

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

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# PHA Plans

5 Year Plan for Fiscal Years 2000 - 2004  
Annual Plan for Fiscal Year 2003

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

## PHA Plan Agency Identification

**PHA Name:** Low Rent Housing Agency of Burlington, Iowa

**PHA Number:** IA015

**PHA Fiscal Year Beginning:** 01/2003

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2000 - 2004**

[24 CFR Part 903.5]

**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.
- X The PHA's mission is: (state mission here) to facilitate, in a non-discriminatory manner, the formation of an appropriately sized inventory of decent, safe and sanitary housing that is accessible and affordable to lower-income residents of Burlington, Iowa. This will be accomplished through advocacy, administration of programs, promotion of economic opportunity, and ownership of public housing.

**B. Goals**

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

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

- 1 PHA Goal: Expand the supply of assisted housing
- Objectives:
- Apply for additional rental vouchers:
- A Reduce public housing vacancy days:
- 1) Market turnover units before reconditioning is completed.
- 2) Utilize contract services to recondition units during periods of high turnover.
- Leverage private or other public funds to create additional housing opportunities:
- Acquire or build units or developments
- Other (list below)
- 1) Make a decision on the possible designation of Autumn Heights for exclusive occupancy by the elderly. An affirmative decision will necessitate substitution of alternative assistance for the population that loses admissions eligibility.

2 PHA Goal: Improve the quality of assisted housing

Objectives:

Improve public housing management: (PHAS score)

Improve voucher management: (SEMAP score)

A Increase customer satisfaction:

1) Renovate or modernize public housing units.

2) Conduct at least one Agency-sponsored resident activity/program at Autumn Heights each month.

B Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)

1) Implement a computerized maintenance tracking system for Autumn Heights.

2) Successfully transition to GAAP with no audit findings once changes are properly implemented.

3) Place 95% or more units of Section 8 into utilization each year, including practicing over leasing if necessary to accomplish this goal.

4) Decrease average number of calendar days public housing units are in lease-up time by 10% each year of the planning period.

5) Implement each Administrative Plan update within three months of receiving template from Nan McKay.

6) Implement any required modification to public housing Admissions and Continued Occupancy Plan (ACOP) within six months of regulation/law changes.

7) Implement improved Section 8 rent comparability process.

C Renovate or modernize public housing units:

1) Complete space conversion plan to establish 5 enlarged 1-bedroom apartments.

2) Continue to use CIAP/CFP in an effective manner to accomplish 5-year CFP action plan.

Demolish or dispose of obsolete public housing:

Provide replacement public housing:

Provide replacement vouchers:

D Other: (list below)

1) Participate in the public housing Operating Fund program. The PHA has not received PFS in the past.

2) Participate in the public housing Capital Fund program and expend these funds each year within two years of approval date.

3) Maintain PHAS high performer status throughout the planning period.

4) Attain SEMAP high performer status during the planning period and sustain this level of performance thereafter.

5) Accomplish all "Betterments and Additions" included in the Agency's public housing budgets.

3 PHA Goal: Increase assisted housing choices

Objectives:

- Provide voucher mobility counseling:
  - A Conduct outreach efforts to potential voucher landlords
  - B Increase voucher payment standards
- Implement voucher homeownership program:
- Implement public housing or other homeownership programs:
- Implement public housing site-based waiting lists:
- Convert public housing to vouchers:
- Other: (list below)

**HUD Strategic Goal: Improve community quality of life and economic vitality**

4 PHA Goal: Provide an improved living environment

Objectives:

- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
  - A Implement public housing security improvements:
    - 1) Continue to use a PHA employee to perform protective service inspections.
    - 2) Incorporate security improvements into CFP budgets.
- Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- Other: (list below)

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

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

Objectives:

- Increase the number and percentage of employed persons in assisted families:
- Provide or attract supportive services to improve assistance recipients' employability:
  - A 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**

- 6 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:
  - A 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:
    - 1) Provide information to voucher holders regarding unlawful discrimination and any recourse that may be available to them.
    - 2) Post fair housing posters in PHA offices.
    - 3) Attend fair housing training.
    - 4) Analyze and address disproportionate housing needs.
  - B Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
    - 1) Make reasonable accommodations.
    - 2) Attend fair housing training.
    - 3) Notify agencies/organizations serving persons with disabilities of the availability of assisted housing.
  - Other: (list below)

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

- A. Improve participation in Autumn Heights Resident Council by 5% each year of the planning period commencing 01/01/2000, using 35 residents as the baseline. An average of 35 residents attended meetings during the first 7 months of 1999.
- B. Include at least one staff member's attendance at one regional or national housing conference sponsored by NAHRO or PHADA each year.
- C. Each full-time staff member to attend at least three training conferences during the planning period.
- D. Complete redevelopment of the 2910 Winegard Drive site, whether by disposition and sale, retention for parking and excess land, development of lower-income or mixed use development, and any/or any combination of the above.
- E. Retain "A" scores on each component of the PHAS: physical condition, financial condition, management operations and resident service and satisfaction.
- F. Paint all the public hallways within Autumn Heights including walls, ceilings and doorframes.

# Annual PHA Plan PHA Fiscal Year 2003

[24 CFR 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**

[24 CFR Part 903.7 9 (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.

This is the PHA's fourth year under PHAP requirement. The plan continues to reflect changes in content that were implemented in 2001, including modifications to the goals and objectives section of the Five-Year Plan. The most significant policy matter still unresolved by the Board of Commissioners is the potential designation of Autumn Heights. Final action had been delayed pending a decision by the Des Moines County Board of Supervisors to close Gateway, the County's residential care center. In May 2002, Des Moines County confirmed that Gateway will be closed and announced that they had reached agreement to acquire a property on which 21 apartments/beds would be developed. With this uncertainty resolved, it is anticipated that the Board of Commissioners will finalize a decision to designate or not designate Autumn Heights during the coming fiscal year. The 2003 Annual Plan reflects continued implementation of the statutory requirements of the Quality Housing and Work Responsibility Act of 1998. The Capital Fund Program for modernizing the living environment at Autumn Heights will be the primary emphasis of the public housing component of the 2003 Annual Plan; for Section 8, the primary emphases will be to maintain a high utilization rate, implement the lead-based paint regulations and rent reasonableness requirements and adopt a regular Section 8 Homeownership Program.

## **iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (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 file name in parentheses in the space to the right of the title.

#### Required Attachments:

- Admissions Policy for Deconcentration : PHA is excluded by having only one elderly, handicapped/disabled development
- FY 2003 Capital Fund Program Annual Statement (ia015g04)
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

#### Optional Attachments:

- PHA Management Organizational Chart
- FY 2003 Capital Fund Program 5 Year Action Plan (ia015g04)
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

- A. Statement of progress in meeting the 5-Year Plan Mission and Goals (ia015a04);
- B. Resident Membership of the PHA Governing Board (ia015b04);
- C. Membership of the Resident Advisory Board (ia015c04);
- D. Pet Policy (ia015d04);
- E. Resident Community Service Requirement (ia015e04); and
- F. Description of Pest Eradication (ia015f04.doc)
- G. Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessment (ia015h04).

**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.

<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	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 any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial</i>	Annual Plan: Eligibility, Selection, and Admissions Policies

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	<i>Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program X check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other	Annual Plan: Community

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	resident services grant) grant program reports	Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) 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)
X	Implementation of Public Housing Resident Community Service	Annual Plan: Community Service & Self-Sufficiency
X	Pet Policy	Annual Plan: Pets
X	Policy defining "substantial deviation" and "significant amendment or modification" PHAP	5 Year and Annual Plan

## **1. Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

### **A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford-ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access-ibility</b>	<b>Size</b>	<b>Loca-tion</b>
Income <= 30% of AMI	1303	5	5	5	5	4	2
Income >30% but <=50% of AMI	1409	5	5	4	5	4	2
Income >50% but <80% of AMI	1965	3	3	3	5	4	2
Elderly	2082	3	3	4	5	4	2
Families with Disabilities	2500	3	5	5	5	3	2
Race/Ethnicity Black	210	4	3	5	5	4	2
Race/Ethnicity	41	4	3	5	5	4	2

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Hispanic							
Race/Ethnicity							
Race/Ethnicity							

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

- X Consolidated Plan of the Jurisdiction/s  
Indicate year: 2000
- X U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- X Other sources: (list and indicate year of information)
  1. Supply: Agency estimate
  2. Accessibility: Unknown
  3. Location: Non-entitlement jurisdiction

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

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** 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	28		40
Extremely low income <=30% AMI	16	57	
Very low income (>30% but <=50% AMI)	9	32	
Low income (>50% but <80% AMI)	3	11	
Families with children			
Elderly families	20	71	
Families with Disabilities	8	29	
Race/ethnicity White	28	100	
Race/ethnicity/ Hispanic			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	190*	96	39

Housing Needs of Families on the Waiting List			
2 BR	5	3	1
3 BR	1	1	0
4 BR			
5 BR			
5+ BR			
<p>* 1 BR composition is 195 gross/ 190 net. This difference results from a space reallocation program accomplished in 2000 that created 5 enlarged 1 BR units with two baths and two sleeping areas and five non-dwelling units. Also, three 1 BR units are used as offices: one by the PHA and two by the Visiting Nurses Association.</p> <p>Is the waiting list closed (select one)? X No <input type="checkbox"/> Yes</p> <p>If yes:</p> <p>How long has it been closed (# of months)?</p> <p>Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Does the PHA permit specific categories of families onto the waiting list, even if generally closed? X No <input type="checkbox"/> Yes</p>			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input checked="" type="checkbox"/> Section 8 tenant-based assistance <input 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	25		60
Extremely low income <=30% AMI	22	88	
Very low income (>30% but <=50% AMI)	3	12	
Low income (>50% but <80% AMI)			
Families with children	17	68	
Elderly families	1	4	
Families with Disabilities	6	24	

<b>Housing Needs of Families on the Waiting List</b>			
Race/ethnicity White	23	92	
Race/ethnicity Black	2	8	
Race/ethnicity Hispanic			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	8	32	
2 BR	12	48	
3 BR	5	25	
4 BR			
5 BR			
5+ BR			
<p>Is the waiting list closed (select one)?    No   X   Yes</p> <p>If yes:</p> <p>How long has it been closed (# of months)? 22 months.</p> <p>Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No   X   Yes</p> <p>Does the PHA permit specific categories of families onto the waiting list, even if generally closed? X   No   <input type="checkbox"/> Yes</p>			

### **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

- A    Employ effective maintenance and management policies to minimize the number of public housing units off-line
- B    Reduce turnover time for vacated public housing units
- C    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
- D Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- E 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-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates 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
- A Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- B Other: (list below)
  - 1) Provide Agency representation on the Des Moines County Housing Task Force and actively participate in programs to accomplish stated plans and goals.
  - 2) Obtain additional vouchers for handicapped/disabled, if Autumn Heights is designated exclusively for the elderly.
  - 3) Maintain high Section 8 utilization, including practicing over leasing, if necessary to keep the utilization rate above 95%.

**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 vouchers targeted to the elderly, should they become available
- A Other: (list below)
  - 1) Finalize a decision to designate or not designate Autumn Heights for exclusive occupancy by elderly. (This decision was deferred in 2000, 2001 and 2002 and was still unsettled when the 2003 update was submitted.)

**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 vouchers targeted to families with disabilities, should they become available
- A 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

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

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

Select all that apply

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

- A Funding constraints
- B Staffing constraints
- Limited availability of sites for assisted housing
- C 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
- D Community priorities regarding housing assistance
- Results of consultation with local or state government
- E Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

**2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (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 2000 grants)</b>		
a) Public Housing Operating Fund	76,224	
b) Public Housing Capital Fund	269,089	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	935,045	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>3. Public Housing Dwelling Rental Income</b>	510,000	Operations
<b>4. Other income (list below)</b>		
Interest	11,000	Operations
Miscellaneous	20,000	Operations
<b>4. Non-federal sources (list below)</b>		
<b>Total resources</b>	1,821,358	

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

[24 CFR Part 903.7 9 (c)]

## A. Public Housing

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

### (1) Eligibility

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

When families are within a certain number of days of being offered a unit: (state number)

When families are within a certain time of being offered a unit: When application reaches top of list and appropriate unit size is available.

Other: (describe)

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

Criminal or Drug-related activity

Rental history

Housekeeping

Other (describe)

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

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

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

### (2) Waiting List Organization

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

Community-wide list

Sub-jurisdictional lists

Site-based waiting lists

Other (describe)

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

PHA main administrative office

PHA development site management office

Other (list below)

c. If the PHA plans 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
- X Two
- Three or More

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

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

### **(4) Admissions Preferences**

a. Income targeting:

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

b. Transfer policies:

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

Emergencies

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

c. Preferences

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

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

Former Federal preferences:

- 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
- X Other preference(s) (list below)
  - A. Singles Preference: elderly, disabled and displaced families are given preference over other singles.

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 point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

- 1 Singles preference
- 2 Date and time

Former Federal preferences:

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in 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
- X Not applicable: the pool of applicant families ensures that the PHA will meet income-targeting requirements.

**(5) Occupancy**

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

- X The PHA-resident lease
- X The PHA's Admissions and (Continued) Occupancy policy
- X PHA briefing seminars or written materials
- X Other source (list)
  1. Informational Booklet/House Rules
  2. Newsletter: *Autumn Leaves*

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- At an annual reexamination and lease renewal
- X Any time family composition changes
- At family request for revision

Other (list)

**(6) Deconcentration and Income Mixing**

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

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

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

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

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

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

Other (list policies and developments targeted below)

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

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

Additional affirmative marketing

Actions to improve the marketability of certain developments

Adoption or adjustment of ceiling rents for certain developments

Adoption of rent incentives to encourage deconcentration of poverty and income-mixing

Other (list below)

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

Not applicable: results of analysis did not indicate a need for such efforts

List (any applicable) developments below:

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

Not applicable: results of analysis did not indicate a need for such efforts

List (any applicable) developments below:

## **B. Section 8**

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

### **(1) Eligibility**

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

X Criminal or drug-related activity only to the extent required by law or regulation

Criminal and drug-related activity, more extensively than required by law or regulation

More general screening than criminal and drug-related activity (list factors below)

Other (list below)

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

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

d.  Yes X 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) Waiting List Organization**

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

X 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)

- X PHA main administrative office
- Other (list below)

**(3) Search Time**

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

If yes, state circumstances below:

1. Extenuating circumstances such as hospitalization
2. When reasonable effort was used throughout the shopping period
3. When vacancy rates are below 5%
4. As accommodation for disability-related problems.

**(4) Admissions Preferences**

a. Income targeting

Yes X 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 X 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 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 point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Former Federal preferences

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

Other preferences (select all that apply)

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

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

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

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

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

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

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

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

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

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

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

- Through published notices
- Other (list below)

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

[24 CFR Part 903.7 9 (d)]

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

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

#### **(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

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

---or---

- X 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  
X \$26-\$50

2.  Yes X 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% than adjusted income

1.  Yes X 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 bedroom sizes
- Other (list below)

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

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

f. Rent re-determinations :

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

- Never
- At family option
- Any time the family experiences an income increase
- Any time 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)

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

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

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

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

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

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

- Annually
- Other (list below)

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

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

## **(2) Minimum Rent**

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

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

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

## **5. Operations and Management**

[24 CFR Part 903.7 9 (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.
- X A brief description of the management structure and organization of the PHA follows:

The PHA, an independent Municipal Housing Agency, is governed by a five person Board of Commissioners appointed by the Mayor with the concurrence of the City Council. The Mayor also appoints the Chair and Vice-chair. The PHA has two divisions: Public Housing and Section 8. The Executive Director is responsible for overall management and operation of the Agency and is assisted by two division heads: Director of Housing Operations for Public Housing and Assistant Director of Housing Operations/Section 8 Program Coordinator for the Housing Choice Voucher Program. The Public Housing Program's administrative function also employs a Tenant Services Coordinator and shares a Receptionist/Clerical position with the Section 8 Program. The Public Housing Program's maintenance function is headed by a

working Maintenance Supervisor with the following other personnel: Maintenance Specialist I (2), Maintenance Specialist II (1) and Housekeeper (2). A temporary maintenance position was also created in July 2002 to assist the CFP and lawn care functions. The Section 8 Program's administrative function has one part-time Inspector.

**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	201	40
Section 8 Vouchers	277	60
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

**C. Management and Maintenance Policies**

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

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

- Admission and Continued Occupancy Policy
- Dwelling Lease
- Grievance Policy
- House Rules/Information Booklet

Pest Control Plan (refer to Ia015f03.doc)  
Minimum Rent Hardship Exception Policy  
Safety and Crime Prevention Policy  
Investment Policy  
Capitalization Policy  
Disposition Policy  
Procurement Policy  
Fair Housing and Equal Opportunity Policy  
Community Service Policy  
Inventory  
Ceiling/Flat Rent computation process  
Travel Policy

(2) Section 8 Management: (list below)

Section 8 Administrative Plan  
Grievance policy  
Equal Opportunity Housing Plan  
Utility Allowances Schedules  
Payment Standards  
Investment Policy  
Capitalization Policy  
Disposition Policy  
Procurement Policy  
Inventory  
Travel Policy

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6.  
Section 8-Only PHAs are exempt from sub-component 6A.

### **A. Public Housing**

1.  Yes  No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

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

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

**B. Section 8 Tenant-Based Assistance**

1.  Yes  No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office 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**

[24 CFR Part 903.7 9 (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)

-or-

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

**Table Library**

**Component 7  
Capital Fund Program Annual Statement**

FY 2003 Annual Plan Page 29

**Parts I, II, and III**

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

Capital Fund Grant Number: IA05P1550102      FFY of Grant Approval: 2002

X Original Annual Statement (Budget Revision Number 3)

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	138,949
10	1460 Dwelling Structures	13,140
11	1465.1 Dwelling Equipment-Nonexpendable	55,000
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	62,000
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>	269,089
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	40,000
24	Amount of line 20 Related to Energy Conservation Measures	5,000

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
IA015 / Autumn Heights			
1.	Repair / replace bridge	1450	15,000
2.	Paving and storm sewer repair	1450	123,949
3.	Replace window panels	1460	
4.	Replace L-R exterior doors	1460	
5.	Replace ceiling tile	1460	3,000
6.	Replace lighting in offices and community room	1450	5,000
7.	Replace cooking ranges	1465.1	55,000
8.	Construct storage facility	1470	
9.	Security improvements	1475	40,000
10.	Procure refrigeration handling equipment	1475	3,000
11.	Replace passenger van	1475	19,000
12.	H-R boiler replacement	1460	5,140

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
IA015/ Autumn Heights		
1.	03/31/2003	09/30/2003

2.	06/30/2003	09/30/2003
3.		
4.		
5.	03/31/2003	12/31/2003
6.	12/31/2002	01/31/2003
7.	12/31/2002	01/31/2003
8.		
9.	03/31/2003	12/31/2003
10.	12/31/2002	01/31/2003
11.	12/31/2002	01/31/2003
12.	12/31/2002	01/31/2003

**(2) Optional 5-Year Action Plan**

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

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

b. If yes to question a, select one:

X The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (ia015g04)

-or-

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

## 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
IA015001	Autumn Heights	2	1%
Description of Needed Physical Improvements or Management Improvements			Estimated Cost
Planned Start Date (HA Fiscal Year)			
1. Construct storage building			100,000
2. Replace shingles at all low-rise buildings			120,000
3. Remodel kitchens and bathrooms			55,000
4. Continue to remodel kitchens and bathrooms			200,000
5. Upgrade computers			20,000
6. Repair gazebo			5,000
7. Replace drapes			50,000
8. Replace refrigerators			80,000
9. Complete replacement of drapes			50,000
10. Install fence on north boundary			5,000
11. Replace pick-up truck			20,000
12. Remodel H-R community room and kitchen			20,000
13. Replace beauty shop equipment			5,000
14. Powder coat heat registers and fan grills			10,000
15. Replace bridge over pond			5,000
16. Replace/expand landscaping			20,000
17. Upgrade exterior lighting			20,000
18. Replace kitchen tables and chairs			5,000
19. Replace folding chairs			2,000
20. Continue to remodel kitchens and bathrooms			33,000
21. Procure a complete set of hand tools and boxes			5,000
22. Procure floor maintenance equipment			10,000
23. Continue to remodel kitchens and bathrooms			100,000
24. Build vehicle garage			30,000
25. Construct shelter house			40,000
26. Add electrical outlet within apartments			20,000
27. Caulk H-R exterior			50,000
28. Mowing equipment			20,000
<b>Activities that have not been assigned by year, but are fungible:</b>			
1. Replace window panels			20,000
2. Replace L-R doors			8,000
3. Construct storage facility			41,449
4. Complete security improvements			32,500
5. Replace landscape borders			16,426
6. Construct drainage/backhoe attachment			5,000

7. Complete lighting in apartments	5,000	
8. Soundproof L-R corridors	26,000	
9. Replace benches, picnic tables	5,000	
10. Emergency generator	200,000	
11. Continue remodel kitchens and bathrooms	835,000	
12. Install canopies over main entry and east entry	110,000	
13. Procure maintenance power equipment, including, but not limited to the following: concrete saw, table saw, miter saw, small chain saw, mig welder, and air compressor.	10,000	
14. Maintenance Trailer	750	
15. Power lift for pickup truck	3,000	
16. Landscape equipment including power rake and box scraper	5,000	
17. Replace floor tile throughout	50,000	
18. Replace telephone lines	10,000	
19. Remodel offices	20,000	
20. Replace door locks	30,000	
21. Paint apartments interiors	50,000	
22. Replace office equipment	10,000	
23. Refuse collection equipment	2,000	
24. Complete fencing	10,000	
25. Remodel elevator cars	10,000	
26. Remodel / redecorate L-R community and laundry rooms	25,000	
27. Air condition Director's office	4,000	
28. Replace sidewalks	50,000	
29. Carpentry / cabinet-making power equipment	10,000	
<b>Total estimated cost over next 5 years</b>	<b>2,704,625</b>	

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

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

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

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
  - Revitalization Plan under development
  - Revitalization Plan submitted, pending approval
  - Revitalization Plan approved

Activities pursuant to an approved Revitalization Plan underway

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

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

Yes X 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**

[24 CFR Part 903.7 9 (h)]

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

1.  Yes X No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

### 2. Activity Description

Yes  No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

<b>Demolition/Disposition Activity Description</b>
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:

6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

**9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]  
Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

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

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

<b>Designation of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. Designation type:	
	Occupancy by only the elderly <input type="checkbox"/>
	Occupancy by families with disabilities <input type="checkbox"/>
	Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)	
	Approved; included in the PHA’s Designation Plan <input type="checkbox"/>
	Submitted, pending approval <input type="checkbox"/>

Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (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**

[24 CFR Part 903.7 9 (j)]

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

### **A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD 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 the required assessment?	<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No:	Is a Conversion Plan required? (If yes, go to block 4; if no, go to

block 5.)

4. Status of Conversion Plan (select the statement that best describes the current status)

- Conversion Plan in development
- Conversion Plan submitted to HUD on: (DD/MM/YYYY)
- Conversion Plan approved by HUD on: (DD/MM/YYYY)
- Activities pursuant to HUD-approved Conversion Plan underway

5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)

- Units addressed in a pending or approved demolition application (date submitted or approved: \_\_\_\_\_)
- Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: \_\_\_\_\_)
- Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: \_\_\_\_\_)
- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)

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

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

**11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

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

**PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

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

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

**B. Section 8 Tenant Based Assistance**

1. X 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

X 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)

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

b. PHA-established eligibility criteria

X 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:

- A. Eligibility requirements  
B. Financing restrictions, and  
C. PHA search and purchase requirements

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

[24 CFR Part 903.7 9 (1)]

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

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

1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? 27/09/00

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

- X  Client referrals  
X  Information sharing regarding mutual clients (for rent determinations and otherwise)  
X  Coordinate the provision of specific social and self-sufficiency services and programs to eligible families  
 Jointly administer programs  
 Partner to administer a HUD Welfare-to-Work voucher program  
 Joint administration of other demonstration program  
 Other (describe)

**B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

- Yes X 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. )

<b>Services and Programs</b>				
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)


**(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 plans to take to achieve at least the minimum program size?  
If no, list steps the PHA will take below:

The PHA does not have a FSS Program.

**C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- X Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
  - X Informing residents of new policy on admission and reexamination
  - X Actively notifying residents of new policy at times in addition to admission and reexamination.
  - X Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
  - X Establishing a protocol for exchange of information with all appropriate TANF agencies
  - Other: (list below)

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

**13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

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

1. Describe the need for measures to ensure the safety of public housing residents  
(select all that apply)

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

PHA proposes to use FFY 2002 CFP to install security cameras and undertake other recommended measures to improve safety and security.

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

RASS

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

PHA has extremely low incidence of crime at Autumn Heights, the PHA's only development.

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

1. List the crime prevention activities the PHA has undertaken or plans 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
- X Other (describe below)

Employee performed security patrols  
Maintain cooperative agreement with Burlington Police Department

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

Refer to 13. A. 3., above

### **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
- X 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)

Refer to 13. A. 3., above

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

PHAs eligible for FY 2000 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 FY 2000 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

#### **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

Refer to Attachment ia015d03.doc

#### **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

#### **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1. X 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. X Yes  No: Was the most recent fiscal audit submitted to HUD?
3. X Yes  No: Were there any findings as the result of that audit?
4. X Yes  No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_
5. X Yes  No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

#### **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. X Yes  No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)

- Not applicable
- Private management
- Development-based accounting
- Comprehensive stock assessment
- X Other: (list below)

The PHA is proposing:

1. Possible designation of Autumn Heights for exclusive occupancy by the elderly to improve market positioning.
  2. Addition of laundry facilities on floors 3 through 7 of Autumn Heights.
  3. Provide continued support to the computer learning center at Autumn Heights.
3.  Yes X No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

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

1. X 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 at Attachment (File name)
  - X Provided below:
    - A. Continue to explore options for developing 2910 Winegard Drive.
    - B. Establish a regular Section 8 Homeownership Program (limited to 5 projects per year).
    - C. Replace Vouchers lost to Section 8 Homeownership Program through the “fair share” process.
    - D. Amend the CFP activities list to include the activities that were recommended by the RAB.
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.
  - X The PHA changed portions of the PHA plan in response to comments.  
List changes below:
  - Other: (list below)

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

- 1. X Yes  No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
  
- 2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

The resident representative was appointed by the Mayor with the concurrence of the City Council, as per Chapter 403A of the Code of Iowa. No election was conducted. The pool of candidates was established by self-nomination.

- a. Nomination of candidates for place on the ballot: (select all that apply)
  - Candidates were nominated by resident and assisted family organizations
  - Candidates could be nominated by any adult recipient of PHA assistance
  - Self-nomination: Candidates registered with the PHA and requested a place on ballot
  - Other: (describe)
  
- b. Eligible candidates: (select one)
  - Any recipient of PHA assistance
  - Any head of household receiving PHA assistance
  - Any adult recipient of PHA assistance
  - Any adult member of a resident or assisted family organization
  - Other (list)
  
- c. Eligible voters: (select all that apply)
  - All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
  - Representatives of all PHA resident and assisted family organizations
  - Other (list)

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

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

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

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

3. 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 attachments referenced in the Plans.

## **Table Library**

**Table Library**



STATEMENT OF PROGRESS IN MEETING THE 5-YEAR PLAN MISSION AND GOALS – 2003 ANNUAL PLAN UPDATE  
Covers period 1999 through 08/31/2002

GOALS	BENCHMARKS	PERFORMANCE STATEMENTS	MEETING	DATE	SOURCES
<b>1. Increase the availability of decent, safe and affordable housing</b>					
A.1) Market turnover units before reconditioning is completed.	Policy Revision	Complying	Yes	01/01/02	MASS
A.2) Utilize contract services to recondition units during periods of high turnover.	Policy Revision	Complying	Yes	01/01/02	MASS
Other 1) Make a decision on the possible designation of Autumn Heights for exclusive occupancy by the elderly. An affirmative decision will necessitate substitution of alternative assistance for the population that loses admissions eligibility	Board Resolution(s)	Decision deferred	No	---	Minutes
<b>2. Improve the quality of assisted housing.</b>					
A.1) Renovate or modernize public housing units.	5-Year Action Plan	Complying	Yes	08/22/02	HUD-52825
A.2) Conduct at least one Agency-sponsored activity / program at Autumn Heights each month.	One per month	Complying	Yes	08/22/02	Calendar
B.1) Implement a computerized maintenance tracking system Autumn Heights.	Create system	Not initiated	No	--	MASS
B.2) Successfully transition to GAAP with no audit findings once changes are properly implemented.	No audit findings	Not complying	No	12/31/01	2001 Audit
B.3) Place 95% or more units of Section 8 into utilization each year.	+95% utilization	Complying	Yes	12/31/01	HUD-52681
B.4) Decrease average number of calendar days public housing units are in lease-up time by 10% each year of the planning period.	14.83 days (1999)	30.00 days (2001)	No	12/31/01	MASS
B.5) Implement each Administrative Plan update within three months of receiving template from Nan McKay.	Implement in 3 months	Complying	Yes	08/21/02	S/8 Plan
B.6) Implement any required modification to public housing ACOP within 6 months of regulation/law changes.	Implement in 6 months	Complying	Yes	08/21/02	ACOP
B.7) Implement improved Section 8 rent comparability process.	Create system	Active	Yes	01/01/02	S/8 Plan
C.1) Complete space conversion to establish 5 enlarged one-bedroom units.	Merge 5 Units	Accomplished	Yes	10/02/00	MASS

C.2) Continue to use CIAP/CFP in an effective manner to accomplish 5-year CFP action plan.	5-year Action Plan	Complying	Yes	08/22/02	HUD-52825
D.1) Participate in public housing Operating Fund Program.	Board Resolution	Complying	Yes	12/28/00	HUD-52721
D.2) Participate in public housing Capital Fund Program and expend these funds within two years of approval date.	Board Resolution	Complying	Yes	08/22/02	HUD-52825
D.3) Maintain PHAS high-performer status throughout the planning period	2001 PHAS	Not complying	No	12/31/01	REAC
D.4) Attain SEMAP high performer status during the planning period.	2001 SEMAP	85%	No	04/04/02	PIC
D.5) Accomplish all "Betterments and Additions" included in the Agency's public housing budget.	2001 Budget	Complying	Yes	12/31/01	2000 Audit
<b>3. Increase assisted housing choices</b>					
A. Conduct outreach efforts to potential voucher landlords.	Planning Schedules	Deferred	No	---	Calendar
B. Increase Voucher Payment Standards	Board Resolution	Complying	Yes	11/15/01	Minutes
<b>4. Provide an improved living environment</b>					
A.1) Continue to use a PHA employee to perform protective service inspections.	2001 Budget	Complying	Yes	12/31/01	Payroll
A.2) Incorporate security improvements into CFP budgets.	5-Year Action Plan	Complying	Yes	08/31/01	CFP Budget
<b>5. Promote self-sufficiency and asset development of families and individuals</b>					
A. Provide or attract supportive services to increase independence for elderly or families with disabilities.	Current Services	Complying	Yes	12/31/01	Systems
<b>6. Ensure Equal Opportunity in Housing for all Americans</b>					
A.1) Provide information to voucher holders regarding unlawful discrimination and any recourse that may be available to them.	100%	Complying	Yes	01/01/01	Packet
A.2) Post fair housing posters in PHA offices.	Continuous	Complying	Yes	01/01/00	Front Office
A.3) Attend fair housing training.	Two Sessions	Complying	Yes	10/11/00	Personnel
A.4) Analyze and address disproportionate needs.	Annual Assessment	Complying	Yes	12/31/01	Decon. Pl.
B.1) Make reasonable accommodations.	Requests	Complying	Yes	08/31/01	Client Files
B.2) Attend fair housing training.	Two Sessions	Complying	Yes	10/11/00	Personnel
B.3) Notify agencies/organizations serving persons with disabilities of the availability of assisted housing.	Advertising	Complying	Yes	09/29/00	Wait List

**7. Other PHA Goals and Objectives**

A. Improve participation in Autumn Heights Resident Council by 5% each year of the planning period commencing 01/01/2000, using 35 residents as the baseline. An average of 35 residents attended meetings during the first 7 months of 1999.	35	Complying (40, 08/09/2002)	Yes	12/11/00	Minutes
B. Include at least one staff member's attendance at one regional or national housing conference sponsored by NAHRO or PHADA each year.	One Conference Per Year	Complying	Yes	08/22/02	Personnel
C. Each full time staff member to attend at least three training conferences during the planning period.	Three Conferences Per Employee	Complying	No	08/22/02	Personnel
D. Complete redevelopment of the 2910 Winegard Drive site, whether by disposition and sale, retention for parking and excess land, development, and/or any combination of the above.	Dispose, Redevelop or Reuse	Not Initiated	No	08/22/21	PHA Record
E. Retain "A" scores on each component of the PHAS: physical condition, financial condition, management operations and resident service and satisfaction.	"A" Scores	Not Complying	No	12/31/01	REAC
F. Paint all the public hallways within Autumn Heights including walls, ceilings and doorframes.	Painting Records	Not Initiated	No	08/22/02	PHA Record



Resident Membership of the PHA Governing Board  
2002 / 2000 - 2004 PHAP

Resident Board Member:

Thomas D. Bachtell  
Autumn Heights  
2830 Winegard Drive - Apt. # 20  
Burlington, IA 52601

Telephone: 319-752-2874

Term of Appointment s:

1. December 4, 2000 – February 21, 2002
2. February 22, 2002 - Current

Office Held:

Vice-Chairman

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Previous Resident Commissioner(s):

1. Eugene Crawford (deceased): February 22, 2000 – December 3, 2000

Membership of the Resident Advisory  
2003 / 2000 - 2004 PHAP

Public Housing:

Velma Bachtell  
Autumn Heights  
2830 Winegard Drive - Apt. # 20  
Burlington, IA 52601  
319-752-2874

Russell Brissey  
Autumn Heights  
2830 Winegard Drive – Apt. # 624  
Burlington, IA 52601  
319-752-3522

Virginia Harris  
Autumn Heights  
2830 Winegard Drive – Apt. # 11  
Burlington, IA 52601  
319-752-8776

Shirley Neff  
Autumn Heights  
2830 Winegard Drive – Apt. # 54  
Burlington, IA 52601  
319-754-5497

Bonnie Rinker  
Autumn Heights  
2830 Winegard Drive – Apt. # 202  
Burlington, IA 52601  
319-752-475

Richard Tiemeyer  
Autumn Heights  
2830 Winegard Drive – Apt. # 52  
Burlington, IA 52601  
319-754-4105

Jonathan Timmerman  
Autumn Heights  
2830 Winegard Drive – Apt. # 65  
Burlington, IA 52601  
319-754-1843

Mildred Waterman  
Autumn Heights  
2830 Winegard Drive – Apt. # 67  
Burlington, IA 52601  
319-754-9052

Section 8:

Larry Gilbert  
1229 N. 6<sup>th</sup> Street  
Burlington, IA 52601  
319-754-5574

Heather Monk  
1109 ½ Summer Street  
Burlington, IA 52601  
319-758-9573

Mindy Russell  
310 Ordnance Court  
Burlington, IA 52601  
None

Kenneth Timmerman  
214 S. 10<sup>th</sup> Street  
Burlington, IA 52601  
319-752-5521



Pet Policy  
2002 / 2000 - 2004 PHAP

1. The PHA has only one development, Autumn Heights, a project designated for elderly and handicapped/disabled families. Autumn Heights has had a ***Pet Policy*** since 1987. The ***Pet Policy*** was developed with resident input.
2. The ***Pet Policy*** is established in conformance with Subpart C 942.20 as follows:
  - A. Residents are permitted to have a reasonable number of pets based on size and apartment space considerations.
  - B. Permitted pets are domesticated dogs, cats, birds and fish.
  - C. Dogs are restricted to low-rise locations.
  - D. Exotic pets and rodents are not permitted.
  - E. The policy establishes reasonable rules for care, sanitation and control.
  - F. Licenses are required, if required by local code.
  - G. Residents are responsible for pets as a condition of tenancy. Problems resulting from keeping a pet(s) within an apartment or for violating the ***Pet Policy*** are enforced in the same manner as other violations of the *Dwelling Lease*.
  - H. Guests may not bring their pets into buildings or residents' apartments.
  - I. Provisions are established for seeing eye dogs.

Implementation of Public Housing Resident Community Service Requirements  
2003 / 2000 - 2004 PHAP

1. The ***Public Housing Admissions and Continued Occupancy Policy*** was amended to include resident community service requirements on August 18, 1999.
2. The Public Housing, Autumn Heights, ***Dwelling Lease*** was amended to incorporate the resident community service requirements on July 19, 2000.
3. The Agency began converting all Public Housing tenancy agreements to a current format, that include the resident community service requirements, on August 1, 2000. This was accomplished by all residents executing riders to existing Leases. The process was completed by the end of September 2000.
4. Each resident executed a ***Community Service Determination of Exemption***, at the same time the Lease rider was executed. The process was completed by the end of September 2000.
5. The new Public Housing, Autumn Heights, ***Dwelling Lease***, containing the resident community service provisions, was made operational for new tenancy agreements on August 1, 2000.
6. The PHA entered into a ***Cooperative Agreement for Economic Self-sufficiency between the Low Rent Housing Agency of Burlington, Iowa and Iowa Department of Human Services, Des Moines County*** on September 27, 2000.
7. The ***Resident Community Service Policy*** was adopted by the Board of Commissioners and placed into operation on October 18, 2000, incorporating the follows:
  - A. Autumn Heights (IA015001) is established as an eligible work site;

- B. The work will consist of non-technical and low exertion content work;
- C. Work and time will be monitored, recorded and supervised; and
- D. Work may be performed at other approved sites subject to the same supervision and time controls that will be exercised at Autumn Heights.

8. The population of Autumn Heights is categorically excluded from the resident community service requirement because of Autumn Height's designation as an elderly and handicapped/disabled development.

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Update 2002.....

The PHA has/had no developments assisted under HOPE VI; therefore, the PHA is precluded from implementing the resident community service requirement during 2002 (Refer to Pub. L 107-73, sec. 432, 115 Stat 651.)

Description of Pest Eradication  
2002 / 2000 - 2004 PHAP

The PHA employs an integrated approach to prevent and eradicate infestations, as follows:

1. The PHA has a pest control contract which treats one-third of all apartments and all public spaces each month. The objective is prevention.
2. The service provider performs special service as required to eradicate infestations. This may include crack and crevice work, baiting, bombing, trapping or other appropriate methods of control.
3. The Agency procures the services of State-licensed personnel to trap and remove animals that are creating damages to the premises or that are harboring in interior or occupied spaces.
4. The PHA collects garbage three times per week from all locations. A hired contractor transports the materials to the sanitary landfill.
5. The Resident Assistant collects waste daily from all offices.
6. Residents may request collection of garbage on a special basis.
7. The PHA conducts annual inspections to determine the condition of apartments, including infestation and special inspections when the existence of infestation becomes known to staff to identify the source(s) and establish an appropriate correction plan.
8. The PHA is currently undertaking construction changes necessary to reactivate the use of garbage drops within Autumn Height's high-rise building. The modifications will replace the incinerator system with a catch system. It will use moveable dumpsters to collect, relocate and store refuse. Additionally, the PHA plans to construct a building that will serve, in part, as a storage facility for refuse collected from all locations at the development. The plan will substantially improve sanitation conditions.

**Attachment File: ia015g04: CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: Low Rent Housing Agency of Burlington, Iowa</b>		<b>Grant Type and Number Capital Fund</b> Capital Fund Program Grant No: IA05P01590909 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>1999</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: X Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements		2,000	1,421.33	1,421.33
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	205,000	212,500	216,364.77	216,364.77
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	66,551	57,051	53,764.90	53,764.90
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa	Grant Type and Number Capital Fund Capital Fund Program Grant No: IA05P01590909 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>1999</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: **X** Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	271,551	271,551	271,551	271,551
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures		207,800.15	207,800.15	207,800.15

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa		Grant Type and Number Capital Fund Program Capital Fund Program Grant No: IA05P01590909 Replacement Housing Factor Grant No:			Federal FY of Grant: 1999			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IA015/Autumn Heights								
1	Replace high-rise boilers	1460	121 units	150,000	176,150	194,722.15	194,722.15	Completed
2	Replace washers and dryers	1475	16 sets.	50,000	28,500	27,135.21	27,135.21	Completed
3	Remove incinerator and replace door	1460	1 each	5,000	5,000	5,000.00	5,000.00	Completed
4	Repair shower stall	1460	201 units	50,000				Dropped
5	Replace lobby furniture	1475	5	3,000				Dropped
6	Replace air conditioners on 7th floor	1475	20	8,000	9,879	9,974.62	9,974.62	Completed
7	Network interface for printer	1475	1	2,000	2,600	2,495.00	2,495.00	Completed
8	Check signer for laser checks	1475	1	3,551	3,551	4,600.45	4,600.45	Completed
9	Rewire cable TV in five buildings	1460	80 units		5,000	1,241.95	1,241.95	Multi-year
10	Computer upgrades	1475	1		6,100	6,028.90	6,028.90	Completed
11	Planting enclosures	1460	1		1,500	1,531.90	1,531.90	Completed
12	Hammer drill	1475	1		571	570.22	570.22	Completed
13	Replace floor buffer	1475	1		850	812.50	812.50	Completed
14	Replace 30 electrical outlets	1460	30		1,000	790.77	790.77	Completed
15	Procure inventory tags	1408	2,500		2,000	1,421.33	1,421.33	Completed
16	Glider benches	1475	2		2,000	2,148.00	2,148.00	Completed
17	Replace low-rise boilers	1460	80		13,078	13,078.00	13,078.00	Completed

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa		Grant Type and Number Capital Fund Program Capital Fund Program No:IA05P01590909 Replacement Housing Factor No:					Federal FY of Grant: 1999
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	
IA015 / Autumn Heights							
1	03/31/01		03/21/01	09/30/01		07/26/01	
2	08/31/00		04/07/00	12/31/00		08/02/00	
3	03/31/01		03/21/01	09/30/01		07/26/01	
4							Dropped due to budget limitations
5							Rescheduled to 2001 CFP
6	08/31/00		08/21/00	12/31/00		11/09/00	
7	08/31/00		08/18/00	12/31/00		09/20/00	
8	08/31/00		12/05/00	12/31/00	01/31/01	01/31/01	Procurement was extended to examine alternatives
9	07/31/00	12/31/01	07/26/01	07/31/00	12/31/01	07/26/01	Scheduling delays related to force account labor
10	09/30/00		04/25/00	10/31/00		07/26/00	
11	08/31/00		06/19/00	08/31/00		06/19/00	
12	06/31/00		06/14/00	08/31/00		07/06/00	
13	08/31/00		07/12/00	09/30/00		08/14/00	
14	09/30/00		08/31/00	11/30/00		09/08/00	
15	09/30/00		11/14/00	11/30/00		11/30/00	
16	10/31/00		08/18/00	01/31/01		11/09/00	
17	06/20/01		06/20/01	09/30/01		07/26/01	

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: Low Rent Housing Agency of Burlington, Iowa</b>		<b>Grant Type and Number Capital Fund</b> Capital Fund Program Grant No: IA05P01550100 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <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: X 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	50,000	50,000.00	50,000.00	50,000.00
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement		5,945.00	6,285.20	6,285.20
10	1460 Dwelling Structures	212,000	200,041.62	199,774.03	199,774.03
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	15,426	21,439.38	21,366.77	21,366.77
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa	Grant Type and Number Capital Fund Capital Fund Program Grant No: IA05P01550100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: **X** Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	277,426	277,426.00	277,426.00	277,426.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	175,000	197,176.94	196,682.55	196,682.55

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

PHA Name: Low Rent housing Agency of Burlington, Iowa		Grant Type and Number Capital Fund Program Capital Fund Program Grant No: IA05P01550100 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IA015/Autumn Heights								
1	Create reserve to pay terminal leave benefits	1406	1	50,000.00	50,000.00	50,000.00	50,000.00	Completed
2	Replace high-rise boilers	1460	121 units	50,000.00	134,160.18	139,541.07	139,541.07	Multi-year
3	Install edge detectors on elevators	1460	2	4,500.00	2,150.00	2,376.80	2,376.80	Completed
4	Replace J.D. 420 tractor	1475	1	15,426.00	16,193.20	16,193.20	16,193.20	Completed
5.	Replace low-rise boilers	1460	80 units	125,000.00	63,016.76	57,141.48	57,141.48	Multi-year
6	Replace paving	1460	10,000 S.F.	30,000.00				Dropped
7	Install light	1460	1	2,500.00				Dropped
8	Replace roof	1460	121 units		714.68	714.68	714.68	Multi-year
9	L-R boiler tools	1475	80 units		5,246.18	5,173.57	5,173.57	Completed
10	Replace sidewalk	1450	201 units		5,945.00	6,285.20	6,285.20	Completed

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa		Grant Type and Number Capital Fund Program Capital Fund Program No:IA05P01550100 Replacement Housing Factor No:				Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IA015 / Autumn Heights							
1	12/31/00		11/09/00	01/31/01		11/09/00	
2	03/31/01		03/21/01	09/30/01		01/11/02	
3	12/31/00		08/24/00	01/31/01		11/08/00	
4	03/31/01		11/20/00	04/30/01		04/05/01	
5	03/31/01		06/20/01	09/30/01		08/01/01	
6	05/31/02		---	09/30/02		---	Rescheduled to 2001 CFP
7	05/31/02		---	09/30/02		---	Rescheduled to 2001 CFP
8	04/21/01		04/21/01	06/01/01		05/25/01	
9	06/20/01		06/20/01	08/31/01		08/09/01	
10	06/30/01		06/20/01	08/31/01		07/26/01	

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: Low Rent Housing Agency of Burlington, Iowa</b>		<b>Grant Type and Number Capital Fund</b> Capital Fund Program Grant No: IA05P01550101 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001
<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: September 30, 2002 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	12,000			
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	150,691	149,107.00	149,268.73	14,400.10
10	1460 Dwelling Structures	60,000	117,260.00	108,838.11	108,838.11
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	52,676			
13	1475 Nondwelling Equipment	7,750	16,750.00	16,560.16	16,560.16
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa	Grant Type and Number Capital Fund Capital Fund Program Grant No: IA05P01550101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: September 30, 2002  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	283,117	283,117	274,667.00	139,798.37
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	45,500	45,000	35,022.83	35,022.83

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa		Grant Type and Number Capital Fund Program Capital Fund Program Grant No: IA05P01550101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IA015/Autumn Heights								
1	Section 8 comparability study	1408	1	12,000				Dropped
2	Paving and sidewalk	1450	20,000 S.F.	50,000	66,458	66,458.00	9,829.87	In progress
3	Replace landscaping borders	1450	2,500 L.F.	20,000				Dropped
4	Construct parking	1450	30 spaces	60,691	77,149	77,149.00	408.50	In progress
5.	Repair pond	1450	1	5,000				Dropped
6	Correct drainage/backhoe	1450	4 locations	15,000				Dropped
7	Replace lighting in apartments	1460	201 units	20,000	10,000			In progress
8	Soundproof low-rise corridors	1460	80 units	30,000				Dropped
9	Install canopy for east entry	1460	1	10,000				Dropped
10	Construct storage building	1470	1	52,676				Dropped
11	Desk for front office	1475	1	1,000	1,000	897.72	897.72	Completed
12	Replace benches and picnic tables	1475	8	5,000				Dropped
13	Replace floor burnisher	1475	1	750	750	729.92	729.92	Completed
14	FAX option for printer	1475	1	1,000				Dropped
15	H-R roof replacement	1460	120 units		62,410	62,408.77	62,408.77	Completed
16	Replace L-R boilers	1460	80 units		35,000	35,022.83	35,022.83	In progress
17	Install light for flag	1450	1		1,500	1,500.00		In progress
18	Replace lobby furniture	1475	5 pieces		3,000	2,517.02	2,517.02	Completed
19	Rewire cable TV	1460	80 units		3,750	4,903.01	4,903.01	Completed
20	Install new telephone cable	1450	16 units		4,000	4,161.73	4,161.73	Completed

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa		<b>Grant Type and Number Capital Fund Program</b> Capital Fund Program Grant No: IA05P01550101 Replacement Housing Factor Grant No:				<b>Federal FY of Grant: 2001</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
				Original	Revised	Funds Obligated	Funds Expended	
IA015/Autumn Heights								
21	Computer upgrades	1475	1 system		12,000	12,415.50	12,415.50	Completed
22	Epoxy coat H-R boiler room floor	1460	121 units		6,100	6,503.50	6,503.50	Completed

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa		Grant Type and Number Capital Fund Program Capital Fund Program No:IA05P01550101 Replacement Housing Factor No:					Federal FY of Grant: 2001
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IA015 / Autumn Heights							
1	09/30/02			09/30/03			
2	09/30/02			07/31/03			
3	09/30/02			12/31/02			Rescheduled to future CFP, but not assigned
4	09/30/02			07/31/03			
5	09/30/02			10/31/02			Dropped
6	09/30/02			10/31/02			Dropped
7	09/30/02			12/31/03			
8	09/30/02			12/31/02			Rescheduled to future CFP, but not assigned
9	09/30/02			12/31/02			Rescheduled to future CFP, but not assigned
10	12/31/02			12/31/03			Rescheduled to future CFP, but not assigned
11	09/30/02		08/29/01	12/31/02		11/15/01	
12	09/30/02			12/31/02			Rescheduled to future CFP, but not assigned
13	09/30/02		03/18/02	12/31/02		04/04/02	
14	09/30/02			12/31/02			Dropped
15	06/30/02		06/25/02	12/31/02		07/24/02	
16	09/30/02			12/31/02			
17	09/30/02			07/31/03			
18	06/30/02			09/30/02			
19	12/31/02		06/07/02	05/31/03		06/30/02	
20	08/31/01		07/23/01	09/30/01		08/09/01	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Low Rent Housing Agency of Burlington, Iowa		<b>Grant Type and Number Capital Fund Program</b> Capital Fund Program No:IA05P01550101 Replacement Housing Factor No:				<b>Federal FY of Grant: 2001</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	
IA015 / Autumn Heights							
21	09/30/01	10/31/01	10/02/01	11/30/01	01/31/02	12/06/01	Scope of procurement was enlarged
22	11/30/01		10/18/01	03/31/02		11/15/01	

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa	Grant Type and Number Capital Fund Capital Fund Program Grant No: IA05P01550102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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X Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
X Performance and Evaluation Report for Period Ending: September 30, 2002  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	37,000	138,949	123,949.00	23.88
10	1460 Dwelling Structures	38,500	13,140	9,554.27	9,554.27
11	1465.1 Dwelling Equipment—Nonexpendable	55,000	55,000		
12	1470 Nondwelling Structures	47,000			
13	1475 Nondwelling Equipment	97,500	62,000	19,471.83	19,471.83
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	275,000	269,089	152,975.10	29,049.98
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa	Grant Type and Number Capital Fund Capital Fund Program Grant No: IA05P01550102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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X Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
X Performance and Evaluation Report for Period Ending: September 30, 2002  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
25	Amount of Line 21 Related to Security – Hard Costs	72,500	40,000	5.83	5.83
26	Amount of line 21 Related to Energy Conservation Measures		5,000	1,080.10	1,080.10

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

PHA Name: Low Rent housing Agency of Burlington, Iowa		Grant Type and Number Capital Fund Program Capital Fund Program Grant No: IA05P01550102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IA015/Autumn Heights								
1	Repair/replace bridge	1450	1	15,000	15,000			In design
2	Paving and storm sewer repair	1450	10,000 S.F.	22,000	123,949	123,949.00	23.88	In progress
3	Replace window panels	1460	100	20,000				Dropped
4	Replace L-R doors	1460	15	8,000				Dropped
5	Replace ceiling tile	1460	3,500 S.F.	3,000	3,000	3,636.14	3,636.14	In progress
6	Replace lighting in offices and community room	1460	30	5,000	5,000	1,080.10	1,080.10	In progress
7	Replace cooking ranges	1465.	1 200	55,000	55,000			On hold
8	Construct storage building	1470	1	41,449				Dropped
9	Security improvements	1475	201 units	72,500	40,000	5.83	5.83	In design
10	Procure refrigeration handling equipment	1475	1	3,000	3,000	500.00	500.00	In progress
11	Replace passenger van	1475	1	22,000	19,000	18,966.00	18,966.00	Completed
12	H-R boiler replacement	1460	120 units	2,500	5,140	4,838.03	4,838.03	Completed

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa		<b>Grant Type and Number Capital Fund Program</b> Capital Fund Program No:IA05P01550102 Replacement Housing Factor No:				Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IA015 / Autumn Heights							
1	03/31/03			09/30/03			
2	06/30/03			09/30/03			
3	03/31/03			09/30/03			Rescheduled to future CFP, but not assigned
4	03/31/03			09/30/03			Rescheduled to future CFP, but not assigned
5	03/31/03			12/31/03			
6	12/31/02			01/31/03			
7	12/31/02			09/30/04			
8	06/30/03			12/31/03			Rescheduled to future CFP, but not assigned
9	03/31/03			12/31/02			
10	12/31/02			01/31/03			
11	12/31/02		04/09/02	01/31/03		06/28/02	
12	12/31/02		04/19/02	01/31/03		04/23/02	

**Capital Fund Program Five-Year Action Plan**  
**Part I: Summary**

PHA Name Low Rent Housing Agency of Burlington, Iowa		<input checked="" type="checkbox"/> Original 5 - Year Plan <input type="checkbox"/> Revision No: 1			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2003 PHA FY: 2004	Work Statement for Year 3 FFY Grant: 2004 PHA FY: 2005	Work Statement for Year 4 FFY Grant: 2005 PHA FY: 2006	Work Statement for Year 5 FFY Grant: 2006 PHA FY: 2007
IA015/Autumn Heights	Annual Statement	275,000	275,000	275,000	275,000
CFP Funds Listed for 5-year planning		275,000	275,000	275,000	275,000
Replacement Housing Factor Funds					



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

Activities for Year: 4 FFY Grant: 2005 PHA FY: 2006			Activities for Year: 5 FFY Grant: 2006 PHA FY: 2007		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
Autumn Heights / IA015			Autumn Heights / IA015		
	Replace refrigerators	80,000.00		Procure tools and boxes	5,000
	Replace drapes	50,000		Procure floor equipment	10,000
	Install fence north boundary	5,000		Remodel kitchens and bathrooms	100,000
	Replace pick-up truck	20,000		Build garage	30,000
	Remodel H-R community room and kitchen	20,000		Construct shelter house	40,000
	Replace beauty shop equipment	5,000		Add electrical outlet	20,000
	Powder coating	10,000		Caulk H-R exterior	50,000
	Replace pond bridge	5,000		Mowing equipment	20,000
	Replace landscaping	20,000			
	Upgrade exterior lighting	20,000			
	Replace kitchen chairs	5,000			
	Replace folding chairs	2,000			
	Remodel kitchens and bathrooms	33,000			
	<b>Total CFP Estimated Cost</b>	\$275,000			\$275,000



Voluntary Conversion of Developments From Public Housing Stock;  
Required Initial Assessments  
20043/ 2000 - 2004 PHAP

The Low Rent Housing Agency of Burlington, Iowa is presently not required to conduct an initial assessment as described in 24CFR 972.200. The PHA owns only one development, Autumn Heights, a development designated for occupancy by the elderly and handicapped/disabled. This category of development is excluded from the rule at 24 CFR 972.200[a] (4).