

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

PHAPlans

5Year PlanforFiscalYears2003 -2007
AnnualPlanforFiscalYear2003

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

**PHA Plan
Agency Identification**

PHAName: CentralIowaRegionalHousingAuthority

PHANumber: IA131

PHAFiscalYearBeginning:(mm/yyyy) 10/2003

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

5-YEAR PLAN
PHAF ISCAL YEARS 2003-2007
[24CFRPart903.5]

A.Mission

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

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: The PHA shall at all times develop and operate each development solely, for the purpose of providing decent, safe, and sanitary housing of eligible families in a manner that promotes serviceability, economy, efficiency, and stability and the economic, self-sufficiency, and social well-being of the tenants.

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 target sets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the space to the right for 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 when funding is available
 - Reduce public housing vacancies to 5% or less by December 31, 2003
 - Leverage private or other public funds to create additional housing opportunities by assisting 5 families move from renting to home ownership by December 31, 2005
 - Provide security deposit assistance through the sale of public housing
 - Increase the CIRHA service area to include cities or counties that are not currently serviced by CIRHA by December 31, 2005.
- PHA Goal: Improve the quality of assisted housing
Objectives:
 - Continue to improve public housing management with a PHAS score of 90 or above each year.

- Continuetoimproveou chermanagementwithaSEMAPscoreof90or aboveforeachyear.
- Increasecustomersatisfactionbypromotingamotivatingwork environmentwithacapableandefficientteamofemployeestooperateas acustomer -friendlyandfiscallprude ntleaderintheaffordablehousing industry.
- Concentrateoneffortstoimprovespecificmanagementfunctionsinthemaintenanceareatohaveaworkordercompletedwithin4daysofthecall; achieveandsustainanoccupancyrateof5%or lessbyDecember31, 2005;increasepercentageofrentscollectedto90%orlessbyDecember 31,2003;tohaveSection8annualscompletedwithin30daysofthe annualday.
- Demolishordisposeofobsoletepublichousing:
- Providereplacementpublichousing:
- Providereplacementvouchers:
- Other:(listbelow)

PHAGoal:Increaseassistedhousing choices

Objectives:

- Providevoucher mobilitycounseling:
- Conductoutreacheffortstopotentialvoucherlandlordsbyconducting meetingstoprovideinformation
- MaintainvoucherpaymentstandardsinJas per,MarionandMadison countiesto110%ofthefairmarketrenttoallowfamiliesmoreaccessto appropriateandaffordablehousing
- Implementvoucherhomeownershipprogram:Dependingonfunding approvalforFSSS8HomeownershipCoordinat or
- Continueofferingthepublichousinghomeownershipprogrambyselling5 unitsbyDecember31,2004.
- Continueofferingpublichousing site -basedwaitinglists
- Convertpublichousingtovouchers:

HUDStrategicGoal:Improvecommunityqualityoflifeandeconomicvitality

PHAGoal:Provideanimprovedlivingenvironment

Objectives:

- Implementmeasurestodeconcentratepovertybybringinghigherincome publichousinghouseholdsin tolowerincomedevelopmentsbyDecember 31,2003.

- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments by December 31, 2003
- Implement public housing security improvements by installing security lights outside properties of 4 units or more
- Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- Increase energy efficiency in the older units by installing new windows

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 by 20% or more by not increasing tenant rent unless the increase in income is \$200 or more; and by give a 10% deduction to earned income in owned housing.
- Provide or attract supportive services to improve assistancerecipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

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

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability
- Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability by providing fair housing training to all employees on an annual basis.
- Undertake affirmative measures to ensure access to housing for persons with all varieties of disabilities regardless of units size required by providing fair housing training to all employees on an annual basis.
- Other: (list below)

Other PHA Goals and Objectives: (list below)

CIRHA will provide a well-trained staff by providing opportunities for staff to attend training seminars and conferences at least annually.

Continue to perform as a high performing housing authority.

Have a well-informed Executive Committee by providing monthly reports and statistics regarding important issues.

Promote homeownership for low income families by:

Offering Public Housing units for sale

Pursuing Section 8 Homeownership Opportunities

Provide low income families with security deposit grants.

AnnualPHAPlan
PHAFiscalYear2003
[24CFRPart903.7]

i. AnnualPlanType:

SelectwhichtypeofAnnualPlanthePHAwillsubmit.

StandardPlan

StreamlinedPlan:

- HighPerformingPHA**
- SmallAgency(<250PublicHousingUnits)**
- AdministeringSection8Only**

TroubledAgencyPlan

ii. ExecutiveSummaryoftheAnnualPHAPlan

[24CFRPart903.79(r)]

ProvideabriefoverviewoftheinformationintheAnnualPlan,includinghighlightsofmajorinitiativesand discretionary policiesthePHAhasincludedintheAnnualPlan.

CentralIowaRegionalHousingAuthority(CIRHA)hasanannualplanthat providesopportunitiesforlowincomefamiliesaswellaselderly, handicappedanddisabledindividuals.CIRHA providesFamily Self Sufficiencyprogramforourpublichousingresidents and aFamilySelf SufficiencyprogramforSection8participantsandisprovidinga HomeownershipprogramforbothSection8andpublichousing participants.Incontinuingtohelplowincomefamiliesestablishself sufficiency,wegivea 20%deductiontoearnedincomeforpublichousing residents.Nointerimsarecompletedforincomeincreasesoflessthan \$200.Paymentstandardsaresetat110%offairmarketrentfor4ofour6 counties.

iii. Annual Plan Table of Contents

[24CFR Part 903.79(r)]

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

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Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plan file, provide the filename in parentheses in the space to the right of the title.

Required Attachments:

- Admissions Policy for Deconcentration
- FY2002 Capital Fund Program Annual Statement
- Most recent board -approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- PHA Management Organizational Chart
- FY2002 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
XX	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
XX	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
XX	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 jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
XX	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
XX	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources;
XX	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
XX	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance</i> ; <i>Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
XX	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
XX	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
XX	Section 8 rent determination (payment standard) policies	Annual Plan: Rent

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	<input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Determination
	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
XX	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
XX	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> 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 HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
XX	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
XX	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
XX	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

[24CFR Part 903.79(a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	5314	5	5	2	2	3	2
Income > 30% but <= 50% of AMI	4541	4	4	2	2	3	2
Income > 50% but < 80% of AMI	5572	3	3	2	2	3	2
Elderly	4389	5	5	2	2	3	4
Families with Disabilities	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity							
Race/Ethnicity							

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

- 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)

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

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction: JASPER COUNTY			
	# of families	% of total families	Annual Turnover
Waiting list total	200		18
Extremely low income <= 30% AMI	168	84%	
Very low income (> 30% but <= 50% AMI)	23	12%	
Low income (> 50% but < 80% AMI)	9	5%	
Families with children	115	58%	
Elderly families	9	5%	
Families with Disabilities	18	9%	
Race/ethnicity Hispanic	5	3%	
Race/ethnicity African American	12	6%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	79	40%	1
2BR	51	26%	13
3BR	40	20%	4

Housing Needs of Families on the Waiting List			
4BR	30	15%	0
5BR	0	0%	0
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 type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction: BOONE COUNTY			
	# of families	% of total families	Annual Turnover
Waiting list total	166		15
Extremely low income <= 30% AMI	30	18%	
Very low income (> 30% but <= 50% AMI)	0	0%	
Low income (> 50% but < 80% AMI)	0	0%	
Families with children	135	82%	
Elderly families	5	3%	
Families with Disabilities	8	5%	
Race/ethnicity Hispanic	6	4%	
Race/ethnicity African American	9	5%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	28	17%	2
2BR	91	55%	8

Housing Needs of Families on the Waiting List			
3BR	438	26%	5
4BR	40	2%	0
5BR	0		0
5+BR	0	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 in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

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Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant -based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site -Based or sub -jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction: DALLAS COUNTY			
	# of families	% of total families	Annual Turnover
Waiting list total	159		14
Extremely low income <= 30% AMI	160	85%	
Very low income (> 30% but <= 50% AMI)	21	11%	
Low income (> 50% but < 80% AMI)	8	4%	
Families with children	151	80%	
Elderly families	7	4%	
Families with Disabilities	5	3%	
Race/ethnicity Hispanic	8	4%	
Race/ethnicity African American	19	10%	
Characteristics by Bedroom Size (Public Housing)			

Housing Needs of Families on the Waiting List			
Only)			
1BR	36	19%	2
2BR	117	62%	1
3BR	27	14%	8
4BR	9	5%	3
5BR	0	0	0
5+BR	0	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 in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction: MARION COUNTY			
	# of families	% of total families	Annual Turnover
Waiting list total	52		6
Extremely low income <= 30% AMI	11	21%	
Very low income (> 30% but <= 50% AMI)	0	0	
Low income (> 50% but < 80% AMI)	0	0	
Families with children	44	85%	
Elderly families	2	4%	
Families with Disabilities	0	0	
Race/ethnicity Hispanic	2	4%	
Race/ethnicity African American	7	13%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	8	15%	4

Housing Needs of Families on the Waiting List			
2BR	26	50%	2
3BR	13	25%	0
4BR	5	4%	0
5BR	0	0	0
5+BR	0	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 in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Waiting list type: (select one) <input checked="" type="checkbox"/> Section 8 tenant-based assistance <input type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	558		198
Extremely low income <= 30% AMI	427	77%	
Very low income (> 30% but <= 50% AMI)	110	20%	
Low income (> 50% but < 80% AMI)	21	4%	
Families with children	345	62%	
Elderly families	46	8%	
Families with Disabilities	39	7%	
Race/ethnicity Hispanic	13	2%	
Race/ethnicity African American	30	5%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2BR			
3BR			

Housing Needs of Families on the Waiting List			
4BR			
5BR			
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 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 financed development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease -uprates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease -uprates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease -uprates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development processes 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

- Leverageaffordablehousingresourcesinthecommunitythroughthecreation ofmixed -financehousing
- PursuehousingresourcesotherthanpublichousingorSection8tenant -based assistance.
- Other:(listbelow)

Need:SpecificFamilyTypes:Familiesatorbelow30%ofmedian

Strategy1:Targetavailableassistancetofamiliesatorbelow30%ofAMI

Selectallthatapply

- ExceedHUDfederaltargetingrequireme ntsforfamiliesatorbelow30%ofAMI inpublichousing
- ExceedHUDfederaltargetingrequirementsforfamiliesatorbelow30%ofAMI intenant -basedsection8assistance
- Employadmissionspreferencesaimedatfamilie switheconomichardships
- Adoptrentpoliciesstosupportandencouragework
- Other:(listbelow)

Need:SpecificFamilyTypes:Familiesatorbelow50%ofmedian

Strategy1:Targetavailableassistanceto familiesat orbelow50%ofAMI

Selectallthatapply

- Employadmissionspreferencesaimedatfamilieswhoareworking
- Adoptrentpoliciesstosupportandencouragework
- Other:(listbelow)

Need:SpecificFamil yTypes:TheElderly

Strategy1: Targetavailableassistancetotheelderly:

Selectallthatapply

- Seekdesignationofpublichousingfortheelderly
- Applyforspecial -purposevoucherstargetedtotheelderly,should theybecome available
- Other:(listbelow)

Need:SpecificFamilyTypes:FamilieswithDisabilities

Strategy1: TargetavailableassistancetoFamilieswithDisabilities:

Selectallthatapply

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

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

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

Select if applicable

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

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

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

(2) Reasons for Selecting Strategies

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

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Results of consultation with residents and the Resident Advisory Board

2. Statement of Financial Resources

[24CFR Part 903.79(b)]

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

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2002 grants)		
a) Public Housing Operating Fund	301,068	
b) Public Housing Capital Fund	250,565	
c) HOPEVI Revitalization		
d) HOPEVI Demolition		
e) Annual Contributions for Section 8 Tenant -Based Assistance	2,450,688	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self - Sufficiency Grants	48,700	
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
Capital Fund -2001	54,772	PH Improvement
Capital Fund -2002	184,200	PH Improvement
3. Public Housing Dwelling Rental Income		
Rent	201,273	PH Operations

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
4. Other income (list below)		
PH Fraud Recovery	3,000	
S8 Fraud Recovery	5,660	
Laundry/Late fees		
5. Non-federal sources (list below)		
PH Investment Income	12,715	PH Operations
S8 Investment Income	3,020	S8 Operations
Total resources		
	3,025,065	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24CFR Part 903.79(c)]

A. Public Housing

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

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing using? (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: 2 - 3 weeks
- Other: (describe)

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

- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other - Credit History Reports and past participation in federally subsidized programs.

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

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

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

(2) Waiting List Organization

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

- Community-wide list
- Sub-jurisdictional lists
- Site-based waiting lists
- Other (describe)

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

- PHA main administrative office
- PHA development site management office
- Other Department of Human Services
By calling the PHA main administrative office and an application will be mailed out

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

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

2. Yes No: Area _____ 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 answertobisno, 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 admission to public housing to families at or below 30% of median area income?

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

- Householdsthatcontributetomeetingincomerequirements(targeting)
- Thosepreviouslyenrolledineducational ,training,orupwardmobility programs
- Victimsofreprisalsorhatecrimes
- Otherpreference(s)(listbelow)

3.IfthePHAwillemployadmissionspreferences,pleaseprioritizebyplacinga“1”in the space that represents your first priority,a“2”intheboxrepresentingyoursecond priority,andsoon.Ifyougiveequalweighttooneormoreofthesechoices(either throughanabsolutehierarchyorthroughapointsystem),placethesamenumbernextto each.Th atmeansyoucanuse“1”morethanonce,“2”morethanonce,etc.

DateandTime

FormerFederalpreferences:

- InvoluntaryDisplacement(Disaster,GovernmentAction,ActionofHousing Owner,Inaccessibility,PropertyDisposition)
- Victimsofdomesticviolence
- Substandardhousing
- Homelessness
- Highrentburden

Otherpreferences(selectallthatapply)

- Workingfamiliesandthoseunabletoworkbecauseofageordisability
- Veteransandveteran s’families
- Residentsholiveand/orworkinthejurisdiction
- Thoseenrolledcurrentlyineducational,training,orupwardmobilityprograms
- Householdsthatcontributetomeetingincomegoals(broadrangeofincomes)
- Householdsthatcontributetomeetingincomerequirements(targeting)
- Thosepreviouslyenrolledineducational,training,orupwardmobility programs
- Victimsofreprisalsorhatecr imes
- Otherpreference(s)(listbelow)

4.Relationshipofpreferencestoincometargetingrequirements:

- ThePHAappliespreferenceswithinincometiers
- Notapplicable:thepoolofapplicantfamilie nsures thatthePHAwillmeet incometargetingrequirements

(5)Occupancy

a.Whatreferencematerialscanapplicantsandresidentsusetooobtaininformationabout therulesofoccupancyofpublichousing(selectallthatapply)

- ThePHA residentlease
- ThePHA’sAdmissionsand(Continued)Occupancypolicy

- PHA briefing seminars or written materials
- Other source – Occupancy Rules, Pet policies, grievance policy

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

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

(6) Deconcentration and Income Mixing

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

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

- Adoption of site based waiting lists
If selected, list targeted developments below:
- Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments
If selected, list targeted developments below:
- Other (list policies and developments targeted below)

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

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

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments

- Adoption of rent incentives to encourage deconcentration of poverty and income mixing
- Other (list below)

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

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

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

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

B. Section 8

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

(1) Eligibility

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

- 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 - Past participation in other federally subsidized programs, monies owed to CIRHA and other Has, pattern of illegal use of a controlled substance or pattern of abuse of alcohol

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

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

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

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

- Criminal or drug -related activity
- Other -Families current address, name and address of the landlord at the prior address, if known, and damages documented by CIRHA while the family was on the program.

(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 -Department of Human Services offices
By telephoning the PHA main administrative office an application will be mailed out

(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:

An extension is given when a family requests in writing the need for further time

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

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

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

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

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

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

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

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

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

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

(5) Special Purpose Section 8 Assistance Programs

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

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

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

- Through published notices
- Other – Notification to the County Department of Human Services offices
Signs posted in city libraries

4. PHA Rent Determination Policies

[24 CFR Part 903.79(d)]

A. Public Housing

Exemptions: PHA 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---

- ThePHAemploysdiscretionarypoliciesfordeterminingincomebasedrent(If selected,continuetoquestionb.)

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:

- When a family is awaiting an eligibility social security benefits
- When the income earner has involuntarily lost employment for more than 60 days;
- When a death has occurred in the household;
- When the income earner is on unpaid medical leave for more than 60 days

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:
10% of earned income is excluded

- 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)
- 95th percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The "rental value" of the unit
- Other (list below)

f. Rent determination:

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

- Never
- At family option
- Anytime the family experiences an income increase; however, an increase is not calculated unless the increase in income is at least \$200 per month
- Anytime a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) _____
- Other (list below)

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

(2) Flat Rents

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

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

B. Section 8 Tenant -Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies .

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

- At or above 90% but below 100% of FMR
 - Dallas county non -metro 1, 2, 3 & 4
 - Dallas county metro 2, 3 & 4
- 100% of FMR
 - Dallas County non -metro area 0 bedroom
 - Dallas County metro area (West Des Moines & Waukee) 0 bedroom
 - Story County 3 & 4 bedrooms
 - Boone County 4 bedroom
- Above 100% but at or below 110% of FMR
 - Dallas County metro (West Des Moines & Waukee) 1 bedrooms at 110%
 - Boone County 0, 1, 2 & 3 bedrooms
 - Jasper County all bedrooms
 - Madison County all bedrooms
 - Marion County all bedrooms
 - Story County 0, 1 & 2 bedrooms
- 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 repayment 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?

- When the family is awaiting eligibility for social security benefits
- When the income earner has involuntarily lost employment for more than 60 days;
- When a death has occurred in the household;
- When the income earner is on unpaid medical leave for more than 60 days

5. Operations and Management

[24CFR Part 903.79(e)]

NOT REQUIRED

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.

- Brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing		
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs (list individually)		

C. Management and Maintenance Policies

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

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

(2) Section 8 Management: (list below)

6. PHA Grievance Procedures NOT REQUIRED

[24CFR Part 903.79(f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

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

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

B. Section 8 Tenant -Based Assistance

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

If yes, list addition to federal requirements below:

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

- PHA main administrative office
- Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.79(g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

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

-or-

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

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						
PHA Name: Central Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05 P13150103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total Non -CFP Funds					
2	1406 Operations	42,000.00				
3	1408 Management Improvements	15,000.00				
4	1410 Administration	25,000.00				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	30,000.00				
10	1460 Dwelling Structures	59,000.00				
11	1465.1 Dwelling Equipment — Nonexpendable					
12	1470 Nondwelling Structures	49,565.00				
13	1475 Nondwelling Equipment	30,000.00				
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					

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

PHAName: Central Iowa Regional Housing Authority	Grant Type and Number Capital Fund Program Grant No: IA05 P13150103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
---------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------	-------------------------------------

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20-26)	250,565			
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	17,000.00			

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

PHAName: Central Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P3150103 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	
HA-WIDE	Rent, phone, operating expenses	1406		42,000				
HA-WIDE	Management Improvements – update phones	1408		15,000				
HA-WIDE	Salary & benefits	1410		25,000				
HA-WIDE	Replace two vehicles	1475		30,000				
	SUBTOTAL			112,000				
IA02	Bathroom updates - Redfield, Madrid, Melcher Dallas	1460		42,000				
	Install central air - Redfield, Melcher, Dallas, (8)	1460		17,000				
	Site Improvements – Redfield, Madrid, Perry	1450		10,000				
	SUBTOTAL			69,000				
IA05	Site Improvements - Perry	1450		6,000				
	Non Dwelling Structures – 14 Storage units	1470		11,900				
	SUBTOTAL			17,900				
IA07	Site Improvements	1450		7,000				
	Non Dwelling Structures – 20 Storage units	1470		17,000				
	SUBTOTAL			24,000				
IA08	Site Improvements	1450		7,000				
	Non Dwelling Structures – 24 Storage units	1470		20,400				
	SUBTOTAL			27,400				

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

PHAName: Central Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P3150103 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	

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

PHAName: Central Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program No: IA05P131 050103 Replacement Housing Factor No:			Federal FY of Grant: 2003		
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	
IA131	6/30/05			9/30/05			

(2)Optional5 -YearActionPlan

Agenciesareencouragedtoincludea5 -YearActionPlancovering capitalworkitems.Thisstatementcan becompletedbyusingthe5YearActionPlatableprovidedinthetablelibraryattheendofthePHAPlan template **OR**bycompletingandattachingaproperlyupdatedHUD -52834.

a. Yes No: IsthePHAprovidinganoptional5 -YearActionPlanfortheCapital Fund?(ifno,skiptosub -component7B)

b.If yestoquestiona,selectone:

TheCapitalFundProgram5 -YearActionPlanisprovidedasanattachmentto the PHAPlanatAttachment(statename

-or-

TheCapitalFundProgram5 -YearActionPlanisprovidedbelow:(ifselected, copytheCFPOptional5YearActionPlanfromtheTableLibraryandinsertthere)

Capital Fund Program Five - Year Action Plan

Part I: Summary

PHAName: CIRHA		<input checked="" type="checkbox"/> Original 5 - Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHAFY: 2004	Work Statement for Year 3 FFY Grant: PHAFY: 2005	Work Statement for Year 4 FFY Grant: PHAFY: 20 06	Work Statement for Year 5 FFY Grant: PHAFY: 2007
<i>HA-Wide</i>	Annual Statement	88,000	90,000	92,000	92,000
IA01		15,000			70,000
IA02		40,000			30,000
IA05				70,000	
IA07		90,000	60,000		
IA08			71,000		
IA03		10,000		30,000	
CFP Funds Listed for 5-year planning		243,000	221,000	192,000	192,000
Replacement Housing Factor Funds					

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

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

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

1. Development name:

2. Development (project) number:

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

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

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

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

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

8. Demolition and Disposition

[24CFR Part 903.79(h)]

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

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

2. Activity Description

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

Demolition/Disposition Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:	

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

[24CFR Part 903.79(i)]

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

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

2. Activity Description

NOT REQUIRED

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

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

10. Conversion of Public Housing to Tenant -Based Assistance

[24CFR Part 903.79(j)]

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

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

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

2. Activity Description

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

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD - approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPEVI demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPEVI Revitalization Plan (date submitted or approved: _____) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

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

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

11. Homeownership Programs Administered by the PHA

[24CFR Part 903.79(k)]

A. Public Housing

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

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

2. Activity Description

NOT REQUIRED

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

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

5. Number of units affected:
 6. Coverage of action: (select one)
 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

c. PHA established eligibility criteria

d.

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 903.79(l)]

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

NOT REQUIRED

1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? DD/MM/YY

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

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

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office/ PHA main office/ other provider name)	Eligibility (public housing or section 8 participants or both)

(2) Family Self Sufficiency program/s

a. Participation Description

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

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

C. Welfare Benefit Reductions

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

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

Other:(listbelow)

**D.ReservedforCommunityServiceRequirementpursuanttosection12(c)ofthe
U.S.HousingActof1937**

13.PHASafetyandCrimePreventionMeasures

NOTREQUIRED

[24CFRPart903.79(m)]

ExemptionsfromComponent13:HighperformingandsmallPHAsnotparticipatinginPHDEPand
Section8OnlyPHAsmaykiptocomponent 15.HighPerformingandsmallPHAs thatareparticipatingin
PHDEPandaesubmittin aPHDEPPlanwiththisPHAPlanmaykiptosub -componentD.

A.Needformeasurestoensurethesafetyofpublichousingresidents

1.Describetheneedformeasurestoensurethesafetyofpublichousingresidents(select
allthatapply)

- Highincidenceofviolentand/or drug -relatedcrimeinsomeorallofthePHA's
developments
- Highincidenceofviolentand/or drug -relatedcrime intheareassurroundingor
adjacenttothePHA'sdevelopments
- Residentsfearfulfortheirsafetyand/orthesafetyoftheirchildren
- Observedlower -levelcrime,vandalismand/orgraffiti
- Peopleonwaitinglistunwillingtomoveintooneormoredevelopmentsdueto
perceivedand/oractuallevelsofviolentand/or drug -relatedcrime
- Other(describebelow)

2.WhatinformationordatadidthePHAusedtodeterminetheneedforPHAactionsto
improvesafetyofresidents(selectallthatapply).

- Safetyandsecuritysurveyofresidents
- Analysisofcrimestatisticsovertimeforcrimescommitted“inandaround”
publichousingauthority
- Analysisofcosttrendsovertimeforrepairofvandalismandremovalofgraffiti
- Residentreports
- PHAemployeereports
- Policereports
- Demonstrable,quantifiablesuccesswithpreviousongoinganticrime/antidrug
programs
- Other(describebelow)

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

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

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

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

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

C. Coordination between PHA and the police

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

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

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

D. Additional information as required by PHDEP/PHDEP Plan

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

- Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes No: Has the PHA included the PHDEP Plan for FY2000 in this PHA Plan?
- Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: ____)

14. RESERVED FOR PET POLICY

[24CFR Part 903.79(n)]

18.1 EXCLUSIONS

This policy does not apply to animals that are used to assist persons with disabilities. Assistive animals are allowed in all public housing facilities with no restrictions other than those imposed on all tenants to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing their neighbors.

18.2 PETS IN PUBLIC HOUSING

The Central Iowa Regional Housing Authority allows for pet ownership in certain developments with the written pre-approval of the Housing Authority. Residents are responsible for any damage caused by their pets, including cost of fumigating or cleaning their units. In exchange for this right, resident assumes full responsibility and liability for the pet and agrees to hold the Central Iowa Regional Housing Authority harmless from any claims caused by an action or inaction of the pet. Pet ownership is prohibited in all public housing properties except the developments listed below.

- A. 113 NE 3rd, Melcher
- B. 511, 517, 523 Clearview, Perry
- C. 402 North Water, Madrid
- D. 605 Greene, Boone
- E. Single Family Houses located in Perry, Adel and Woodward
- F. Duplexes located in Newton, Perry and Boone

18.3 APPROVAL

Residents must have the prior **written** approval of the Housing Authority before moving a pet into their unit. Residents must request approval on the Authorization for Pet Ownership Form that must be fully completed before the Housing Authority will approve the request. Residents must give the Housing Authority a picture of the pet so it can be identified if it is running loose.

18.4 TYPES AND NUMBER OF PETS

The Central Iowa Regional Housing Authority will allow only domesticated dogs, cats, birds, and fish in units. All dogs and cats must be neutered or spayed before they become six months old. A licensed veterinarian must verify this fact.

Only one (1) pet per unit allowed .

Any animal deemed to be potentially harmful to the health or safety of others, including attack or fight trained dogs, will not be allowed.

No animal may exceed twenty -five (25) pounds in weight projected to full adult size.

18.5 INOCULATIONS

In order to be registered, pets must be appropriately inoculated against rabies, distemper and other conditions prescribed by state and/or local ordinances. A certification signed by a licensed veterinarian or state or local official must be annually filed with the Central Iowa Regional Housing Authority to attest to the inoculations.

18.6 PET DEPOSIT

A pet deposit of \$200 is required at the time of registering a pet. The deposit is refundable when the pet or the family vacates the unit, less any amounts owed due to damage beyond normal wear and tear.

18.7 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 Central Iowa Regional Housing Authority reserves the right to exterminate and charge the resident.

18.8 NUISANCE OR THREAT TO HEALTH OR SAFETY

The pet and its living quarters must be maintained in a manner to prevent odors and any other unsanitary conditions in the owner's unit and surrounding areas.

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

Pets whomake 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.

18.9 DESIGNATION OF PET AREAS

Pets must be kept in the owner's apartment or on a leash accompanied by owner at all times when outside (no outdoor cages may be constructed). Pet owners must clean up after their pets and are responsible for disposing of pet waste.

18.10 MISCELLANEOUS RULES

Central Iowa Regional Housing Authority will provide a pet approval sticker to the resident that has been approved to have a pet in the unit. This sticker must be visible in the lower left corner of the front window at all times.

Pets may not be left unattended in a dwelling unit for over 48 hours. If the pet is left unattended and no arrangements have been made for its care, the Housing Authority will have the right to enter the premises and take the uncared-for pet to be boarded at a local animal care facility at the total expense of the resident.

Residents must take appropriate actions to protect their pets from fleas and ticks.

All dogs must wear a tag bearing the resident's name and phone number and the date of the latest rabies inoculation.

Pets cannot be kept, bred or used for any commercial purpose.

Residents owning cats shall maintain waterproof litter boxes for cat waste. Refuse from litter boxes shall not accumulate or become unsightly or unsanitary. Litter shall be disposed of in an appropriate manner.

A pet owner must be present and 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 unit to conduct business, provide services, enforce lease terms, etc.

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.

A pet owner who violated any other conditions of this policy may be required to remove his/her pet from the property within 10 days of written notice from the Housing Authority. The pet owner may also be subject to termination of his/her

dwelling lease .

The Housing Authority's grievance procedures shall be applicable to all individual grievances or disputes arising out of violations or alleged violations of this policy .

18.11 VISITING PETS Visiting pets are not allowed.

18.12 REMOVAL OF PETS

The Central Iowa Regional Housing Authority, or an appropriate community authority, shall require the removal of a pet from a project if the pet's condition is determined to be an nuisance or threat to the health or safety of other occupants of the project or of other persons in the community where the project is located.

In the event of illness or death of pet owner, or in the case of an emergency which would prevent the pet owner from properly caring for the pet, the Central Iowa Regional Housing Authority has permission to call the emergency caregiver designated by the resident or the local Pet Law Enforcement Agency to take the pet and care for it until family or friends would claim the pet and assume responsibility for it. Any expenses incurred will be the responsibility of the pet owner.

15. Civil Rights Certifications

[24CFR Part 903.79(o)]

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

16. Fiscal Audit

[24CFR Part 903.79(p)]

1. Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
(If no, skip to component 17.)
2. Yes No: Was the most recent fiscal audit submitted to HUD?
3. Yes No: Were there any findings as 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

NOT REQUIRED

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

1. Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
 - Not applicable
 - Private management
 - Development-based accounting
 - Comprehensive stock assessment
 - Other: (list below)
3. Yes No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24CFRPart903.79(r)]

A. Resident Advisory Board Recommendations

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
 - Attached as Attachment (Filename)
 - Provided below:
 - Lower minimum rent to \$25 instead of \$50
 - Increase \$200 income increase for interim to \$300 to \$400
 - Include child support paid out as a deduction
 - Exclude child support as income
 - Include medical expenses as a deduction for everyone
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:(listbelow)

B.DescriptionofElectionprocessforResidentsonthePHABoard

1. Yes No: DoesthePHAmeeettheexemptioncriteri aprovidedsection 2(b)(2)oftheU.S.HousingActof1937?(Ifno,continuetto question2;ifyes,skiptosub -componentC.)

2. Yes No: WastheresidentwhoservesonthePHABoardelectedbythe residents?(Ifyes ,continuettoquestion3;ifno,skiptosub - componentC.)

3.DescriptionofResidentElectionProcess

a.Nominationofcandidatesforplaceontheballot:(selectallthatapply)

- Candidateswerenominatedbyresidentandassistedfami lyorganizations
- CandidatescouldbenominatedbyanyadultrecipientofPHAassistance
- Self-nomination:CandidatesregisteredwiththePHAandrequestedaplacoon ballot
- Other:(describe)

b.Eligib lecandidates:(selectone)

- AnyrecipientofPHAassistance
- AnyheadofhouseholdreceivingPHAassistance
- AnyadultrecipientofPHAassistance
- Anyadultmemberofaresidentorassi stedfamilyorganization
- Other(list)

c.Eligiblevoters:(selectallthatapply)

- AlladultrecipientsofPHAassistance(publichousingandsection8tenant -based assistance)
- RepresentativesofallP HAresidentandassistedfamilyorganizations
- Other(list)

C.StatementofConsistencywiththeConsolidatedPlan

ForeachapplicableConsolidatedPlan,makethefollowingstatement(copyquestionsasmanytimesas necessary).

1.ConsolidatedPlanjurisdiction:(providenamehere)

2.ThePHAhastakenthefollowingstepstoensureconsistencyofthisPHAPlanwith theConsolidatedPlanforthejurisdiction:(selectallthatapply)

- ThePHAhasbaseditsstatemento fneedsoffamiliesinthejurisdictiononthe needsexpressedintheConsolidatedPlan/s.

- ThePHAhasparticipatedinanyconsultationprocessorganizedandofferedby theConsolidatedPlanagencyinthedevelopmentoftheConsolidatedPlan.
- ThePHAhasconsultedwiththeConsolidatedPlanagencyduringthe developmentofthisPHAPlan.
- ActivitiestobeundertakenbythePHAinthecomingyearareconsistentwiththe initiativescontainedintheConsolidatedPlan.(listbelow)

- Other:(listbelow)

4.TheConsolidatedPlanofthejurisdictionsupportsthePHAPlanwiththefollowing actionsandcommitments:(describebelow)

D.OtherInformationRequiredbyHUD

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

Attachments
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	
PHAName: Central Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P13150100 Replacement Housing Factor Grant No:		Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 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				
2	1406 Operations	75,000	75,000.00	75,000	75,000
3	1408 Management Improvements		10,478.01	10,478.01	10,478.01
4	1410 Administration				
5	1411 Audit	4,000	297.50	297.50	297.50
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000	3,225.58	3,225.58	3,225.58
10	1460 Dwelling Structures	117,239	125,190.50	125,190.50	125,190.50
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures	45,000	37,047.41	37,047.41	37,047.41
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I:				Summary	
PHAName: Central Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P13150100 Replacement Housing Factor Grant No:		Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 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
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20-26)	251,239		251,239	251,239.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs	18,000			
26	Amount of line 21 Related to Energy Conservation Measures	29,000			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Central Iowa Regional Housing Authority			Grant Type and Number Capital Fund Program Grant No: IA05P13150100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Central Iowa Regional Housing Authority			Grant Type and Number Capital Fund Program No: IA05P13150100 Replacement Housing Factor No:			Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IA131	9/30/00	6/30/03	5/30/03	09/30/01	09/30/03	5/30/03	

CAPITAL FUND PROGRAM TABLES START HERE

Annual State ment/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: Central Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P13150101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 01 <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					
2	1406 Operations	46,500.00	46,500.00	46,500.00	46,500.00	
3	1408 Management Improvements					
4	1410 Administration	25,500.00	25,500.00	25,500.00	25,500.00	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	26,000.00	680.00	680.00	680.00	
8	1440 Site Acquisition					
9	1450 Site Improvement	8,824.00	8,824.00	5,905.00	5,905.00	
10	1460 Dwelling Structures	148,500.00	173,820.00	103,602.72	103,602.72	
11	1465.1 Dwelling Equipment — Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					

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

PHAName: Central Iowa Regional Housing Authority	Grant Type and Number Capital Fund Program Grant No: IA05P13150101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 01)
 Performance and Evaluation Report for Period Ending: 6/30/02
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20-26)	255,324.00		182,187.72	182,187.72
22	Amount of line 21 Related to LBP Activities	2,000.00			
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	5,200.00			
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHAName: Central Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P13150101 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	
HA-WIDE	Salary & benefits for Capital Fund Sup	1410		46,500		46,500	45,500	
HA-WIDE	Rent, phone, operating expenses	1406		25,500		25,500	25,500	
IA01	Security Lighting	1450	4	1,600		875	875	
	Carpet in 24 bedrooms in 8 units	1460		7,200		7,200	7,200	
HA-WIDE	Hire Architectural Firm for planning	1430		25,000	680	680	680	
IA02	Carpet in 37 bedrooms in 16 units	1460		11,100		11,100	11,100	
	Landscaping in Melcher, Redfield,	1450		3,624				
	Central air installed in Melcher duplex	1460	2	4,000		4,000	4,000	
	Siding replacement Madrid elderly	1460	4	5,000		5,000	1,500	
	Security Lighting	1450	9	3,600		875	875	
IA04	LB P testing	1430		2,000				
	Paint exterior - 2121 First	1460		1,000				
IA05	Install central air in 6 duplexes	1460	12	24,000		24,000	24,000	
	Install carpet in 24 bedrooms in 11 units	1460		7,200		7,200	7,200	
IA07	Install central air in 12 duplexes	1460	24	48,000		48,000	48,000	
IA08	Install central air in 10 duplexes	1460	20	40,000		5,757.72	5,757.72	

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

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFP RHF) Part I: Summary					
PHA Name: Central Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05 P13150102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	41,365.00			
3	1408 Management Improvements				
4	1410 Administration	25,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	184,200.00			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

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

PHAName: Central Iowa Regional Housing Authority	Grant Type and Number Capital Fund Program Grant No: IA05 P13150102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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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
21	Amount of Annual Grant: (sum of lines 2 – 20)	250,565			
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	164,000			

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

PHAName: Central Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P15150102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE	Rent, phone, operating expenses	1406		41,365				
HA-WIDE	Salary & benefits	1410		25,000				
IA01	Install Central Air units (12)	1460		24,000				
	SUBTOTAL			24,000				
IA02	Install Central Air units – Madrid (8)	1460		16,000				
IA02	Install wind ows Redfield, Melcher, Dallas, Madrid (180)	1460		85,000				
	Replacesiding – Perry elderly	1460		12,000				
	SUBTOTAL			113,000				
IA05	Install Central Air units – 7 th Street (8)	1460		16,000				
	Install storm doors (44)	1460		9,000				
	SUBTOTAL			25,000				
IA07	Replace storm doors (38)	1460		8,000				
	Concrete repair – Maimie Eisenhower	1460		10,000				
	SUBTOTAL			18,000				
IA08	Replace storm doors (30)	1460		6,200				
	SUBTOTAL			6,200				

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHAName: Central Iowa Regional Housing Authority			Grant Type and Number Capital Fund Program Grant No: IA05P15150102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part III: Implementation Schedule								
PHAName: Central Iowa Regional Housing Authority			Grant Type and Number Capital Fund Program No: IA05P131 5010102 Replacement Housing Factor No:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
IA131	6/30/04			9/30/04				

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

PHAName: Central Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program No: IA05P131 5010102 Replacement Housing Factor No:					Federal FY of Grant: 2002
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

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