

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

*Small PHA Plan Update for the
Delta Housing Authority
Annual Plan for Fiscal Year: 2003*

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

PHA Plan Agency Identification

PHA Name: *Delta Housing Authority*

PHA Number: *CO040*

PHA Fiscal Year Beginning: (mm/yyyy) *01/2003*

PHA Plan Contact Information:

Name: *Nellie R. Bell, Executive Director & Dora Oliva, The Nelrod Company*

Phone: *1-970-874-7266 & 1-817-922-9000 x 623*

TDD:

Email (if available): *N/A & dora@nelrod.com*

Public Access to Information

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

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

Display Locations for PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered:

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

**Annual PHA Plan
Fiscal Year 2003**

[24 CFR Part 903.7]

i. Table of Contents

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

| Contents | <u>Page #</u> |
|---|---------------|
| Annual Plan | |
| i. Executive Summary (optional) | 2 |
| ii. Annual Plan Information | 1 |
| iii. Table of Contents | 1 |
| 1. Description of Policy and Program Changes for the Upcoming Fiscal Year | 3 |
| 2. Capital Improvement Needs | 4 |
| 3. Demolition and Disposition | 5 |
| 4. Homeownership: Voucher Homeownership Program | 6 |
| 5. Crime and Safety: PHDEP Plan | 7 |
| 6. Other Information: | 8 |
| A. Resident Advisory Board Consultation Process | |
| B. Statement of Consistency with Consolidated Plan | |
| C. Criteria for Substantial Deviations and Significant Amendments | |

Attachments

- Attachment A : Supporting Documents Available for Review
- Attachment B_: Capital Fund Program Annual Statement – **co040b01**
- Attachment C_: Capital Fund Program 5-Year Action Plan - **co040col**
- Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment D_: Resident Membership on PHA Board or Governing Body – **co040d01**
- Attachment E_: Membership of Resident Advisory Board or Boards – **co040e01**
- Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
 - Pet Ownership Policy – co040f01*
 - Progress Statement – co040g01*
 - Deconcentration and Income Mixing Requirement – co040h01*
 - Required Initial Conversion Assessment – co040i01*
 - 20021 Performance & Evaluation Report – co040j01*

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

The Delta Housing Authority (Housing Authority of the City of Delta) has prepared this Annual PHA Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.

The purpose of the Annual Plan is to provide a framework for local accountability and an easily identifiable source by which public housing residents, participants in the tenant-based assistance program and other members of the public may locate basic PHA policies, rules and requirements related to the operations, programs and services of the agency.

The Mission Statement and the Goals and Objectives were based on information contained in our jurisdiction's Consolidated Plan and Resolution: 204. Also, we will assure that our residents will receive the best customer service.

Excellent customer service and fulfillment of the Mission Statement and Goals and Objectives is ensured by implementation of a series of policies that are on display with this Plan. The Admissions and Occupancy Policy and Section 8 Administrative Plan are the two primary policies on display. These important documents cover the public housing tenant selection and assignment plan, outreach services, PHA's responsibility to Section 8 owners/landlords, grievance procedures, etc.

The most important challenges to be met by the Housing Authority of the City of Delta during FY 2003 include:

- *Concentrate on efforts to improve specific management functions: (e.g., public housing finance, voucher unit inspections)*
- *Conduct outreach efforts to potential voucher landlords.*
- *Involve the public housing residents and the Section 8 participants through the Annual Plan Resident Advisory Board.*
- *Train staff and commissioners to fully understand and take advantage of opportunities in the new law and regulations to better serve our residents and the community; and*
- *Identify, develop and leverage services to enable low-income families to become self-sufficient.*

In closing, this Annual PHA Plan exemplifies the commitment of the Housing Authority of the City of Delta to meet the housing needs of the full range of low-income residents. The Housing Authority of the City of Delta, in partnership with agencies from all levels of government, the business community, non-profit community groups, and residents will use this plan as a road map to reach the "higher quality of life" destination for the City of Delta and Delta County.

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

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

Component 12: Community Service Programs

Removed Community Service Policy – not required for this transmission

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 162,950

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

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment *co040c01*

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment *co040b01*

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

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

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

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

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

5. Safety and Crime Prevention: PHDEP Plan *No longer required*

[24 CFR Part 903.7 (m)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

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

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

2. If yes, the comments are attached at Attachment (File name) *n/a*

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

The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included

Yes No: below or

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

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

Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here) *State of Colorado*

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

The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

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

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

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

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

- *Administer programs and contracts under the jurisdiction of the Authority in a timely and cost effective manner.*
- *Develop additional affordable housing.*
- *Seek out Federal Housing grants, as they become available.*

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

- *Any change to the Mission Statement;*
- *50% deletion from or addition to the goals and objectives as a whole; and*
- *50% or more decrease in the quantifiable measurement of any individual goal and objective.*

B. Significant Amendment or Modification to the Annual Plan:

- *Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement;*
- *Any change in a policy or procedure that requires a regulatory 30-day pasting;*
- *Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership programs; and*
- *Any change inconsistent with the local, approved Consolidated Plan.*

Attachment A

Supporting Documents Available for Review

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

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

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

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

| Annual Statement/Performance and Evaluation Report | | | | | | |
|---|---|--|---------|-------------------|---|--|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | | |
| PHA Name: <i>See attachment: co040b01</i> | | Grant Type and Number Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No: | | | Federal FY of Grant: | |
| <input type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Reserve for Disasters/ Emergencies | | | <input type="checkbox"/> Revised Annual Statement (revision no:) | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input type="checkbox"/> Final Performance and Evaluation Report | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | | |
| | | Original | Revised | Obligated | Expended | |
| 1 | Total non-CFP Funds | | | | | |
| 2 | 1406 Operations | | | | | |
| 3 | 1408 Management Improvements | | | | | |
| 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 | | | | | |

Capital Fund Program 5-Year Action Plan

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.

| CFP 5-Year Action Plan | | |
|--|--|--|
| <input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement | | |
| Development Number | Development Name (or indicate PHA wide) | |
| | | |
| Description of Needed Physical Improvements or Management Improvements | Estimated Cost | Planned Start Date (HA Fiscal Year) |
| <i>See attachment co040c01</i> | | |
| Total estimated cost over next 5 years | | |

PHA Public Housing Drug Elimination Program Plan

No longer required

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

- A. Amount of PHDEP Grant \$** _____
- B. Eligibility type (Indicate with an “x”)** N1 _____ N2 _____ R _____
- C. FFY in which funding is requested** _____
- D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

| PHDEP Target Areas (Name of development(s) or site) | Total # of Units within the PHDEP Target Area(s) | Total Population to be Served within the PHDEP Target Area(s) |
|--|--|--|
| | | |
| | | |
| | | |

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

| Fiscal Year of Funding | PHDEP Funding Received | Grant # | Fund Balance as of Date of this Submission | Grant Extensions or Waivers | Grant Start Date | Grant Term End Date |
|------------------------|------------------------|---------|--|-----------------------------|------------------|---------------------|
| FY 1995 | | | | | | |
| FY 1996 | | | | | | |
| FY 1997 | | | | | | |
| FY1998 | | | | | | |
| FY 1999 | | | | | | |

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

| FFY _____ PHDEP Budget Summary | |
|---|----------------------|
| Original statement | |
| Revised statement dated: | |
| Budget Line Item | Total Funding |
| 9110 – Reimbursement of Law Enforcement | |
| 9115 - Special Initiative | |
| 9116 - Gun Buyback TA Match | |
| 9120 - Security Personnel | |
| 9130 - Employment of Investigators | |
| 9140 - Voluntary Tenant Patrol | |
| 9150 - Physical Improvements | |
| 9160 - Drug Prevention | |
| 9170 - Drug Intervention | |
| 9180 - Drug Treatment | |
| 9190 - Other Program Costs | |
| | |
| TOTAL PHDEP FUNDING | |

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

| 9110 – Reimbursement of Law Enforcement | | | | | Total PHDEP Funding: \$ | | |
|--|---------------------|-------------------|------------|------------------------|--------------------------------|-------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount/Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9115 - Special Initiative | | | | | Total PHDEP Funding: \$ | | |
|----------------------------------|---------------------|-------------------|------------|------------------------|--------------------------------|-------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount/Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9116 - Gun Buyback TA Match | | | | | Total PHDEP Funding: \$ | | |
|------------------------------------|---------------------|-------------------|------------|------------------------|--------------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9120 - Security Personnel | | | | | Total PHDEP Funding: \$ | | |
|----------------------------------|---------------------|-------------------|------------|------------------------|--------------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| | | | | | | | |
|---|--|--|--|--|--------------------------------|--|--|
| 9130 – Employment of Investigators | | | | | Total PHDEP Funding: \$ | | |
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |

| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
|---------------------|---------------------|-------------------|------------|------------------------|----------------|--------------------------------|------------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9140 – Voluntary Tenant Patrol | | | | | Total PHDEP Funding: \$ | | |
|---------------------------------------|---------------------|-------------------|------------|------------------------|--------------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9150 - Physical Improvements | | | | | Total PHDEP Funding: \$ | | |
|-------------------------------------|---------------------|-------------------|------------|------------------------|--------------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9160 - Drug Prevention | | | | | Total PHDEP Funding: \$ | | |
|---------------------------------|---------------------|-------------------|------------|------------------------|--------------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 9170 - Drug Intervention | | | | | Total PHDEP Funding: \$ | | |
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9180 - Drug Treatment | | | | | Total PHDEP Funding: \$ | | |
|------------------------------|---------------------|-------------------|------------|------------------------|--------------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |

| | | | | | |
|----|--|--|--|--|--|
| 3. | | | | | |
|----|--|--|--|--|--|

| 9190 - Other Program Costs | | | | | Total PHDEP Funds: \$ | | |
|-----------------------------------|---------------------|-------------------|------------|------------------------|------------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

CAPITAL FUND PROGRAM TABLES START HERE

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

| | | |
|---|---|-------------------------------------|
| PHA Name: DELTA HOUSING AUTHORITY | Grant Type and Number: Capital Fund Program No: CO06PO4050103 Replacement Housing Factor Grant No: | Federal FY of Grant: 2003 |
|---|---|-------------------------------------|

Original Annual Statement
 Reserved for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Performance and Evaluation Report for Program Year Ending _____
 Final Performance and Evaluation Report for Program Year Ending _____

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
|----------|---|----------------------|---------|-------------------|----------|
| | | Original | Revised | Obligated | Expended |
| 1 | Total Non-Capital Funds | | | | |
| 2 | 1406 Operating Expenses | 137,500.00 | | | |
| 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 | 25,450.00 | | | |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | | | | |
| 12 | 1470 Nondwelling Structures | | | | |
| 13 | 1475 Nondwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | | | | |
| 18 | 1499 Development Activities | | | | |
| 19 | 1501 Collateralization or Debt Service | | | | |
| 20 | 1502 Contingency | | | | |
| 21 | Amount of Annual Grant (sums of lines 2-20) | \$162,950.00 | | | |
| 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 | | | | |

Delta Housing Authority

Required Attachment co040d01: Resident Member on the PHA Governing Board

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

A. Name of resident member(s) on the governing board:
***Resident member became ill and could no longer attend meetings.
No resident member replacement as of this date.***

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

Elected

Appointed

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

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

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

B. Date of next term expiration of a governing board member: ***6/1/02***

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

DELTA HOUSING AUTHORITY

Required Attachment co040e01: Membership of the Resident Advisory Board or Boards

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

Janette Kalisciak

Brigette Mannon

Rubyn Strange

Clara Brusch

Ross Gibbon

Joe Lopez

Ellen Gilder

Annie Stockton

Evelyn Macklin

Joy Lundberg

Dorothy Alvarez

Dorothy Fry

Attachment co040f01

PET OWNERSHIP
(FAMILY and ELDERLY/DISABLED)
FOR
THE DELTA HOUSING AUTHORITY
DELTA, COLORADO

DELTA HOUSING AUTHORITY

PET OWNERSHIP POLICY

1. Common household pet means a domesticated cat, dog, bird, and fish in aquariums. Reptiles of any kind, with the exception of small turtles in a terrarium, as well as mice, rats, hamsters, gerbils, and rabbits are prohibited. These definitions do not include any wild animal, bird or fish. All pets must be pre-approved by DHA.
2. Each household shall have only one pet (except fish). The limit for birds is one (1).
3. The pet owner shall have only a small cat or a dog. The animal's weight shall not exceed *15 pounds*. The animal's height shall not exceed *15 inches*. Such limitations do not apply to a *service animal* used to assist a handicapped or disabled resident.
4. Pet owners shall license their pets yearly with the City of Delta, Colorado or as required. The pet owner must show the PHA proof of rabies and distemper booster inoculations and licensing annually.
5. No pet owner shall keep a pet in violation of State or local health or humane laws or ordinances. Any failure of these pet ownership rules to contain other applicable State or local laws or ordinances does not relieve the pet owner of the responsibility for complying with such requirements.
6. The pet owner shall have his or her cat or dog spayed or neutered and shall pay the cost thereof. A veterinarian shall verify that the spaying or neutering has been accomplished.
7. The pet owner shall house the pet inside the pet owner's dwelling unit. The pet owner shall keep a cat or a dog on a leash and shall control the animal when it is taken out of the dwelling unit for any purpose. The owner of a bird shall confine them to a cage at all times. No pet owner shall allow his or her pet to be unleashed or loose outside the pet owner's dwelling unit.
8. No resident shall keep, raise, train, breed or maintain any pet of any kind at any location, either inside or outside the dwelling unit, for any commercial purpose.
9. No pet owner shall keep a vicious or intimidating pet on the premises. If the pet owner declines, delays or refuses to remove such a pet from the premises, the Authority shall do so, in order to safeguard the health and welfare of other residents.
10. No pet owner shall permit his or her pet to disturb, interfere or diminish the peaceful enjoyment of the pet owner's neighbors or other residents. The terms "disturb, interfere or diminish" shall include but not be limited to barking, howling, biting, scratching, chirping and other activities of a disturbing nature. If the pet owner

declines, delays or refuses to remove the pet from the premises, the PHA shall do so.

11. The owner of a cat shall feed the animal at least once per day; provide a litter box inside the dwelling unit; clean the litter box at least every two (2) days; and take the animal to a veterinarian at least once per year. The pet owner shall not permit refuse from the litter box to accumulate or to become unsanitary or unsightly, and shall dispose of such droppings by placing them in a sack in a designated container outside the building where the pet owner lives.
12. The owner of a dog shall feed the animal at least once per day; take the animal for a walk at least twice per day; remove the animals droppings at least twice per day; and take the animal to a veterinarian at least once per year. The pet owner shall not permit dog droppings to accumulate or to become unsanitary or unsightly, and shall dispose of such droppings by placing them in a sack in a designated container outside the building where the pet owner lives.
13. The pet owner shall take the precautions and measures necessary to eliminate pet odors within and around the dwelling unit, and shall maintain the dwelling unit in a sanitary condition at all times, as determined by the PHA.
14. No pet owner shall alter the dwelling unit or the surrounding premises to create a space, hole, container or enclosure for any pet.
15. PHA staff shall enter a dwelling unit where a pet has been left untended for twenty-four (24) hours, remove the pet and transfer it to the proper local authorities, subject to any provisions of State or local law or ordinances in this regard. The PHA shall accept no responsibility for the pet under such circumstances.
16. Each pet owner living in family housing shall pay a non-refundable pet fee of \$50.00 a month and a refundable pet deposit of \$500.00. The pet fee is due monthly by the 5th of each month and no extension will be given. The pet deposit for birds is \$200. Elderly/Disabled pet owners will only pay a \$200.00 refundable deposit. Disabled pet owners are persons' who are dependent upon a pet to perform essential services (i.e. seeing eye dogs). All pet deposits must be paid in full before the pet can be on the premises. The pet fee/deposit is not part of the rent payable by the pet owner, and is in addition to any other financial obligation generally imposed on residents of the development where the pet owner lives. The PHA shall use the non-refundable pet fee to pay reasonable expenses directly attributable to the presence of the pet, including, but not limited to the cost of repairs and replacements to, and the fumigation of, the pet owner's dwelling unit and premises. The refundable deposit will be used, if appropriate, to correct damages caused by the presence of the pet upon move out.
17. All residents are prohibited from feeding, housing or caring for stray animals or birds. Such action shall constitute having a pet without permission of the Authority.

18. Each pet owner shall identify an alternate custodian for his or her pet. If the pet owner is ill or absent from the dwelling unit and unable to care for his or her pet, the alternate custodian shall assume responsibility for the care and keeping of the pet, including, if necessary, the removal of the pet from PHA premises.
19. Should any pet housed in the PHA's facilities give birth to a litter, the residents shall remove from the premises all of said pets except one as soon as the baby's are able to survive on their own (a maximum of 6 weeks).
20. If a resident, including a pet owner, breaches any of the rules set forth above, the PHA may revoke the pet permit and evict the resident or pet owner. Failure to pay deposits and fees at the specified times is grounds for termination of the lease.

I have read and understand the above pet ownership rules and agreed to abide by them.

Resident's signature

PHA Staff member's Signature

Date

Date

Delta Housing Authority
PHA Plan Update for FYB 2003

Statement of Progress
Attachment: co040g01

The Housing Authority of has been successful in achieving its mission and goals in the year 2002. Goals are either completed or on target for completion by the end of the year.

To ensure compliance with the Public Housing Reform Act of 1998, every policy was reviewed and updated as needed. Most significant was the update to the Admissions and Occupancy Policy and the Section 8 Administrative Plan. This will be an ongoing task as HUD issues updates on rules and regulations.

Concerning ensuring equal opportunity outreach efforts have been made by making renewed partnerships with community groups and medical facilities.

Delta Housing Authority

Attachment: co040h01

Component 3, (6) Deconcentration and Income Mixing

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

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

If yes, list these developments as follows:

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

Delta Housing Authority

Attachment: co040i01

Agency Plan Component 10 (B) Voluntary Conversion Initial Assessments

A. How many of the PHA's developments are subject to the Required Initial Assessments?

- The sole public housing development operated by Delta Housing Authority is subject to the Required Initial Assessment. It contains 35 units of mixed occupancy and 40 scattered site general occupancy unit.

CO040001 75 units

B. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?

- None

C. How many Assessments were conducted for the PHA's covered developments?

- One assessment was conducted

D. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

- The PHA has determined that conversion is not appropriate for any developments at this time.

E. If the PHA has not completed the Required Initial Assessment, describe the status of these assessments.

N/A

CAPITAL FUND PROGRAM TABLES START HERE

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

| | | |
|--|--|--|
| PHA Name: <p style="text-align: center;">DELTA HOUSING AUTHORITY</p> | Grant Type and Number: Capital Fund Program No: CO06PO4050102 Replacement Housing Factor Grant No: | Federal FY of Grant: <p style="text-align: center;">2002</p> |
|--|--|--|

Original Annual Statement
 Reserved for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Performance and Evaluation Report for Program Year Ending **6/30/02**
 Final Performance and Evaluation Report for Program Year Ending _____

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
|----------|---|----------------------|---------|-------------------|---------------|
| | | Original | Revised | Obligated | Expended |
| 1 | Total Non-Capital Funds | | | | |
| 2 | 1406 Operating Expenses | 137,450.00 | | 0.00 | 0.00 |
| 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 | 11,500.00 | | 0.00 | 0.00 |
| 10 | 1460 Dwelling Structures | | | | |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | | | | |
| 12 | 1470 Nondwelling Structures | | | | |
| 13 | 1475 Nondwelling Equipment | 14,000.00 | | 0.00 | 0.00 |
| 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 | | | | |
| 20 | 1502 Contingency | | | | |
| 21 | Amount of Annual Grant (sums of lines 2-20) | \$162,950.00 | | \$0.00 | \$0.00 |
| 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 | | | | |

