

# PHA Plans

5 Year Plan for Fiscal Years 2003 - 2007

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:** Southern Iowa Regional Housing Authority

**PHA Number:** IA117

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

### 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 web site  
 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 2003 - 2007**

[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: "THE GOAL OF SIRHA IS TO PROVIDE DECENT, SAFE, AND SANITARY HOUSING AND CREATE A POSITIVE ENVIRONMENT TO HELP PROMOTE SELF SUFFICIENCY."

## **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.**

PHA Goal: Expand the supply of assisted housing

Objectives:

Apply for additional rental vouchers:

Reduce public housing vacancies:

Leverage private or other public funds to create additional housing opportunities:

Acquire or build units or developments

Other (list below)

PHA Goal: Improve the quality of assisted housing

Objectives:

Improve public housing management: (PHAS score) ----

Improve voucher management: (SEMAP score) ----

Increase customer satisfaction:

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

Renovate or modernize public housing units:

Demolish or dispose of obsolete public housing:

Provide replacement public housing:

Provide replacement vouchers:

Other: (list below)

PHA Goal: Increase assisted housing choices

Objectives:

Provide voucher mobility counseling:

- Conduct outreach efforts to potential voucher landlords
- 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**

- 
- 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:

- Implement public housing security improvements:

- 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**

- 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:

- Provide or attract supportive services to increase independence for the elderly or families with disabilities.

- Other: (list below)

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

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing
- Objectives:

- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:

- Undertake affirmative measures to provide a suitable living

environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:

- Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- Other: (list below)

**Other PHA Goals and Objectives:**

**Goal 1: Provide Affordable Housing**

- X Provide and maintain 970 units of Section 8 Rental Assistance units as funded by HUD.
- X Maintain a lease-up of 95% or greater for Section 8 Rental Assisted units.
- X Provide and maintain 124 units of Public Housing, minus any units sold through our Public Housing Home Ownership program.
- X Maintain a lease-up of 90% or greater for Public Housing units.

**Goal 2: Promote Self-Sufficiency and Economic Opportunities**

- X Provide and maintain Family Self-Sufficiency Program for the Section 8 Rental Assisted families.
- X Maintain at least 25 family participants in the Family Self-Sufficiency Program.
- X Maintain current Family Investment Center participant families until their contracts expire.
- X Provide or attract supportive services for the Family Self-Sufficiency Participants.

**Goal 3: Promote Home Ownership for Low Income Families**

- X Offer Public Housing families the opportunity to purchase Public Housing units through our Home Ownership 5 (h) Program.
- X Seek and apply for available funds that can be used for Home Ownership.

- X Consider and Pursue the Section 8 Home Ownership Program if feasible.

**THESE GOALS AND OBJECTIVES ARE DEPENDENT ON ADEQUATE AND CONTINUOUS FUNDING FROM HUD.**

Annual PHA Plan  
PHA Fiscal Year 2002  
[24 CFR Part 903.7]

i. **Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

X      **Standard Plan**

**Streamlined Plan:**

**High Performing PHA**

**Small Agency (<250 Public Housing Units)**

**Administering Section 8 Only**

**Troubled Agency Plan**

**(i) 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.

1. Housing Needs.

The Southern Iowa Regional Housing Authority used the information contained in the Consolidated State Plan to help prepare our Goals and Objectives. It reflects our priorities set forth in Our Mission Statement. The Southern Iowa Regional Housing Authority (SIRHA) has determined that the housing needs for low, very low, and extremely low income families ( including elderly families and families with disabilities) in the jurisdiction and on the HA waiting list are as follows:

**See Housing Needs on Pages 12 thru 19 of the Annual Plan Section of this document. Also, see Attachment U, Housing Needs Section of the Consolidated State Plan.**

2. Financial Resources.

The estimated financial resources available for the support of the Federal Public Housing and tenant-based assistance programs administered by the HA during the plan year is equal to 100% of the subsidy (or a lesser percentage if HUD so determines), Capital Fund Program, Section 8 Administrative Fees, Rental Income, and other non-regular or sporadic income. **See Pages 20 & 21 for Details.**

3. Policies Governing Eligibility, Selection, and Admissions.

The HA has previously submitted the Public Housing Admissions and Continued Occupancy Policy and the Section 8 Administrative Plan, with supporting documentation, to the U. S. Department of Housing and Urban Development. These

plans are current and comply with the new law and regulations. These policies are reviewed on a regular basis to monitor compliance. **See Attachments A, C, and D.**

4. Rent Determination.

This information is contained in the Public Housing Admissions and Continued Occupancy Policy and the Section 8 Administrative Plan. **See Attachment C and D.**

5. Operations and Management.

The following documents are used for the Operations and Management of the Southern Iowa Regional Housing Authority's Section 8 and Public Housing Programs.

A copy of the following have previously been submitted to HUD or are attached hereto:

Public Housing:

1. Maintenance Plan (Includes Pest Control Policy)
2. Public Housing Admissions and Occupancy Policy (Includes Grievance Procedure, Pet Policy, Occupancy Rules and Regulations)
3. Family Investment Center Program
4. Deconcentration Policy
5. Procurement Policy
6. Disposition Policy
7. Capitalization Policy
8. Investment Policy
9. Equal Housing Opportunity Policy
10. Drug Free Workplace Policy
11. Personnel Policy
12. Check Signing Authorization Policy
13. Resident Involvement Program
14. Resident Advisory Board

Section 8

1. Section 8 Administration Plan
2. Family Self-Sufficiency Action Plan
3. Equal Housing Opportunity Policy
4. Procurement Policy
5. Disposition Policy
6. Capitalization Policy
7. Investment Policy
8. Personnel Policy
9. Drug Free Workplace Policy
10. Check Signing Authorization Policy
11. Resident Advisory Board

6. Grievance Procedures.

A copy of the Grievance Procedures is attached hereto. **See Attachments C and D.**

7. Capital Improvements.

A list of the capital projects and the estimates of costs are attached hereto. **See Capital Fund Program Tables**

8. Demolition and/or Disposition.

There are no planned Demolition and/or Disposition projects anticipated at this time within the scope of the plan.

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

There is no plan anticipated at this time to designate projects for Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities.

10. Conversion of Public Housing.

The Housing Authority has no plans at this time to convert any Public Housing to tenant-based assistance.

11. Homeownership.

The HA is presently operating an approved Section 5(h) Homeownership Program. **See Attachment T.**

12. Community Service and Self-Sufficiency.

The HA has the following programs provided under the program:

**See Pages 52 thru 55 in the Annual Plan section of the document and Attachment X.**

13. Safety and Crime Prevention.

The Southern Iowa Regional Housing Authority in consultation with residents and various law enforcement agencies ascertained that we have little or no crime or security problems. We have developed our Crime and Safety Prevention Plan in conjunction with the above groups. We have obtained agreements of cooperation with the law enforcement agencies within our jurisdiction to provide notification on any criminal activities at any of our Public Housing units. We in return would report any criminal activities to our local law enforcement agencies. Law enforcement is provided to our tenants the same as to any other resident of our jurisdiction.

14. Ownership of Pets in Public Housing.

The Pet Policy of the HA is a part of the Public Housing Admissions and

Continued Occupancy Policy, which has previously been submitted to HUD. Any appropriate changes that need to be made after HUD issues the new regulations will be made to comply with said regulations. A copy of the Pet Policy is attached hereto.

**See Attachment Y.**

15. Civil Rights Certification.

The Southern Iowa Regional Housing Authority will carry out its plan in Compliance with all applicable fair housing and civil rights requirements. This HA will continue to monitor and investigate complaints, and will continue to require certification by all private contractors doing business with this HA that Civil Rights laws are followed. The HA shall continue to examine programs or proposed programs, identify any impediments to fair housing choice within those programs, address any impediments and work with local jurisdictions to initiate initiatives to affirmatively further fair housing that require HA involvement, and shall continue to maintain records reflecting these analyzes and actions.

16. Fiscal Year Audit.

A copy of this audit has either been previously submitted to HUD, and/or a copy of the audit is attached hereto. **See Attachment S.**

17. Asset Management. The HA utilizes the following policies in the area of asset management:

Capitalization, Capital Fund Program, Procurement and Disposition Policy, Annual Inventory, Inspections, Pest Control, Grounds Maintenance and Management. **See Attachments F, I, J, and K.**

**(ii) 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:**

- A Admissions Policy for Deconcentration
- Capital Fund Program Tables
- B Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- X. Community Service and Self-Sufficiency
- Y. Pet Policy
- Z. Resident member on the Governing Board
- AA. Resident Advisory Board Membership
- BB. Progress Report on 2001 Goals
- CC. Component 10(B) Voluntary Conversion Initial Assessments

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HUD 50075

OMB Approval No: 2577-0226

DD. Resident Assessment - Follow Up Plan

Optional Attachments:

- E PHA Management Organizational Chart
- Capital Fund Program Tables
- Public Housing Drug Elimination Program (PHDEP) Plan
- X Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- X Other
  - C. Public Housing Admissions and Occupancy Policy  
(Includes Grievance Procedure, Pet Policy, Occupancy Rules & Regulations)
  - D. Section 8 Administration Plan
  - F. Maintenance Plan - (Includes Pest Control Policy)
  - G. Family Investment Center Program Administrative Plan
  - H. Family Self-Sufficiency Action Plan
  - I. Procurement Policy
  - J. Disposition Policy
  - K. Capitalization Policy
  - L. Investment Policy
  - M. Equal Housing Opportunity Policy
  - N. Drug Free Workplace Policy
  - O. Personnel Policy
  - P. Check Signing Authorization Policy
  - R. PHA Plan Certifications of Compliance with PHA Plans
    - 1. Civil Rights Certification
    - 2. State Certification of Consistency with Consolidated Plan
  - S. Fiscal Audit Report 2001
  - T. Section 5(h) Homeownership Program
  - U. Housing Needs Section of the State Consolidated Plan
  - V. Resident Involvement
  - W. Memorandum of Agreements with TANF Agencies and LLEA's

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 Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plan
X	State/Local Government Certification of Consistency with the Consolidated Plan.	5 Year and Annual Plan

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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 Plan
X	Consolidated Plan for the jurisdictions 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 Policy
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certification of compliance with deconcentration requirements (Section 16 (a) of the US Housing Act of 1937, as implemented in the 2/18/99 Quality Housing and Work Responsibility Act Initial Guidance Notice and any further HUD guidance) and 2 Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing rent determination policies, including the methodology for setting public housing flat rents X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public Housing management and maintenance policy documents, including policies for the prevention or eradication of pest infection (including cockroach infestation)	Annual Plan: Operations and Maintenance
	Public Housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures

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<b>Applicable &amp; On Display</b>	<b>Supporting document</b>	<b>Applicable Plan Component</b>
X	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
	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 or Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plan)	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
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Policies governing any Section 8 Homeownership program Check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and TANF agency	Annual Plan: Community Service and Self-Sufficiency
X	FSS action Plan/s for public housing and/or Section 8	Annual Plan: Community Service and Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP, ROSS or other resident services grant) grant program reports	Annual Plan: Community Service and Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention

X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually, use as many lines as necessary)	(specify as needed)

## 1. Statement of Housing Needs

[24 CFR Part 903.7 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>							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ability	Size	Loca- tion
Income <= 30% of AMI	3169	4	3	3	3	2	2
Income >30% but <=50% of AMI	2753	3	2	3	3	2	2
Income >50% but <80% of AMI	3214	2	2	2	3	2	2
Elderly	2980	3	3	2	3	3	2

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Families with Disabilities	732	3	3	2	3	3	2
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						

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
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data  
Indicate year: ----
- Other housing market study  
Indicate year: ----
- Other sources: (list and indicate year of information)

### A. 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)			
Section 8 tenant-based assistance			
x Public Housing			
Combined Section 8 and Public Housing			
Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	54		
Extremely low income <=30% AMI	43	80%	
Very low income (>30% but <=50% AMI)	8	15%	
Low income (>50% but <80% AMI)	3	5%	
Families with children	31	57%	
Elderly families	18	33%	

Families with disabilities	5	10%	
Race/ethnicity	White/Non Hispanic	100%	
Race/ethnicity	Black Asian or Pacific	2% 4%	
Characteristics by Bedroom Size (Public Housing Only)			
1 BR	19	35%	
2 BR	20	26%	
3 BR	14	26%	
4 BR	1	2%	
5 BR	0	0%	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? ___			
Does the PHA expect to reopen the list during the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

<b>Housing Needs of Families on the Waiting List</b>			
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/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	449		
Extremely low income <=30% AMI	378	84%	
Very low income (>30% but <=50% AMI)	64	14%	
Low income (>50% but <80% AMI)	7	2%	
Families with children	335	75%	
Elderly families	72	16%	
Families with Disabilities	42	9%	

Race/ethnicity	White/Non Hispanic	98%	
Race/ethnicity	Black/Non Hispanic	1%	
Race/ethnicity	Asian or Pacific Island/ Non Hispanic	1%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1 BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? ---- Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

### C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

#### (1) Strategies

#### **Need: Shortage of affordable housing for all eligible populations**

#### **Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
  - Seek replacement of public housing units lost to the inventory through mixed finance development

- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-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
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

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

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

Select all that apply

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

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

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

Select all that apply

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

Provide the opportunity for Homeownership to eligible Public Housing Residents

**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
- Other: (list below)

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

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

Select all that apply

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

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

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

Select if applicable

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

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

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate 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:

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

**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 2002 grants)</b>		

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a.Public Housing Operating Fund	\$240,000	
b.Public Housing Capital Fund	\$205,000	
c.HOPE VI Revitalization	\$0	
d.HOPE VI Demolition	\$0	
e.Annual Contributions for Section 8 Tenant-Based Assistance	\$3,250,000	
f.Public Housing Drug Elimination Program (including any Technical Assistance funds)	\$0	
g.Resident Opportunity and Self-Sufficiency Grants	\$0	
h.Community Development Block Grant	\$0	
i.HOME	\$0	
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>	\$144,000	Management/Operations /Screening, etc.
<b>4. Other income (list below)</b>		
Interest	\$42,000	Administration and Operations
Laundry/Other tenant charges	\$15,000	Administration and Operations
<b>4. Non-federal sources (list below)</b>		
Management fees	\$40,000	Administration and Operations
<b>Total resources</b>	<b>\$3,936,000</b>	

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

[24 CFR Part 903.7 9 (c)]

See Public Housing Admissions and Continued Occupancy Policy - Attachment C  
See Section 8 Administrative Plan - Attachment D

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

**Immediately after the family applies.**

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

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

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

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

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

##### **(2) 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)

**One single waiting list for the entire jurisdiction.**

- b. Where may interested persons apply for admission to public housing?
- PHA main administrative office
  - PHA development site management office
  - Other (list below)

**Community Centers within our jurisdiction.**

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
- Two
- Three or More

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

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

**(4) Admissions Preferences**

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

a. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

----- 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
  - 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
- Other source (list)

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

- X At an annual reexamination and lease renewal
- X Any time family composition changes
- X 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)

- X 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)

- X 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.  Yes X 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)

**We supply names of former landlords that are known to us.**

**(2) Waiting List Organization**

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

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

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

- PHA main administrative office
- Other

**Community Outreach Centers in our jurisdiction**

**(3) Search Time**

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

If yes, state circumstances below:

**If an extension is requested and adequate reason supplied.**

**(4) Admissions Preferences**

a. Income targeting

Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1.  Yes  No: Has the PHA established preferences for admission to section 8 tenant- based assistance? (other than date and time of application) (if no, skip to sub component **(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)
- X Households that contribute to meeting income requirements (targeting)
  - Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

---- 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 your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs

- Households that contribute to meeting income goals (broad range of incomes)
- X Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

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

- X 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)

- X 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)

a. 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**

See Public Housing Admissions and Continued Occupancy Policy - Attachment C  
See Section 8 Administrative Plan - Attachment 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---

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

b. Minimum Rent

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

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

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

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

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

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

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

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

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

e. Ceiling rents

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

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

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

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

**The Fair Market Rent as established by the Department of Housing and Urban Development.**

**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)

- Success rates of assisted families
- 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
- \$26-\$50

b.  Yes  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.
- A brief description of the management structure and organization of the PHA follows:

### **B. HUD Programs Under PHA Management**

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	124	38
Section 8 Vouchers	970	490
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)		
Family Self-Sufficiency Program	32	18
Public Housing Family Investment Center Program	4	4

### **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)

The Southern Iowa Regional Housing Authority has the following policies that govern our operations and apply to the Public Housing Program:

1. Admissions and Continued Occupancy Policy
2. Capitalization Policy
3. Check Signing Authorization Policy
4. Disposition Policy
5. Drug Free Workplace Policy
6. Equal Housing Opportunities Policy
7. Investment Policy
8. Procurement Policy
9. Personnel Policy
10. Maintenance Plan (Includes Pest Control Policy)

11. Family Investment Center Program Administrative Plan
12. Deconcentration Policy
13. Resident Involvement Program

(2) Section 8 Management: (list below)

The Southern Iowa Regional Housing Authority has the following Policies that govern our operations and apply to the Section 8 Program:

1. Section 8 Administration Plan
2. Family Self-Sufficiency Action Plan
3. Equal Housing Opportunity Policy
4. Procurement Policy
5. Disposition Policy
6. Capitalization Policy
7. Investment Policy
8. Personnel Policy
9. Drug Free Workplace Policy
10. Check Signing Authorization Policy

## **6.PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

See Public Housing Admissions and Continued Occupancy Policy - Attachment C

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)

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**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.

See - Capital Fund Program Tables

**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)

See Capital Fund Program Tables

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

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

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

b. If yes to question a, select one:

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

-or-

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

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

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

Yes X 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:

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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:	

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**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  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)	

<p>5. If approved, will this designation constitute a (select one)</p> <p><input type="checkbox"/> New Designation Plan</p> <p><input type="checkbox"/> Revision of a previously-approved Designation Plan?</p>	
<p>1. Number of units affected: ----</p> <p>7. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input type="checkbox"/> Total development</p>	

**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>
<p>1a. Development name:</p> <p>1b. Development (project) number:</p>
<p>2. What is the status of the required assessment?</p> <p><input type="checkbox"/> Assessment underway</p> <p><input type="checkbox"/> Assessment results submitted to HUD</p> <p style="padding-left: 40px;"><input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question)</p> <p><input type="checkbox"/> Other (explain below)</p>
<p>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.)</p>

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)]

The Southern Iowa Regional Housing Authority has an active Homeownership Program. It was developed under the guidance and rules of the Section 5 (h) interim rule published in the Federal Register on September 20, 1991. (See attached Homeownership document.) **See Attachment - T**

### **A. Public Housing**

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

1. X 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

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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: IA05P117003	
2. Federal Program authority:	
<input type="checkbox"/> HOPE I <input checked="" 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 checked="" 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:	
(05/08/1992)	
1. Number of units affected: <u>24</u>	
6. Coverage of action: (select one)	
<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development	

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>	
1a. Development name:	
1b. Development (project) number: IA05P117005	
2. Federal Program authority:	
<input type="checkbox"/> HOPE I <input checked="" 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 checked="" 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: <u>(05/08/1992)</u>
2. Number of units affected: <u>20</u>
6. Coverage of action: (select one)
<input type="checkbox"/> Part of the development
<input checked="" type="checkbox"/> Total development

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>
1a. Development name:
1b. Development (project) number: <u>IA05P117006</u>
2. Federal Program authority:
<input type="checkbox"/> HOPE I
<input checked="" 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 checked="" 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: <u>(05/08/1992)</u>
3. Number of units affected: <u>05</u>
6. Coverage of action: (select one)
<input type="checkbox"/> Part of the development
<input checked="" type="checkbox"/> Total development

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>
1a. Development name:
1b. Development (project) number: <u>IA05P117008</u>
2. Federal Program authority:
<input type="checkbox"/> HOPE I
<input checked="" 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 checked="" 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: <u>(05/08/1992)</u>

4. Number of units affected: 05
6. Coverage of action: (select one)
- Part of the development
  - Total development

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

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

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

[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**

Expires: 03/31/2002

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1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? 08/08/2000

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)

- X Public housing rent determination policies
- X 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

X Yes  No: Does the PHA coordinate, promote or provide

any programs to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following table; if "no" skip to sub- component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

<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)
Family Investment Center Program	4	Voluntary	Community Action Centers/PHA Main Office	Public Housing residents
Coordinated Care	70	Elderly Public Housing residents	Area Agency on Aging	Public Housing residents
Program Coordinating Committee	35	Voluntary	Referral from PHA main office	Section 8 participant

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

a. Participation Description

<b>Family Self Sufficiency (FSS) Participation</b>		
Program	Required Number of Participants (start of FY 2003 Estimate)	Actual Number of Participants (As of: 05/31/2001)
Public Housing		
Section 8	0	33

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:

**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)

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

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

**See Admissions & Continued Occupancy Policy pages 28 - 30**

**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)

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

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graffiti

- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

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

**B. Crime and Drug Prevention activities the PHA has undertaken or 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
- Other (describe below)

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

**C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above- baseline law enforcement services
- Other activities (list below)

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

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

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 2001 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)]

**See Attachment C for Pet Policy**

## **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. See Attachment R.

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

**See Attachment S.**

1.  Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
2.  Yes  No: Was the most recent fiscal audit submitted to HUD?
3.  Yes  No: Were there any findings as the result of that audit?
4.  Yes  No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_
5.  Yes  No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[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.  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?

1. What types of asset management activities will the PHA undertake? (select all that apply)

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

3.  Yes  No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

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

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

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

- Attached at Attachment (File name) -----
- Provided below:

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

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments  
List changes below:
- Other: (list below)

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

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

2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub- component C.)

3. Description of Resident Election Process

**Residents of Public Housing are nominated and elected by all adult household members of Public Housing to serve on the Resident Advisory Council. Section 8 participants are allowed to serve on the RAB on a voluntary or appointed basis. The resident PHA Executive Board member is elected by the RAC members.**

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)

**Any adult resident of Public Housing listed on the lease.**

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)

**All adult residents of Public Housing listed on the lease.**

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

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

1. Consolidated Plan jurisdiction:

**State of Iowa Consolidated Plan - 2000**

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

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

- 1. Provide affordable housing**
- 2. Provide Homeownership opportunities for eligible families**

Other: (list below)

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

The Goals and Objectives of the PHA include the provision of affordable housing and homeownership opportunities for low income. The PHA also helps maintain sanitary and safe housing.

**See attached housing needs section of the State Consolidated Plan.**

**D. Other Information Required by HUD**

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

**Substantial Deviation Definition**

Substantial deviation or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency which has a profound effect on the applicants or tenants and require formal approval of the Board of Commissioners.

## Attachments

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

### **ATTACHMENT X**

## **13.0 CONTINUED OCCUPANCY AND COMMUNITY SERVICE**

### **13.1 GENERAL**

In order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities), or (2) participate in an economic self-sufficiency program, or (3) perform eight hours per month of combined activities as previously described unless they are exempt from this requirement.

### **13.2 EXEMPTIONS**

The following adult family members of resident families are exempt from this requirement.

- A. Family members who are 62 or older.
- B. Family members who are blind or disabled as defined under 216(I)(1) or 1614 of the Social Security Act (42) U.S.C. 416 (I)(1) and who certifies that because of this disability she or he is unable to comply with the community service requirements.
- C. Family members who are the primary care giver for someone who is blind or disabled as set forth in Paragraph B above.
- D. Family members engaged in work activity.
- E. Family members who are exempt from work activity under part A Title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program.
- F. Family members receiving assistance, benefits or services under a State program funded under part A Title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program.

### **13.3 NOTIFICATION OF THE REQUIREMENT**

The Southern Iowa Regional Housing Authority shall identify all adult family members who are apparently not exempt from the community service requirement.

The Southern Iowa Regional Housing Authority shall notify all such family members of the community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. The Southern Iowa Regional Housing Authority shall verify such claims.

The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination on or after December 31, 2000. For family's paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

#### **13.4 VOLUNTEER OPPORTUNITIES**

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self- responsibility of the resident within the community.

An economic self sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The Southern Iowa Regional Housing Authority will coordinate with social service agencies, local schools, and the Human Resources Office in identifying a list of volunteer community service positions.

Together with the Resident Advisory Council, the Southern Iowa Regional Housing Authority may create volunteer positions such as hall monitoring, litter patrols, and supervising and record keeping for volunteers.

#### **13.5 THE PROCESS**

At the first annual reexamination on or after December 31, 2000, and each annual reexamination thereafter, the Southern Iowa Regional Housing Authority will do the following:

- A. Provide a list of volunteer opportunities to the family members.
- B. Provide information about obtaining suitable volunteer duties and positions.

- C. Provide a volunteer community service form to the family member. Instructions for the community service form require the individual to complete the form and have a supervisor date and sign for each period of work.
- D. Family members who are required to perform community service will be required to turn in their community service form monthly to the Housing Authority, who will assist the family members in identifying appropriate volunteer duties or positions in meeting their responsibilities. The Housing Authority will track the family member's progress quarterly and will meet with the family member as needed to encourage compliance.
- E. Thirty (30) days before the family's next anniversary date, the Housing Authority will advise each applicable adult family member as to whether they are in compliance with the community service requirement.

### **13.6 NOTIFICATION OF NON-COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENT**

The Southern Iowa Regional Housing Authority will notify any family found to be in noncompliance of the following:

- A. The family member(s) has been determined to be in noncompliance;
- B. That the determination is subject to the grievance procedure; and
- C. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated.

### **13.7 OPPORTUNITY FOR CURE**

The Southern Iowa Regional Housing Authority will offer the family member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns goes toward the current commitment until the current year's commitment is made.

If any applicable family member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service, the Southern Iowa Regional Housing Authority shall take action to terminate the lease.

### **13.8 PROHIBITION AGAINST REPLACEMENT OF AGENCY EMPLOYEES**

In implementing the service requirement, the Southern Iowa Regional Housing Authority may not substitute community service or self-sufficiency activities performed by residents for work ordinarily performed by its employees, or replace a job at any location where residents perform activities to satisfy the service requirement.

## **ATTACHMENT C**

### **PET POLICY FOR HOUSING UNITS OWNED BY SIRHA**

The 1998 Quality Housing & Work Responsibility Act (QHWRA) allows all Public Housing residents to have pets. It limits pets to domestic pets and allows the use of reasonable rules governing the size and number of pets. It also provides that a pet cannot cause any danger or hazard to other residents and if the occupant cannot give proper care to the pet it can be removed. The following rules are hereby incorporated, by reference, into the lease between the tenants and the Southern Iowa Regional Housing Authority.

I. Persons leasing units owned by the Southern Iowa Regional Housing Authority may have pets providing they get approval from SIRHA, follow all regulations as stated below, and pay the required \$200 deposit in full at the time of admission to the unit. If you decide you want a pet, after you have moved into the unit you must get approval from SIRHA, follow all regulations as stated below, and the \$200 deposit must be paid in full before the pet can be in the unit. The \$200 deposit is waived for a service animal to assist a person with a disability. In exchange for this right, the resident assumes full responsibility and liability for the pet and agrees to hold the Southern Iowa Regional Housing Authority harmless from any claims caused by an action or inaction of the pet. The following rules must be followed for all pets:

D. Definitions:

1. A pet is defined as a domestic cat, dog, caged bird, fish, hamster, gerbil, guinea pig, and turtle.

A common household pet means a smaller domesticated animal such as a dog, cat, fish, bird, hamster gerbil, guinea pig or turtle which is traditionally kept in the home for pleasure rather than for commercial purposes.

2. A dog is a canine which is not over fifteen inches tall, measuring from the bottom of its paws to the top of its shoulders, measured when it has reached full maturity. It must be a breed that is traditionally considered as household pets. Exotic dogs, such as part wolf or coyote, etc. are not considered as household pets and are not allowed. This section is waived for a service animal to assist a person with a disability.
3. A cat is a feline which is traditionally considered to be a household pet. Exotic cats such as Pumas, Lions, etc. are not considered as household pets and are not allowed.
4. A caged bird is a bird which will be kept in a closed cage and not allowed to fly around the dwelling unit. Large and exotic birds are not considered as household pets and are not allowed.
5. Small turtles and fish that require an aquarium of 10 gallons or larger are considered pets. An aquarium may not exceed 25 gallons and the fish population cannot exceed the maximum number for the tank size. (Consult your local retailer for this number.) The living environment of said turtles and fish must be installed and maintained properly to prevent damage to the dwelling unit. Piranhas and other exotic reptiles and fish are not considered as household pets and are not allowed.
6. One hamster, gerbil, guinea pig will be kept in a closed cage and not allowed to run around the dwelling unit.
7. For a service animal to assist people with a disability the size requirement and the deposit will be waived.

E. Sanitary Standards:

1. All pet waste is the responsibility of the owner of the pet. It must be disposed of in a sanitary manner which does not infringe on other tenants.
2. Persons with cats must train them to use litter containers. When litter containers are used, the litter must be changed twice a week, and the litter must be separated from the pet waste once

each day. The pet waste and the expended litter must be placed in a plastic bag, and disposed of in the garbage receptacle.

3. Persons with dogs must train them to stay in your designated area. Pet waste must be picked up once each day and placed in a plastic bag, and disposed of in the garbage receptacle.
4. All cages and aquariums must be cleaned on a regular basis.

F. Pet Care:

1. Dogs and cats shall be inoculated against rabies and distemper. A veterinarian shall certify that the pet has received all inoculations appropriate for the community in which the pet is located.
2. Dogs and cats shall be leashed and under the control of a responsible individual whenever they are outside of the dwelling unit.
3. All pets shall be properly cared for. If SIRHA believes a pet is not being properly cared for, or is being mistreated, it shall require the pet to be removed from the dwelling unit. SIRHA reserves the right to inspect the care of any pet. If it appears the tenant, for any reason is not or cannot provide proper care of the pet, SIRHA shall have the right to have the pet removed to an animal care facility and all expenses resulting from such action shall be the responsibility of the owner. If the above situation occurs and the pet is removed, the tenant shall not be allowed to have any other pet during their tenancy. SIRHA reserves the right to determine what is proper care.
4. No pets shall be kept out doors. All pets must be of the kind that can be kept indoors.
5. Pets will not be left unattended for more than ten hours.

G. Other Regulations:

1. Registration of Pets

- a. All pets must be registered with and approved by SIRHA before the pet is brought into the dwelling unit. A completed registration form, documentation the pet has received its proper shots, documentation the pet is properly licensed (if required), documentation the pet has been spayed or neutered and declawed (if required), and a picture of the pet must be submitted to SIRHA. If something would happen to your pet and you want a different pet, you must contact SIRHA immediately and fill out a new registration form, documentation the pet has received its proper shots, documentation the pet is properly licensed (if required), documentation the pet has been spayed or neutered and declawed (if required), and a picture of the new pet.
2. Density of pet population. Only one pet per family will be allowed, as defined in these regulations.
3. All pets must have received all shots required by local law, and this must be verified by a licensed veterinarian.
4. All pets required to be licensed by the local law shall be licensed.
5. All cats and dogs must be spayed or neutered. All cats must be declawed and this must be verified by a licensed veterinarian.
6. A pet owner shall physically control or confine his/her pet during the times when Housing Authority employees, agents of the Housing Authority, or others must enter the pet owner's residence to conduct business, provide services, enforce lease terms, etc.
7. If a pet causes harm to any person, the pet's owner shall be required to permanently remove the pet from the Housing Authority's property within **24 hours** of written notice from the Housing Authority. The pet owner may also be subject to termination of his/her dwelling lease.
8. A pet owner who violated any other conditions of this policy may be required to remove his/her pet from the development within **10 days** of written notice from the Housing Authority. The pet owner may also be subject to termination of his/her dwelling lease.

E. Financial Obligation of Residents

Any resident who owns or keeps a pet in their dwelling unit will be required to pay for any damages caused by the pet. Also, any

pet-related insect infestation in the pet owner's unit will be the financial responsibility of the pet owner and the Southern Iowa Regional Housing Authority reserves the right to exterminate and charge the resident.

F. Nuisance or Threat to Health or Safety

Repeated substantiated complaints by neighbors or Southern Iowa Regional Housing Authority personnel regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisance may result in the owner having to remove the pet or move him/herself.

Pets who make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one half hour or more to the disturbance of any person at any time of day or night shall be considered a nuisance.

G. Deposit:

1. Upon the move out inspection performed by SIRHA, it will be determined how much of the deposit will be refunded. Any damages to the unit caused by the pet will be deducted from the deposit. This amount will be determined by the Housing Authority.

I have read the above Pet Policy and received a copy. I agree to abide by all the rules and regulations of the Pet Policy. If I am in violation of any of the above rules and regulations, I fully understand this will be immediate grounds for eviction.

Signature

Date



**Southern Iowa Regional Housing Authority**  
**Authorization for Pet Ownership Form**  
(Please fill out a form for each pet)

Pet Owner's Name \_\_\_\_\_

Pet Owner's Address \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone \_\_\_\_\_

Pet's Name \_\_\_\_\_

Type or Breed \_\_\_\_\_

Description of Pet: \_\_\_\_\_

License or ID Number: \_\_\_\_\_

Veterinarian Utilized \_\_\_\_\_

Veterinarian's address \_\_\_\_\_

Veterinarian's Phone: \_\_\_\_\_

Emergency Care giver for the Pet: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I have read and understand the rules governing pets and I and all members of my household promise to fully comply.

Signature of Pet Owner \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Please attach documentation that your pet has received the following:**

**necessary shots**

**is licensed**

**spayed or neutered**

**declawed**

**Also, attach a photo of your pet.**

**Required Attachment Z: Resident Member on the PHA Governing Board**

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

Name of resident member(s) on the governing board:

Betty Johnson

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

Elected

Appointed

C. The term of appointment is (include the date term expires): 1 year - Expires 2003

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

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

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

Other (explain):

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

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

**Required Attachment AA: Membership of the Resident Advisory Board or Boards**

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

Creola Clem  
Betty Johnson  
Elizabeth Cordell  
Michelle Higgins  
Lisa Jenkins  
Shelly Hower  
Machell Long  
Stephanie England  
Janis Hughes  
Betty Beaver  
Jessica Long  
Maria Daly-Johnson  
Caroll Johnson  
John Clark  
Kathy Briggs  
Diane Smith  
Loretta Kelly

## **ATTACHMENT BB**

This is a progress report on meeting our goals for our 2002 plan.

### **Goal 1 Provide Affordable Housing**

We maintained an average lease up of 1,004 units per month in Section 8 program.

We maintained a lease up of 100% for Section 8

Maintained 124 units of Public Housing and sold one unit in 2002.

We maintained a lease up of 89% in Public Housing.

### **Goal 2 Promote Self-Sufficiency and Economic Opportunities**

Maintained Family Self-Sufficiency Program for the Section 8 Rental Assisted families.

Maintained an average of 32 family participants in the Family Self-Sufficiency Program.

Maintained an average Family Investment Center participant rate of 6 families.

Provided and attracted supportive services for both the Family Self-Sufficiency and Family Investment Center Participants by providing counseling, mileage, GED expenses, child care, and tuition. We have referred participants to various agencies within our 13 county area for the appropriate and available assistance that they needed.

### **Goal 3 Promote Home Ownership of Low Income Families**

We are offering home ownership through our 5(h) Home Ownership Program

We have filed applications for State funds to assist with home ownership but have not been

successful in obtaining funding at this time. We will continue to seek and apply for funding to assist our clients.

We have investigated the Section 8 Home Ownership Program but, haven't decided whether to participate at this time.

## **ATTACHMENT CC**

### **Component 10(B) Voluntary Conversion Initial Assessments**

HUD published in the Federal Register a final rule on "Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments that was required by the Quality Housing and Work Responsibility Act. The final rule requires all public housing developments to be assessed unless they met one of the exempt categories. All PHA's are required to conduct an initial assessment based on a three part test to determine if a development is appropriate or inappropriate for conversion to vouchers:

1. Conversion would not be more expensive than continuing to operate the development as public housing.
2. Conversion would principally benefit residents of the public housing development to be converted and the community.
3. Conversion would not adversely affect the availability of affordable housing in the community.

The Southern Iowa Regional Housing Authority conducted the initial assessments of its public housing developments and considered the implications of converting the public housing to tenant-based assistance by addressing the criteria in the three part test in reverse order. Based on this assessment we believe that conversion of public housing to vouchers would be inappropriate and have an adverse affect on the availability of affordable housing in the community; because it would reduce the number of safe, sanitary, and decent units available for low income families.

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

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

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

5 Assessments were conducted

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

<b>Development Name</b>	<b>Number of Units</b>
<b>None</b>	<b>None</b>

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

### **PHA Certification**

The Southern Iowa Regional Housing Authority hereby certifies that it has reviewed each development's operation as public housing and considered the implications of converting the public housing to tenant-based assistance. Further we certify that based on our review we have concluded that conversion of our public housing developments is inappropriate because it would reduce the number of safe, sanitary, and decent housing units available for low income families.

## **ATTACHMENT DD**

### **Resident Assessment - Follow Up Plan**

#### **Survey Section - Safety**

The Southern Iowa Regional Housing Authority is a regional rural housing authority. Our Public Housing units are located in 5 non-metropolitan counties in towns under 10,000 in population.

The "Customer Service and Satisfaction Survey" under the "Safety Section" ask the question "**Are you aware of any crime prevention programs available to residents (for example Neighborhood Watch, Block Watch, or Street Patrol)?**" We have a low crime rate and very little serious crime in our small communities and these type of crime prevention programs are generally not available.

If you eliminate this question from the survey we would have scored around 87% on the Safety Section. We believe that this question is only appropriate if you first establish that crime is a problem in the development or community where the Public Housing is located. These type of crime prevention programs will only be developed if the city or towns that have a problem with crime.

We do believe that the survey pointed out some minor problem areas and some possible areas of concern. We have developed our Follow-Up Plan to address these areas.

### **Resident Assessment Follow-Up Plan**

We plan to do the below listed items to address the areas of concern in the Safety Section of the survey:

1. Check with the police, city leaders, and community organizations in each of our towns where Public Housing units are located to identify any crime prevention programs that may exist. If any crime prevention programs exist we will notify and provide information to the residents about the programs through our newsletter and Resident Organization.
2. We will review and evaluate all of our properties, for proper and adequate lighting. We will make repairs, install additional lighting , or take other action where appropriate and necessary.
3. We will consult with the residents and the resident organization to identify possible areas of concern related to safety and take appropriate action on any verifiable items that can be addressed.
4. We plan to complete the above items by December 31, 2002.

**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:</b> Southern Iowa Regional Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IA05P11750101		<b>Federal FY of Grant:</b> 2001	
		Replacement Housing Factor Grant No: _____			
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:2 )					
<b>X Performance and Evaluation Report for Period Ending: 6/30/02</b> <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	0	0	0	0
2	1406 Operations	0	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration	12,000	5,394	5,394	5,394
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	0	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	47,500	50,531	50,531	50,351
10	1460 Dwelling Structures	156,122	157,879	157,879	97,677
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	0	1,818	1,818	1,818
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1501 Collateralization or Debt Service	0	0	0	0
20	1502 Contingency	0	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	215,622	215,622	215,622	155,240
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

<u>24</u>	<u>Amount of line 21 Related to Security - Soft Costs</u>				
<u>25</u>	<u>Amount of Line 21 Related to Security - Hard Costs</u>				
<u>26</u>	<u>Amount of line 21 Related to Energy Conservation Measures</u>				

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

PHA Name: Southern Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P11750101 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	
IA117003	Repair foundation	1460		4,000	3,680	3,680	3,680	Complete
IA117003	Replace wood decks/porches	1460		29,000	25,828	25,828	25,828	Complete
IA117003	Replace/add concrete sidewalks/drives	1450		6,000	10,903	10,903	10,903	Complete
IA117003	Replace interior/closet doors	1460		14,000	10,673	10,673	9,899	Started
IA117003	Replace smoke detectors	1460		2,400	840	840	840	Complete
IA117003	Remove/trim trees	1450		4,500	3,828	3,828	3,828	Complete
IA117004	Correct foundation moisture/drainage	1460		10,000	8,397	8,397	1,900	Started
IA117004	Replace/add concrete drives/sidewalks	1450		25,000	24,850	24,850	24,850	Complete
IA117004	Replace entry and storm doors	1460		40,000	46,163	46,163	0	Started
IA117004	Replace alarm system/smoke detectors	1460		15,000	21,558	21,558	21,558	Complete
IA117005	Replace electric baseboard heaters	1460		5,000	3,512	3,512	3,512	Complete
IA117005	Replace interior/closet doors	1460		14,000	10,673	10,673	9,191	Started
IA117005	Replace smoke detectors	1460		3,500	1,225	1,225	1,225	Complete
IA117005	Remove/trim trees	1450		8,000	6,800	6,800	6,800	Complete
IA117005	Shingle roof	1460		0	6,700	6,700	6,700	Complete
IA117006	Replace sliding door units	1460		2,000	1,248	1,248	0	Started
IA117006	Replace two wood decks	1460		4,000	5,036	5,036	0	Started
IA117006	Replace interior/closet doors	1460		4,000	3,050	3,050	2,626	Started
IA117006	Replace smoke detectors	1460		300	105	105	105	Complete
IA117006	Replace tub/shower surround/cabinets	1460		6,622	4,798	4,798	4,798	Complete
IA117006	Remove/trim trees	1450		2,000	1,700	1,700	1,700	Complete
IA117008	Repair foundation	1460		2,000	5,038	5,038	5,038	Complete

IA117008	Replace smoke detectors	1460			300	105	105	105	Complete
IA117008	Remove/trim trees	1450			2,000	1,700	1,700	1,700	Complete
HA-Wide	CPF Coordinator	1410			12,000	5,394	5,394	5,394	Complete
HA-Wide	Purchase Maintenance Equipment	1475			0	1,818	1,818	1,818	Complete

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

<b>PHA Name:</b> Southern Iowa Regional Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: IA05P11750101 Replacement Housing Factor No: _____				<b>Federal FY of Grant:</b> 2001	
<b>Development Number</b> Name/HA-Wide Activities	<b>All Fund Obligated</b> (Quarter Ending Date)			<b>All Funds Expended</b> (Quarter Ending Date)			<b>Reasons for Revised Target Dates</b>
	<b>Original</b>	<b>Revised</b>	<b>Actual</b>	<b>Original</b>	<b>Revised</b>	<b>Actual</b>	
IA117003	12/31/01	6/30/02		3/31/02	12/31/02		HUD funding not received until 7/2001
IA117004	12/31/01	6/30/02		3/31/02	12/31/02		
IA117005	12/31/01	6/30/02		3/31/02	12/31/02		
IA117006	12/31/01	6/30/02		3/31/02	12/31/02		
IA117008	12/31/01	6/30/02		3/31/02	12/31/02		
HA-Wide	12/31/01	6/30/02		3/31/02	12/31/02		

**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:</b> Southern Iowa Regional Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IA05P11750102 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2002	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies x Revised Annual Statement (revision no:1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/02 <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	0	0	0	0
2	1406 Operations	0	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration	13,000	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	0	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	45,000	47,000	0	0
10	1460 Dwelling Structures	156,000	155,756	51,253	20,914
11	1465.1 Dwelling Equipment—Nonexpendable	2,000	2,000	0	0
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1501 Collateralization or Debt Service	0	0	0	0

20	1502 Contingency	0	0	0	0
21	Amount of Annual Grant: (sum of lines 2 - 20)	216,000	204,756	51,253	20,914
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Southern Iowa Regional Housing Authority	Grant Type and Number Capital Fund Program Grant No: IA05P11750102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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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
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				Original	Revised	Funds Obligated	Funds Expended	
IA117003	Replace/repair concrete	1450		8,000		0	0	Not Started
<b>IA117003</b>	<b>Repair ceilings</b>	<b>1460</b>		<b>14,000</b>		<b>0</b>	<b>0</b>	Not Started
<b>IA117003</b>	<b>Replace water heaters</b>	<b>1460</b>		<b>8,000</b>		<b>0</b>	<b>0</b>	Not Started
<b>IA117004</b>	<b>Correct Water/Moisture Problem</b>	<b>1460</b>		<b>11,000</b>		<b>12,783</b>	<b>0</b>	Not Started
<b>IA117004</b>	<b>Replace water heaters</b>	<b>1460</b>		<b>24,000</b>		<b>17,556</b>	<b>0</b>	Not Started
<b>IA117004</b>	<b>Replace interior closet doors</b>	<b>1460</b>		<b>21,000</b>		<b>20,914</b>	<b>20,914</b>	Not Started
<b>IA117004</b>	<b>Replace/repair concrete</b>	<b>1450</b>		<b>15,000</b>		<b>0</b>	<b>0</b>	Not Started
<b>IA117005</b>	<b>Replace furnace and A/C in units</b>	<b>1460</b>		<b>35,000</b>		<b>0</b>	<b>0</b>	Not Started
<b>IA117005</b>	<b>Replace/repair concrete</b>	<b>1450</b>		<b>15,000</b>		<b>0</b>	<b>0</b>	Not Started
<b>IA117005</b>	<b>Replace existing storage units</b>	<b>1460</b>		<b>4,000</b>		<b>0</b>	<b>0</b>	Not Started
<b>IA117005</b>	<b>Remove trees and landscape site</b>	<b>1450</b>		<b>4,000</b>		<b>0</b>	<b>0</b>	Not Started

IA117005	Replace floor coverings	1460			20,000		0	0	Not Started
IA117005	Replace decks/porches	1460			9,000		0	0	Not Started
IA117005	Replace water heaters	1460			5,000		0	0	Not Started
IA117006	Repair/replace concrete	1450			5,000		0	0	Not Started
IA117006	Replace water heaters	1460			2,000		0	0	Not Started
IA117008	Replace water heaters	1460			756		0	0	Not Started
IA117008	Replace appliances	1465			2,000		0	0	Not Started
IA117008	Replace tub/shower surrounds	1460			2,000		0	0	Not Started

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

<b>PHA Name:</b> Southern Iowa Regional Housing Authority	<b>Grant Type and Number</b> Capital Fund Program No: IA05P11750102 Replacement Housing Factor No: _____	<b>Federal FY of Grant:</b> 2002
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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	
IA117003	3/31/03			6/30/03			
IA117004	3/31/03			6/30/03			
IA117005	3/31/03			6/30/03			
IA117006	3/31/03			6/30/03			
IA117008	3/31/03			6/30/03			
HA-Wide	3/31/03			6/30/03			

**CAPITAL FUND PROGRAM TABLES START HERE**

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

<b>PHA Name:</b> Southern Iowa Regional Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>Proposed for 2003</b> Replacement Housing Factor Grant No: _____	<b>Federal FY of Grant:</b> 2003
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0

2	1406 Operations	0	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration	0	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	0	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	27,000	0	0	0
10	1460 Dwelling Structures	98,000	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	35,000	0	0	0
12	1470 Nondwelling Structures	40,000	0	0	0
13	1475 Nondwelling Equipment	5,000	0	0	0
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1501 Collateralization or Debt Service	0	0	0	0
20	1502 Contingency	0	0	0	0
21	<b>Amount of Annual Grant: (sum of lines 2 - 20)</b>	<b>205,000</b>	<b>0</b>	<b>0</b>	<b>0</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Southern Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: Proposed for 2003 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003			
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	
IA1 7003	Replace storage room doors	1460		8,000				
IA1 7003	Replace storm doors	1460		12,000				
IA1 7003	Replace/repair concrete	1450		7,000				
IA1 7003	Install A/C units	1460		40,000				
IA1 7003	Build storage units with concrete slabs	1470		15,000				
IA1 7003	Replace Office roof	1470		15,000				
IA1 7003	Replace Office furnace and A/C	1470		10,000				
IA1 7004	Repair/replace concrete	1450		10,000				
IA1 7004	Replace appliances	1465		35,000				
IA1 7005	Repair/replace concrete	1450		3,000				
IA1 7005	Replace storm doors	1460		8,000				
IA1 7006	Repair/replace concrete	1450		2,000				
IA1 7006	Replace furnaces and A/C	1460		10,000				
IA1 7006	Replace storm doors	1460		2,000				
IA1 7006	Repair floor coverings	1460		8,000				
IA1 7008	Repair/replace concrete	1450		2,000				
IA1 7008	Replace storm doors	1460		1,000				
IA1 7008	Replace furnaces and A/C	1460		3,000				
IA1 7010	Replace floor coverings	1460		6,000				
IA1 7010	Repair/replace concrete	1450		3,000				
HA Wide	Replace Yard Tractor	1475		5,000				

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

PHA Name: Southern Iowa Regional Housing Authority	Grant Type and Number Capital Fund Program No: Proposed 2003 Replacement Housing Factor No:	Federal FY of Grant: 2003
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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	
IA117003	3/31/04			6/30/04			
IA117004	3/31/04			6/30/04			
IA117005	3/31/04			6/30/04			
IA117006	3/31/04			6/30/04			
IA117008	3/31/04			6/30/04			
IA117010	3/31/04			6/30/04			
HA Wide	3/31/04			6/30/04			

**Capital Fund Program Five-Year Action Plan**

**Part I: Summary**

PHA Name <b>Southern Iowa RHA</b>						<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 3
Development Number/Name/HA-Wide	Year 1	Work Statement - Year 2 FFY Grant: PHA FY: 2004	Work Statement -Year 3 FFY Grant: PHA FY: 2005	Work Statement -Year 4 FFY Grant: PHA FY: 2006	Work Statement-Year 5 FFY Grant: PHA FY: 2007	
IA117003		0	30,000	35,000	77,000	
IA117004		350,000	0	170,000	35,000	
IA117005		0	7,000	0	65,000	
IA117006		0	8,000	0	0	
IA117008		0	0	0	0	
IA117010		0	15,000	0	0	
HA-Wide		0	0	0	28,000	
CFP Funds Listed for 5-year planning		<b>350,000</b>	<b>60,000</b>	<b>205,000</b>	<b>205,000</b>	
Replacement Housing Factor Funds						

**Capital Fund Program Five-Year Action Plan**

**Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : 2 FFY Grant: PHA FY: 2004			Activities for Year: 3 FFY Grant: PHA FY: 2005		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<u>See</u>	IA117004	Replace cabinets/ countertops/vanities/tubs surrounds/install grab bars	350,000	IA117003	Build storage units with concrete slabs	30,000
<u>Annual</u>				IA117005	Build storage units with concrete slabs	7,000



<b>Total CFP Estimated Cost</b>	<b>\$ 205,000</b>			<b>\$205,000</b>
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## **ATTACHMENT X**

### **13.0 CONTINUED OCCUPANCY AND COMMUNITY SERVICE**

#### **13.1 GENERAL**

In order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities), or (2) participate in an economic self-sufficiency program, or (3) perform eight hours per month of combined activities as previously described unless they are exempt from this requirement.

#### **13.2 EXEMPTIONS**

The following adult family members of resident families are exempt from this requirement.

- A. Family members who are 62 or older.
- B. Family members who are blind or disabled as defined under 216(I)(1) or 1614 of the Social Security Act (42) U.S.C. 416 (I)(1) and who certifies that because of this disability she or he is unable to comply with the community service requirements.
- C. Family members who are the primary care giver for someone who is blind or disabled as set forth in Paragraph B above.
- D. Family members engaged in work activity.
- E. Family members who are exempt from work activity under part A Title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program.
- F. Family members receiving assistance, benefits or services under a State program funded under part A Title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program.

#### **13.3 NOTIFICATION OF THE REQUIREMENT**

The Southern Iowa Regional Housing Authority shall identify all adult family members who are apparently not exempt from the community service requirement.

The Southern Iowa Regional Housing Authority shall notify all such family members of the community service requirement and of the categories of individuals who are exempt

from the requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. The Southern Iowa Regional Housing Authority shall verify such claims.

The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination on or after December 31, 2000. For family's paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

#### **13.4 VOLUNTEER OPPORTUNITIES**

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self- responsibility of the resident within the community.

An economic self sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The Southern Iowa Regional Housing Authority will coordinate with social service agencies, local schools, and the Human Resources Office in identifying a list of volunteer community service positions.

Together with the Resident Advisory Council, the Southern Iowa Regional Housing Authority may create volunteer positions such as hall monitoring, litter patrols, and supervising and record keeping for volunteers.

#### **13.5 THE PROCESS**

At the first annual reexamination on or after December 31, 2000, and each annual reexamination thereafter, the Southern Iowa Regional Housing Authority will do the following:

- A. Provide a list of volunteer opportunities to the family members.
- B. Provide information about obtaining suitable volunteer duties and positions.
- C. Provide a volunteer community service form to the family member. Instructions for the community service form require the individual to complete the form and

have a supervisor date and sign for each period of work.

- D. Family members who are required to perform community service will be required to turn in their community service form monthly to the Housing Authority, who will assist the family members in identifying appropriate volunteer duties or positions in meeting their responsibilities. The Housing Authority will track the family member's progress quarterly and will meet with the family member as needed to encourage compliance.
- E. Thirty (30) days before the family's next anniversary date, the Housing Authority will advise each applicable adult family member as to whether they are in compliance with the community service requirement.

### **13.6 NOTIFICATION OF NON-COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENT**

The Southern Iowa Regional Housing Authority will notify any family found to be in noncompliance of the following:

- A. The family member(s) has been determined to be in noncompliance;
- B. That the determination is subject to the grievance procedure; and
- C. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated.

### **13.7 OPPORTUNITY FOR CURE**

The Southern Iowa Regional Housing Authority will offer the family member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns goes toward the current commitment until the current year's commitment is made.

If any applicable family member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service, the Southern Iowa Regional Housing Authority shall take action to terminate the lease.

### **13.8 PROHIBITION AGAINST REPLACEMENT OF AGENCY EMPLOYEES**

In implementing the service requirement, the Southern Iowa Regional Housing Authority

may not substitute community service or self-sufficiency activities performed by residents for work ordinarily performed by its employees, or replace a job at any location where residents perform activities to satisfy the service requirement.

## ATTACHMENT C

### PET POLICY FOR HOUSING UNITS OWNED BY SIRHA

The 1998 Quality Housing & Work Responsibility Act (QHWRA) allows all Public Housing residents to have pets. It limits pets to domestic pets and allows the use of reasonable rules governing the size and number of pets. It also provides that a pet cannot cause any danger or hazard to other residents and if the occupant cannot give proper care to the pet it can be removed. The following rules are hereby incorporated, by reference, into the lease between the tenants and the Southern Iowa Regional Housing Authority.

I. Persons leasing units owned by the Southern Iowa Regional Housing Authority may have pets providing they get approval from SIRHA, follow all regulations as stated below, and pay the required \$200 deposit in full at the time of admission to the unit. If you decide you want a pet, after you have moved into the unit you must get approval from SIRHA, follow all regulations as stated below, and the \$200 deposit must be paid in full before the pet can be in the unit. The \$200 deposit is waived for a service animal to assist a person with a disability. In exchange for this right, the resident assumes full responsibility and liability for the pet and agrees to hold the Southern Iowa Regional Housing Authority harmless from any claims caused by an action or inaction of the pet. The following rules must be followed for all pets:

A. Definitions:

1. A pet is defined as a domestic cat, dog, caged bird, fish, hamster, gerbil, guinea pig, and turtle.

A common household pet means a smaller domesticated animal such as a dog, cat, fish, bird, hamster gerbil, guinea pig or turtle which is traditionally kept in the home for pleasure rather than for commercial purposes.

2. A dog is a canine which is not over fifteen inches tall, measuring from the bottom of its paws to the top of its shoulders, measured when it has reached full maturity. It must be a breed that is traditionally considered as household pets. Exotic dogs, such as part wolf or coyote, etc. are not considered as household pets and are not allowed. This section is waived for a service animal to assist a person with a disability.
3. A cat is a feline which is traditionally considered to be a household pet. Exotic cats such as Pumas, Lions, etc. are not considered as household pets and are not allowed.

4. A caged bird is a bird which will be kept in a closed cage and not allowed to fly around the dwelling unit. Large and exotic birds are not considered as household pets and are not allowed.
5. Small turtles and fish that require an aquarium of 10 gallons or larger are considered pets. An aquarium may not exceed 25 gallons and the fish population cannot exceed the maximum number for the tank size. (Consult your local retailer for this number.) The living environment of said turtles and fish must be installed and maintained properly to prevent damage to the dwelling unit. Piranhas and other exotic reptiles and fish are not considered as household pets and are not allowed.
6. One hamster, gerbil, guinea pig will be kept in a closed cage and not allowed to run around the dwelling unit.
7. For a service animal to assist people with a disability the size requirement and the deposit will be waived.

B. Sanitary Standards:

1. All pet waste is the responsibility of the owner of the pet. It must be disposed of in a sanitary manner which does not infringe on other tenants.
2. Persons with cats must train them to use litter containers. When litter containers are used, the litter must be changed twice a week, and the litter must be separated from the pet waste once each day. The pet waste and the expended litter must be placed in a plastic bag, and disposed of in the garbage receptacle.
3. Persons with dogs must train them to stay in your designated area. Pet waste must be picked up once each day and placed in a plastic bag, and disposed of in the garbage receptacle.
4. All cages and aquariums must be cleaned on a regular basis.

C. Pet Care:

1. Dogs and cats shall be inoculated against rabies and distemper. A veterinarian shall certify that the pet has received all inoculations appropriate for the community in which the pet is located.
2. Dogs and cats shall be leashed and under the control of a responsible individual whenever they are outside of the dwelling unit.

3. All pets shall be properly cared for. If SIRHA believes a pet is not being properly cared for, or is being mistreated, it shall require the pet to be removed from the dwelling unit. SIRHA reserves the right to inspect the care of any pet. If it appears the tenant, for any reason is not or cannot provide proper care of the pet, SIRHA shall have the right to have the pet removed to an animal care facility and all expenses resulting from such action shall be the responsibility of the owner. If the above situation occurs and the pet is removed, the tenant shall not be allowed to have any other pet during their tenancy. SIRHA reserves the right to determine what is proper care.
4. No pets shall be kept out doors. All pets must be of the kind that can be kept indoors.
5. Pets will not be left unattended for more than ten hours.

D. Other Regulations:

1. Registration of Pets
  - a. All pets must be registered with and approved by SIRHA before the pet is brought into the dwelling unit. A completed registration form, documentation the pet has received its proper shots, documentation the pet is properly licensed (if required), documentation the pet has been spayed or neutered and declawed (if required), and a picture of the pet must be submitted to SIRHA. If something would happen to your pet and you want a different pet, you must contact SIRHA immediately and fill out a new registration form, documentation the pet has received its proper shots, documentation the pet is properly licensed (if required), documentation the pet has been spayed or neutered and declawed (if required), and a picture of the new pet.
2. Density of pet population. Only one pet per family will be allowed, as defined in these regulations.
3. All pets must have received all shots required by local law, and this must be verified by a licensed veterinarian.
4. All pets required to be licensed by the local law shall be licensed.
5. All cats and dogs must be spayed or neutered. All cats must be declawed and this must be verified by a licensed veterinarian.
6. A pet owner shall physically control or confine his/her pet during the

times when Housing Authority employees, agents of the Housing Authority, or others must enter the pet owner's residence to conduct business, provide services, enforce lease terms, etc.

7. If a pet causes harm to any person, the pet's owner shall be required to permanently remove the pet from the Housing Authority's property within **24 hours** of written notice from the Housing Authority. The pet owner may also be subject to termination of his/her dwelling lease.
8. A pet owner who violated any other conditions of this policy may be required to remove his/her pet from the development within **10 days** of written notice from the Housing Authority. The pet owner may also be subject to termination of his/her dwelling lease.

E. Financial Obligation of Residents

Any resident who owns or keeps a pet in their dwelling unit will be required to pay for any damages caused by the pet. Also, any pet-related insect infestation in the pet owner's unit will be the financial responsibility of the pet owner and the Southern Iowa Regional Housing Authority reserves the right to exterminate and charge the resident.

F. Nuisance or Threat to Health or Safety

Repeated substantiated complaints by neighbors or Southern Iowa Regional Housing Authority personnel regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisance may result in the owner having to remove the pet or move him/herself.

Pets who make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one half hour or more to the disturbance of any person at any time of day or night shall be considered a nuisance.

G. Deposit:

1. Upon the move out inspection performed by SIRHA, it will be determined how much of the deposit will be refunded. Any damages to the unit caused by the pet will be deducted from the deposit. This amount will be determined by the Housing Authority.

I have read the above Pet Policy and received a copy. I agree to abide by all the rules and regulations of the Pet Policy. If I am in violation of any of the above rules and regulations, I fully understand this will be immediate grounds for eviction.

---

Signature

---

Date



**Southern Iowa Regional Housing Authority  
Authorization for Pet Ownership Form**

(Please fill out a form for each pet)

Pet Owner's  
Name \_\_\_\_\_

Pet Owner's  
Address \_\_\_\_\_  
\_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone \_\_\_\_\_

Pet's Name \_\_\_\_\_  
Type or Breed \_\_\_\_\_  
Description of Pet: \_\_\_\_\_  
\_\_\_\_\_

License or ID Number: \_\_\_\_\_

Veterinarian Utilized \_\_\_\_\_  
Veterinarian's  
address \_\_\_\_\_  
\_\_\_\_\_

Veterinarian's Phone: \_\_\_\_\_

Emergency Care giver for the Pet:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

I have read and understand the rules governing pets and I and all members of my household promise to fully comply.

Signature of Pet Owner \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Please attach documentation that your pet has received the following:**

**necessary shots  
is licensed  
spayed or neutered  
declawed**

**Also, attach a photo of your pet.**

**Required Attachment Z: Resident Member on the PHA Governing Board**

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

Name of resident member(s) on the governing board:

Betty Johnson

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

Elected  
Appointed

C. The term of appointment is (include the date term expires): 1 year - Expires 2003

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

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

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

Other (explain):

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

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

**Required Attachment \_\_AA\_\_\_\_: Membership of the Resident Advisory Board or Boards**

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

Creola Clem  
Betty Johnson  
Elizabeth Cordell  
Michelle Higgins  
Lisa Jenkins  
Shelly Hower  
Machell Long  
Stephanie England  
Janis Hughes  
Betty Beaver  
Jessica Long  
Maria Daly-Johnson  
Carroll Johnson  
John Clark  
Kathy Briggs  
Diane Smith  
Loretta Kelly

## **ATTACHMENT BB**

This is a progress report on meeting our goals for our 2002 plan.

### **Goal 1 Provide Affordable Housing**

We maintained an average lease up of 1,004 units per month in Section 8 program.

We maintained a lease up of 100% for Section 8

Maintained 124 units of Public Housing and sold one unit in 2002.

We maintained a lease up of 89% in Public Housing.

### **Goal 2 Promote Self-Sufficiency and Economic Opportunities**

Maintained Family Self-Sufficiency Program for the Section 8 Rental Assisted families.

Maintained an average of 32 family participants in the Family Self-Sufficiency Program.

Maintained an average Family Investment Center participant rate of 6 families.

Provided and attracted supportive services for both the Family Self-Sufficiency and Family Investment Center Participants by providing counseling, mileage, GED expenses, child care, and tuition. We have referred participants to various agencies within our 13 county area for the appropriate and available assistance that they needed.

### **Goal 3 Promote Home Ownership of Low Income Families**

We are offering home ownership through our 5(h) Home Ownership Program

We have filed applications for State funds to assist with home ownership but have not been successful in obtaining funding at this time. We will continue to seek and apply for funding to assist our clients.

We have investigated the Section 8 Home Ownership Program but, haven't decided whether to participate at this time.

## ATTACHMENT CC

### Component 10(B) Voluntary Conversion Initial Assessments

HUD published in the Federal Register a final rule on “Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments that was required by the Quality Housing and Work Responsibility Act. The final rule requires all public housing developments to be assessed unless they met one of the exempt categories. All PHA’s are required to conduct an initial assessment based on a three part test to determine if a development is appropriate or inappropriate for conversion to vouchers:

1. Conversion would not be more expensive than continuing to operate the development as public housing.
2. Conversion would principally benefit residents of the public housing development to be converted and the community.
3. Conversion would not adversely affect the availability of affordable housing in the community.

The Southern Iowa Regional Housing Authority conducted the initial assessments of its public housing developments and considered the implications of converting the public housing to tenant-based assistance by addressing the criteria in the three part test in reverse order. Based on this assessment we believe that conversion of public housing to vouchers would be inappropriate and have an adverse affect on the availability of affordable housing in the community; because it would reduce the number of safe, sanitary, and decent units available for low income families.

a. How many of the PHA’s developments are subject to the Required Initial Assessments?  
5 Developments

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

c. How many Assessments were conducted for the PHA’s covered developments?  
5 Assessments were conducted

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

<b>Development Name</b>	<b>Number of Units</b>
<b>None</b>	<b>None</b>

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

### **PHA Certification**

The Southern Iowa Regional Housing Authority hereby certifies that it has reviewed each development's operation as public housing and considered the implications of converting the public housing to tenant-based assistance. Further we certify that based on our review we have concluded that conversion of our public housing developments is inappropriate because it would reduce the number of safe, sanitary, and decent housing units available for low income families.

## ATTACHMENT DD

### Resident Assessment - Follow Up Plan

#### Survey Section - Safety

The Southern Iowa Regional Housing Authority is a regional rural housing authority. Our Public Housing units are located in 5 non-metropolitan counties in towns under 10,000 in population.

The “Customer Service and Satisfaction Survey” under the “Safety Section” ask the question “**Are you aware of any crime prevention programs available to residents (for example Neighborhood Watch, Block Watch, or Street Patrol)?**” We have a low crime rate and very little serious crime in our small communities and these type of crime prevention programs are generally not available.

If you eliminate this question from the survey we would have scored around 87% on the Safety Section. We believe that this question is only appropriate if you first establish that crime is a problem in the development or community where the Public Housing is located. These type of crime prevention programs will only be developed if the city or towns that have a problem with crime.

We do believe that the survey pointed out some minor problem areas and some possible areas of concern. We have developed our Follow-Up Plan to address these areas.

#### Resident Assessment Follow-Up Plan

We plan to do the below listed items to address the areas of concern in the Safety Section of the survey:

1. Check with the police, city leaders, and community organizations in each of our towns where Public Housing units are located to identify any crime prevention programs that may exist. If any crime prevention programs exist we will notify and provide information to the residents about the programs through our newsletter and Resident Organization.
2. We will review and evaluate all of our properties, for proper and adequate lighting. We will make repairs, install additional lighting , or take other action where appropriate and necessary.