1450		58,000				
AR003-003	SEWERLINEREPLACEMENT	1450		155,000				
AR003-003	SCREENDOORS	1460		112,000				
AR003-003	LIGHTFIXTURES	1460		22,400				
AR003-003	ROOFREPLACEMENT	1460		36,351				
AR003-001	KITCHENCABINETS	1460		63,300				
HAWIDE	RESIDENTVAN	1475		18,200				
				720,945				

CapitalFundProgramFive -YearActionPlan
PartI:Summary

PHANameFortSmithHousing Authority		<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:			
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:2004 PHAFY:2004	WorkStatementforYear3 FFYGrant:2005 PHAFY:2005	WorkStatementforYear4 FFYGrant:2006 PHAFY:2006	WorkStatementforYear5 FFYGrant:2007 PHAFY:2007
	Annual Statement				
AR003-001		339,800	261,100	168,400	315,900
AR003-003		254,000	276,640	288,800	26,000
PHAWIDE				24,350	
CFPFundsListedfor 5-yearplanning		593,800	537,740	481,550	575,900
ReplacementHousing FactorFunds					

CapitalFundProgramFive -YearActionPlan
PartI:Summary

SAMPLE

PHAName <i>AnytownHousing Authority</i>						<input type="checkbox"/> Original5 -YearPlan
						<input type="checkbox"/> RevisionNo:
Development Number/Name/HA-Wide	Year1	WorkStatementforYear2 FFYGrant: 2002 PHAFY: 2002	WorkStatementforYear3 FFYGrant: 2003 PHAFY: 2003	WorkStatementforYear4 FFYGrant: 2004 PHAFY: 2004	WorkStatementforYear5 FFYGrant: 2005 PHAFY: 2005	
	Annual Statement					
<i>10-01/MainStreet</i>		<i>\$80,000</i>	<i>\$36,000</i>	<i>\$65,000</i>	<i>\$55,000</i>	
<i>10-02/Broadway</i>		<i>\$90,000</i>	<i>\$40,900</i>	<i>\$40,000</i>	<i>\$43,000</i>	
<i>HA-wide</i>		<i>\$100,000</i>	<i>\$50,000</i>	<i>\$35,000</i>	<i>\$27,000</i>	
CFPFundsListedfor 5-yearplanning		<i>\$270,000</i>	<i>\$162,900</i>	<i>\$140,000</i>	<i>125,000</i>	
ReplacementHousing FactorFunds		<i>\$40,000</i>				

CAPITAL FUND PROGRAM TABLES START HERE

ATTACHMENT D

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: FORTSMITH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: AR37P003501-02 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2003 <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	83345	0		
3	1408 Management Improvements	51000	40000	40000	5247.43
4	1410 Administration	41000	25000	25000	10058.30
5	1411 Audit	600.00		600.00	
6	1415 Liquidated Damages				
7	1430 Fees and Costs	24500	10000	10000	9603.00
8	1440 Site Acquisition				
9	1450 Site Improvement	125000	70000	70000	64147.24
10	1460 Dwelling Structures	260000	573345	573345	560846.11
11	1465.1 Dwelling Equipment — Nonexpendable	24000	0		
12	1470 Nondwelling Structures	40500	0		
13	1475 Nondwelling Equipment	61000	0		
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	10000	2000	2000	513.21
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				

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

PHAName: FORTSMITH HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: AR37P003501-02 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
--------------------------------------	--	------------------------------

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 06/30/2003
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20-26)	720945		720945	650415.29
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHAName: FORTSMITH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: AR37P003501-02 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HAWIDE	RESIDENT COORDINATOR	1408		51000	40000	40000	5247.43	Inprogress
HAWIDE	ADMINISTRATION	1410		41000	25000	25000	10058.30	Inprogress
HAWIDE	AUDIT	1411		600		600		Inprogress
AR003-001	FRENCH DRAINS	1450		125000	70000	49096	49096	Inprogress
HAWIDE	FEES & COSTS	1430		24500	10000	10000	9603	Inprogress
AR003-001	REPLACE FALLEN CEILINGS	1460				3953.90	3953.90	Inprogress
AR003-003	SECURITY LIGHTING	1450				10153.34	10153.34	Inprogress
AR003-003	UNDERGROUND ELECTRICAL	1450				2318	2318	Inprogress
AR003-001	REPLACE BATHROOM FLOORS	1460				1650	1650	Inprogress
AR003-001	BLOW & PAINT CEILINGS	1460				4500	4500	Inprogress
AR003-001	REPAIR WASHROOMS	1460				21408	21408	Inprogress
AR003-001	EMERGENCY FLOOR REPAIR	1460				438000	438000	Inprogress
AR003-001	MOLD ABATEMENT	1460				42000	42000	Inprogress
AR003-001	RELOCATION COSTS	1495				513.21	513.21	Inprogress
AR003-003	REPAIR BROKEN SEWER	1460				4948.30	4948.30	Inprogress
AR003-003	REPLACE KITCHEN WALL	1460				845.91	845.91	Inprogress
AR003-003	ROOFING	1460				18040	18040	Inprogress
AR003-003	FOUNDATION STABILIZATION	1460				10000	10000	Inprogress
AR003-003	SHOWER PAN REPLACEMENT	1460				15500	15500	Inprogress
AR003-003	REPAIR WATER LEAKS	1450				2579.90	2579.90	Inprogress

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

PHAName: FORTSMITH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: AR37P003501 -02 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	
PHAWIDE	10-31-02	12-20-02	12-20-02				
AR003-001	02-28-03	10-04-02	10-04-02				
AR003-003	11-01-02	10-18-02	10-18-02				

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

Activities for Year 1	Activities for Year: __ __ FFY Grant: PHAFY:			Activities for Year: ____ FFY Grant: PHAFY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual						
Statement						
	Total CFPEstimatedCost		\$			\$

CapitalFundProgramFive -YearActionPlan
PartI:Summary

SAMPLE

PHAName <i>AnytownHousing Authority</i>						<input type="checkbox"/> Original5 -YearPlan
						<input type="checkbox"/> RevisionNo:
Development Number/Name/HA-Wide	Year1	WorkStatementforYear2 FFYGrant: 2002 PHAFY: 2002	WorkStatementforYear3 FFYGrant: 2003 PHAFY: 2003	WorkStatementforYear4 FFYGrant: 2004 PHAFY: 2004	WorkStatementforYear5 FFYGrant: 2005 PHAFY: 2005	
	Annual Statement					
<i>10-01/MainStreet</i>		<i>\$80,000</i>	<i>\$36,000</i>	<i>\$65,000</i>	<i>\$55,000</i>	
<i>10-02/Broadway</i>		<i>\$90,000</i>	<i>\$40,900</i>	<i>\$40,000</i>	<i>\$43,000</i>	
<i>HA-wide</i>		<i>\$100,000</i>	<i>\$50,000</i>	<i>\$35,000</i>	<i>\$27,000</i>	
CFPFundsListedfor 5-yearplanning		<i>\$270,000</i>	<i>\$162,900</i>	<i>\$140,000</i>	<i>125,000</i>	
ReplacementHousing FactorFunds		<i>\$40,000</i>				

CAPITAL FUND PROGRAM TABLES START HERE

ATTACHMENT E

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: FORTSMITH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: AR37P003501-01 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	79,420.00	60,142.14	60,142.14	60,142.14
4	1410 Administration	23,830.00	16,850.71	16,850.71	16,850.71
5	1411 Audit	600.00		600.00	600.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	21,000.00	0		
8	1440 Site Acquisition				
9	1450 Site Improvement	120,000.00	187,979.29	187,979.29	187,979.29
10	1460 Dwelling Structures	329,473.00	455,271.86	455,271.86	455,271.86
11	1465.1 Dwelling Equipment — Nonexpendable	18,000.00	0		
12	1470 Nondwelling Structures	25,000.00	0		
13	1475 Nondwelling Equipment	22,150.00	15,899.00	15,899.00	15,899.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				

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

PHAName: FORTSMITH HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: AR37P003501-01 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
--------------------------------------	--	------------------------------

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency	97,270.00	0		
21	Amount of Annual Grant: (sum of lines 20-26)	736,743.00		736,743.00	736,743.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHAName: FORTSMITH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: AR37P003-001 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HAWIDE	RESIDENT COORDINATOR	1408		79420.00	60142.14	60142.14	60142.14	COMPLETE
HAWIDE	ADMINISTRATION	1410		23830.00	16850.71	16850.71	16850.71	COMPLETE
HAWIDE	AUDIT	1411		600.00		600.00	600.00	COMPLETE
AR003-001	FRENCH DRAINS	1450		120,000.00	187979.29	136956.50	136956.50	COMPLETE
AR003-001	PARKING LOT REPAIRS	1450				9000.00	9000.00	COMPLETE
AR003-003	SIDEWALKS	1450				21455.00	21455.00	COMPLETE
AR003-003	SECURITY LIGHTING	1450				3348.60	3348.60	COMPLETE
AR003-003	UNDERGROUND ELECTRICAL	1450				17219.19	17219.19	COMPLETE
AR003-001	REPLACE BATHROOM FLOORS	1460		329473.00	455271.86	5670.00	5670.00	COMPLETE
AR003-001	BLOW & PAINT CEILINGS	1460				31500.00	31500.00	COMPLETE
AR003-001	ROOFING	1460				40450.00	40450.00	COMPLETE
AR003-001	EMERGENCY FLOOR REPAIR	1460				157610.00	157610.00	COMPLETE
AR003-001	MOLD ABATEMENT	1460				16320.00	16320.00	COMPLETE
AR003-003	CABINETS	1460				4735.00	4735.00	COMPLETE
AR003-003	REPAIR BURNOUT	1460				1533.00	1533.00	COMPLETE
AR003-003	REPAIR TERMITE DAMAGE	1460				3762.00	3762.00	COMPLETE
AR003-003	A/C REPAIRS	1460				13863.45	13863.45	COMPLETE
AR003-003	FOUNDATION STABILIZATION	1460				161578.00	161578.00	COMPLETE
AR003-003	SHOWER PAN REPLACEMENT	1460				18250.41	18250.41	COMPLETE
AR003-001	HALFTON TRUCK	1475		22150.00	15899.00	15899.00	15899.00	COMPLETE

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

PHAName: FORTSMITH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: AR37P003501 -01 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	
PHAWIDE	10-01-02	04-05-02	04-05-02	09-30-04	05-09-03	05-09-03	
AR003-001	10-01-02	10-26-01	10-26-01	09-30-04	09-27-02	09-27-02	
AR003-003	10-01-02	11-16-01	11-16-01	09-30-04	09-27-02	09-27-02	

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

Activitiesfor Year1	ActivitiesforYear: __ __ FFYGrant: PHAFY:			ActivitiesforYear: ____ FFYGrant: PHAFY:		
	Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
See						
Annual						
Statement						
	TotalCFPEstimatedCost		\$			\$

CapitalFundProgramFive -YearActionPlan
PartI:Summary

SAMPLE

PHAName <i>AnytownHousing Authority</i>						<input type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:
Development Number/Name/HA-Wide	Year1	WorkStatementforYear2 FFYGrant: 2002 PHAFY: 2002	WorkStatementforYear3 FFYGrant: 2003 PHAFY: 2003	WorkStatementforYear4 FFYGrant: 2004 PHAFY: 2004	WorkStatementforYear5 FFYGrant: 2005 PHAFY: 2005	
	Annual Statement					
<i>10-01/MainStreet</i>		<i>\$80,000</i>	<i>\$36,000</i>	<i>\$65,000</i>	<i>\$55,000</i>	
<i>10-02/Broadway</i>		<i>\$90,000</i>	<i>\$40,900</i>	<i>\$40,000</i>	<i>\$43,000</i>	
<i>HA-wide</i>		<i>\$100,000</i>	<i>\$50,000</i>	<i>\$35,000</i>	<i>\$27,000</i>	
CFPFundsListedfor 5-yearplanning		<i>\$270,000</i>	<i>\$162,900</i>	<i>\$140,000</i>	<i>125,000</i>	
ReplacementHousing FactorFunds		<i>\$40,000</i>				

ATTACHMENT F

Component 10(B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments?
one
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?
one
- c. How many Assessments were conducted for the PHA's covered developments?
one
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name Number of Units

N/A

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