

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

# PHAPlans

5YearPlanforFiscalYears2000 -2004  
AnnualPlanforFiscalYear2003

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBEC OMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

## PHA Plan Agency Identification

**PHAName:** TheCityOfNewBritainHousingAuthority

**PHANumber:** ct005

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

To meet the current guidelines and to be in compliance with the Quality Housing and Work Responsibility Act of 1998, The Housing Authority of the City of New Britain revised its "Agency Plan and Five Year Plan" which will be available for review at the following locations:

Authority's Administrative Office, 34 Marimac Road, NB, CT,  
NB Town Clerk's Office, City Hall, 27 West Main Street, NB, CT  
Mount Pleasant Development (Community Room) 16 Armistice St, NB, CT  
Oval Grove Development (Community Room) 80 Malikowski Cr, NB, CT  
Knapp Village, 80 Halsey St, NB, CT  
John F. Kennedy Apts. 300 East Main St, NB, CT  
Abraham Ribicoff Apts. 67 Martin Luther King Drive, NB, CT  
Graham Apts. 107 Martin Luther King Dr, NB, CT  
D'Amato Apt. 40 Chestnut St, NB, CT  
Department of Municipal Development, 27 West Main Street, NB, CT  
The New Britain Public Library, High Street, NB, CT  
Office of the Mayor, City of New Britain, City Hall, 27 West Main St., NB, CT

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)

To meet the current guidelines and to be in compliance with the Quality Housing and Work Responsibility Act of 1998, The Housing Authority of the City of New Britain revised its "Agency Plan and Five Year Plan" which will be available for review at the following locations:

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Office of the Mayor, City of New Britain, City Hall, 27 West Main St., NB, CT

**5-YEAR PLAN**  
**PHAF ISCAL YEARS 2000 -2004**  
 [24CFRPart903.5]

**A. Mission**

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

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

*The Housing Authority of the City of New Britain is a public agency committed to improving both the social as well as material wellbeing of its residents. Our mission is to provide decent, safe and sanitary housing to all eligible residents of the City of New Britain. We believe our residents should be part of the surrounding community. This includes participating in employment, home ownership, education, and social activities. Furthermore, we will strive to be our community's affordable housing of choice.*

**B. Goals**

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

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

- PHA Goal: Expand the supply of assisted housing
  - Objectives:
    - Apply for additional rental vouchers:
    - Reduce public housing vacancies:
    - Leverage private or other public funds to create additional housing opportunities:
    - Acquire or build units or developments
    - Other (list below)

- PHAGoal:Improvethethequalityofassistedhousing  
Objectives:
  - Improvepublichousingmanagement:(PHASscore)
  - Improvevouchermanagement:(SEMAPscore)
  - Increasecustomersatisfaction:
  - Concentrateoneffortstoimprovespecific managementfunctions:(list; e.g.,publichousingfinance;voucherunitinspections)
  - Renovateormodernizepublichousingunits:
  - Demolishordisposeofobsoletepublichousing:
  - Providereplacementpubl ichousing:
  - Providereplacementvouchers:
  - Other:(listbelow)

- PHAGoal:Increaseassistedhousingchoices  
Objectives:
  - Providevoucher mobilitycounseling:
  - Conductoutreacheffortstopotentialvoucherlandlords
  - Increasevoucherpaymentstandards
  - Implementvoucherhomeownershipprogram:
  - Implementpublichousingorotherhomeownershipprograms:
  - Implementpublichousing site -basedwaitinglists:
  - Convertpublichousingtovouchers:
  - Other:(listbelow)

**HUDStrategicGoal:Improvecommu nityqualityoflifeandeconomicvitality**

- PHAGoal:Provideanimprovedlivingenvironment  
Objectives:
  - Implementmeasurestodeconcentratepovertybybringinghigherincome publichousinghouseholdsin tolowerincome developments:
  - Implementmeasurestopromoteincomemixinginpublichousingby assuringaccessforlowerincomefamiliesinto higherincome developments:
  - Implementpublichousingsecurityimprovements:
  - Designateddevelopmentsorbuildingsforparticularresidentgroups (elderly, personswithdisabilities)
  - Other:(listbelow)

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

PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- Increase the number and percentage of employed persons in assisted families:
- Provide or attract supportive services to improve assistancerecipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability:
- Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability:
- Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- Other: (list below)

**Other PHA Goals and Objectives: (list below)**

**Annual PHA Plan**  
**PHA Fiscal Year 2000**  
[24CFR Part 903.7]

**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**

[24CFR Part 903.79(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.

## EXECUTIVE SUMMARY

The New Britain Authority (Authority) has prepared its Agency Plan for planning year 2003 in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements. This document is the executive summary of the Authority's Annual Plan for planning year 2003 that is part of the Authority's Five -Year Plan, for the years 2000 -2004.

In its 2000 Annual Plan the Authority adopted the following mission statement in order to guide its activities:

***The Housing Authority of the City of New Britain is a public agency committed to improving both the social as well as material well being of its residents. Our mission is to provide decent, safe and sanitary housing to all eligible residents of the City of New Britain. We believe our residents should be part of the surrounding community. This includes participating in employment, homeownership, education, and social activities. Furthermore, we will strive to be our community's affordable housing of choice.***

The Five Year and Annual Plans are based on the premise that if we accomplish our goals and objectives we will be working toward the achievement of our stated mission.

## Annual Plan 2003 Highlights

*Below are just a few highlights of our Annual Plan 2003:*

**Complete review and update of the Housing Authority of the City of New Britain's ACOP.**

**Complete review and update of the Housing Authority of the City of New Britain's 5 Year Plan for Fiscal Year 2003.**

## Section I: Prior Year Goal & Objective Accomplishments

Establish a committee consisting of Housing Authority staff members, residents of public housing and Section 8 and Resident Advisory Board members to review and update the ACOP, Section 8 Administrative Plan, the Authority's policies and procedures as well as the 5 Year Plan for fiscal years 2001 and 2002.

## Section II: 2000 - 2004 Goals & Objectives

- Review and update Section 8 Administrative Plan.
- Review and update the ACOP.
- Review and update Authority Policies and Procedures.
- Review and update 5 Year Plans for Fiscal Years 2000 - 2004.
- Implement Call for Aid Systems in the high rise apartments.
- Establish and implement Income Targeting incentives.
- Establish and implement a Swimming Pool Policy.
- To improve overall management of the Authority so HUD recognizes it as a high performer by 2003.
- To increase Employee Productivity.
- To improve Authority relations with residents.
- To maximize the Authority's financial outlook in order to ensure that it can carry out its mission statement.
- To develop new budget preparation, administration and control procedures.
- To improve the occupancy rate at the Authority's development.
- To improve on time rent collection for all housing programs & developments.
- To maintain developments to a standard that equals or exceeds the neighborhood in which they are located.
- To maintain or exceed a three -day response time for all residents service requests.
- To reorganize, stabilize and improve the timely access of materials with a goal of “ *Just in Time* ” (JIT) inventory.
- To increase timely lease -up of both the Authority's Federal Low Rent and State Moderate/Elderly Rental Developments by utilizing effective screening tools.
- To increase the effectiveness of the Section 8 voucher program.
- To provide a safe and secure environment for both residents and staff.
- To ensure that contractors, staff and residents' rights are protected.
- To ensure that all capital projects are completed on time and within budget.
- To modernize developments built in 1940's and 1950's to achieve de -concentration of poverty, increase income mixing and services to our residents.
- To prevent crime within the developments by modernizing their environmental designs.
- To ensure that all contractual services are sent out to bid.
- To develop a five -year comprehensive drug elimination plan that will document available social and community services and address the need for additional services on -site.
- To develop programs which will assist the residents in the family developments to achieve their independence from AFDC/TANF system.
- To reduce the spread of substance abuse.
- To continue coordinating social services programs in order to assist the elderly and/or physically challenged population as they age.
- To increase grant funding for the Authority.
- To create a living environment that is reflective of the larger community and thus ends the isolation of Authority's residents.

### **Section III: 2003 Changes in Policies & Procedures**

- **Admissions & Continued Occupancy Policy**
- **Pet Control Policy**
- **Homeownership Program (Revolving Loan Program)**
- **Grievance Procedure Policy**
- **Parking Use (Authority -Wide) Policy**
- **Pest Control Policy**
- **Consolidated Rental Lease**
- **Eviction Policy & Procedures**
- **Community Service Requirement Policy**
- **Elderly -Occupancy Incentive Program**

### **Section IV: In Summary...**

The plans outlined in this document have been developed with the input from the entire staff along with recommendations from the Authority's residents. Our plans represent the best that the New Britain Housing Authority has to offer its residents, staff and the surrounding community. In summary, we are on course to improve the condition of affordable housing in the City of New Britain.

### **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.

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## 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 - **ct005a03**
- FY Capital Fund Program Annual Statement - **ct005a02**
  - FY2002 Capital Fund Program Annual Statement - **ct005a11**
  - FY2001 Capital Fund Program Annual Statement - **ct005a04**
  - FY2000 Capital Fund Program Annual Statement - **ct005a05**
- Most recent board - approved operating budget (Required Attachment for PHA that are troubled or at risk of being designated troubled ONLY) - **ct005a13**

### Optional Attachments:

- PHA Management Organizational Chart - **ct005a01**
- FY2000 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan - **ct005a09**
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) - **ct005a10**
- Other (List below, providing each attachment name)
  - Dwelling Lease - **ct005a06**
  - Membership on the Resident Advisory Board - **ct005a07**
  - Resident Membership on Governing Board - **ct005a08**
  - Voluntary Conversion - **ct005a12**
  - Narrative Response to Technical Deficiencies 2&3 - **ct005a14**

## 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 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	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and an 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
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA Board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	Schedule of flat rents offered 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
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 <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 the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	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
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	Annual Plan: Conversion of Public Housing
X	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
N/A	Any cooperative agreement between the PHA and the TANF agency	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	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.StatementofHousingNeeds

[24CFRPart903.79(a)]

## A.HousingNeedsofFamiliesinth eJurisdiction/sServedbythePHA

BasedupontheinformationcontainedintheConsolidatedPlan/sapplicabletothejurisdiction,and/orotherdataavailabletothePHA,provideastatementofthehousingneedsinthejurisdictionbycompletingthefollow ingtable.Inthe“Overall”Needscolumn, providetheestimatednumberofrenterfamiliesathavehousingneeds.Fortheremainingcharacteristics,ratetheimpactofthat factoronthehousingneedsforeachfamilytype,from1to5,with1being“n oimpact”and5being“severeimpact.”UseN/Ato indicatethatnoinformationisavailableuponwhichthePHAcannmakethisassessment.

HousingNeedsofFamiliesintheJurisdiction byFamilyType							
FamilyType	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income<=30% ofAMI	3970	N/A	N/A	N/A	N/A	N/A	N/A
Income>30%but <=50%ofAMI	2889	N/A	N/A	N/A	N/A	N/A	N/A
Income>50%but <80%ofAMI	3796	N/A	N/A	N/A	N/A	N/A	N/A
Elderly	3984	N/A	N/A	N/A	N/A	N/A	N/A
Familieswith Disabilities	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity (WhiteHispanic)	14992	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity (Blacknon - hispanic)	1123	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity (Hispanic)	2192	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	N/A	N/A	N/A	N/A	N/A	N/A	N/A

WhatsourcesofinformationdidthePHAusetoconductthisanalysis?(Checkallthatapply;allmaterials must bemadeavailableforpublicinspection.)

- ConsolidatedPlanoftheJurisdiction/s  
Indicateyear:
- U.S.Censusdata:theComprehensiveHousingAffordabilityStrategy(“CHAS”)dataset
- AmericanHousingSurveydata  
Indicateyear:
- Otherhousingmarketstudy  
Indicateyear:
- Othersources:(listandindicateyearofinformation)

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

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. PHAs 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 checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site -Based or sub -jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	274		
Extremely low income <= 30% AMI	252	91	
Very low income (> 30% but <= 50% AMI)	21	7	
Low income (> 50% but < 80% AMI)	0	0	
Families with children	154	56	
Elderly families	25	9	
Families with Disabilities	35	12	
Race/ethnicity White	251	91	
Race/ethnicity Black	23	8	
Race/ethnicity American Indian/ Native Alaskan	0	0	
Race/ethnicity Asian or Pacific Islander	0	0	
Race/ethnicity Hispanic	0	0	
Race/ethnicity Other	0	0	

**Housing Needs of Families on the Waiting List**

Characteristics by Bedroom Size (Public Housing Only)			
1BR	95	35	
2BR	98	36	
3BR	69	24	
4BR	10	4	
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 re-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			

**Housing Needs of Families on the Waiting List**

Waiting list type: (select one)

- Section 8 tenant -based assistance
- Public Housing
- Combined Section 8 and Public Housing
- Public Housing Site -Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	861		
Extremely low income <=30% AMI	636	74	
Very low income (>30% but <=50% AMI)	190	22	
Low income (>50% but <80% AMI)	31	4	
Families with children	507	59	
Elderly families	41	5	
Families with Disabilities	24	3	
Race/ethnicity White	690	80	
Race/ethnicity Black	164	19	
Race/ethnicity American Indian/ Native Alaskan			
Race/ethnicity Asian or Pacific Islander	3	1	
Race/ethnicity Hispanic	630	73	
Race/ethnicity Other			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	194	23	8 months

<b>Housing Needs of Families on the Waiting List</b>			
2BR	328	38	8months
3BR	272	32	12months
4BR	64	7	24months
5BR	0	0	
5+BR	0	0	
Isthe 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 re-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

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease -uprates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease -uprates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease -uprates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

##### **Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

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

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

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

Select all that apply

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

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

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

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special -purpose voucher targeted to the elderly, should they become available
- Other: (list below)

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

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

Select all that apply

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

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

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

Select if applicable

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

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

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate at those units
- Market the 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 supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2002 grants )</b>		
a) Public Housing Operating Fund	1,866,653	Operating Expense
b) Public Housing Capital Fund	1,663,641	Modernization
c) HOPEVI Revitalization	0	
d) HOPEVI Demolition	0	
e) Annual Contributions for Section 8 Tenant -Based Assistance	4,405,861	Provider rental assistance to private market
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	0	Drug/Crime prevention
g) Resident Opportunity and Self - Sufficiency Grants	0	
h) Community Development Block Grant	0	
i) HOME	0	
Other Federal Grants (list below)		
Safe Neighborhood Grant		combat drugs and violence outside Housing Authority
CT26HAD00201	250,000	
CT26HAD00301	250,000	
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>	0	

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>3. Public Housing Dwelling Rental Income</b>		Overall Operating Expenses
<b>4. Other income (list below)</b>		
Nextel Towers	17,400	Offset Operating Expenses
Refinancing Agreement with HUD	808,432	
<b>5. Non-federal sources (list below)</b>		
<b>Total resources</b>	<b>11,128,640</b>	

### 3.PHAPoliciesGoverningEligibility,Selection,andAdmissions

[24CFRPart903.79(c)]

#### **A.PublicHousing**

Exemptions:PHAsthatdonotadministerpublichousingarenotrequiredto completesubcomponen t3A.

##### **(1)Eligibility**

a.WhendoesthePHAverifyeligibilityforadmissiontopublichousing?(selectallthatapply)

- Whenfamiliesarewithinacertainnumberofbeingofferedaunit:(statenumber)  
 Whenfamiliesare withinacertaintimeofbeingofferedaunit:(statetime)  
 Other:(describe) **Priortomoveinandatapplicationtime**

b.Whichnon -income(screening)factorsdoesthePHAusetoestablisheligibilityforadmissiontopublic housing(sel ectallthatapply)?

- CriminalorDrug -relatedactivity  
 Rentalhistory  
 Housekeeping  
 Other(describe)  
CreditHistory

c.  Yes  No:DoesthePHAreq uestcriminalrecordsfromlocallawenforcementagenciesforscreening purposes?

d.  Yes  No:DoesthePHArequestcriminalrecordsfromStatelawenforcementagenciesforscreening purposes?

e.  Yes  No:DoesthePHAaccessFBIcriminalrecordsfromtheFBIforscreeningposes?(either directlythroughanNCIC -authorizedsource)

##### **(2)WaitingListOrganization**

a.WhichmethodsdoesthePHAplantousestoorganizeit'spublicho usingwaitinglist(selectallthatapply)

- Community-widelist  
 Sub-jurisdictionallists  
 Site-basedwaitinglists  
 Other(describe)

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

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

c. If the PHA plan to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously HUD-approved site-based waiting list plan)?  
If yes, how many lists?

3.  Yes  No: May families be on more than one list simultaneously?  
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- PHA main administrative office
- All PHA development management offices
- Management offices at developments with site-based waiting lists
- At the development to which they would like to apply
- Other (list below)

**(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- One
- Two
- Three or More

b.  Yes  No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

**(4) Admissions Preferences**

a. Incometargeting:

Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admission to public housing to families at or below 30% of median area income?

b. Transfer policies:

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

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

c. Preferences

1.  Yes  No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

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

Other preferences:(select below)

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

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.

2 Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the 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. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensure 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)

- At an annual reexamination and lease renewal
- Anytime family composition changes
- At family request for revision
- Other (list)

**(6) Deconcentration and Income Mixing**

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

- a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b.  Yes  No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

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)]

**\* PHA Incentives for Higher Income Families**

The New Britain Housing Authority will offer a flat rent option as an incentive to higher income families willing to move into lower income projects. The Authority will not take any adverse action against any higher income family declining an offer by the Authority to move into a lower income project.

**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 and until completely merged into the voucher program, certificates).** -based section 8 assistance program (vouchers,

**(1) Eligibility**

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

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

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

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

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

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

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

**(2)WaitingListOrganization**

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

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

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

- PHA main administrative office
- Other (list below)
  - DSS
  - Library
  - City Hall
  - DOL

**(3)SearchTime**

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

If yes, state circumstances below:

**Applicant must provide proof of effort to secure rental history before extension is given.**

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

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

Former Federal preferences

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

Other preferences (select 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)

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 space 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.

2 Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

- Through published notices
- Other (list below)

#### **4.PHARentDeterminationPolicies**

[24CFRPart903.79(d)]

#### **A.PublicHousing**

Exemptions:PHAthatdonotadministerpublichousingarenotrequiredto completesub -component4A.

#### **(1)IncomeBasedRentPolicies**

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

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

1.  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:

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

- For the earned income of a previously unemployed household member
- For increases in earned income
- Fixed amount (other than general rent -setting policy)  
If yes, state amount/s and circumstances below:
- Fixed percentage (other than general rent -setting policy)  
If yes, state percentage/s and circumstances below:
- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

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

- Yes for all developments
- Yes but only for some developments
- No

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

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

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

- Market comparability study
- Fair market rents (FMR)
- 95<sup>th</sup> percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The "rental value" of the unit
- Other (list below)

f. Rent re-determinations:

1. Between income re-examinations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option
- Anytime the family experiences an income increase
- Anytime a family experiences an income increase above a threshold amount or \_\_\_\_\_ percentage: (if selected, specify threshold)
- Other (list below)

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

**(2) Flat Rents**

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

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

## B. Section 8 Tenant -Based Assistance

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

### (1) Payment Standards

Describe the voucher payment standards and policies .

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

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

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

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

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

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

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

- Annually
- Other (list below)

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

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

**(2) Minimum Rent**

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

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

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

**The Authority has adopted a rent -hardship policy under Section 6 -2 of its ACOP. In order for a family to qualify for a hardship exception the family's circumstances must fall into one of the following criteria:**

- 1. The family has lost its eligibility, or is awaiting eligibility determination for Federal, State or Local assistance.**
- 2. The Family would be evicted as a result of the imposition of the minimum rent requirement.**
- 3. The income of the family has decreased due to loss of employment, death in the family, or other circumstances as determined by the Authority.**

## **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.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	804	10
Section 8 Vouchers	686	5
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)	75	5
Public Housing Drug Elimination Program (PHDEP)	804	100
Other Federal Programs (list individually)		

## C.ManagementandMaintenancePolicies

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)

1. Absentee Control Policy
2. Admissions and Continued Occupancy Policy
- 2a. Admissions and Continued Occupancy - Revised Attorney's Fee
- 2b. Resident Charges for Maintenance Repairs/Damage
3. Alcohol and Drug Testing Policy
4. Blood-Borne Disease Policy
5. By-Laws—NBHA
- 5a. Labor Management Committee
6. Cash Receipt Policy
7. Change in Policy & Procedures (BOC to initiate)
8. Check Signing Authorization
9. Community Service Requirement
10. Consolidation of Existing Vacancies Policy
11. Consolidation of Social Services & Administration
12. Conversion of Public Housing
13. Criminal Records Management
14. De-concentration of poverty and income mixing
15. Designated Housing
16. Disposition Policy
17. Drug-Free Workplace Policy
18. Economic Viability Policy (State Moderate Rental)
19. Elderly-Occupancy Incentive Program
20. Employee Standard of Conduct Policy

## Policies & Procedures (Continued)

21. Equal Housing Opportunity Policy
22. Eviction Policy & Procedures
23. Family and Medical Leave Policy
24. Fixed Asset Policy
25. Funds Transfer Policy
26. Grievance Procedure Policy
27. Hazardous Materials Policy
28. Homeownership Program (Revolving Loan)
29. Indemnify Commissioner — (Protect and save harmless)
30. Investment Policy
31. Master Key Control Policy
32. Natural Disaster Response Guidelines
33. Non-Profit Organization
34. Organizational Chart -- NBHA
35. One Strike and You're Out Policy
36. Operation and Maintenance Plan
37. Overtime Policy
38. Parking Use (Authority -Wide) Policy
39. Personnel Policy
40. Pest Control Policy
41. Pet Control Policy
42. Private Use (For HAP Premises) Policy
43. Procurement Policy
44. Procurement & Analysis for Construction & Professional Services
45. Ratio of Residents --vs-- nonresidents

## **Policies&Procedures(Continued)**

- 46. RiskControlPolicy
- 48. SexualHarassmentPolicy
- 49. SexualOffendersPolicy
- 50. ShoppingCartPolicy
- 51. SmokeDetectorPolicy
- 52. SubstanceAbusePolicy
- 53. TrespassingPolicy
- 54. WarrantyInspectionPolicy

(2). Section 8 Management: (list below)

47. Section 8 Administrative Plan

## 6. PHAGrievanceProcedures

[24CFRPart903.79(f)]

Exemptionsfromcomponent6:HighperformingPHAsarenotrequiredtocompletecomponent6.Section8  
fromsub -component6A.

-OnlyPHAsareexempt

### A. PublicHousing

1.  Yes  No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24CFRPart966, Subpart B, for residents of public housing?

If yes, list addition to federal requirements below:

2. Which PHA offices should residents or applicant to public housing contact to initiate the PHA grievance process? (select all that apply)

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

### B. Section 8 Tenant -Based Assistance

1.  Yes  No: Has the PHA established informal review procedures for applicants to the Section 8 tenant based assistance program and informal hearing procedures for families assisted by the Section 8 tenant -based assistance program in addition to federal requirements found at 24CFR982?

If yes, list addition to federal requirements below:

2. Which PHA offices should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- PHA main administrative office  
 Other (list below)

## **7. Capital Improvement Needs**

[24CFR Part 903.79(g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

### **A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

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

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD -52837.

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) ct005a02

-or-

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

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

b. If yes to question a, select one:

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

-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 there)

**B. HOPEVI and Public Housing Development and Replacement Activities (Non -Capital Fund)**

Applicability of sub -component 7B: All PHAs administering public housing. Identify any approved HOPEVI 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 HOPEVI 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 HOPEVI 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 HOPEVI 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: ( ) _____	
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. Families with Disabilities or Elderly Families and Families with Disabilities

[24CFR Part 903.79(i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1.  Yes  No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

### 2. Activity Description

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

Designation of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Designation type:	
Occupancy by only the elderly	<input type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	(DD/MM/YY)
5. If approved, will this designation constitute a (select one)	
<input type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously approved Designation Plan?	
6. Number of units affected:	
7. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	

## **10. Conversion of Public Housing to Tenant -Based Assistance**

[24CFR Part 903.79(j)]

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

### **CONVERSION OF PUBLIC HOUSING**

#### **A. Assessment of Reasonable Revitalization Pursuant to Section 202 of the HUD FY 1996 HUD Appropriations Act**

1.  Yes  No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete 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.

<b>Conversion of Public Housing Activity Description</b>
1a. Development name: 1b. Development (project) number:
2. What is the status of this project here 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.HomeownershipProgramsAdministeredbythePHA

[24CFRPart903.79(k)]

### **A.PublicHousing**

Exemptionsfrom Component11A:Section8onlyPHAsarenotrequiredtocomplete11A.

1.  Yes  No: DoesthePHAadministeranyhomeownershipprogramsadministeredbythePHAunder anapprovedsection5(h)homeownershipprogram(42U.S.C.1437c(h)),oranapproved HOPEIprogram(42U.S.C.1437aaa)orhasthePHAappliedorplantoapplyto administeranyhomeownershipprogramsundersection5(h),theHOPEIprogram,or section32oftheU.S.HousingActof1937(42U.S.C.1437z-4). (If“No”,skipto component11B;if“yes”,completeoneactivitydescriptionforeachapplicable program/plan,unlesseligibletocompleteastreamlinedsubmissiondueto **smallPHA** or **highperformingPHA** status.PHAscompletingstreamlinedsubmissionsmay skipto component11B.)

2.ActivityDescription

Yes  No: HasthePHAprovidedallrequiredactivitydescriptioninformationforthiscomponentin the **optional**PublicHousingAssetManagementTable?(If“yes”,skipto component12. If“No”,completetheActivityDescriptiontablebelow.)

<b>PublicHousingHomeownershipActivityDescription (Completeoneforeachdevelopmentaffected)</b>
1a.Developmentname: 1b.Development(project)number:
2.FederalProgramauthority : <input type="checkbox"/> HOPEI <input type="checkbox"/> 5(h) <input type="checkbox"/> TurnkeyIII <input type="checkbox"/> Section32oftheUSHAof1937(effective10/1/99)
3.Applicationstatus:(selectone) <input type="checkbox"/> Approved;includedinthePHA’sHomeownershipPlan/Program <input type="checkbox"/> Submitted,pendingapproval <input type="checkbox"/> Plannedapplication
4.DateHomeownershipPlan/Programapproved,submitted,orplannedforsubmission: (DD/MM/YYYY)
5. Numberofunitsaffected: 6.Coverageofaction:(selectone) <input type="checkbox"/> Partofthedevelopment <input type="checkbox"/> Totaldevelopment

**B. Section 8 Tenant Based Assistance**

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

2. Program Description:

a. Size of Program

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

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

- 25 or fewer participants
- 26 -50 participants
- 51 to 100 participants
- more than 100 participants

b. PHA established eligibility criteria

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

## **12. PHA Community Service and Self -sufficiency Programs**

[24CFR Part 903.79(l)]

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

### **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 support 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 home ownership option participation
- Preference/eligibility for section 8 home ownership option participation
- Other policies (list below)

b. Economic and Social Self-Sufficiency Programs

Yes  No: Does the PHA coordinate, promote or provide any programs 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.)

**Services and Programs**

Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office/ PHA main office/ other provider name)	Eligibility (public housing or section 8 participants or both)
Homework Program	Available To All	PHDEP	Resident Councils	Public Housing/ Section 8
Computer Learning Centers	Available To All	FLR	Resident Councils	Public Housing/ Section 8
Scholarship Program	Available To All	Fund Raising	Community Affairs	Public Housing/ Section 8
Summer Camp	Available To All	PHDEP	Community Affairs	Public Housing/ Section 8
Safe Option Summer	Available To All	PHDEP	Community Affairs	Public Housing/ Section 8
Shoot for the Stars Scholarship Program	Available To All	Fund Raising	Community Affairs	Public Housing/ Section 8
Athletic Sports Program during summer	Available To All	PHDEP	Community Affairs	Public Housing/ Section 8
Arts and Adventure Program	Available To All	PHDEP	Community Affairs	Public Housing/ Section 8
Homeownership Program	Available To All	Revolving Loan	Community Affairs	Public Housing/ Section 8
TRAIDE Program for Seniors	Available To All	Fund Raising	Community Affairs	Public Housing/ Section 8
Holiday Baskets	Available To All	Donations	Community Affairs	Public Housing/ Section 8
Elderly Clinical Services	Available To All	Operations	Community Affairs	Public Housing/ Section 8
File of Life Program	Available To All	Operations	Community Affairs	Public Housing/ Section 8

ProgramName&Description (includinglocation,ifappropriate)	ProgramName &Description (including location,if appropriate)	ProgramName& Description (includinglocation, ifappropriate)	ProgramName& Description(including location,if appropriate)	ProgramName& Description(including location,ifappropriate)
ResidentServices	AvailableTo All	Operations	Community Affairs	PublicHousing/ Section8
VictimAssistanceProgram	AvailableTo All	Operations	Community Affairs	PublicHousing/ Section8
DomesticViolenceProgram	AvailableTo All	Operations	Community Affairs	PublicHousing/ Section8
ChristmasInApril Volunteers	AvailableTo All	Donations	Community Affairs	PublicHousing/ Section8
FieldTrips	AvailableTo All	Donations	Community Affairs	PublicHousing/ Section8
CommunityService VolunteerProgr am	AvailableTo All	Donations	Community Affairs	PublicHousing/ Section8

**(2) Family Self Sufficiency program/s**

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

b.  Yes  No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plan to take to achieve at least the minimum program size?  
If no, list steps the PHA will take below:

**C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the \_\_\_\_\_ e U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- Adopting appropriate changes to the PHA's public housing rent determination policies and training staff to carry out those policies
- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.
- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

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

**Housing Authority of  
the City of  
New Britain  
Community Service  
Requirement  
Policy**

# COMMUNITY SERVICE REQUIREMENT POLICY

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# COMMUNITY SERVICE REQUIREMENT POLICY

## Section I: Introduction

- A. The purpose of this document is to establish the New Britain Housing Authority's (herein called the Authority) policy and procedures for the U.S. Department of Housing and Urban Development's (HUD) requirement that residents of federally assisted public housing undertake eight (8) hours of community service a month. The policy establishes the Authority's rules governing how the Community Service Requirement will be implemented.
- B. The policy contained herein adheres to the mandate for community service as outlined in both the "Quality Housing Work Responsibility Act of 1998" (Act) and HUD issued regulation 24 CFR Parts 5, 880 "Changes to Admission and Continued Occupancy Requirements in the Public Housing and Section 8 Housing Assistance Programs; Final Rule" published March 29, 2000.

## Section II: Mission Statement

- A. The Authority believes that the HUD mandated requirement for community service be in line with the Authority's stated mission statement as listed below:

*"The Housing Authority of the City of New Britain is a public agency committed to improving both the social and material well-being of its residents. Our overriding mission is to provide decent, safe and sanitary housing to all eligible residents of the City of New Britain.*

*The Authority is an organization that believes its residents should be part of the surrounding community, which includes their employment, homeownership, education and social activities*

- B. Through community service the Authority hopes that its residents will be able to improve not only their lives, but also improve the surrounding community in the process.

**Section III: General Statement**

- A. It is the intent of the Authority to abide by both the new Federal laws and regulations as set forth by the Department of Housing and Urban Development (HUD) as it relates to the requirement that adult eligible residents of federally assisted public housing undertake eight (8) hours of community service per month.
- B. Eligible Adult residents that reside in any of the Authority's federally assisted public housing programs will be required to adhere to the Authority's Community Service Requirement Policy.

**Section IV: Federal Laws & Regulations**

- A. The "***Quality Housing Work Responsibility Act of 1998***" (Act) and HUD issued regulation 24 CFR Parts 5.880 "***Changes to Admission and Continued Occupancy Requirements in the Public Housing and Section 8 Housing Assistance Programs; Final Rule***" published March 29, 2000, which outline the laws and regulations that local federal public housing authorities must adhere to when complying with the community service requirement
- B. The Act under ***Subtitle A - General Provisions Section 512 Community Service and Family Self - Sufficiency requirements*** outlines the federal law concerning community service.
- C. This policy adheres to all Federal laws, regulations and mandates concerning community service requirements. All disputes relating to the implementation and/or interpretation of this policy will be settled by referring to all Federal laws, regulations and mandates concerning community service requirements.

**Section V Community Service Defined**

- A. As stated in the Act, community service is defined as the performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance residents' self-sufficiency, or increase residents' self-responsibility in the community.
- B. Political activities are not considered community service, as stated in the Act and its accompanying HUD issued regulations.
- C. Community service must be undertaken in the municipality where the public housing agency is located as stated in the Act and its accompanying HUD issued regulations.
- D. The Authority (or a contacted third party) will make the final determination (before the resident undertakes the activity) as to which activity is an acceptable community service as mandated under this policy.

**Section VI: Community Service Requirement**

- A. The community service requirement is defined as eight (8) hours per month of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance residents' self-sufficiency, or increase residents' self-responsibility in the community.
- B. As mandated by the Act and its accompanying HUD regulation, every adult (non-exempt) resident of federally assisted public housing must participate.
- C. Any resident declared to have to participate in community service has the right to challenge such a ruling through the Authority's grievance process.

**Section VII: General Requirements**

- A. Except for family members who are exempt from this policy, each **ADULT** member of a federally assisted public housing program must undertake the following:
  - 1. Contribute eight (8) hours per month of community service; or
  - 2. Participate in an economic self-sufficiency program for at least eight (8) hours per month; or
  - 3. Perform eight (8) hours of combined activities as listed in one and two above.
- B. An adult is defined as someone that has reached the age of eighteen (18) years of age.
- C. The Authority may allow a resident to complete more than (8) hours of community service in a month in order to use the extra hours for another month. Before a resident undertakes this they must have prior approval in writing from the Authority (or a contracting third party if applicable).

**Section VIII: Exempted Individuals From This Policy**

- A. The following individuals are exempted from the Authority's Community Service Requirement policy
1. Residents sixty-two (62) years of age and older.
  2. A **blind or disabled** individual, as defined under the Social Security Act, who has certification that states that the person is unable to comply with the service requirement provisions because of the disability; or the primary caretaker of such an individual.
  3. Residents that are employed.
  4. Residents that are exempt from having to engage in work activity under the State funded under part A of title IV of the Social Security program Act, or under any other welfare program of the State in which the public housing agency is located, including State administered welfare-to-work program.
  5. Any member of a family that:
    - a) Is receiving assistance, benefits, or services under a State program funded under part A of title IV of the Social Security Act or under any other welfare program of the State in which the public housing agency is located, including State administered welfare-to-work programs, and;
    - b) Has not been found by the State or other administering entity to be in non-compliance with such a program.

The "Quality Housing Work Responsibility Act mandates the exceptions listed above of 1998" (Act) and HUD issued regulation 24 CFR Parts 5, 880 "Changes to Admission and Continued Occupancy Requirements in the Public **Housing and Section 8 Housing Assistance Programs; Final Rule**" published March 29, 2000.

- B. Authority residents that reside in a **STATE assisted public** housing program are automatically exempt from the Authority's Community Service Requirement policy.
- C. If a resident claims exemption under a welfare program, the Authority (or contracting third party) must verify such exemption with the applicable Welfare Agency that the person is complying with a work activities requirement. Work Activities are defined under the Social Security Act. Such verification can be that the family member is receiving assistance under the TANF program without sanction for non-compliance with the work activity requirement.

**Section IX: Employment Status of Resident & Authority and/or Community  
Service Provider**

The Act and its accompanying HUD mandated regulations do not create or contemplate an employer/employee relationship between the Authority and the resident performing community service or other community service provider.

**Section X: Persons With Disabilities & This Policy**

- A. While both the Act and its accompanying HUD mandated regulations exempt persons with disabilities from adhering to this policy, it is not an automatic exemption (See Section VIII of this policy). Residents claiming that they cannot adhere to this policy must provide the Authority with the necessary documentation.
- B. The Authority cannot exempt those individuals that claim a disability who are not yet officially classified as such, because such documentation is required in both the Act and its accompanying HUD mandated regulations.
- C. The Authority encourages those residents, who can, to comply with this policy, as working with the community will benefit not only the surrounding neighborhood but also the residents themselves,

**Section XI: Implementation Date of This Policy**

This policy will be implemented starting with the beginning of the Authority 2001 fiscal year (January 1, 2001) as mandated by RUD regulations.

**Section XII: Resident Council Involvement**

- A. The Authority encourages its Resident Council to participate in the adherence of this policy. Resident Councils can present suggestions for community service activities.
- B. Voluntary work performed for a duly constituted Authority Resident Council will be considered as meeting the community service requirement as outlined in this policy.

**Section XIII: Admissions and Policy Compliance**

- A. To ensure that non -exempt residents are adhering to the Community Service Requirement Policy the following internal procedures shall be implemented:
1. Upon registering with the Authority the leaseholder and ALL family member eighteen years of age and older will receive a copy of this policy and sign the *Community Service Requirement Agreement Form* (See Appendix A) that indicates that they (1) have received a copy of the policy; (2) understand the policy; (3) will comply with the policy and; (4) understand that they could be evicted if they do not comply with the policy.
  2. Upon registering with the Authority the leaseholder and all family member eighteen (18) years of age and older will receive information on how they can claim exemption status this policy. This will be documented in the Community Service Requirement Exemption Form.
  3. The Authority will review family compliance with this policy and verify such compliance annually at least thirty (30) days before the end of the twelve (12) month lease term. If qualifying activities are administered by an outside organization, other than the Authority, the Authority shall obtain verification of family compliance from such third parties.
  4. Documentation of community service and/or exemption status will be retained in the tenant files.

**Section XIV: Administration Of This Policy**

- A. The Authority reserves the right to determine the best method of implementing its Community Service Requirement Policy. Implementation can take the three following forms:
1. Direct Authority implementation:
  2. Third party contractor: or
  3. Partnerships with qualified organizations; including resident organizations and community agencies or institutions
- B. The Authority will issue internal directives and plans in order to successfully implement this policy.
- C. If the Authority contracts with the local Welfare Agency for third party implementation of this policy it will be stated in the contract that the Welfare Agency will provide the Authority the welfare status of the resident.

**Section XV: Assuring Resident Compliance**

- A. The Authority will document on a monthly basis what the non -exempt family member's activities were for any given month.
- B. If the Authority contracts with an outside -qualified party to implement this policy the third party contractor must keep on file what the family member has performed for each month of qualifying activities. The third party will have to provide a signed authorization that the family member has performed such qualifying activities, This must be done on a monthly and annual basis.

C. Thirty(30)daysbeforetheendofeachnon -exemptleaseholdersannuallease -up,theAuthorityorthirdpartycontractorwill provideareportsummarizingtheadherencetothispolicy.Thisdocumentwillincl ude the following but not limited to:

1. Numberofactivities
2. Totalhoursbrokendownpermonth
3. Typesofactivities
4. Numberofmonthsthepolicywasnotadheredto
5. Reasons given for failure to comply
6. Anyproblemsassociatedwithcompliance oracutelyundertakingofactivities

**SectionXVI:FailureToComplyWithThisPolicy**

A. IftheAuthorityoritsthirdpartycontractordeterminesthatanon -exemptfamilymemberisnotcomplyingwiththe communityservicerequirement,thena **FailuretoComplywiththe Community ServiceRequirement** noticewillbesentby bothcertifiedandregularmail.Thisnoticewillcontainthefollowing:

1. Adescriptionofnon -compliance.
2. A statementthattheAuthoritywillnotrenewtheleaseatthe endofthetwelve

(12)monthleaseunless:

- AfamilymemberentersintoawrittenagreementwiththeAuthoritytocuresuchnonnon -compliance;or
- AfamilyprovideswrittendocumentationthatissatisfactorytotheAuthorit ythatstatesthattheresidentis non compliance no longer lives at that dwelling unit.

3. Astatementthatthefamilymembermayrequestagrievancehearingandthatthetenantmayexercisehis/hertights toseektimelyredressfortheAu thority'snon -renewaloftheleasefromanyavailablejudicialsource.

B. Ifany member of a non -exempt dwelling unit has violated the Authority's Community Service Requirement, the Authority wall not renew their lease This will not apply if all other non -exempt family members are currently complying with the communityservicerequirement.

C. The non-compliant family member who wishes to regain compliance must enter into a written agreement with the Authority (and if applicable with the contracting third p arty) to cure such non -compliance. The cure could include completing additional hours of community service or economic self -sufficiency activity to make up the hours needed over the twelve - month term of the new lease.

**Section XVII: Evictions & This Policy**

- A. As mandated by HUD regulations, a family member cannot face eviction during their lease for non-compliance with the Authority's Community Service Requirement policy.
- B. The Authority can begin eviction proceedings for non-compliance of its Community Service Requirement policy after the family members annual recertification if it is determined, as outlined in this policy, that they are in non-compliance with this policy and that the family members will not take steps to cure the non-compliance.
  - C. If the Authority undertakes eviction proceedings it will follow its normal eviction policy and procedures.

**Section XVIII: Prohibition Against Replacement Workers**

Exclusive of any agreement the Authority may have with its collective bargaining units, the Authority may not substitute community services or self-sufficiency activities performed by residents for work ordinarily performed by Authority collective bargaining employees, or replace a job at any location where residents perform activities to satisfy the service agreement.

### **13.PHASafetyandCrimePreventionMeasures**

[24CFRPart903.79(m)]

ExemptionsfromComponent13:HighperformingandsmallPHAsnotparticipatinginPHDEPandSection8OnlyPHAsmay tocomponent15.HighPerformingandsmallPHAs thatareparticipatinginPHDEP andaresubmittingaPHDEPPlanwiththis PHAPlanmayskiptosub -componentD.

skip

#### **A.Needformeasurestoensurethesafetyofpublichousingresidents**

1.Describethe needformeasurestoensurethesafetyofpublichousingresidents(selectallthatapply)

- Highincidenceofviolentand/or drug -relatedcrimeinsomeorallofthePHA'sdevelopments
- Highincidenceofviolentand/or drug-relatedcrimeintheareassurroundingoradjacenttothePHA's developments
- Residentsfearfulfortheirsafetyand/orthesafetyoftheirchildren
- Observedlower -levelcrime,vandalismand/orgraffiti
- Peopleonwaitinglistunwillingtomoveintooneormoredevelopmentsduetoperceivedand/oractual levelsofviolentand/or drug -relatedcrime
- Other(describellow)

2.WhatinformationordatadidthePHAusedtodeterminethe needforPHAactionstoimprovesafetyof residents(selectallthatapply).

- Safetyandsecuritysurveyofresidents
- Analysisofcrimestatisticsovertimeforcrimescommitted“inandaround”publichousingauthority
- Analysisofcosttrendsovertimeforrepairofvandalismandremovalofgraffiti
- Residentreports
- PHAemployeereports
- Policereports
- Demonstrable,quantifiablesucce sswithpreviousorongoinganticrime/antidrugprograms
- Other(describellow)

3.Whichdevelopmentsaremostaffected?(listbelow)

**MountPleasant**

**OvalGrove**

**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)

**Mount Pleasant**  
**Oval Grove**

**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)

**Mount Pleasant**  
**Oval Grove**

**D. Additional information as required by PHDEP/PHDEP Plan**

PHA eligible for FY2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY2003 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: ct005a09.

**14. RESERVED FOR PET POLICY**

[24CFR Part 903.79(n)]

# HOUSING AUTHORITY OF THE CITY OF NEW BRITAIN PET CONTROL POLICY



# **PET CONTROL POLICY**

**[24CFR5.309]**

## **A. GENERAL STATEMENT:**

The purpose of this policy is to establish the Authority's policy and procedures for the ownership of pets. Residents of the Authority will be allowed to maintain the reasonable ownership of certain types of pets under the policies and regulations contained herein. It also establishes reasonable rules governing the keeping of common household pets.

It is also intended to discourage the unlawful introduction of those pets, herein outlined, which are dangerous or vicious and which otherwise are deemed a menace to our Community.

The Authority believes that through vigorous oversight, a sense of responsibility and community involvement will enable this Policy to be implemented successfully.

## **B. QUALITY HOUSING & WORK RESPONSIBILITY ACT OF 1998 (ACT)**

The regulations and policies of the Authority's Pet Control Policy is in accordance with the Act's pet ownership provisions.

**1. ACT's Pet Provisions:** Below is the Act's provisions concerning pet ownership in public housing:

### **SEC. 526. PET OWNERSHIP**

Title I of the United States Housing Act of 1937 (42 U.S.C. 1437 et seq.), as amended by the preceding provisions of this Act, is further amended by adding at the end the following section:

### **SEC. 31. PET OWNERSHIP IN PUBLIC HOUSING, and Section \*Housing**

(a) **OWNERSHIP CONDITIONS** .— A resident of a dwelling unit in public housing (as such term is defined in sub section (c)) may own 1 or more common household pets or have 1 or more common household pets present in the dwelling unit of such resident, subject to the reasonable requirements of the public housing agency, if the resident maintains each responsibly and in accordance with applicable State and local public health, animal control, and animal anti-cruelty laws and regulations and with the policies established in the public housing agency plan.

(b) **REASONABLE REQUIREMENTS** . — The Reasonable requirements referred to in subsection (a) may include —

(1) Requiring payment of a nominal fee, a pet deposit, or both, by residents owning or having pets present, to cover the reasonable operating costs to the project relating to the presence of pets present, to cover the reasonable operating costs to the project relating to the presence of pets and to establish an escrow account for additional costs not otherwise covered, respectively:

(2) Limitation on the number of animals in a unit, based on unit size;

(3) Prohibition on —

(a) types of animals that are classified as dangerous;

(b) Individual animals, based on certain factors, including the size and weight of the animal; and

(4) Restrictions or prohibitions based on size and type of building or project, or other relevant conditions.

(c) ) **PET OWNERSHIP IN PUBLIC HOUSING DESIGNATED FOR OCCUPANCY BY ELDERLY OR HANDICAPPED FAMILIES** —

For purpose of this section, the term “public housing” as the meaning given the term in section 3(b), except that such term does not include any public housing that is federally assisted rental housing for the elderly or handicapped, as such term is defined in section 227(d) of the Housing and Urban — Recovery Act of 1983 (12 U.S.C. 1701r — 1(d).

(d) **REGULATIONS** —

This section shall take effect upon the date of the effectiveness of regulations issued by the Secretary of HUD to carry out this section. Such regulations shall be issued after notice and opportunity for public comment in accordance with the procedure under section 553 of title 5, United States Code, applicable to substantive rules (notwithstanding subsections (a)(2), (b)(B), and (d)(3) of such section)

## **C. DEFINITION OF A COMMON HOUSEHOLD PET**

A Common Household Pet ( **CHOP**) is defined as any domesticated dog, cat, bird, rodent, turtle and fish. (Fish aquariums must be approved by the Authority and not be over ten (10) gallons and cannot be used for commercial purposes.)

**D. SPAYING AND NEUTERING OF COMMON HOUSEHOLD PETS**

All CHOPs (except fish and turtles) **must be spayed or neutered** before the pet can be registered with the Authority.

**E. ANIMALS THAT ASSIST THE HANDICAPPED/DISABLED**

The provisions of the Authority PCP shall not be applied in a manner which would prohibit seeing/hearing dogs used to assist a disabled or handicapped person. The Authority of the City of Authority is committed to improving the lives of its handicapped or disabled residents through the PCP. The following qualifications must be met in order for a resident to fall under the Handicap/Disabled provisions of the PCP:

**Article 1. Verification of Handicapped/Disabled Exemptions** : To qualify for this exemption, an acceptable verification establishing the disability (blind/deaf) must be provided.

**Article 2. Verification of Pet/Animal Training** : All residents utilizing the PCP Handicapped/Disabled exemption must provide written verification in the form of a training certificate that the animal has been trained to assist a person with that specific handicap.

**Article 3. Pet Assists Person with Handicap/Disability**: For a resident to be allowed a pet under the Handicap/Disabled Exemption of PCP the pet/animal must actually assist that person with the Handicap/Disability.

**F. NUMBER OF COMMON HOUSEHOLD PETS PER RESIDENCY**

Only one (1) Common Household Pet (CHOP) will be allowed per unit. (Fish are excluded from this provision)

**G. ABIDING BY FEDERAL, STATE, AND MUNICIPAL LAWS AND ORDINANCES**

All residents must abide by all applicable Federal, State and Municipal laws and ordinances concerning the care/treatment of animals.

## **H. TYPES OF ALLOWABLE PETS**

The following lists the types of pets allowed under the Authority's PCP. (The Authority reserves the right to use discretion in the allowable weight and height of each pet)

**Article 1.** Dogs and Cats must not weigh over **40** pounds each when fully grown. The pet owner must be able to carry his/her pet.

**Article 2.** Only pets with a gentle disposition will be allowed.

**Article 3.** No dog shall be more than **20** inches in height at the shoulder at maturity.

## **I. PETS NOT ALLOWED**

The following lists the types of pets not allowed to reside within the Authority's residential units.

**Article 1.** Vicious or dangerous pets such as, but not limited to: Pit Bulls, Doberman Pinchers, German Shepherds, Huskies, Rotweillers, Chow Chows, poisonous reptiles and arachnids.

**Article 2.** Pets over the weight and/or height limits.

**Article 3.** Only birds that can be held in a reasonable sized cage (as determined by the Authority) will be allowed. Farm animals and fowl are prohibited under any circumstances.

## **J. CONDUCT OF PETS**

The Authority reserves the right to require the removal of a pet if the conductor condition is determined under the provisions of State and/or local law, in the discretion of the Authority to constitute a nuisance and/or threat to other residents, staff and the general public.

## **K. DESIGNATION OF PET/NO -PET TYPE OF PET AREAS**

The Authority reserves the right to designate buildings, floors of buildings, or sections of buildings as pet and no -pet areas. Authority management may direct such initial moves as may be necessary to establish pet and no pet areas. The Authority will post signs and send notice to the residents concerning the designated pet/no pet areas.

**Article 1.** The Authority can establish what type or breed of pets are allowed in the pet areas.

**Article 2.** No dogs of any type size or breed are allowed in the Authority's high -rise buildings.

## **L. INSPECTIONS**

The Authority can conduct inspections of units under the following articles:

**Article 1.** The Authority may enter and inspect the unit and premises, after reasonable notice during reasonable hours for compliance with the PCP and other lease obligations.

**Article 2.** The Authority may also enter and inspect the unit if a written complaint is received alleging that the conduct or condition of the pet in the unit constitutes a nuisance or threat to the health and/or safety of the other occupants or other persons in the community.

## **M. RESPONSIBLE PARTIES**

The resident/pet owner will be required to designate at least one responsible party for the care of the pet if the health or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet.

## **N. PET CARE & CONDUCT REGULATIONS**

The Authority reserves the right to establish Pet Care and Conduct Regulations (PCCR). PCCR's are established in order to maintain a high quality of life for all of the residents and to ensure the safety of the staff and general public.

**Article 1.** No pet (excluding fish) will be left unattended in any unit for a period of fourteen (14) hours.

**Article 2.** All residents/pet owners shall be responsible for adequate care, nutrition, exercise and medical attention of his/her pet.

**Article 3.** Residents/pet owner must recognize that the other residents may be chemically sensitive or have allergies related to pets or may be easily frightened or disoriented by animals.

**Article 4.** Birds, rodents, and turtles must be caged at all times.

**Article 5.** Dogs and cats shall remain inside the resident's unit. No animals shall be permitted to be loose in hallways, lobby areas, Laundromats, yards, community rooms or other common areas.

**Article 6.** When taken outside, dogs and cats must be kept on a leash at all times and controlled by an adult. Roaming of dogs and cats is strictly prohibited in all Authority developments.

**Article 7.** Residents shall not allow their pet to disturb, interfere or diminish the peaceful enjoyment of other residents. The terms "disturb, diminish and interfere" shall include, without limitation, barking, urinating in hallways, common areas or doorways, howling, chirping, biting, scratching; producing an odor that infringes on other peaceful enjoyment and other like activities.

**Article 8.** Residents must provide litter boxes for cat waste, which must be kept in the dwelling unit. Residents shall neither allow refuse from litter boxes to accumulate nor to become unsightly or unsanitary.

**Article 9.** Residents/pet owners are solely responsible for cleaning up pet droppings, if any, outside the unit and/or on the development grounds. Droppings must be disposed of by being placed in a sack and then placed in a NBHA container outside the development building.

**Article 10.** If pets are left for more than fourteen (14) hours unattended the Authority may enter the dwelling unit, remove the pet and transfer it to the proper authorities. NBHA accepts no responsibility for the animal under such circumstances and the resident will be responsible for any costs that the Authority incurs as a result of the removal of such pet.

**Article 11.** Residents are prohibited from feeding or harboring stray animals. The feeding of stray animals shall consist of having a pet without written permission by the Authority.

**Article 12.** Pets not owned or registered by the resident with The Authority shall not be kept by the resident for any length of time or under any circumstances.

**Article 13.** No pet under any circumstance shall be left chained or leashed to Authority property outside the unit regardless of whether resident/pet owner is present. **Article 14.** All leashes shall not exceed six (6) feet in length, furthermore, the use of quick release leashes are forbidden.

**Article 15.** Pets/animals not owned by the resident shall not be kept on a temporary basis for any length of time or under any circumstance.

## • **LICENSING, INSURANCE, & REGISTRATION OF PETS**

The Authority reserves the right to establish reasonable guidelines for the registration and licensing of pet on Authority property. Furthermore, copies of documents including but not limited to: Licensing, registration, Insurance and training must be provided to the Authority at time of pet registration.

**Article 1.** Prior written Authority approval, evidenced by a signed lease addendum must be obtained prior to a resident owning or keeping a CHOP in a dwelling unit. (See Occupancy Lease)

**Article 2.** All residents/pet owners must register their pet with the City of New Britain prior to bringing such pet to the Authority.

**Article 3.** Residents must show written proof - at the time the pet is registered - from a licensed veterinarian of annual rabies, distemper, and all other inoculations required by state and local law and that the animal has been spayed or neutered.

**Article 4.** All pets maintained by the residents must be registered with the Authority. This will include photos of dogs or cats.

**Article 5.** All residents/pet owners will be required to have appropriate insurance to cover unanticipated costs of their pet.

**Article 6.** All registered canine owners must have appropriate insurance that covers at a minimum \$6,000 in property damage and \$100,000 in general liability. In addition, the Authority must be named as the additional insurer in order for the Authority to be notified if the insurance is canceled. Proof of insurance must be provided at time of pet registration.

• **PET FEES AND CHARGES**

The Authority reserves the right to establish reasonable fees and charges (in accordance with federal, state and municipal laws and ordinances) in order to enforce the PCP.

**Article 1. Annual Pet Fee:** When the resident undergoes their Annual Income Verification they must pay an annual pet fee of \$35.00.

**Article 2. Verification of Canine Training:** If the owner of a canine can show verification of a AKA sanctioned canine training class then the \$35.00 Annual Pet Fee will be reduced to \$20.00

**Article 3. Pet Deposit:** All residents/pet owners must pay a one time refundable Pet Deposit (PD). The PD shall pay for reasonable expenses directly attributed to the presence of the pet in the unit/development, including, but not limited to, the cost of repairs, replacement, fumigation of the unit; etc. The PD for dogs is \$80.00 and \$50.00 for cats. All other pets require a PD of \$40.00. The PD will be put into an interest bearing escrow account and be refunded, reduced by the amount of damage, if any, to the premises caused by the pet, to the resident upon his/her termination of residency or when the pet is removed.

**Article 4. Pet Registration Charge:** All residents registering a pet for the first time must pay a one time Pet Registration Charge of approximately \$15.00.

**Article 5. Pet Waste Removal Charge (PWRC):** Residents/pet owners that do not pick up their pet's droppings will be fined a PWRC of approximately \$5.00 per occurrence.

**Article 6. Violation of PCP Charges:** The Authority shall establish a schedule for fees and/or charges to be assessed against the resident/pet owner who violates the Authority's PCP. These charges and reasonable expenses directly attributable to the presence of the pet in the developments shall be deducted from the security deposit or charged to the pet owner if such charges exceed the pet deposit.

**Article 7. Other Fees and Charges:** The resident shall pay for the costs of repairs, any and all damages caused by the pet to the buildings, grounds, flooring, trim, finish, tiles, carpeting and other appurtenances. If damage is in the nature of stains or chemicals requiring the removal of stains and such damage cannot be restored to the original condition, residents shall pay the full cost and expense of replacing the item.

**Article 8. Additional Fees and Charges:** The owner of the pet (CHOP) is responsible for any attacks, bites, intimidation, barking or any adverse action that would disturb other persons and/or residents peaceful enjoyment of their accommodations and will be conducive to maintaining the development in a decent, safe and sanitary condition. The Housing Authority of the City of New Britain will be held harmless and its officers, agents, and employees from the against all claims, damages, losses and expenses, including but not limited to.

• **NOTICE FOR PET REMOVAL AND TERMINATION OF TENANCY**

If the resident/pet owner and the Authority are unable to resolve a violation of the PCP or the pet owner fails to correct the violation within ten (10) days, or such time as allowed by Federal and/or State law or fails to make a written request for a meeting to discuss the violation, the Authority may serve a notice to remove the pet and/or terminate resident's tenancy.

**The notices shall contain:**

1. A brief statement of the factual basis for the Authority's determination of the PCP rule that has been violated.
2. The requirements that the resident/pet owner must remove the pet within ten (10) days, or such time as allowed by Federal and/or State law, of the effective date of the notice of pet removal.
3. The Pet's owner failure to correct the violation, to request a meeting or to appear at the requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.

## **15. Civil Rights Certifications**

[24CFR Part 903.79(o)]

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

ansand

## **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 the result of a audit?
4.  Yes  No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? 6
5.  Yes  No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17.PHAAssetManagement**

[24CFRPart903.79(q)]

Exemptionsfromcomponent17:Section8OnlyPHAsarenotrequiredto completethiscomponent.Highperforming andsmall PHAsarenotrequiredto completethiscomponent.

1.  Yes  No: IsthePHAengaginginanyactivities thatwillcontribute tothelong -termasset managementofitspublichousingstock,includinghowtheAgency willplanforlong - termoperating,capitalinvestment,rehabilitation,modernization,disposition,andother needsthat have **not**beenaddressedelsewhereinthisPHAPlan?
2. WhattypesofassetmanagementactivitieswillthePHAundertake?(selectallthat apply)
- Notapplicable
  - Privatemanagement
  - Development-basedaccounting
  - Comprehensivestockassessment
  - Other:(listbelow)
3.  Yes  No: HasthePHAincludeddescriptions ofassetmanagementactivitiesinthe **optionalPublic** HousingAssetManagementTable?

## **18. Other Information**

[24CFR Part 903.79(r)]

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

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

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

Attached as Attachment (File name) ct005a10

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)

1. **Reviewed previous 5 Year Plan for 2002 in detail ensuring that all current procedures are reflected in the new 5 Year plan for 2003.**

2. **Made changes to plan as documented during the procedure review process.**

3. **Reviewed previous 5 Year Plan for 2002 in detail ensuring that all policies are reflected in the new 5 Year plan for 2003.**

4. **Made changes to plan as documented during the policy review process.**

5. **Added new procedures and policies based on staff and resident input.**

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

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

2.  Yes  No: Was there a resident who serves on the PHA Board elected by her 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)

**Elected by the mayor of the City of New Britain.**

### 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: ( **City of New Britain** )

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: (list below)

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

**D. Other Information Required by HUD**

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

**Attachments**

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

# 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 Non-dwelling Structures	
13	1475 Non-dwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2 - 19)</b>	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

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

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

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

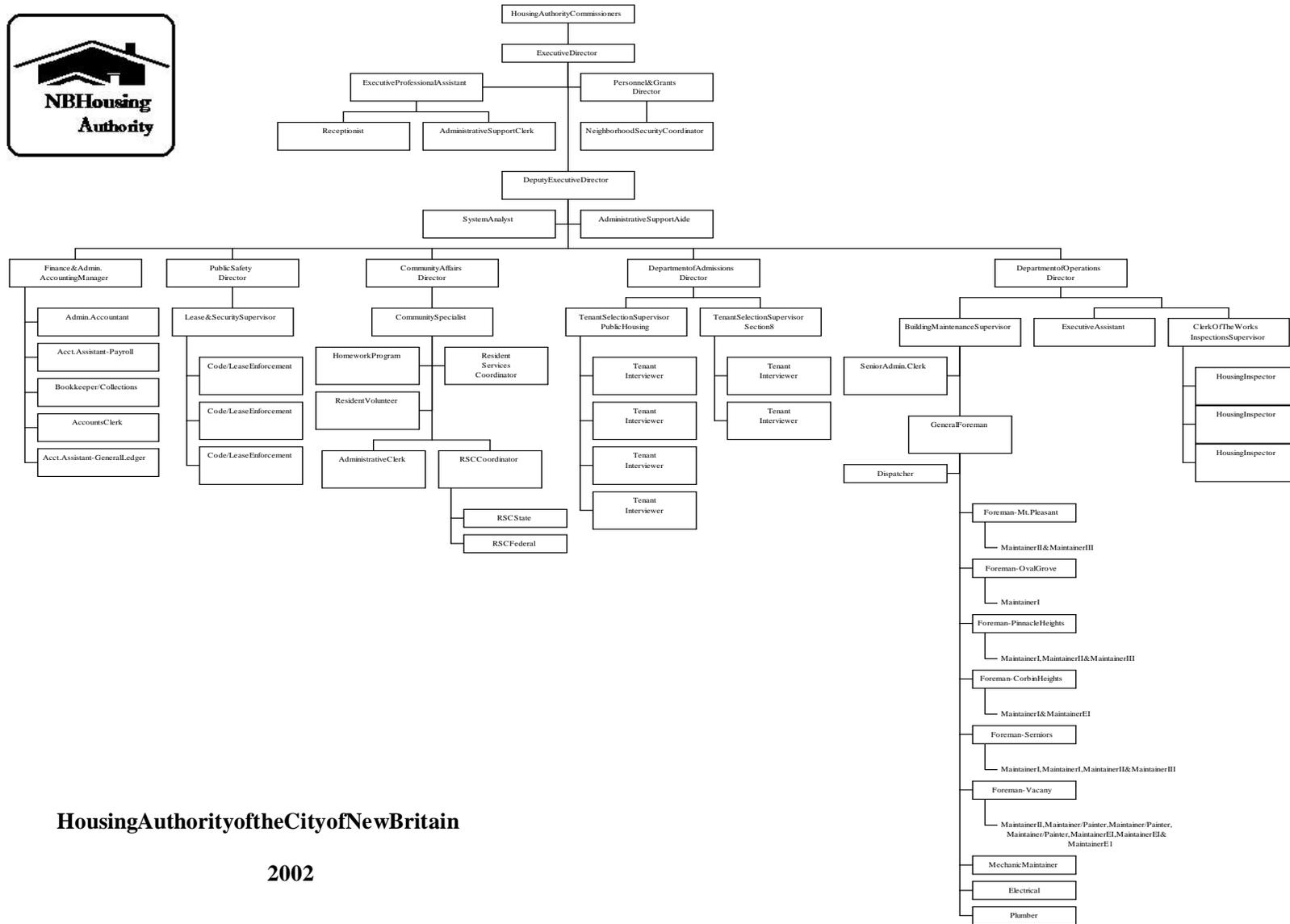
Development Number/Name HA-WideActivities	AllFundsObligated (QuarterEndingDate)	AllFundsExpended (QuarterEndingDate)

**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)
<b>Total estimated cost over next 5 years</b>				





Housing Authority of the City of New Britain

2002

## CAPITAL FUND PROGRAM 2003

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

<b>PHAName:</b> <b>NEW BRITAIN HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>CT26P00550103</b> Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2003</b>
---	---	--

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	165,000.00			
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	142,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	88,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	320,000.00			
10	1460 Dwelling Structures	955,000.00			
11	1465.1 Dwelling Equipment — Nonexpendable	105,000.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	25,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines....)	1,750,000.00			
	Amount of line XX Related to LBP Activities	340,000.00			
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security — Soft Costs				
	Amount of Line XX related to Security — Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHAName: NEWBRITAINHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgramGrantNo: CT26P00550103 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2003	
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories		Dev. Acct No.	Quantity	TotalEstimatedCost	TotalActual Cost	StatusofWork
<b>PHAWIDE</b>	DIRECTOROFOPERATIONS		1410		37,000.00		
	CLERKOFTHWORKS		1410		62,000.00		
	EXECUTIVEASSISTANT		1410		43,000.00		
	OPERATIONS		1406		165,000.00		
	ARCHITECT/ENGINEER		1430		88,000.00		
<b>CT5 -1</b>	A.KITCHEN&BATHUPGRADES		1460	252	215,000.00		INDESIGNPHASE
<b>MOUNT</b>	B.LEADABATEMENT		1460	252	200,000.00		PRE-DESIGN TESTING
<b>PLEASANT</b>	C.CRAWLSPACE&RELATEDSITE		1450	-----	150,000.00		INDESIGNPHASE
	UPGRADES						
	D.REPLACESTEAMBOILERSAT		1465.1	-----	50,000.00		INDESIGNPHASE
	BLDG.#28&#29BONDST.						
<b>CT5 -2</b>	A.LEADABATEMENT		1460	-----	140,000.00		PRE-DESIGN TESTING
<b>OVALGROVE</b>							
<b>CT5 -3</b>	A.PERIMETERFENCING&SITE		1450	-----	170,000.00		
<b>KNAPP</b>	DRAINAGE						
<b>VILLAGE</b>							
<b>CT5 -5</b>	A.REPLACEBALCONYDOORS		1460	104	25,000.00		INDESIGNPHASE
<b>RIBICOFF</b>	B.KITCHENUPGRADES&CABINET		1460	-----	275,000.00		INDESIGNPHASE
<b>APARTMENTS</b>	REPLACEMENT						
<b>CT5 -7</b>	A.CORRIDORVENTILATION		1465.1	-----	40,000.00		

**AnnualStatement/PerformanceandEvaluationReport**  
**CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)**  
**PartII:SupportingPages**

PHAName: NEWBRITAINHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgramGrantNo: CT26P00550103 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2003			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories		Dev. Acct No.	Quantity	TotalEstimatedCost		TotalActual Cost		StatusofWork
<b>GRAHAM</b>	UPGRADES								
<b>APARTMENTS</b>	B.REFURBISH&RECAULK WINDOWS		1460	100	100,000.00				INCONSTRUCTION

**AnnualStatement/PerformanceandEvaluationReport**  
**CapitalFundProgr amandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)**  
**PartII:SupportingPages**

PHAName: NEWBRITAINHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgramGrantNo: CT26P00550103 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2003			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories		Dev. Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		StatusofWork
<b>CT5 -9</b>	A.IN STALLNEWPHONE/INTERCOM		1465.1		15,000.00				INDESIGNPHASE
<b>D'AMATO</b>	SYSTEM								
<b>APARTMENTS</b>	B.INSTALLHVACINCOMMUNITY ROOM		1475		25,000.00				INDESIGNPHASE

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

PHAName: <b>NEWBRITAINHOUSINGAUTHORITY</b>		Grant Type and Number Capital Fund Program No: <b>CT26P00550103</b> Replacement Housing Factor No:					Federal FY of Grant: <b>2003</b>	
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		
<b>CT5 -1A.</b>	9/2005			9/2007				
B.	9/2005			9/2007				
C.	9/2005			9/2007				
D.	9/2005			9/2007				
<b>CT5 -2</b>	A. 9/2005			9/2007				
<b>CT5 -3</b>	A. 9/2005			9/2007				
<b>CT5 -5</b>	A. 9/2005			9/2007				
B.	9/2005			9/2007				
<b>CT5 -7</b>	A. 9/2005			9/2007				
B.	9/2005			9/2007				
<b>CT5 -9</b>	A. 9/2005			9/2007				
B.	9/2005			9/2007				

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

PHAName <b>NEWBRITAINHOUSINGAUTHORITY</b>		<input checked="" type="checkbox"/> <b>Original5 -YearPlan</b> <input type="checkbox"/> <b>RevisionNo:</b>			
DevelopmentNumber/Name/HA -Wide	Year1 2003	WorkStatementfor Year2 FFYGrant:2004 PHAFY:	WorkStatementforYear 3 FFYGrant:2005 PHAFY:	WorkStatementforYear 4 FFYGrant:2006 PHAFY:	WorkStatementfor Year5 FFYGrant:2007 PHAFY:
A.CT5 -1MTPLEASANT CT5 -2OVALGROVE CT5 -3KNAP PVILLAGE CT5 -4KENNEDYAPTS. CT5 -5RIBICOFFAPTS. CT5 -7GRAHAMAPTS. CT5 -9D'AMATOAPTS.	AnnualStatement				
B.PhysicalImprovementsTotal		1,355,000.00	1,355,000.00	1,355,000.00	1,355,000.00
C.Administration		140,000.00	140,000.00	140,000.00	140,000.00
D.Fees&Costs		90,000.00	90,000.00	90,000.00	90,000.00
E.Operations		165,000.00	165,000.00	165,000.00	165,000.00
TotalCFPFunds(Est.)	1,750,000.00	1,750,000.00	1,750,000.00	1,750,000.00	1,750,000.00
TotalReplacementHousingFactorFunds					





## DECONCENTRATION OF POVERTY AND INCOME MIXING

The New Britain Housing Authority's admission policy is designed to provide for de-concentration of poverty and income mixing by bringing higher income tenants into lower income projects and lower income tenants into higher income projects. The projects to be affected are those occupied predominantly by families with children.

Gross annual income is used for income limits at admission and for income -mixing purposes.

Skipping of a family on the waiting list specifically to reach another family with a lower or higher income is not to be considered an adverse action to the family. Such skipping will be uniformly applied until the target threshold is met.

**The Housing Authority will gather data and analyze, at least annually, the tenant characteristics of its public housing stock, including information regarding tenant incomes, to assist in the Authority's de-concentration efforts.**

The New Britain Housing Authority will use the gathered tenant income information in its assessment of its public housing development to determine the appropriate designation to be assigned to the project for the purpose of assisting the Authority in its de-concentration goals.

\* If the Authority's annual review of tenant incomes indicates that there has been a significant change in the tenant income characteristics of a particular project, the Housing Authority will evaluate the changes to determine whether, based on the New Britain Housing Authority methodology of choice, the project needs to be re-designated as a higher or lower income project or whether the Housing Authority has met the de-concentration goals and the project needs no particular designation.

### De-concentration and Income -Mixing Goals

\* Admission policies related to the de-concentration efforts of the Authority do not impose specific quotas. Therefore, the New Britain Housing Authority will not set specific quotas, but will strive to achieve de-concentration and income mixing in its developments.

\* The New Britain Housing Authority's income -mixing goal is a long -range goal and may not be achieved in the first year of implementation. The Housing Authority will use its annual analysis of its public housing stock and tenant incomes to provide benchmarks for the Authority.

\*The New Britain Housing Authority's income mixing goal, in conjunction with the requirement to target at least 10 percent of new admission to public housing in each fiscal year to "extremely low-income families", will be to achieve the following income occupancy percentages:

For higher income projects, an occupancy rate of 20% very low - and extremely - low-income families.

For lower income projects, an occupancy rate of 20% families at or above the low - income limit (75% of area median).

In 2003, the New Britain Housing Authority will strive to achieve the following goals for the concentration of poverty and income - mixing:

**1. Increase of 3 lower income families into higher income developments.**

**2. Increase of 3 higher income families into lower income developments.**

\*In the upcoming fiscal year, the Housing Authority will target the following developments for de-concentration and income mixing to achieve the goals stated above:

Lower income developments where the Authority's goal is to increase higher income families:

Mt. Pleasant CT005 -O1

Higher income developments where the Authority's goal is to increase lower income families:

Oval Grove CT005 -O2

\* The New Britain Housing Authority will add additional sites to its de-concentration goal each year until it has met its desired goal for all of its developments.

#### Project Designation Methodology

\* Aggregate Average Method

**The New Britain Housing Authority will review the annual resident income of Mt. Pleasant and Oval Grove and using the incomes of all families in listed developments as a baseline, determine the average income of all of its resident families.**

**The Housing Authority will designate higher income developments those with average income above the aggregate average.**

\* **PHA Incentives for Higher Income Families**

The New Britain Housing Authority will offer a flat rent option as an incentive to higher income families willing to move into lower income projects. The Authority will not take any adverse action against any higher income *family* declining an offer by the Authority to move into a lower income project.

\* **Site Based Certificates**

In the incoming year, The *New Britain* Housing Authority plans on requesting authorization from HUD to convert 15% of the Authority's Section 8 Vouchersto *site based* which will be utilized in the Authority's State Moderate Program.

## CAPITAL FUND PROGRAM 2001

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHAName:</b> <b>NEW BRITAIN HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>CT26P00550101, REV.1</b> Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2001</b>
<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: <b>09/02</b> <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Rev.1	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	140,000.00	140,000.00	83,480.31	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	150,000.00	169,355.00	109,355.00	0
8	1440 Site Acquisition				
9	1450 Site Improvement	770,000.00	732,300.00	12,300.00	0
10	1460 Dwelling Structures	328,183.00	561,006.82		
11	1465.1 Dwelling Equipment — Nonexpendable	360,000.00	120,521.18	91,195.00	0
12	1470 Nondwelling Structures		25,000.00		
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	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	1,748,183.00	1,748,183.00	296,330.31	0
	Amount of line XX Related to LBP Activities	60,000.00	60,000.00	0	0
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security — Soft Costs				
	Amount of Line XX Related to Security -- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				



# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHAName: NEWBRITAINHOUSINGAUTHORITY		GrantType and Number CapitalFundProgramGrantNo: CT26P00550101,REV.1 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2001		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev. Acct No.	Quantity	TotalEstimatedCost		TotalActual Cost	StatusofWork	
				Original	Rev.1			
<b>CT5 -1</b>	A. BASEBOARD HEATING SYSTEM	1465.1		360,000.00	120,521.18		INC ONSTRUCTION	
<b>MTPLEASANT</b>	SYSTEM AND STEAM CONTROLS							
<b>CT5 -2</b>	A. SIDEWALKS, STOOPS, STORM	1450		400,000.00	400,000.00		IN BID PHASE	
<b>OVAL GROVE</b>	DRAINS AND PARKING AREAS							
<b>CT5 -3</b>	A. SITE IMPROVEMENTS AND	1450		50,000.00	12,300.00		100% COMPLETE	
<b>KNAPP</b>	DRAINAGE							
	B. COMMUNITY ROOM UPGRADES	1470		0	25,000.00		IN CONSTRUCTION	
<b>CT5 -4</b>	A. SITE IMPROVEMENTS	1450		50,000.00	50,000.00			
<b>KENNEDY</b>	B. REPLACE/REFURBISH WINDOWS	1460		150,000.00	250,000.00		IN DESIGN	
	& INSTALLA/CSLEEVES							
<b>CT5 -5</b>	A. SITE IMPROVEMENTS	1450		70,000.00	70,000.00		IN BID PHASE	
<b>RIBICOFF</b>	B. REPLACE/REFURBISH WINDOWS	1460		153,183.00	153,183.00		IN CONSTRUCTION	
	& INSTALLA/CSLEEVES							
<b>CT5 -7</b>	A. SITE IMPROVEMENTS	1450		200,000.00	200,000.00		IN BID PHASE	
<b>GRAHAM</b>								
<b>CT5 -9</b>	A. ENCLOSE SANITARY LINES AND	1460		25,000.00	157,823.82		IN CONSTRUCTION	
<b>D'AMATO</b>	INSULATE, INSTALL FIRE							
	PROOFING							
	<b>SUBTOTAL</b>			<b>1,458,183.00</b>	<b>1,438,828.00</b>			
	<b>TOTAL</b>			<b>1,748,183.00</b>	<b>1,748,183.00</b>			

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

PHAName: <b>NEWBRITAINHOUSINGAUTHORITY</b>	GrantTypeandNumber CapitalFundProgramNo: <b>CT26P00550101,REV1</b> ReplacementHousingFactorNo:	FederalFYofGrant: <b>2001</b>
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DevelopmentNumber Name/HA-Wide Activities	AllFundObligated (QuarterEndingDate)			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDates
	Original	Revised	Actual	Original	Revised	Actual	
<b>CT5 -1</b> A.	9/2003			9/2004			
<b>CT5 -2</b> A.	9/2003			9/2004			
<b>CT5 -3</b> A.	9/2003			9/2004			
B.	9/2003			9/2004			
<b>CT5 -4</b> A.	9/2003			9/2004			
B.	9/2003			9/2004			
<b>CT5 -5</b> A.	9/2003			9/2004			
B.	9/2003			9/2004			
<b>CT5 -7</b> A.	9/2003			9/2004			
<b>CT5 -9</b> A.	9/2003			9/2004			



# Annual Statement/Performance and Evaluation Report

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

PHAName: <b>HOUSING AUTHORITY of the CITY of NEW BRITAIN</b>		Grant Type and Number Capital Fund Program Grant No: <b>CT26P00550100, REV. 4</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2000</b>	
<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: 9/02 <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Revision 2	Revision 4	Obligated	Expended	
1	Total Non -CFP Funds					
2	1406 Operations	170,942.00	170,942.00	170,942.00	170,942.00	
3	1408 Management Improvements Soft Costs					
	Management Improvements Hard Costs					
4	1410 Administration	133,500.00	133,500.00	133,500.00	73,678.69	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	115,000.00	115,000.00	115,000.00	66,944.06	
8	1440 Site Acquisition					
9	1450 Site Improvement	283,975.00	123,849.00	123,849.00	47,384.10	
10	1460 Dwelling Structures	210,000.00	99,574.39	100,357.52	81,981.17	
11	1465.1 Dwelling Equipment -- Nonexpendable	221,000.00	468,551.61	467,768.48	82,094.66	
12	1470 Nondwelling Structures	575,000.00	598,000.00	598,000.00	38,597.36	
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	1502 Contingency					
	Amount of Annual Grant: (sum of lines.....)	1,709,417.00	1,709,417.00	1,709,417.00	561,622.04	
	Amount of line XX Related to LBP Activities					
	Amount of line XX Related to Section 504 compliance					
	Amount of line XX Related to Security -- Soft Costs					
	Amount of Line XX related to Security -- Hard Costs					
	Amount of line XX Related to Energy Conservation Measures					
	Collateralization Expenses or Debt Service					



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

PHAName: <b>HA OF THE CITY OF NEW BRITAIN</b>		Grant Type and Number Capital Fund Program Grant No: <b>CT26P00550100, REV.4</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2000</b>	
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
				REV.3	REV.4		
<b>CT5001</b>	A. Baseboard Heating System	1465.10	252	140,000.00	385,673.82		IN CONSTRUCTION
<b>MOUNT PLEASANT</b>	Replacement						
	B. Thermal Window Replacement	1460	252	210,000.00	100,357.52		100% COMPLETE
	C. Removal of Underground Storage Tanks and Site Work	1450	----	103,975.00	123,849.00		IN CONSTRUCTION
<b>CT5002</b>	A. Community Room, Maintenance Shop & Computer Learning Cntr	1470	----	550,000.00	598,000.00		IN CONSTRUCTION
<b>OVAL GROVE</b>	B. Sidewalks/Parking Lot Upgrades	1450	----	180,000.00	0		MOVED CFP 2001
<b>CT5003</b>	A. Perimeter Fencing & Drainage	1450	----	0	0		MOVED CFP 2003
<b>KNAPP VILLAGE</b>	B. Community Room Upgrades	1470	----	25,000.00	0		MOVED CFP 2001
<b>CT5004</b>	A. Replace Trash Compactor	1465.1	----	0	9,853.16		100% COMPLETE
<b>KENNEDY APTS.</b>	B. Hot Water Tank Replacement	1465.1	----	0	1,390.00		100% COMPLETE
<b>SUBTOTAL</b>				1,208,975.00	1,219,123.50		

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

PHAName: <b>HA OF THE CITY OF NEW BRITAIN</b>		Grant Type and Number Capital Fund Program Grant No: <b>CT26P00550100, REV.4</b> Replacement Housing Factor or Grant No:				Federal FY of Grant: <b>2000</b>	
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
				REV.3	REV.4		
<b>CT5005</b>	A. Hot Water System Replacement	1465.1		81,000.00	70,851.50		100% COMPLETE
<b>RIBICOFF</b>							
<b>APTS.</b>	B. Install Air Conditioning Sleeves	1460		0	0		MOVED CFP 2001
<b>CT5007</b>	A. Install Air Conditioning Sleeves	1460		0	0		MOVED CFP 2003
<b>GRAHAM</b>							
<b>APTS.</b>							
		Q					
	SUBTOTAL			81,000.00	70,851.50		

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

PHAName: <b>HA OF THE CITY OF NEW BRITAIN</b>		Grant Type and Number Capital Fund Program No: <b>CT26P00550100, REV.4</b> Replacement Housing Factor No:				Federal FY of Grant: <b>2000</b>	
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Rev.3	Rev.4	Actual	Original	Rev.4	Actual	
<u>CT5001</u> MOUNT PLEASANT	A.09/2002	09/2002			09/2003		
	B.09/2002	09/2002			09/2003		
	C.09/2002	09/2002			09/2003		
<u>CT5002</u> OVAL GROVE	A.09/2002	09/2002			09/2003		MOVED TO CFP2001
	B.09/2002	-----			-----		
<u>CT5003</u> KNAPP VILLAGE	A. -----	-----			-----		MOVED TO CFP2003
	B.09/2002	-----			-----		MOVED TO CFP2001
<u>CT5004</u> KENNEDY APTS.	A. -----	09/2002			09/2003		
	B. ----	09/2002			09/2003		
<u>CT5005</u> RIBICOFF APTS.	A.09/2002	09/2002			09/2003		MOVED TO CFP2001
	B. -----	-----			-----		
<u>CT5007</u> GRAHAM APTS.	A. -----	-----			-----		MOVED TO CFP2003





HOUSING AUTHORITY OF THE CITY OF NEW BRITAIN  
NEW BRITAIN, CONNECTICUT

DWELLING LEASE

LEASE NO.

UNIT NO.      «Unit»

I. DEFINITION:

A. The terms "we", "us", and "our" mean the Housing Authority of the City of New Britain.

B. The terms "you" and "your" mean      «Name».

C. The term "apartment" means the dwelling unit at      «Address».

«Bedrooms»	«Prorata»	«Project»
# of rooms Prorata Project		

II. PARTIES AND PREMISES:

We hereby lease to «Name» and «Tenant 1» who accept(s) possession for you and the members of your household shown in Section III under the terms and conditions stated therein.

III. MEMBERS OF YOUR HOUSEHOLD WHO WILL LIVE IN UNIT:

Name	Relationship	Date of Birth	Social Security Number
«Name 1»	«Relationship 1»	«DOB 1»	«SSN 1»
«Name 2»	«Relationship 2»	«DOB 2»	«SSN 2»
«Name 3»	«Relationship 3»	«DOB 3»	«SSN 3»
«Name 4»	«Relationship 4»	«DOB 4»	«SSN 4»
«Name 5»	«Relationship 5»	«DOB 5»	«SSN 5»
«Name 6»	«Relationship 6»	«DOB 6»	«SSN 6»
«Name 7»	«Relationship 7»	«DOB 7»	«SSN 7»
«Name 8»	«Relationship 8»	«DOB 8»	«SSN 8»

Any addition to the household members listed above require our advance written approval. This includes Live-in Aids and foster children or adults, but excludes natural births. We shall approve the additions if they pass the screening and an appropriate size unit is available. Deletions from the household shall be reported to us within ten (10) days.

IV. TERM:

LEASE TERM: This lease shall begin on      «Lease date». The term shall be one year.

V. RENT:

A. Rents are established and revised by us under applicable federal and state laws and regulations.

B. Each month, until revised, you will pay the amount of

\$ «Rent» for rent. You will pay the rent on the first day of each month.

C. You must pay your rent on or before the tenth day of each month. If you fail to pay your rent on or before the tenth day of each month, or at such times as provided by governmental regulations, we may terminate this lease. A \$25.00 late charge will be imposed by us which will become due and collectible as part of the rent.

D. Check One:

«Re This rent is based on the Authority -determined flat rent for this unit.

«Re This rent is based on the income and other information reported by the Resident.

If a family is paying the minimum rent and its circumstances change creating an inability to pay the rent, the family may request suspension of the minimum rent because of a recognized hardship.

E. If a check with which you have paid your rent is not honored by the bank on which it is drawn, a charge of \$20.00 will be added to all sums due from you.

F. Acceptance of rent after your default of this Lease shall not constitute a waiver of our right to terminate this Lease.

VI. SECURITY DEPOSIT:

A. If your apartment is in a federal low rent project, you will pay one month's rent as a security deposit.

B. If your apartment is in a state moderate rent project, you will pay one month's rent as a security deposit.

C. When your lease is at an end, we may use the security deposit to pay for repairs of damage to the apartment caused by you or any person who was in the apartment with your knowledge. We may also use the security deposit for any rent or charges in addition to rent which you owe us when you vacate the apartment. We will tell you, in writing, of all charges which we paid out of your security deposit when you vacate.

D. We will not use the security deposit to pay for rent or other charges while you occupy the apartment.

E. Your security deposit will be \$ «Security dep».

VII. UTILITIES:

A. Utilities provided by us are determined in accordance with federal and state laws and regulations.

B.  «U will provide the apartment with heat and hot water.

«U will not provide the apartment with heat and hot water.

C.  «U will provide the apartment with gas, but no more than  «C cubic feet every three months. You will pay for the use of gas in excess of this amount at the prevailing rate.

«U will not provide the apartment with gas.

D.  «U will provide the apartment with limited electricity. The amount is as follows:

January through March  «C KWH

April through June  «C KWH

July through September  «C KWH

October through December  «C KWH

You will pay for the use of electricity in excess of these amounts at the prevailing rate.

You will pay for excess utility use in addition to and as part of the rent in the month after we determine the amount which you owe.

«U We will not provide the apartment with electricity. If we do not provide any of the above (A -C) at any time, you will be notified, in writing.

E. We may change the amount of utilities stated in this lease at any time during the lease, provided you are given written notice of the change.

F. We are not responsible if we fail to furnish utilities for any cause beyond our control.

G. Prior to occupancy the residents are responsible to transfer utilities.

### VIII. CHARGE(S) IN ADDITION TO RENT:

- A. Charge(s) in addition to rent shall be determined in accordance with federal and state laws and regulations.
- B. You will be charged by us for the cost of maintenance and repairs beyond normal wear and tear which shall not be collectable until two weeks after we give you written notice of the charge(s).
- C. Maintenance and repair costs shall be determined by a schedule of charges. A copy of the fee schedule for charges in addition to rent is posted and available at the project office for your review.
- D. If you disagree with a charge(s) in addition to rent, you are entitled to request a grievance hearing in accordance with Section XIV of this lease.

### IX. REDETERMINATION OF RENT; APARTMENT SIZE; ELIGIBILITY:

- A. Periodically and at our request, you agree to furnish such information and certifications regarding family composition and income as may be necessary for us to make determinations with respect to rent, eligibility, and appropriateness of dwelling size. Failure to provide such information is grounds for eviction.
- B. We will use this information to decide if your rent should be changed, if your apartment size is right for you and if you are still eligible for public housing. We will decide in accordance with the approved schedule of rent and the statement of income and occupancy limits which are posted in the administrative offices.
- C. (1) Income reviews will be held every third year for Residents choosing the flat rent option. Residents who have chosen this option will be notified at the appropriate time for their recertification. At the time of the review the Resident may elect to change his or her rent choice option. We will have rental determination each year for Residents who are paying rent based on their income. If you are in a low rent project, your rent may be changed before the next regular rent determination for any of the following reasons:
  - (a) Your circumstances change and have continued for at least one month and seem likely to continue for some time so that a decrease in rent is justified under the schedule of rents or to avoid a hardship.
  - (b) You begin to get public assistance, or your public assistance ends. You must report the change to us in ten days.
  - (c) You misrepresents the facts to us upon which your rent is based so that your rent has been less than what you should have been paying. In this case, the rent will be raised retroactively.
  - (d) By government law or regulations.
- (2) Residents must promptly report to us any of the following changes in household circumstances when they occur between Annual Rent recertification:
  - (a) A member has been added to the family through birth, adoption, or court-awarded custody.
  - (b) A household member is leaving or has left the family unit.

In addition, Residents paying rent based on a percentage of income may report the following activities that occur between the Annual Rent Recertifications:

- (a) A decrease in annual income;
- (b) Child care expenses for children under the age of 13 that are necessary to enable a member of the household to be employed or to go to school;
- (c) Handicapped assistance expenses, which enable a family member to work;
- (d) Medical expenses of elderly, disabled, or handicapped-headed households that are not covered by insurance; or
- (e) Other family changes that impact their adjusted income.

Notwithstanding the provisions listed above, a Resident's rent shall not be reduced if the decrease in the family's annual income is caused by a reduction in the welfare or public assistance benefits received by a family that is a result of the Resident's failure to comply with the conditions of the assistance program requiring participation in an economic self-sufficiency program or other work activities. In addition, if the decrease in the family's annual income is caused by a reduction in welfare or public assistance benefits received by the family that is a result of a act of fraud, such decrease in income shall not result in a rent reduction. In such cases, the amount of income to be attributed to the family shall include what the family would have received had they complied with the welfare requirements or had not committed an act of fraud.

For the purposes of rent adjustments, the reduction of welfare or public assistance benefits to a family that occurs as a result of the expiration of a time limit for the receipt of assistance will not be considered a failure to comply with program requirements. Accordingly, a Resident's rent will be reduced as a result of such a decrease.

(3) If we change your rent, we will mail or deliver to you a "Notice of Rent Adjustment".

(a) The notice shall state the new amount, the date from which the new amount takes effect, and the deadline to request a grievance hearing.

(b) You may ask us for an explanation stating the specific grounds for the rental redetermination. If you do not agree with the rental redetermination, you have the right to request a grievance hearing, if you give us notice in accordance with Section XIV of this lease.

(c) If we decrease your rent, the change will have effect from the first of the following month, if you give us written notice with written verification by you, your employer or other source by the 15th of the previous month. If we increase your rent, the change will have effect from the first day of the second following month, unless the increase results from your misrepresentation of the facts.

D. If you are in a moderate rent development, we will change your rent as approved by the Department of Economic and Community Development of the State of Connecticut.

E. If we decide that your apartment is no longer the right size for you, we shall notify you of this. Then, you must sign a new lease in the same form as this lease, for another apartment. You must transfer to the right-sized apartment within seven days after you receive our notice that a unit is available. You may ask for an explanation stating the specific grounds for the transfer determination. If you do not agree with the transfer determination you have the right to request a grievance hearing, if you give us notice in accordance with Section XIV of this lease.

## X. OCCUPANCY:

### A. Your Right to Use and Occupancy:

(1) You shall have the right to exclusive use and occupancy of the apartment for residence by your Household.

(2) You also have the right to reasonably accommodate guests or visitors. "Guest" means a person in the apartment with the consent of a Household member. Household members shall comply with our rules on use of the dwelling unit by guests or visitors in any 15 days.

(3) Without our consent, in writing, you may accommodate foster children and live-in care of a member of your family, or engage in legal profit-making activities that are incidental to the primary use of the apartment.

### B. Our Obligations:

Our obligations under the lease shall include the following:

(1) To provide services and maintenance for the dwelling unit, equipment, and for the common areas and facilities, which are needed to keep the housing in decent, safe and sanitary conditions. In addition, to provide a stove and refrigerator in the low rent program only.

(2) To comply with the requirements of applicable state and local building or housing codes concerning matters materially affecting the health or safety of the occupants.

(3) To maintain in good and safe working order and condition electrical, plumbing, sanitary, heating, ventilating, and other facilities and appliances, including elevators.

(4) To provide and maintain appropriate receptacles and facilities, excluding exclusive use containers of the individual Household, for the deposit of trash, garbage, rubbish, and other waste.

(5) To supply running water and reasonable amount of hot water and reasonable amounts of heat at the appropriate times of the year.

(6) To notify you of the specific grounds for any lease termination or any proposed adverse action by us including but not limited to: material non-compliance with the lease, transfer to another unit, imposition of charges for maintenance and repair, or for excess consumption of utilities.

(a) The notice of lease termination or proposed adverse action shall inform you of the right to request a grievance hearing; excluding, lease termination for any criminal activity that threatens the health, safety, or right to peaceful enjoyment of the premises of other residents or our employees, or any drug-related criminal activity on or near our premises.

(b) In the case of a proposed adverse action other than lease termination, we shall not take the proposed adverse action until the time for you to request a grievance hearing has expired and if a grievance hearing was timely requested, until the grievance process is completed.

(7) If the apartment is damaged to the extent that conditions are recreated which are hazardous to life, health or safety of the occupants:

- (a) We shall repair the unit in a reasonable time, provided that if the damage was caused by you, your Household or guests, the reasonable cost of the repairs shall be charged to you.
- (b) Where repairs cannot be made within a reasonable time, we shall offer alternative accommodations similar to the damaged unit, if available. However, if you are responsible for apartment damage costs of such damage to be paid or arranged prior to any transfer.
- (c) If we fail to abide by paragraphs b or c of this section, your rent may be abated in proportion to the seriousness of the damage and loss in value of the unit or if alternative accommodations are not provided, except that no abatement of rent shall occur if you request the alternative accommodations or if the damage was caused by you, your Household or guests.

C. Your Obligations:

The obligations of you and your Household under the lease shall include the following:

- (1) Shall use the dwelling unit (A) solely for residence by the Household, and (B) as your only place of residence, and not use or permit its use for any other purpose.
- (2) Shall not sublease or assign the lease, or provide accommodations for boarders or lodgers.
- (3) If the apartment is damaged to the extent that the conditions are recreated which are hazardous to life, health or safety of occupants, you shall immediately notify management of the damage.
- (4) Shall supply any certification, release information or documentation which we, HUD or the State Department of Economic and Community Development determine to be necessary, including submissions required by you for an annual reexamination or interim reexamination of Family income and composition in accordance with HUD and State regulations and sign a new lease on an annual basis.
- (5) Shall move from the dwelling unit in either of the following circumstances:
  - (A) We determine the Household is residing in a unit which is larger or smaller than appropriate for the Household size and composition under our unit size standards, or determine that the character of the unit is otherwise inappropriate for the Household size and composition, or determine that the unit requires substantial repairs, is scheduled for modernization, or is not in decent, safe and sanitary condition, and we offer you another dwelling unit. The offered unit shall be decent, safe and sanitary and of appropriate size under our unit size standards.
  - (B) The dwelling unit is hazardous to the health or safety of the occupants, and we offer you another dwelling unit if available.
- (6) Shall abide by necessary and reasonable regulations promulgated by us for the benefit and well-being of the housing project and the tenants, which shall be posted in the project office.
- (7) Shall comply with all obligations imposed upon you by applicable provisions of building and housing codes materially affecting health and safety.
- (8) Shall keep the dwelling unit and such other areas as may be assigned to you for your exclusive use in a clean and safe condition.
- (9) Shall dispose of all ashes, garbage, rubbish, and other waste from the dwelling unit in a sanitary and safe manner.
- (10) Shall use only in a reasonable manner all electrical, plumbing, sanitary, heating, ventilating, air conditioning and other facilities and appurtenances including elevators.
- (11) Shall refrain from, and to cause the Household and guests to refrain from destroying, defacing, damaging, or removing or modifying any part of the dwelling unit or project.
- (12) Shall pay reasonable charges (other than for wear and tear) for the repair of damage to the dwelling unit, or the project (including damage to project buildings, facilities or common areas) caused by you, a member of the Household or a guest.
- (13) Shall act, and cause Household members or guests to act, in a manner that will not disturb other residents' peaceful enjoyment of their accommodations and will be conducive to maintaining the project in a decent, safe and sanitary condition.
- (14) Shall not engage in criminal activity in the dwelling unit or premises, and shall prevent criminal activity in the unit or premises by Household member and/or guests. Any of the following criminal activities by a Household member, on the premises, shall be a violation of the lease as cause for termination of tenancy and for eviction from the unit; (a) any crime of physical violence to persons or property that threaten the health, safety or right to peaceful enjoyment of our premises by other residents or employees; (B) illegal use, sale, manufacture or distribution of narcotics, or possession with the intent to use, sell, manufacture, or distribute controlled substances

(C) illegal use, sale, manufacture or distribution of alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.

(14a) The possession of an illegal unregistered firearm in public housing is a direct violation of your Rental Lease Agreement and is subject to eviction.

(15) Shall not commit any fraud in connection with any Federal housing assistance program.

(16) Shall not receive assistance for occupancy of any other unit assisted under the Federal housing assistance program during the term of the lease.

(17) Failure to abide by the Authority's **Trespassing Policy**. Leaseholder and/or household members shall not allow the presence of guests who have been listed as "trespassers" by the Authority after you or your Household members have received notice from the Authority that the individual(s) have been admonished to stay away from the Authority premises on penalty of arrest for trespass.

(18) Shall not change or alter the locks in any manner without written permission of the Authority.

(19) Leaseholder, household members and/or guests committed the following violation(s) of the Authority **Smoke Detector Policy**; (a) tampered, defaced, damaged, removed or disengaged smoke detector(s) from their dwelling unit and/or legally required common areas; (b) Leaseholder failed to notify Housing Authority's Maintenance Division of a non-functioning (result of dead or low batteries) smoke detector within their dwelling unit.

(20) Leaseholder, members of the household and/or guests violated the following provision(s) of the Housing Authority's **Pet Control Policy**; (a) failure to spade or neuter; (b) failure to register the pet with the Authority; (c) having a pet not allowed by the Authority; (d) not caring for the pet as mandated by the **Pet Control Policy (PCP)** and/or State and Local Health and/or Anti -Animal cruelty laws; (e) failure to license and/or register the pet with the local municipality;

(f) failure to use a leash and/or in appropriate use of a leash; (g) failure to abide by the provision(s) contained in the PCP; (h) failure to properly dispose of pet waste/droppings

(21) Leaseholder, members of the household and/or guests violated the following provision(s) of the Housing Authority's **Parking Use Policy (PUP)**; (a) failure to register motor vehicle with the State of Connecticut and/or Authority; (b) parking in a prohibited area; (c) conducting unauthorized auto repair on Authority property; (d) having an abandoned/inoperable motor vehicle(s) on Authority property; (e) failure to abide by the provision(s) contained in the PUP Policy

(22) Failure to abide by the Authority's **Pest Control Policy**

(23) Leaseholder, household members and/or guest committed the following violation(s) of the Authority's **Call-for-Aid Policy** (a) tampered, defaced or damaged the Call -for-Aid unit(s) within the dwelling unit and/or legally required common areas; (b) leaseholder failed to notify NBHA's Maintenance Department of a non-functioning Call -for-Aid unit within their dwelling unit; (c) NBHA Personnel (Maintenance and/or Public Safety) may enter your apartment without notice to test, inspect and/or verify operation of the Call -for-Aid unit(s); this is classified as an emergency.

(24) Failure to abide by the Authority's **Visitor's Policy**.

(25) Failure to abide by the Authority's **"One Strike and You're Out"**

(26) Failure to abide by the Authority's **Shopping Cart Policy**.

## XI. PRE -OCCUPANCY AND POST -TERMINATION INSPECTIONS; ENTRY:

A. Before you move into your apartment we both shall inspect it and note, in writing, the condition of the apartment and equipment. You may have a representative join in the inspection.

B. After you move in, we may enter your apartment at reasonable times for the purpose of performing routine inspections and maintenance or for making improvements or repairs. We will give you at least 24 hours prior notice of the date and purpose of our entry.

C. We may enter your apartment without notice if we have reasonable cause to believe there is an emergency.

D. If we enter the unit while you and your Household members are absent, we will notify you, in writing, at once of the date, time and purpose of entry prior to leaving the unit.

E. When you vacate, we will inspect the apartment and tell you, in writing, of any charge which you must pay. You and your representative may join in our inspection.

## XII. LEGAL NOTICE:

A. Any notices shall be given in accordance with federal and state laws and regulations.

B. Any notice which we must give you under this lease will be in writing. Unless the law requires otherwise, we can give sufficient notice in any one of the following ways:

(1) Notice may be delivered to you by first class mail.

(2) Notice may be mailed to you by certified mail, return receipt requested, postage paid.

(3) Notice may be hand delivered to you or any adult who answers your door.

(4) Notice may be delivered by any other means reasonably likely to give you actual notice.

(5) If you are visually impaired, all notices will be in an accessible format.

C. Any Notice you must give us under this lease will be in writing. You can give sufficient notice in any one of the following ways:

(1) Notice may be delivered to our office.

(2) Notice may be mailed by certified mail, postage paid, to Housing Authority of the City of New Britain, 34 Marimac Road, New Britain, Connecticut 06053.

D. Either you or we can give notice on any day of the month.

## XIII. TERMINATION OF LEASE:

A. You may terminate this lease any time by giving us 30 days notice. You will leave your apartment in clean and good condition. You will return all keys to us.

B. We may terminate your lease for serious or repeated violations of the lease or other good cause by giving you notice as required by law. Serious violation of the lease or other good cause includes, but is not limited to the following cases.

(1) Your failure to timely supply to us any certification, release information or documentation on Family Income or composition;

(2) Your non-payment of rent or charges;

(3) You caused, (a) physical violence to other tenants or employees, or threaten the health, safety or right to peaceful enjoyment of our premises by other residents or employees; (b) illegal use, sale, manufacture or distribution of a controlled substance, or possession with the intent to use, sell, manufacture, or distribute controlled substances, on or near the premises; and/or "One Strike and You're Out"

(4) You failed to comply with the rules and regulations or obligations referred to in your obligations, Section X -C.

C. You have the right to a grievance hearing except for conduct which is a threat to the health and safety of other tenants and our personnel or the illegal use, sale, manufacture or distribution of a controlled substance, or possession with the intent to use, sell, manufacture, or distribute controlled substances on or near the premises. Your tenancy shall not terminate until the time for you to request a grievance hearing has expired, and if a grievance hearing was timely requested, after the grievance process has been completed.

## XIV. GRIEVANCE PROCEDURE:

We have posted a Grievance Procedure in our administrative office. Its terms are part of this lease. You must follow this procedure if you wish to resolve any grievance or appeal arising from this lease.

## XV. LEGAL COSTS:

In the event we sue you for any sum due under this lease, and judgment is rendered against you, we shall be entitled to collect that sum together with the costs of collections such as attorney's fees as allowed under the law.

## XVI. MODIFICATION:

Modification of this lease must be accomplished by a written rider, executed by both parties, except those that are posted in accordance with 24 CFR 966.5 or adopted by the Authority and approved by HUD as part of the annual plan submission.

XVII. CERTIFICATION:

A. You certify that you and other members of the Household have not committed any fraud in connection with any Federal and State moderate housing assistance programs, unless any such fraud was fully disclosed to us before execution of this lease or our approval for occupancy of the unit by Household members.

B. You certify all information or documentations submitted by you and other Household member to us in connection with your application for or continued occupancy of any Federal housing assistance program or any State moderate rental program are true and complete to the best of your knowledge and belief.

IN WITNESS WHEREOF, we, through our duly authorized officer or representative, and you, have executed this lease this «Day» day of «Month», «Year».

HOUSING AUTHORITY OF THE CITY OF NEW BRITAIN

Signed, Sealed and Delivered  
in the presence of:

Head of Household

Duly Authorized

Spouse

Witness – NBHA Management

Other

Witness – NBHA Management

**Membership of the Resident Advisory Board -2002**

**ROSTER**

<b>NAME/ADDRESS/CITY/ST</b>	<b>STAFF</b>	<b>RESIDENT</b>
Mary Brody, Systems Analyst Housing Authority City of NB 34 Marimac Road New Britain, CT 06053 860/225-3534 ext. 236	X	
Victor F. Cassella, Deputy Executive Dir. Housing Authority City of NB 34 Marimac Road New Britain, CT 06053 860/225-3534 ext. 207	X	
Kay B. Davis, President Mount Pleasant Resident Council 603 Myrtle Street New Britain, CT 06053 860/223-3093		X Mount Pleasant
Kim Burton, Lease & Code Supervisor Housing Authority City of NB 34 Marimac Road New Britain, CT 06053 860/225-3534 ext. 210	X	
Nancy Fontanez, Code Lease Enforcement Officer Housing Authority City of NB 34 Marimac Road New Britain, CT 06053 860/225-3534 ext. 210	X	
Betty Evans, Director of Comm. Affairs Housing Authority City of NB 34 Marimac Road New Britain, CT 06053 860/225-3534 ext. 230	X	

<b>NAME/ADDRESS/CITY/ST</b>	<b>STAFF</b>	<b>RESIDENT</b>
Ethel Fuller, Vice -President Oval Grove Resident Council 73 Malikowski Circle New Britain, CT 06053 860/229-9983		X Oval Grove
Axel Gonzalez, Director of Operations Housing Authority City of NB 34 Marimac Road New Britain, CT 06053	X	
Fredrick Gucken, Secretary Senior Tenant Coalition 107 Martin Luther King Dr. Apt. 812 New Britain, CT 06051		X Graham Apartments
Patricia Herman, Treasurer Mount Pleasant Resident Council 10 Armistice Street New Britain, CT 06053 No phone		X Mount Pleasant
Doris Jones, Member at Large Mount Pleasant Resident Council 159 Richard Street New Britain, CT 06053 860/225-7909		X Mount Pleasant
Melvin Yopp, Vice -President Pinnacle Heights Resident Council 158 Marimac Road New Britain, Ct 06053		X Pinnacle Heights
Grizzella Pinero, President Oval Grove Resident Council 205 Malikowski Circle New Britain, CT 06053	X	X Oval Grove
Evelyn Rodriguez, Tenant Selection Supervisor Housing Authority City of New Britain 34 Marimac Road New Britain, CT 06053 860/225-3534 ext. 226	X	

<b>NAME/ADDRESS/CITY/ST</b>	<b>STAFF</b>	<b>RESIDENT</b>
RonaldSimpson,DirectorOfAdmissions HousingAuthorityCityofNewBritain 34Marim acRoad NewBritain,CT06053 860/225-3534ext.203	X	
RobinSpencer,Commissioner/President 107MartinLutherKingDr.Apt.810 NewBritain,CT06051 860/612-0289		X GrahamApartment

**Resident Membership on the Governing Board -2002**

Donald J. DeFronzo, Chairperson  
9 Bedford Street  
New Britain, CT 06051

David I. Pollowitz, Vice -Chairperson  
541 Lincoln Street  
New Britain, CT 06052

Kyle D. Anderson, Treasurer  
148 Henry Street  
New Britain, CT 06053

Bienvenido Sanchez, Commissioner  
48 Marimac Road  
New Britain, CT 06053

**Resident**

Robin Spencer, Commissioner  
107 Martin Luther King Drive, Apt. 810  
New Britain, CT 06051

**Resident**

# Public Housing Drug Elimination Program Plan

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

**Annual PHDEP Plan Table of Contents:**

1. General Information/History
2. PHDEP Plan Goals/Budget
3. Milestones
4. Certifications

**Section 1: General Information/History**

**A. Amount of PHDEP Grant**    \$ 198,273

**B. Eligibility type (Indicate with an "x")**                    N1 \_\_\_\_\_ N2 X        R \_\_\_\_\_

**C. FFY in which funding is requested**    2001

**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. This summary must not be more than five (5) sentences long.

To continue to strive for youth and other resident involvement, increased partnership with law enforcement, and continuous community building to address drug related crime activities, despite a considerable loss of funding due to the projected formula process now required.

The Authority will continue to, despite the diminished resources anticipated, to expand our hope filled activities create a safer social environment and pursue the goals of a strong, vibrant community economically, socially and culturally.

**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.

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)
Oval Grove	160	650
Mount Pleasant	252	429
Senior Housing (Conn 5 -3,5 -4,5 -5,5 -7,5 -9)	392	408

**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).

**6 Months** \_\_\_\_\_    **12 Months** \_\_\_\_\_    **18 Months** \_\_\_\_\_    **24 Months** X    **Other** \_\_\_\_\_

## 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. 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	Anticipated Completion Date
FY1995	242,000	CT26DEP0050195	-0-	N/A	12/31/1997
FY1996	242,000	CT26DEP0050196	-0-	N/A	12/31/1998
FY1997	242,000	CT26DEP0050197	0-	N/A	12/31/1999
FY1998	242,000	CT26DEP0050198	0-	N/A	12/31/2000
FY1999	242,000	CT26DEP0050199	\$8,070.41	N/A	12/31/2001

## 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.

Authority has an evaluation process for all PHDEP and Non-PHDEP programs. Programs are rated according to a 1-4 rating. One means a program needs significant improvement and 4 means a program exceeds the expectation of the Authority.

### B. PHDEP Budget Summary

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

FY 2001 PHDEP Budget Summary	
Budget Line Item	Total Funding
9110 -Reimbursement of Law Enforcement	63,300
9120 -Security Personnel	
9130 -Employment of Investigators	10,000
9140 -Voluntary Tenant Patrol	6,000
9150 -Physical Improvements	
9160 -Drug Prevention	88,973
9170 -Drug Intervention	
9180 -Drug Treatment	
9190 -Other Program Costs	30,000
<b>TOTAL PHDEP FUNDING</b>	<b>198,273</b>

### 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.

<b>9110 - Reimbursement of Law Enforcement</b>						<b>Total PHDEP Funding: \$63,300</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1. To provide above base line services			01/01	12/01	63,300		Annual Program Evaluations
2.							
3.							

<b>9120 - Security Personnel</b>						<b>Total PHDEP Funding: \$</b>	
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.							

<b>9130 - Employment of Investigators</b>						<b>Total PHDEP Funding: \$10,000</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1. To provide above baseline investigative services			01/01	12/01	10,000		Annual program evaluations
2.							
3.							

<b>9140 - Voluntary Tenant Patrol</b>						<b>Total PHDEP Funding: \$6,000</b>	
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<b>Goal(s)5</b>							
<b>Objectives</b>							
<b>ProposedActivities</b>	<b>#of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>PerformanceIndicators</b>
1. Totrainaselectgroupof seniorsresidentsinsecurity measures	400	Seniors	01/01	On-going	6,000		Annualprogram evaluations
2.							
3.							

<b>9150 - PhysicalImprovements</b>					<b>TotalPHDEPFunding:\$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>ProposedActivities</b>	<b>#of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>PerformanceIndicators</b>
1.							
2.							
3.							

<b>9160 -DrugPrevention</b>					<b>TotalPHDEPFunding:\$88,973</b>		
<b>Goal(s)81</b>							
<b>Objectives</b>							
<b>ProposedActivities</b>	<b>#of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>PerformanceIndicators</b>
1.Prevention	300	Lowincome families	01/01	On-going	88,973		Evaluationsforall programs
2.							
3.							

<b>9170 -Drug Intervention</b>					<b>Total PHDEP Funding:\$</b>		
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.							

<b>9180 -Drug Treatment</b>					<b>Total PHDEP Funding:\$</b>		
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.							

<b>9190 -Other Program Costs</b>					<b>Total PHDEP Funds:\$30,000</b>		
Goal(s)2							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. Employa Community Specialist			01/01	On-going	15,000	25,000	Semiannual employee evaluations
2. Employaresidentasa Clerical Assistantforthe Community Affairs Department			01/01	On-going	15,000	20,000	Semiannual employee evaluations
3.							

**Section 3: Expenditure/Obligation Milestones**

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

<b>Budget Line Item#</b>	<b>25% Expenditure of Total Grant Funds By Activity #</b>	<b>Total PHDEP Funding Expended (sum of the activities)</b>	<b>50% Obligation of Total Grant Funds by Activity #</b>	<b>Total PHDEP Funding Obligated (sum of the activities)</b>
<i>e.g Budget Line Item#9120</i>	<i>Activities 1,3</i>		<i>Activity 2</i>	
9110	15,825		31,650	63,300
9120				
9130	2,500		5,000	10,000
9140	1,500		3,000	6,000
9150				
9160	22,243.25		44,486.50	88,973
9170				
9180				
9190	7,500		15,000	30,000
<b>TOTAL</b>	49,568.25	\$	99,136.50	\$198,273

**Section 4: Certifications**

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the “PHA Certifications of Compliance with the PHA Plan and Related Regulations.”

Resident Advisory Board Meeting  
5-Year Plan  
1/30/02

Subcommittee meeting

Participants: Melvin Yopp, resident of Pinnacle Heights, Mary Brody, Systems Analyst, NBHA, Tim Digan, Public Safety Supervisor, NBHA, Carol Martin, Director of Operations, NBHA, Betty Evans, Director of Community Affairs and Programs, NBHA,

The following was discussed:

<b>Admissions and Continued Occupancy:</b>		<b>Policy reviewed</b>
Chapter 1 changes:	Page 1 & 2 Page 3  Page 5  Page 5  Page 5  Page 5  Page 5 Page 6  Page 7  Page 7  Section Q Page 8  Family Outreach Included when the waiting list is open  Section T Page 8  Page 9  Page 9	Verified local and HUD objectives Staff concerned about Section F of pages 3 - 4 prohibited practices; was reviewed with HUD Changed the name from ACOP to ACO policy because it is the Admissions & Continued Occupancy Removed Section (H) Application of the ACOP Removed Section Customer/Resident Services Re-titled K with J statement Copy sentence of the Authority will require written verification from the medical professional when a request for a home visit (copied to chapter 11) Home cut and pasted to Section O of chapter 11 A list of Housing Authority and handicapped cost estimate Added including Braille and audio Updated 903 first paragraph and removed the second paragraph Change name from Family Outreach to Notice of Unit Outreach Form 9886 was verified Included the following wording Executive Director and/or his designee Removed all files must be signed for when removed Change second paragraph in Section U

SectionV                    Addedadministrativeoffices,whichwill  
                                    contain:1.Objective2.Noticeof  
                                    Applicationforhousingneeds  
SectionW                    Terminology:Disabilityandhandicapped  
                                    identifiedseparately

Resident Advisory Board Meeting  
5-Year Plan  
2/13/02

Subcommittee meeting

Participants: Melvin Yopp, resident of Pinnacle Heights, Ethel Fuller, Resident of Oval Grove, Mary Brody Analyst, NBHA, Tim Digan, Public Safety Supervisor, NBHA, Carol Martin, Director of Operations, NBHA, Betty Evans, Director of Community Affairs and Programs, NBHA,

The following was discussed:

<b>Admissions and Continued Occupancy:</b>	<b>Policy reviewed</b>
Chapter 2 changes:	
Page 3	Corrected the number sequence
Page 4	Corrected the number sequence
Page 5	Corrected the number sequence
Page 6	Reviewed the federal regulation to ensure the policy is correct
Page 9	Added the Authority will consider the use resident testimony for evidence
Page 10	Section U was questioned
Page 13	added #5 & 6 to section Screening Suitability

Resident Advisory Board Meeting  
5-Year Plan  
3/05/02

Subcommittee meeting

Participants: Victor Cassella, Deputy Executive Director, NBHA, Ethel Fuller, Resident of Oval Grove, Fredrick Gucken, Resident of Graham Apartments, Robin Spencer, Resident of Graham Apartments, Betty Evans, Director of Community Affairs and Programs, NBHA, Evelyn Rodriguez, Tenant Selection Supervisor

The following was discussed:

**Admissions and Continued Occupancy: Policy reviewed**

Chapter 3 Changes:	Page 1	Removed the Introduction Section, renamed section Application Procedures
	Page 1	Removed the How to Apply section and combined the information to paragraph 1
	Page 1	Removed duplicated information in the Application Procedure area
	Page 1	Added the following language to section A for the application process (initial interview, computerized data and an application will be given to the applicants at the time of initial interview.
	Page 2	Corrected the letter sequence
	Page 2	Removed the Drivers License Number as information required because not everyone has a license
	Page 2	Section B, removed the second paragraph
	Page 3	Corrected the letter sequence, removed unnecessary paragraphs and added the following necessary language
	Page 4	Corrected the letter sequence, removed unnecessary paragraphs, added the date of birth verification and birth certificates (upon request to the; Processing Application Section

Resident Advisory Board Meeting  
5-Year Plan  
3/05/02

Subcommittee meeting

Participants: Victor Cassella, Deputy Executive Director, NBHA, Ethel Fuller, Resident of Oval Grove, Fredrick Gucken, Resident of Graham Apartments, Robin Spencer, Resident of Graham Apartments, Betty Evans, Director of Community Affairs and Programs, NBHA, Evelyn Rodriguez, Tenant Selection Supervisor

The following was discussed:

**Admissions and Continued Occupancy: Policy reviewed**

Chapter 3 Changes:	Page 1	Removed the Introduction Section, renamed section Application Procedures
	Page 1	Removed the How to Apply section and combined the information to paragraph 1
	Page 1	Removed duplicated information in the Application Procedure area
	Page 1	Added the following language to section A for the application process (initial interview, computerized data and an application will be given to the applicants at the time of initial interview.
	Page 2	Corrected the letter sequence
	Page 2	Removed the Drivers License Number as information required because not everyone has a license
	Page 2	Section B, removed the second paragraph
	Page 3	Corrected the letter sequence, removed unnecessary paragraphs and added the following necessary language
	Page 4	Corrected the letter sequence, removed unnecessary paragraphs, added the date of birth verification and birth certificates (upon request to the; Processing Application Section
Chapter 3 Changes:	Page 1	Corrected the grammar and added language to the Section A to include on a, by date and time sequence
	Page 2	Deleted the Reopening the waitlist Paragraph

	Page3	DeletedtopparagraphandinSectionB (WaitListPreferences)paragraph4
	Page4 -7	ReviewedandcomparedtoBoard Resolutionandmadenecessarychanges
	Page10	VerifiedstandardswithAdmissions Department
	Page11	Deletedtopparagraph
	Page14	Addedthe exceptiontotheruleofthe DirectorofAdmissionsandtheExecutive Director
Chapter5Changes	Page	ReviewedSectionC(AccessibleUnit)for Duplicationwithotherchapters

Resident Advisory Board Meeting  
5-Year Plan  
4/10/02

Subcommittee meeting

Participants: Melvin Yopp, Resident of Pinnacle Height, Victor Cassella, Deputy Executive Director, NBHA, Ethel Fuller, Resident of Oval Grove, Betty Evans, Director of Community Affairs and Programs, NBHA, Dan Salerno, Acting Director of Admissions

The following was discussed:

**Admissions and Continued Occupancy: Policy reviewed**

Chapter 6 Changes:		Section was reviewed and compared to the CFR
Page 14		Deleted duplicate number 19
Page 15		Corrected the number sequence and deleted the remaining information of 19
Chapter 7 Changes	Page 1	Deleted unnecessary wording from Section A
	Page 14	Reviewed Verification of Social Security numbers information for Duplication
	Page 15	Medical Need for a Larger Unit was Deleted and added to chapter 8
	Page 16	Deleted Wait List Preferences because already in chapter 4
Chapter 8	Page 1	Added no Transfer Policy approved by the board of commissioners last year
	Page 1	Modified the General Statement and added a note in the Rank Order of the transfer list
	Page 2	Deleted unnecessary wording the three paragraphs, included the wording (as a result of a hearing officer decision, a transfer may be granted) in the Special Circumstance Transfer Section
	Page 2	Corrected grammar
	Page 3	Added the new transfer notification process

Resident Advisory Board Meeting  
5-Year Plan  
4/23/02

Subcommittee meeting

Participants: Melvin Yopp, Resident of Pinnacle Height, Ethel Fuller, Resident of Oval Grove, Patricia Herman, Resident of Mount Pleasant, Kay B. Davids, Resident of Mount Pleasant, Ron Simpson, Director of Admissions, NBHA Betty Evans, Director of Community Affairs and Programs, NBHA,

The following was discussed:

<b>Admissions and Continued Occupancy:</b>		<b>Policy reviewed</b>
Chapter 9 Changes: Page 6		Change the wording from HQS inspections for public housing to Uniformed Physical Condition Standard
	Page 6	Change the quality control from 15% to 5%
Chapter 10	Page 1	Deleted all unnecessary wording
	Page 3	Deleted Section D (American Kennel Club Standard)
	Page 7	Deleted Article 16 and 17
	Page 9	Included new wording in Section P (Pet Fees and Charges) Article 8

Resident Advisory Board Meeting  
5-Year Plan  
5/07/02

Participants: Melvin Yopp, Resident of Pinnacle Height, Ethel Fuller, Resident of Oval Grove, Doris Jones, Resident of Mount Pleasant, Patricia Herman, Resident of Mount Pleasant, Nancy Fontanez, Public Safety, Evelyn Rodriguez, Tenant Selection Supervisor, NBHA Betty Evans, Director of Community Affairs and Programs, NBHA, Robin Spencer, Resident of the Graham Apartments and Fred Gucken Resident of Graham Apartments, Victor Cassella, Deputy Executive Director and Lucy Brozowski, Resident of Security Manor

The following was discussed:

**Admissions and Continued Occupancy: Policy reviewed**

Reviewed Chapter 1 through 7 changes made by the subcommittee and agreed with changes

Resident Advisory Board Meeting  
5-Year Plan  
5/15/02

Subcommittee Meeting

Participants: Melvin Yopp, Resident of Pinnacle Height, Ethel Fuller, Resident of Oval Grove, Doris Jones, Resident of Mount Pleasant, Kim Burton, Public Safety Supervisor, Evelyn Rodriguez, Tenant Selection Supervisor, NBHA Betty Evans, Director of Community Affairs and Programs, and NBHA, Robin Spencer, Resident of the Graham Apartments

The following was discussed:

<b>Admissions and Continued Occupancy:</b>	<b>Policy reviewed</b>
Chapter 11	
Page 2	Deleted first paragraph and pasted to chapter One
Page 2	Included on bullet to the Document Required from the Family to read (Release of information form for third party verification)
Page 2	Deleted the first paragraph of Verification of Information
Page 2	Added the sentence (The family will receive 30 days notice of increases in rent payments)
Page 3	Deleted the second paragraph of the Increases in Income and Rent Adjustments
Page 4	Deleted Cooperation Agreement
Page 5	Made grammar change and included the following sentence (In the event of an overcharge in tenant rent, a credit will be applied to towards their future rental payments)
Page 5	Change the number of days to report income
Page 6	Deleted Section G
Page 6	Added the wording (pending verification of Need) and (their place on the transfer list) And (that is on the current lease)

Chapter 12	Page 8	Deleted second paragraph of Section I
	Page 1	Made grammar changes
	Page 1	Included One Strike and You're Out to Section B
	Page 1 & 2	Reviewed the Non-Payment of Rent Process with the Cashier's office to ensure Accuracy
	Page 3	Corrected grammar

Resident Advisory Board Meeting  
5-Year Plan  
5/29/02

Subcommittee Meeting

Participants: Melvin Yopp, Resident of Pinnacle Height, Nancy Fontanze, Public Safety, Ron Simpson, Director of Admissions, NBHA Betty Evans, Director of Community Affairs and Programs, and NBHA, Robin Spencer, Resident of the Graham Apartments and Victor Cassella, Deputy Executive Director

The following was discussed:

<b>Admissions and Continued Occupancy:</b>	<b>Policy reviewed</b>
Chapter 11	
Page 2	Deleted first paragraph and pasted to chapter One
Page 2	Included on bullet to the Document Required from the Family to read (Release of information form for third party verification)
Page 2	Deleted the first paragraph of Verification of Information
Page 2	Added the sentence (The family will receive 30 days notice of increases in rent payments)
Page 3	Deleted the second paragraph of the Increases in Income and Rent Adjustments
Page 4	Deleted Cooperation Agreement
Page 5	Made grammatical changes and included the following sentence (In the event of an overcharge in tenant rent, a credit will be applied towards their future rental payments)
Page 5	Change the number of days to report income
Page 6	Deleted Section G
Page 6	Added the wording (pending verification of Need) and (their place on the transfer list) And (that is on the current lease)
Page 8	Deleted second paragraph of Section I

Chapter12

Page1  
Page1

Made grammarchanges  
Included OneStrikeandYou'reOut to  
SectionB

Page1&2

ReviewedtheNon -Paymentofrent  
ProcesswiththeCashier'sofficetoensure  
Accuracy

Page3

Correctedgrammar

Resident Advisory Board Meeting  
5-Year Plan  
5/29/02

Subcommittee Meeting

Participants: Melvin Yopp, Resident of Pinnacle Height, Nancy Fontanze, Public Safety, Ron Simpson, Director of Admissions, NBHA Betty Evans, Director of Community Affairs and Programs, and NBHA, Robin Spencer, Resident of the Graham Apartments and Victor Cassella, Deputy Executive Director

The following was discussed:

<b>Admissions and Continued Occupancy:</b>		<b>Policy reviewed</b>
Chapter 13	Page 1	Deleted introduction
	Page 1	Made grammar changes
	Page 2	Transferred Definitions information to the Glossary
	Page 3	Included reference to the glossary
	Page 4	Corrected the number sequence
Chapter 14	Page 1 -6	Reviewed
Chapter 15	Page 2	In Section B, paragraph one change the name to admissions and verification instead of education.
	Page 2	Modified Section C #1 and added a #4
	Page 3	Deleted Public Records
	Page 3	Change wording in Section E
	Page 4	Change wording in Section E
	Page 5	Deleted 3 <sup>rd</sup> paragraph from the top
	Page 5	Change wording in Section F

Resident Advisory Board Meeting  
5-Year Plan  
6/05/02

Participants: Melvin Yopp, Resident of Pinnacle Height, Kim Burton, Public Safety Supervisor, Ethel Fuller, Resident of Oval Grove, Ron Simpson, Director of Admissions, NBHA Betty Evans, Director of Community Affairs and Programs, and NBHA, Robin Spencer, Resident of the Graham Apartments, Fred Gucken, Resident of Graham Apartments and Victor Cassella, Deputy Executive Director

The following was discussed:

**Admissions and Continued Occupancy: Policy reviewed**

Reviewed chapter 8 through 15 changes made by the subcommittee and agreed with changes

Resident Advisory Board Meeting  
5-Year Plan  
8/07/02

Participants: Kim Burton, Public Safety Supervisor, Evelyn Rodriguez, Tenant Selection Supervisor, NBHA Betty Evans, Director of Community Affairs and Programs, and NBHA, Robin Spencer, Resident of the Graham Apartments, Victor Cassella, Deputy Executive Director, Mary Brody, Systems Analyst

The following was discussed :

Reviewed the Electronic Submission plan, designated work assignment to various department heads for information

Resident Advisory Board Meeting  
5-Year Plan  
8/13/02

Participants: Ethel Fuller, Resident of Oval Grove, Ron Simpson, NBHA, Fred Gucken, Resident of Graham Apartments, Victor Cassella, Deputy Executive Director, Mary Brody, Systems Analyst

The following was discussed:

ACOP - reviewed entire document to ensure that all changes (attorney as well as staff and resident advisory board members) have been included in the final document.

Resident Advisory Board Meeting  
5-Year Plan  
9/10/02

Participants: Melvin Yopp, Pinnacle Heights Resident, Ethel Fuller, Resident of Oval Grove, Victor Cassella, Deputy Executive Director, Betty Evans, Director of Community Affairs and Programs

The following was discussed:

The Electronic Submission for the annual plan

Resident Advisory Board Meeting  
5-Year Plan  
10/09/02

Subcommittee Meeting

Participants: Ethel Fuller, Resident of Oval Grove, Victor Cassella, Deputy Executive Director, Betty Evans, Director of Community Affairs and Programs, Mary Brody, Systems Analyst, NHBA, Eileen Kozlowski, Admissions Department, Robin Spencer, Resident of Graham Apartments and Fred Gucken, Resident of Graham Apartments

The following was discussed:

Continued to review the electronic submission and policies that were approved by the Board of Commissions in 2001.

Starting reviewing the following policies:

- Eviction & procedures
- Criminal Drug Treatment
- Procedure for Elderly waitlist

The pet policy that was approved last year for 2001 was replaced by the policy created with the ACO policy. The ACO policy refers you to Book Two of the Black Books

Made the following to the comprehensive lease and incorporated the policy in the ACO policy in Book One of the Black Books.

Resident Advisory Board Meeting  
5-Year Plan  
10/17/02

Participants: Melvin Yopp, resident of Pinnacle Heights, Kay B. Davis, Resident of Mount Pleasant, Ron Simpson, Director of Admissions, Lou Saraceno, Accounting Manager, Betty Evans, Director of Community Affairs

The following was discussed:

***Eviction Policy & Procedures: Policy reviewed***

Changes:	Page 1	Modified Section 2 bullet 5 to remove the Section 8 wording and added ACO wording
	Page 3	Modified Section 5 bullet 5 to delete unnecessary wording
	Page 3	Modified Section 5 bullet 6 to add language for federal and/or state violations
	Page 6	Modified step six, corrected spelling
	Page 8	Corrected number sequence and spelling
	Page 10	Added information to A. Resident Obligation to make the list complete
	Page 11	Corrected number sequence and spelling
	Page 1 2	Corrected number sequence and spelling
	Page 20	Corrected number sequence, spelling and added new step four
	Page 21	Corrected number sequence Incorporated two new letters from the admission department in regard to store -certifications
	Page 28	Corrected number sequence

***Criminal, Drug Treatment, and Registered Sex Offender Classification Records Management Policy: Policy reviewed***

Changes:	Page 1	Modified Section 2, paragraph 2, by changing The name of Tenant Selection Officer to Admissions
	Page 2	Admissions Department reviewed, no changes, all information is within the regulations

***Procedure to be used when there are insufficient elderly applicants on the waitlist:***  
**Policy reviewed**

Changes: No changes necessary

***Transfer Policy:*** **Policy reviewed**

Changes: Incorporated in the Admissions & Continued Occupancy Policy in chapter Eight (8)

***Special Housing Units:*** **Policy reviewed**

Changes: Incorporated in the Admissions & Continued Occupancy Policy in chapter Five (5)

***Continued Assistance after family break -up:*** **Policy reviewed**

**Changes: Incorporated in the Admissions & Continued Occupancy Policy in chapter Five (6)**

***Ratio of Residents –vs.-non-residents participating in Authority and/or resident sponsored trips and/or activities:*** **Policy reviewed**

Changes: Corrected grammar

***Death of a Tenant:*** **Policy reviewed**

Changes: Incorporated in the Admissions & Continued Occupancy Policy in chapter Six (6)

***Repayment after hardship periods:*** **Policy reviewed**

Changes: Incorporated in the Admissions & Continued Occupancy Policy in chapter Six (6)

***Cash Receipt Policy:*** **Policy reviewed**

Changes: Incorporated in the Admissions & Continued Occupancy Policy in chapter Nine (9) and kept as a separate tab

***Rent Determination Response:*** **Policy reviewed**

Changes: Incorporated in the Admissions & Continued Occupancy Policy in chapter Six (6)



Resident Advisory Board Meeting  
5-Year Plan  
10/23/02

Participants: Mary Brody, Systems Analyst, Fred Gucken, Resident of Graham Apartments, Victor Cassella, Deputy Executive Director, Robin C. Spencer, Resident of Graham Apartments.

The following was discussed:

**The Home Ownership Program** : It was requested that the document be reviewed entirely.

Changes:	Introduction Page:	Modify paragraphs
	Summary Page:	made grammatical changes to the 3 <sup>rd</sup> paragraph
	Page III	Reviewed with DMD and Neighborhood Housing Services for accuracy.
	Rule & Regulation	Contacted the DMD and Neighborhood Housing Service for new income limits for 2002 and the HOP program revisions and income limits.
	Page 2	Incorporated all the changes in the policy
	Page 3	Deleted number 10, no longer applicable
	Page 4	Excluded the name of the person(s) and including only the agency to reach and #
		Verified the information for the home ownership training

**One Strike and You're Out** : It was requested that the document be reviewed by the Authority's attorney.

Changes: None at this time, Statue has not changed

**Authority Wide Parking Policy:** Reviewed

Changes:	Page 1	Modified Sec 4 -4 (Motor Vehicle Registration) #4. by adding Upon move in the resident's motor vehicle registration and insurance information will be verified and registered with the Authority.
	Page 2	Deleted: handicap status, not necessary

Resident Advisory Board Meeting  
5-Year Plan  
1/07/03

Participants: Victor Cassella, Deputy Executive Director, Betty Evans, Director of Community Affairs and Programs, Mary Brody, Systems Analyst, Ronald Simpson, Admissions Department, Fred Gucken, Resident of Graham Apartments, Kim Burton, Public Safety Supervisor and Axel Gonzalez, Director of Operations

The meeting was held to review any suggested changes to the policies that were reviewed by the Advisory Board.

The following was discussed: Eviction & procedures

The Deputy Executive Director suggested changes to page 12 of the Eviction Policy & Procedures to clarify the Material Non-compliance Violations Procedures.

1. Request for inspection initiated from Residents, authorized Personnel or Annual Inspection
2. Public Safety schedules inspection of premises with 48 hour notice
3. If premises fail the Uniformed Physical Condition Standards (UPCS):
  - a. A two-way conference letter of Termination of Tenancy Notice (15 day letter) is mailed to the Resident. Prior verification with the Cashier Office and approval of the Executive Officer required.
  - b. Also, copy of letter/referral provided to Community Affairs for any assistance they may provide.
  - c. Resident's right to a grievance hearing and notice of 15 days to correct violation is contained in this letter, which is sent by both certified and regular mail.
  - d. If re-inspection fails, Authority will proceed to Step 8

We also reviewed and compared pages 10, 11 and 12 to the Comprehensive Resident Lease to ensure accuracy.

On page 11 of the eviction policy, number 14 wording was incorrect and incomplete. We took language from the Comprehensive Lease on page 6, number 14 and 14(a) and replaced the former language.

We also reviewed the comprehensive lease to add the following language on page 5 number 4 of the lease to read:

(4) Shall supply any certification, release information or documentation which we, HUD or the State Department of Economic and Community Development determine to be necessary, including submissions required by us for an annual reexamination or interim reexamination of Family income and composition in accordance with HUD and State regulations and sign a new lease on an annual basis.

## CAPITAL FUND PROGRAM 2002

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

<b>PHAName:</b> <b>NEW BRITAIN HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>CT26P00550102</b> Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2002</b>
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	135,000.00			
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	142,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	108,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	225,000.00			
10	1460 Dwelling Structures	1,053,641.00			
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	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	1,663,641.00			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security — Soft Costs				
	Amount of Line XX related to Security — Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				



**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part III: Implementation Schedule**

PHAName: <b>NEW BRITAIN HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program No: <b>CT26P00550102</b> Replacement Housing Factor No:					Federal FY of Grant: <b>2002</b>	
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		
<b>CT5 -1</b> A.	5/31/04			9/30/05				
<b>CT5 -2</b> A.	5/31/04			9/30/05				
<b>CT5 -4</b> A.	5/31/04			9/30/05				



# RESOLUTION#2001 -089

## RESOLUTION APPROVING THE COMPREHENSIVE HOUSING AUTHORITY BUDGET FOR FY 2002

- WHEREAS,** the Housing Authority of the City of New Britain has prepared its 2002 Comprehensive Housing Authority Budget; and
- WHEREAS,** the Comprehensive Housing Authority Budget combines both federal and state housing programs into one unified budget; and
- WHEREAS,** the proposed expenditures are necessary for the efficient and economical operations of the Housing Authority for the sole purpose of serving its low and moderate income families; and
- WHEREAS,** The Comprehensive Budget for FY 2002 is as follows:

*Consolidated Revenue* **\$7,363,690**

	<u>Expenditures</u>
Federal Low Rent:	\$(2,503,655)
State Moderate Rental:	\$(2,282,743)
State Elderly	\$( 147,273)
Section 8 Programs	<u><b>\$ (2,430,018)</b></u>
Total Consolidated Expenses	<u><b>\$(7,363,690)</b></u>

*Consolidated Surplus* **\$-0-**

- WHEREAS,** all proposed expenditures and revenue items are consistent with both federal and state laws and regulations

**NOW THEREFORE, BE IT RESOLVED,** that the Executive Director begins implementing the Comprehensive Housing Authority Budget for FY 2002 as adopted.

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Certified a true copy of a resolution duly adopted by the Housing Authority of the City of New Britain at a special meeting on November 8, 2001 which has not been rescinded or modified in any way.

Date: 11/08/01

\_\_\_\_\_  
Donald J. DeFronzo, Chairperson

NEWBRITAINHOUSINGAUTHORITY  
2002BUDGETSBYPROGRAM

ConsolidatedIncome		7,363,690.00
ConsolidatedExpensesbyFund		
FederalLowRent	2,503,654.60	
StateModerateRental	2,282,743.90	
StateElderly	147,273.80	
Section8TotalconsolidatedExpenses	<u>2,430,017.70</u>	
		<u>7,363,690.00</u>

Consolidatedincome/(Loss)		<u>-</u>
---------------------------	--	----------

TotalUnitsPercentage

FederalLowRent	807	34%
StateMR	750	31%
StateE	50	2%
Section8	<u>804</u>	<u>33%</u>
	<u>2408</u>	<u>100%</u>

NEWBRITA INHOUSINGAUTHORITY  
 SCHEDULEOFPROJECTEDINCOME  
 FORFISCALYEARENDED12/31/2002

Budget

RentalIncome -LowRent		1,900,000.00
NetRentalIncome -StateE		169,912.00
NetRentalIncome -StateMR		2,128,634.00
STIFInterestIncome	100,000.00	
NoticestoQuit	20,664.00	
Launderama	3,303.00	
MaintenanceCharges	11,711.00	
Rent34Marimac	2	0,458.00
Rent30Marimac	4,080.00	
Rent28Marimac	3,648.00	
Rent26Marimac	3,648.00	
Section8AdminFees	603,011.00	
FederalOperatingSubsidy	2,000,000.00	
CompGrant2001Salaries	440,000.00	
CompGrant20011406		-
LegalFees	68,721.00	
RibicoffRoof -Nextel	17,400.00	
NathanHaleBond	6,000.00	
DevconGroupBond	2,500.00	
UnanticipatedRevenue	160,000.00	EnergyAudit

7,363,690.00

\*includes excess of base & vacancy loss

Section8Reservesasof09/30/2001	(264,327.78)
StateMRReservesasof09/30/2001	242,214.97
StateElderlyReservesasof09/30/2001	(82,065.00)
FederalLowRentReservesasof09/30/2001	<u>2,693,292.14</u>

TotalReservesasof09/30/2001 2,589,114.33

STIFBalancesasof09/30/2001	
FederalLowrent	1,446,315.44
StateModerateRental	420,860.70
StateElderly	2,810.48
Section8	<u>2,591.20</u>
	<u>1,872,577.82</u>

NEW BRITAIN HOUSING AUTHORITY'  
 DEPARTMENTAL EXPENSE BUDGETS  
 FOR FISCAL YEAR ENDED 12/31/2002

<u>Approved</u> <u>Department</u>	<u>2001</u>	2002 <u>Requested</u>	-
Office of Executive Director	702,671.00	636,487.00	
Department of Finance	596,313.00	440,676.00	
Modernization Department	213,821.00	211,215.00	
Personnel & Grants	69,657.00	75,738.00	
Public Safety Department 59,481.00		14,215.00	
Admissions Department	600,669.00	555,538.00	
Maintenance Department	2,567,071.00	2,717,957.00	
Community Affairs Department	<u>196,395.00</u>	<u>186,147.00</u>	
	<u>5,005,078.00</u>	<u>4,837,973.00</u>	0.97

Departmental budgets were decreased by 3% over what was approved in 2001.

Central Office	198,616.00	205,800.00
Direct Costs	<u>1,887,500.00</u>	<u>2,319,917.00</u>
Totals	<u>7,091,194.00</u>	<u>7,363,690.00</u>

NEWBRITAINHOUSINGAUTHORITY  
 SCHEDULEOFF -LINEEXPENSES  
 FISCALYEARENDED12/31/2002

	<u>2002</u>	<u>2001</u>
MountPleasantResidentCouncil	15,719.00	25,205.00
OvalGroveResidentCouncil	11,737.00	25,500.00
SeniorCoalitio nResidentCouncil	10,670.00	27,000.00
SeniorCoalitionWishList	-	8,171.36
PinnacleHeightsResidentCouncil	12,789.00	25,500.00
PinnacleHeightsFoodshare		2,080.00
NewBritainHospital -ElderlyClinicalServices	44,532.00	44,532.00
PrudenceCrandall -DomesticViolence	26,000.00	26,000.00
CityofNewBritain -CommunityService	53,000.00	53,000.00
SeniorSecurityPatrol	46,750.00	36,750.00
LeaseCompliance&Security	252,000.00	228,00 0.00
StateMR ClerkofWorks	9,000.00	22,573.72
DadsMakeADifference		28,000.00
GrahamComputerCenter		29,423.00
FederalServiceCoordinators		15,002.00
MLKLandscaping		<u>215,000.00</u>
	<u>482,197.00</u>	<u>811,737.08</u>

**Annual Statement/Performance and Evaluation Report**  
**Part II: Supporting Pages**  
 Comprehensive Grant Program (CGP)

**U.S. Department of Housing  
 and Urban Development**  
 Office of Public and Indian Housing  
**CT26P005708-99REV.2**

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Revision 1	Revision 2	Funds Obligated (2)	Funds Expended (2)	
PHAWIDE	Director of Operations	1410.00		32,500.00	32,500.00	32,500.00	9,196.14	
	Clerk of the Works	1410.00		60,000.00	60,000.00	60,000.00	16,354.38	
	Modernization Secretary	1410.00		35,500.00	35,500.00	35,500.00	10,407.86	
	A&E Fees	1430.00		110,000.00	110,000.00	110,000.00	668.00	
	Authority Acquisition of the Sheridan Building for Rehab and Relocation of Main Office	1470.00		0.00	0.00	0.00	0.00	
	<b>TOTAL</b>			<b>238,000.00</b>	<b>238,000.00</b>	<b>238,000.00</b>	<b>36,626.38</b>	

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

7/11/01

X

**Annual Statement/Performance and Evaluation Report**

**Part II: Supporting Pages**

**Comprehensive Grant Program (CGP)**

**U.S. Department of Housing**

**and Urban Development**

Office of Public and Indian Housing

**CT26P005708-99REV.2**

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Revision 1	Revision 2	Funds Obligated (2)	Funds Expended (2)	
<a href="#">CT5001</a> MOUNT PLEASANT	A.) Replace & Refurbish Vinyl Siding & Soffits	1460.00	252	50,000.00	50,000.00	50,000.00	0.00	
	B.) Thermal Window Replacement	1460.00	252	670,000.00	670,000.00	670,000.00	41,786.51	
	C.) Site work Improvements & Lighting	1450.00	252	0.00	0.00	0.00	0.00	
	D.) Smoke Detector Code Upgrades	1460.00	252	250,000.00	250,000.00	250,000.00	42,333.18	
<a href="#">CT5002</a> OVAL GROVE	A.) Improve Site Lighting	1450.00	160	0.00	0.00	0.00	0.00	
	B.) Smoke Detector Code Upgrades	1460.00	160	150,000.00	150,000.00	150,000.00	42,333.18	
<a href="#">CT5003</a> KNAPP VILLAGE	A.) Landscaping Improvements	1450.00	60	17,805.00	17,805.00	17,805.00	0.00	
	B.) Call for Aid Upgrade / Central Monitor Station	1465.10	60	60,000.00	60,000.00	60,000.00	116.60	
	<b>SUBTOTAL</b>			<b>1,197,805.00</b>	<b>1,197,805.00</b>	<b>1,197,805.00</b>	<b>126,569.47</b>	

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Signature of Executive Director and Date

Signature of Public Housing Director / Office of Native American Programs Administrator and Date

**X**

**7/11/01**

**X**

**Annual Statement/Performance and Evaluation Report**

**Part II: Supporting Pages**

Comprehensive Grant Program (CGP)

U.S. Department of Housing

and Urban Development

Office of Public and Indian Housing

**CT26P005708-99REV.2**

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Revision 1	Revision 2	Funds Obligated (2)	Funds Expended (2)	
<a href="#">CT5004</a> KENNEDY APTS.	A.) Call for Aid Upgrade/ Central Monitor Station	1465.10	70	60,000.00	60,000.00	60,000.00	116.60	
	B.) Trash Compactor	1465.10	70	5,000.00	5,000.00	5,000.00	0.00	
	C.) Hot Water Heater	1465.10	70	75,000.00	75,000.00	75,000.00	0.00	
	D.) Common Area Paint and Carpet	1460.00		0.00	3,000.00	3,000.00	2,950.28	
<a href="#">CT5005</a> RIBICOFF APTS.	A.) Call for Aid Upgrade/ Central Monitor Station	1465.10	104	61,000.00	61,000.00	61,000.00	116.60	
	B.) Common Area Paint and Carpet	1460.00		0.00	3,000.00	3,000.00	2,950.28	
	<b>SUBTOTAL</b>			<b>201,000.00</b>	<b>207,000.00</b>	<b>207,000.00</b>	<b>6,133.76</b>	

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Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

7/11/01

X

**Annual Statement/Performance and Evaluation Report**

**Part II: Supporting Pages**

Comprehensive Grant Program (CGP)

U.S. Department of Housing

and Urban Development

Office of Public and Indian Housing

**CT26P005708-99REV.2**

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Revision 1	Revision 2	Funds Obligated (2)	Funds Expended (2)	
<a href="#">CT5007</a> <b>GRAHAM APTS.</b>	A.) Call for Aid Upgradew/ Central Monitor Station	1465.10	100	60,000.00	60,000.00	60,000.00	116.60	
	B.) Hot Water Tank & Flue Replacement	1460.00		50,000.00	38,000.00	38,000.00	0.00	
	C.) Common Area Paint and Carpet	1460.00		0.00	3,000.00	3,000.00	2,950.29	
<a href="#">CT5009</a> <b>D'AMATO APTS.</b>	A.) Call for Aid Upgradew/ Central Monitor Station	1465.10	58	59,000.00	59,000.00	59,000.00	116.60	
	B.) Common Area Paint and Carpet	1460.00		0.00	3,000.00	3,000.00	2,950.29	
	SUBTOTAL			169,000.00	163,000.00	163,000.00	6,133.78	
	<b>TOTAL</b>			<b>1,805,805.00</b>	<b>1,805,805.00</b>	<b>1,805,805.00</b>	<b>175,463.39</b>	

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

7/11/01

X

**Instructions: Enter your authority name, Grant number, and Year.  
Use your "F2" key to edit cell B:A11 to check the appropriate box and enter the year.  
Use your "F2" key to edit cells B:A12 if you need to make changes.  
For lines 20-23 LBP Activities etc. must be entered manually.  
Press "F9" to recalculate totals, "arrow" right or "tab" to implement Sched====>**

**Annual Statement/Performance and Evaluation Report**  
**Comprehensive Grant Program (CGP) Part I: Summary**  
 CT26P005708-99, Rev.2

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

HAName <b>Housing Authority of the City of New Britain</b>	Comprehensive Grant Number <b>CT26P005708-99</b>	FFY of Grant Approval <b>1999</b>
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Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement/Revision Number \_\_\_\_\_  Performance and Evaluation Report for Program Year Ending \_\_\_ 1999 \_\_\_

Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Actual Cost <sup>2</sup>	
		Revision1	Revision2	Obligated	Expended
1	Total Non-CGPF Funds				
2	1406 Operations (May not exceed 10% of line 19)				
3	1408 Management Improvements				
4	1410 Administration	128,000.00	128,000.00	128,000.00	35,958.38
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	110,000.00	110,000.00	110,000.00	668.00
8	1440 Site Acquisition				
9	1450 Site Improvement	17,805.00	17,805.00	17,805.00	0.00
10	1460 Dwelling Structures	1,120,000.00	1,120,000.00	1,120,000.00	138,254.01
11	1465.1 Dwelling Equipment-Nonexpendable	430,000.00	430,000.00	430,000.00	583.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Costs				
17	1498 Mod Used for Development				
18	1502 Contingency (may not exceed 8% of line 19)				
19	<b>Amount of Annual Grant (Sum of lines 2-18)</b>	<b>1,805,805.00</b>	<b>1,805,805.00</b>	<b>1,805,805.00</b>	<b>175,463.39</b>
20	Amount of line 19 Related to LBP Activities	0.00	0.00	0.00	0.00
21	Amount of line 19 Related to Section 504 Compliance	0.00	0.00	0.00	
22	Amount of line 19 Related to Security	0.00	0.00	0.00	583.00
23	Amount of line 19 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Signature of Executive Director & Date:  
**X** **7/11/01**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:  
**X**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report.







**Annual Statement/Performance and Evaluation Report**  
**Part III: Implementation Schedule**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

[Comprehensive Grant Program \(CGP\) CT26P005708-99REV.2](#)

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Revision 1	Revision 2	Actual (2)	Original	Revision 1	Actual (2)	
<a href="#">CT5001</a>							
Replace Soffits	10/00	10/00					
Replace Windows	10/00	10/00					
Site Work	-	-					
Smoke Detectors	10/00	10/00					
<a href="#">CT5002</a>							
Site Lighting	-	-					
Smoke Detectors	10/00	10/00					
<a href="#">CT5003</a>							
Landscaping	10/00	10/00					
Call for Aid	10/00	10/00					
<a href="#">CT5004</a>							
Call for Aid	10/00	10/00					
Trash Compactor	10/00	10/00					
Hot Water Tank	10/00	10/00					
Common Area Paint & Carpet	-	-					

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X **7/11/01**

X

**Annual Statement/Performance and Evaluation Report**  
**Part III: Implementation Schedule**

U.S. Department of Housing

OMB Approval No. 2577-0157 (Exp. 7/31/98)

and Urban Development

[Comprehensive Grant Program \(CGP\) CT26P005708-99REV.2](#)

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Revision 1	Revised (2)	Actual (2)	Original	Revised (1)	Actual (2)	
<a href="#">CT5005</a> Call for Aid Common Area Paint & Carpet	10/00 -	10/00 -					
<a href="#">CT5007</a> Call for Aid Hot Water Tank & Flue Replacement Common Area Paint & Carpet	10/00 10/00 -	10/00 -					
<a href="#">CT5009</a> Call for Aid Common Area Paint & Carpet	10/00 -	10/00 -					

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X** **05/29/03**

**X**





Part III: Implementation Schedule

and Urban Development

Comprehensive Grant Program (CGP) CT26P005706-97 REV. 2

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Revision 1	Revision 2	Actual (2)	Original	Revision 1	Revision 2	

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

06/09/99

X

## Instructions

This is a three-dimensional file which produces HUD Form 5283 / Part I, II and III, the annual reporting forms for the Comp Grant program.

### Special Features:

- Press the "Ctrl" key and the letter "P" simultaneously to print all completed pages of 5283 / Part II, the 5283 / Part I, and the 52837 Part III on letters sized paper.

- Press the "Ctrl" key and the letter "A" to add a new page of 52826 Part II only. Make sure the cursor is in worksheet column A directly beneath the last line of the last completed page.

For example, we provide you with five pages of the 52837 Part II to start with, to add a new page go to cell A:A203 and press the "Ctrl" key and the letter "A" simultaneously. Do not hit any other key(s) until the letters "CMD" leave the bottom of your screen.

- Pressing the "Ctrl" key and the letter "D" simultaneously deletes an unwanted page. Make sure your cursor is in column "A" and in the top left corner of the page of the page you want to delete. Never delete the first page as it contains database header information.

Example: To delete the page you added in the above example, move your cursor to cell A:A203 and press the "Ctrl" key and the letter "D" simultaneously. Do not hit any other key(s) until the letters "CMD" leave the bottom of the screen. This macro may take a few seconds to execute.

- Pressing the "Ctrl" key and the letter "U" or the "F9" key updates the HUD Form 52837 Part I which is essentially a "totals" page. This worksheet uses a database to summarize, sort, and total work items. The HUD Form 52837 Part I is always updated.

See the manual for more information or call our technical support line.







**AddaPage**

**PrintallForms**

**DeleteaPage**

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Pressthe"Ctrl"keyandtheletter"P"  
to"Print"

MACROKEY

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\W /WGRM{GOTO}C:N1~{WAIT @NOW+@TIME(0,0,2)}/tar{PANELON}{GOTO}A:A10~/WGPE{QUIT}



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### **In responseto Technical Deficiency No.2:**

Performance and Evaluation Reports for CFP 2000 and 2001 are attached with the column marked "Status" of Work" revised to reflect the current status of all projects.

### **In responseto Technical Deficiency No.3 :**

Per the 5% threshold, the New Britain Housing Authority should have a minimum of 41 fully ADA accessible units. Currently there are a total of 24 accessible units. In order to address this deficiency and expedite the work, the New Britain Housing Authority has reprogrammed ADA work previously programmed for CFP 2006 into CFP 2004.

Per the 2% threshold for visual and/or hearing impaired the New Britain Housing Authority is required to have a minimum of 17 visual and/or hearing impaired units. Currently the New Britain Housing Authority has a total of 20 visual and/or hearing impaired units which exceeds the minimum threshold for compliance.

In an ongoing effort to correct deficiencies with regard to ADA/ HUD 504 regulations, staff will review future 1 & 5 Year Plans to bring the Authority into full compliance in a more timely fashion.

### **In addition, with regard to concern over slow obligations and expenditures under the Capital Fund Program:**

#### CT26P00550100

CT26P00550100 is fully obligated. All programmed projects are complete with the exception of three projects that are currently in the construction phase and slated for completion by October 2003. It is anticipated that this grant will be fully expended and closed out prior to the end date of 9/30/2004.

#### CT26P00550101

The New Britain Housing Authority is currently preparing a revision to CT26P00550101 to include an allocation of funding to Account 1406, Operations, as well as changes to various projects already programmed into this and/or another grant year. With the proposed changes, it is anticipated that all funds will be fully obligated by the 6/03/2003 obligation deadline.

#### CT26P00550102

All projects currently programmed into CT26P00550102 are either in design or in the bid phase. It is anticipated that all projects programmed into this grant will be fully obligated by the end of the current fiscal year and well in advance of the obligation date of 5/30/2004.

Attached for review and support of the aforementioned are copies of all three grants with revisions to the "Status of Work" column showing the current status of all programmed work items.

**With regard to expenditures under the Capital Fund Program targeted to developments appearing to need the greatest work, the following work items are planned for FY2003 to help ensure the long-term physical and social viability of the developments:**

<u>Development</u>	<u>Funding Source</u>	<u>Project Description</u>
Mount Pleasant, CT5 -1	2000	Baseboard Heating System Upgrades
	2002	Bathroom Upgrades
Ribicoff Apts., CT5 -5	2001	Site Improvements
	2001	Refurbish Windows & A/C Sleeves
	2003	Kitchen Upgrades
	2003	Balcony Door Replacements
Knapp Village, CT5 -3	2001	Community Room Upgrades
	2003	Perimeter Fencing & Drainage
Kennedy Apts., CT5 -4	2001	Site Improvements
	2001	Replace Windows
	2002	Replace & Seal Exterior Bldg. Facade

All of the aforementioned projects are either under construction or in the design phase and targeted for construction by the end of the current year.