

# HAMMOND HOUSING AUTHORITY Plans

5 Year Plan for Fiscal Years 2003 - 2007  
Annual Plan for Fiscal Year 2003

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

## HHA Plan Agency Identification

**PHA Name:** Hammond Housing Authority

**HHA Number:** IN010

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

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

The HHA 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**  
**HHA FISCAL YEARS 2003 - 2007**  
[24 CFR Part 903.5]

**A. Mission**

The Mission of the Hammond Housing Authority is to operate solely for the purpose of providing decent, safe and sanitary dwellings within the financial reach of families of low and moderate income as to promote service, efficiency and economy and in such manner as to achieve the economic advancement and social well-being of the residents, ensuring that the facilities owned are a marketable asset to the community while identifying and addressing housing needs of the City of Hammond.

**Goals**

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

- HHA Goal: Expand the supply of assisted housing
- Objectives:
- Apply for additional rental vouchers: a minimum of 50 per year as new funding is made available.
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities: Apply for grants and other funding sources annually.  
***2002 PROGRESS REPORT: Housing Authority Non-for-profit CHDO (community housing development organization) in partnership with the Hammond Housing Authority has received HOME funds to for the homeownership program.***
  - Acquire or build units or developments  
***2002 PROGRESS REPORT: Housing Authority Non-for-profit CHDO (community housing development organization) in partnership with the Hammond Housing Authority acquired three HUD homes. Two of the homes were HUD Dollar homes. Two homes have been completely rehabilitated. One Home was purchased by a Public Housing family and the other by a Section 8 Family Self Sufficiency Graduate. The third home will be completed in September 2002.***
  - Other (list below)

- Hammond Housing Authority Goal: Improve the quality of assisted housing.  
Objectives:
  - Improve public housing management: (PHAS score)
  - Improve voucher management: (SEMAP score)  
**2002 PROGRESS REPORT: Leaseup as of August 2002 has averaged 99.60%.**
  - Increase customer satisfaction: Implemented a procedure to track client complaints and document responsive action taken within 5 business days  
**2002 PROGRESS REPORT: Ongoing implementation of customer satisfaction with rapid response to address complaints.**
  - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
  - Renovate or modernize public housing units:  
**2002 PROGRESS REPORT:**  
*Columbia Center new electric distribution system was completed with demolition and removal of the old transformers;  
Columbia Center kitchen cabinet project was completed;  
Rehab of 10 units in Columbia Center will be completed in 2002;  
Lead base remediation work to install rubber stair treads and risers in all two story units at Columbia Center is complete;  
Erect garage/storage building in 2002 at Columbia Center;  
Columbia Center sewer clean-out Project and Hi-Rise smoke detector upgrade Project;  
Columbia Center office complex upgrade, electrical redistribution and airconditioning for the computer have been completed;  
Awnings have been installed on several units;  
Site landscaping upgrade at both Columbia Center and Turner Park Completed;  
Replace new Software upgrade.*
  - Demolish or dispose of obsolete public housing:  
Only if awarded a HOPE VI 2003 grant.
  - Provide replacement public housing: If awarded a HOPE VI 2003  
To replace the number of public housing units that may be reduced to address the population density within the 2 story units at Columbia Center Development.
  - Provide replacement vouchers:
  - Other: (list below)

- Hammond Housing Authority Goal: Increase assisted housing choices  
Objectives:
  - Provide voucher mobility counseling: Information provided in the Initial briefing packet ***2002 PROGRESS REPORT: Ongoing briefings are conducted with voucher mobility information to initial issuances.***
  - Conduct outreach efforts to potential voucher landlords, attract a minimum of 50 new landlords by 2004.  
***2002 PROGRESS REPORT: From January – July 2002 a total of 75 new Landlords partnered with our agency (original goal met in year 2000, over 60 new landlords were added to the program), 2001 an extensive professional marketing brochure and pamphlet were developed. A Landlord appreciation dinner will be held on September 12, 2002.***
  - Increase voucher payment standards
  - Implement voucher homeownership program: By December 2004
  - Implement public housing or other homeownership programs: Continue providing Housing Counseling Services for 1<sup>st</sup> time homebuyers.  
***2002 PROGRESS REPORT: A total of 88 potential mortgagors were counseled.***
  - Implement public housing site-based waiting lists:
  - Convert public housing to vouchers:
  - Other: (list below)

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

- Hammond Housing Authority Goal: Provide an improved living environment  
Objectives:
  - Implement measures to de-concentrate poverty by bringing higher income public housing households into lower income developments: 25% of the Public housing units shall be occupied by residents with higher income By the year 2004.
  - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
  - Implement public housing security improvements:  
***2002 PROGRESS REPORT: COPS M.O.R.E. The technology funding by the Department of Justice program COPS MORE 2002 was used to install Mobile Data Computers in three squad card used by the Police Sub-station. This technology enables police officers rapid response to ID's, license plates and other information needed while on patrol. Information can be added and retrieved from the Mobile Data units saving time and eliminating the need for officers to spend additional hours writing reports after their shifts are completed. All units are installed and in use at this time***

- Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- Other: (list below)

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

- Hammond Housing Authority Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- Increase the number and percentage of employed persons in assisted families: Continue to recruit Family Self-Sufficiency participants.  
**2002 PROGRESS REPORT:** *12 Graduated from the F.S.S. program. 49 Public Housing clients are enrolled in the low-income FSS Program. 14 individuals are employed part-time and 16 are full-time. For 2002, 10 clients have obtained employment while enrolled in the FSS Program. FSS clients have started a single mom's support group called the MOMS Network which has 12 participants. The FSS Program has employment Workshops every Monday and during the month two workshops are Conducted on budgeting, resources, debt improvement and savings. Budgetary assistance is available on an appointment-only basis to all clients. Each client is encouraged to provide a resume or attend a resume Writing session with the FSS Manager.*
  
- Provide or attract supportive services to improve assistance recipients employability: Pursue any available funding to provide onsite services and continue to network with local agencies.  
**Progress Report 2002:** *#1 - TechBridge 2002 Computer Technician Training is a partnership between Hammond Housing Authority and Henkels & McCoy, Inc. Targeting low-income Out-of-School youth 19 – 21 years old, TechBridge 2002 provides individuals with hardware and software training and development providing employability skills. This is a designated “hardest to serve” population and providing training and job development empowers these individuals to seek additional education while maintaining employment.  
#2 – Fathers & Families is a program designed to encourage fathers to become involved with their children. Fathers are assisted with job search, parenting skills, co-parenting counseling, increased involvement with their children and support services all directed toward family reunification and familial responsibility. It is a program designed for fathers, about fathers.*

- Provide or attract supportive services to increase independence for the elderly or families with disabilities. Will continue to seek renewal funding for Social Supportive Services. On-going networking with local senior/disabled Social Service Agencies.
- Other: (list below)

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

- HHA 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: Informational brochures will be developed and distributed to local Service Agencies. Expand information provided on our web page linked from the City of Hammond’s web page.
  - 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.  
***2002 PROGRESS REPORT: 15% of the newly awarded Housing Choice Vouchers are designated for the disabled/handicap applicants.***
  - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
  - Other: (list below)  
Annually conduct onsite Fair Housing & Equal Opportunity sessions for all Housing Authority staff. ***2002 PROGRESS REPORT: Conducted a Fair Housing Training for entire staff on July 10, 2002.***

**Annual HHA Plan**  
**HHA Fiscal Year 2002**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Streamlined Plan:**

**High Performing PHA**

**ii. Executive Summary of the Annual HHA Plan**

[24 CFR Part 903.7 9 (r)]

Operate & manage the Hammond Housing Authority's housing developments in an efficient and effective manner thereby maintaining a high performer rating, provide a safe and secure environment within the housing developments, expand the range and quality of housing choices available to participants in the tenant-based assistance program.

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

[24 CFR Part 903.7 9 (r)]

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

#### **Table of Contents**

	<u>Page #</u>
<b>Annual Plan</b>	
i. Executive Summary	1
ii. Table of Contents	2
1. Housing Needs	6
2. Financial Resources	13
3. Policies on Eligibility, Selection and Admissions	15
4. Rent Determination Policies	25
5. Capital Improvement Needs	31
6. Voluntary Conversions of Public Housing	36
7. PHDEP	43
8. Civil Rights Certifications	44
9. Audit	44
10. Other Information: Resident Advisory	45
11. Substantial Deviations	48
12. Resident Member on the HHA governing Board	49
13. Membership of the Resident Advisory Board	50
14. RASS – Follow-up plan	51

#### **Attachments**

Required Attachments:

- Admissions Policy for De-concentration
- FY 2002 Capital Fund Program Annual Statement (**attachment file in010a01**)
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- PHA Management Organizational Chart
- FY 2002 Capital Fund Program 5 Year Action Plan (**attachment in010a01**)
- Public Housing Drug Elimination Program (PHDEP) Plan:
- Comments of Resident Advisory Board or Boards (must be attached if not included in HHA Plan text)

- Other (List below, providing each attachment name)

## Supporting Documents Available for Review

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
A	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
A	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
A	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
A	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
A	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
A	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
A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
A	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
A	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
A	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
A	Section 8 rent determination (payment standard) policies	Annual Plan: Rent

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	<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
A	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
A	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
A	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
A	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	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
A	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
A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
A	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.	Annual Plan: Annual Audit

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

# 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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	3210	5	5	4	4	3	3
Income >30% but <=50% of AMI	1536	4	4	3	3	3	3
Income >50% but <80% of AMI	2328	3	3	3	3	3	3
Elderly	2113	3	3	3	4	2	2
Families with Disabilities	N/A						
Race/Ethnicity -B	812	4	3	3	3	3	3
Race/Ethnicity -W	2086	4	3	3	2	3	2
Race/Ethnicity -H	312	4	3	3	3	4	3
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: 01
- 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 checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	537		
Extremely low income <=30% AMI	518	98	
Very low income (>30% but <=50% AMI)	14	.06	
Low income (>50% but <80% AMI)	5	.01	
Families with children	253		
Elderly families	10		
Families with Disabilities	31	.01	
Race/-White	102	.19	
Race/Black	433	.81	
Race/ - Ethnicity Hispanic	29	.05	
Race/- Ethnicity - Other	508	.95	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	117	.22	
2 BR	232	.43	

Housing Needs of Families on the Waiting List			
3 BR	134	.25	
4 BR	54	.10	
5 BR	0	0	
5+ BR	0	0	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list 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 checked="" type="checkbox"/> Yes- Seniors/Disabled for Senior Bldg.			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/>	Section 8 tenant-based assistance		
<input type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	1,549		
Extremely low income <=30% AMI	1,528	98.64	
Very low income (>30% but <=50% AMI)	19	1.22	
Low income (>50% but <80% AMI)	1	.06	
Families with children	1,255	81%	
Elderly families	10		
Families with Disabilities	31	.01	
Race/ethnicity- White	331	21.36	
Race/ethnicity – Black	1,210	78.11	

<b>Housing Needs of Families on the Waiting List</b>			
Race/ethnicity - Hispanic	154	9.94	
Race/ - Other	8	.50	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	117	.22	
2 BR	232	.43	
3 BR	134	.25	
4 BR	54	.10	
5 BR	0	0	
5+ BR	0	0	
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?17			
Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

### **C. Strategy for Addressing Needs**

Hammond Housing Authority's Admissions/Occupancy Department will continuously conduct a strong outreach to all local Churches and Social Service Agencies and Community involvement of activities.

#### **(1) Strategies**

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

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources

- Increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

Develop a plan to accelerate the modernization of our Public Housing unit Inventory.

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select if applicable

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

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

Select all that apply

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

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

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the HHA'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 HHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

## **2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2003 grants)</b>		
a) Public Housing Operating Fund	1,005,995	
b) Public Housing Capital Fund	1,430,568	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	3,935,461	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	11,920	
g) Resident Opportunity and Self-Sufficiency Grants	53,159	
h) Community Development Block Grant	34,500	Supportive Services
i) HOME	107,700	Home Ownership
Other Federal Grants (list below)		
Housing Counseling	27,979	Supportive Services
Fathers & Families	40,030	Supportive Services
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
Capitol Fund 2002	1,100,000	P.H. Capitol Improvements
Capitol Fund 2001	814,905	P.H. Capitol Improvements
Capitol Fund 2000	645,926	P.H. Capitol Improvements
PHDEP	80,000	P.H. Safety/Security
Anti-Drug	200,000	P.H. Safety/Security
<b>3. Public Housing Dwelling Rental Income</b>	965,945	P.H. Operations
<b>4. Other income (list below)</b>		
Interest	81,722	Operations

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
Electric Utility & Other Misc.	15,563	Operations
<b>4. Non-federal sources</b> (list below)		
Step Ahead - State	36,000	P.H. Supportive Services
<b>Total resources</b>	<b>10,587,373</b>	

[24 CFR Part 903.7 9 (c)]

## **2. HHA Policies Governing Eligibility, Selection, and Admissions**

### **A. Public Housing**

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

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

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

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

Eligibility is verified at initial application and verified at pre-move interview.

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

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

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

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

e.  Yes  No: Does the HHA 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 HHA 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?

- HHA main administrative office
- HHA development site management office

Other (list below)

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

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

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

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

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

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

### **(3) Assignment**

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

- One
- Two
- Three or More

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

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

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

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

1.  Yes  No: Has the HHA 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 HHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

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

Other preferences: (select below)

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

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

Date and Time:

- 1 - Date and Time
- 1 - Residents who live and/or work in the jurisdiction
- 2 – Indiana Residents

Former Federal preferences:

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

Other Local Preferences:

- 4 - Victims of Reprisals or Hate Crimes
- 4 - Those currently enrolled in educational training or upward mobility programs
- 4 - Household that contribute to meeting income goals (broad range of incomes)
- 5 - Veterans and Veterans families
- 4 - Other Preferences: Elderly/Disabled, Indiana residents, Economic Hardship

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

**(5) Occupancy**

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

- The Hammond Housing Authority's resident lease
- The Hammond Housing Authority's Admissions and (Continued) Occupancy Policy
- Hammond Housing Authority's briefing seminars or written materials
- Other source:  
Tenant Handbook

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

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

**(6) Deconcentration and Income Mixing**

a.  Yes  No: Did the HHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote de-concentration of poverty or income mixing?

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

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

- Adoption of site-based waiting lists  
If selected, list targeted developments below:
- Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments  
If selected, list targeted developments below:  
Columbia Center

Other (list policies and developments targeted below)

d.  Yes  No: Did the HHA 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 de-concentration of poverty and income-mixing
- Other (list below)

f. Based on the results of the required analysis, in which developments will the HHA 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:  
Columbia Center

g. Based on the results of the required analysis, in which developments will the HHA 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:  
Turner Park

## **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 HHA? (select all that apply)

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

- b.  Yes  No: Does the HHA request criminal records from local law enforcement agencies for screening purposes?
- c.  Yes  No: Does the HHA request criminal records from State law enforcement agencies for screening purposes?
- d.  Yes  No: Does the HHA 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:

Information shared by previous landlord regarding rent payment, any warnings  
And lease violations.

**(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:

The Section 8 Office or designated sites, when applications are being accepted.

**(3) Search Time**

- a.  Yes  No: The HHA gives automatic standard 120-day period to search for a unit.

If yes, state circumstances below: At Initial issuance, the full 120 days is automatically given.

**(4) Admissions Preferences**

a. Income targeting

- Yes  No: Does the HHA 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 HHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

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

Other preferences (select all that apply)

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

Lake County residents and Indiana State residents. Applicants who are 62 Years of age or older or disabled or receiving payments based on inability to Work.

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

- 1 Date and Time
- 1 Residents who live and/or work in the jurisdiction

Former Federal preferences

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

Other Preferences:

- 2 - Lake County Resident
- 3 - Indiana State Resident
- 3- Those enrolled currently in educational, training or upward mobility prog.
- 4 - Veterans and Veteran’s families
- 5 - Applicants who are 62 years of age or older or disabled or receiving payments based on inability to work.

Other preferences (select all that apply)

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

Lake County residents and/or Indiana State resident, applicants 62 years of age Or older or disabled or receiving payments based on inability to work.

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 HHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

This preference has previously been reviewed and approved by HUD

The PHA requests approval for this preference through this PHA Plan

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

The HHA 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**

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

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

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

Through published notices

Other:

Radio, posted at Public Agencies.

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

[24 CFR Part 903.7 9 (d)]

### **A. Public Housing**

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

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

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

Residents with no real income will be allowed to work off any charges due the Housing Authority at the Federal Minimum wage.

Residents who have no real income who by reason of disability, infirmity or age, and unable to work off minimum rent obligation as established by previous Board resolution will have an established rent of (0) zero minimum rent.

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

1.  Yes  No: Does the HHA 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 HHA plan to employ (select all that apply)

For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

For transportation expenses

For the non-reimbursed medical expenses of non-disabled or non-elderly families

Other:

Child support payments for dependents not living in household, Union dues, Uniform Charges.

e. Ceiling rents

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

Yes, for all developments

Yes but only for some developments

No

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

For all developments

For all general occupancy developments (not elderly or disabled or elderly only)

For specified general occupancy developments

For certain parts of developments; e.g., the high-rise portion

- For certain size units; e.g., larger bedroom sizes
- Other (list below)

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

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

f. Rent re-determinations:

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

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

Any time the family experiences a decrease in income;  
Any time the family has a change in family composition

g.  Yes  No: Does the HHA 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 HHA use to establish comparability? (select all that apply.)

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

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

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

### **(1) Payment Standards**

Describe the voucher payment standards and policies.

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

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

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

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

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

- Annually
- Other:  
When FMR's are published.

e. What factors will the HHA 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 HHA's minimum rent? (select one)

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

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

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:

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

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

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing		
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)

- Section 8 Management: (list below)

**6. HHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

**A. Public Housing**

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

If yes, list additions to federal requirements below:

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

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

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

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office  
 Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

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

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

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

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

Select one:

- The Capital Fund Program Annual Statement is provided as an attachment to the HHA Plan at Attachment (state name) (**attachment in010a01**)

-or-

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

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

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

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

b. If yes to question a, select one:

- The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name(**attachment in010a01**))

-or-

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

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

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

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

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

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

- Yes  No: d) Will the HHA be engaging in any mixed-finance development activities for public housing in the Plan year?  
If yes, list developments or activities below:  
  
If awarded a Hope VI Grant at Columbia Center Development

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

**8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

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

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

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

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

[24 CFR Part 903.7 9 (j)]

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

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

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

#### 2. Activity Description

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

<b>Conversion of Public Housing Activity Description</b>
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <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)

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

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

**3.11.2 Subcomponent B: Voluntary Conversions**

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

Two (2) – Columbia Center and Turner Park

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

One (1) Hubert Humphrey Building

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

One assessment per development and one (1) overall assessment.

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

**Development Name**

**Number of Units**

Columbia Center 400

Turner Park 80

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

N/A

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

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

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

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

2. Activity Description

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

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval

<input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected:
6. Coverage of action: (select one)
<input type="checkbox"/> Part of the development
<input type="checkbox"/> Total development

**B. Section 8 Tenant Based Assistance**

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

**12. HHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (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. HHA Coordination with the Welfare (TANF) Agency**

1. Cooperative agreements:

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

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

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

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

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

**(1) General**

a. Self-Sufficiency Policies

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

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing 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 HHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following



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

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

<b>D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937</b>
--

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

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

- Safety and security survey of residents

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

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

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

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

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

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

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

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

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

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

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

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY 2002 in this PHA Plan? Yes
- Yes  No: This PHDEP Plan is an Attachment.

#### **Section 4: Certifications**

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

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

[24 CFR Part 903.7 9 (n)]

## **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

The Hammond Housing Authority does hereby agree and certify that it will carry out this Agency Plan (both Five Year and Annual Plan) in compliance with all applicable civil rights requirements and will affirmatively further fair housing. In particular, we will comply with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and Title II of the Americans with Disabilities Act of 1990. This is in continuation of our long-standing anti-discrimination tradition.

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

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1.  Yes  No: Is the HHA 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. HHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

1.  Yes  No: Is the HHA 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 HHA undertake? (select all that apply)  
 Not applicable  
 Private management  
 Development-based accounting  
 Comprehensive stock assessment  
 Other: (list below)
  
3.  Yes  No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

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

1.  Yes  No: Did the HHA receive any comments on the HHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)  
 Attached at Attachment  
 Provided below:
  1. Columbia Center residents are concerned about water build-up in the streets at North Drive and South Drive;
  2. At Columbia Center, exposed Cable T.V. Wiring;
  3. At Turner Park Hi-rise, resident's would like new stoves and refrigerators;
  4. Resident's at Hubert Humphrey Senior Bldg. would like additional lights;
  5. Resident's at Hubert Humphrey Senior Bldg. would like carpeting for hallways to help reduce noise.

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

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The HHA changed portions of the PHA Plan in response to comments  
List changes below:
- Other: (list below)
  1. Columbia Center resident concerns regarding North & South Drive standing water, streets have been power cleaned by City of Hammond in the Spring of 2002 and will continue on an "as need" basis.
  2. Local Cable Company is on site maintaining their lines as of September, 2002;
  3. Hubert Humphrey building additional exterior lighting is being installed 2002;
  4. At the Senior Building, stoves and refrigerators are being replaced approximately 20 appliances per year.
  5. Carpeting for the Hubert Humphrey Buildings hallways is under consideration .

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

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

2. Description of Resident Election Process – Appointed by Mayor

a. Nomination of candidates for place on the ballot: (select all that apply)

- Candidates were nominated by resident and assisted family organizations
- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- Other: (describe)

b. Eligible candidates: (select one)

- Any recipient of PHA assistance
- Any head of household receiving PHA assistance
- Any adult recipient of PHA assistance
- Any adult member of a resident or assisted family organization
- Other (list)

Indiana State Statute 36-7-18-5 City Executive – Mayor appoints the

Commissioners of the Housing Authority. The Mayor has appointed a Resident to the Board.

c. Eligible voters: (select all that apply)

- All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- Representatives of all PHA resident and assisted family organizations
- Other (list)

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

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

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

- The HHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- Other: (list below)

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

The Hammond Housing Authority is part of effort undertaken by the City of Hammond of Lake County, Indiana to address our jurisdiction's affordable housing needs. While we cannot ourselves meet the entire need identified here, in accordance with our goals included in this Plan, we will strive to address some of the identified needs by using appropriate resources to maintain and preserve our existing stock. When appropriate and feasible, we will apply for additional grants from federal, state and local sources, including private sources to help add to the affordable housing available in our community. Hammond Housing Authority intends to work with our local partners, the City of Hammond, H.H.A. 2000+, Hammond Elderly Housing, Inc. to try to meet this identified need.

## **D. Other Information Required by HUD**

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

Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Housing Authority that fundamentally change the mission, goals, objectives, or plans of the Agency and which require formal approval of the Board of Commissioners.

## Attachments

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

### **Required Attachment B: Resident Member on the PHA Governing Board**

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

A. Name of resident member(s) on the governing board: Ms. Ruth Tall

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

- Elected  
 Appointed

C. The term of appointment is (include the date term expires): 09/27/03

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

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain):

B. Date of next term expiration of a governing board member: 5/31/03

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

Appointing Official: Mayor Duane W. Dedelow, Jr. Mayor of the City of Hammond

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

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

<u>Columbia Center</u>	<u>Turner Park</u>	<u>Section 8</u>
Sandra Mikkelson	Ruth Tall	Robert Anderson
James Horn	Pearl Donaldson	Florine McGee
Cynthia Baker	Renee Edwards	
Sherman Dennison	Samuel Smith	
	Bronie Rhymer	
	H. Janean	
	Harold Schumuser	
	Jack Wuesthoff	
	Margie Ottomanelli	
	Larry Grokoff	
	Bill Willams	
	Lola McCoy	
	Retha Short	
	April Manley	
	I. Jankovich	
	Jossie Sapp	
	Catherine M.	
	Charles Stemper	
	Fabia Jackson	
	Judy Maris	
	Sara Sellers	
	Anne Taylor	
	Rita Gomez	
	Iliana Gomez	
	Yesenia Plaza	
	Glenn Martin	
	Amparo Rivera	

FOLLOW-UP PLAN  
RASS

NEIGHBORHOOD APPEARANCE

How satisfied are you with the upkeep of the following areas in your development?

- **Common Areas**

Maintenance will inspect the area weekly and make necessary repairs and clean-ups as needed. Also Management will post “No Littering and/or Dumping” signs in common areas.

- **Exterior Buildings**

Management will increase yard inspections by “Walk, Stop, and Knock” method. Management will walk grounds, Stop to talk with residents, and Knock on doors of units whose exteriors are in dissatisfactory condition. Random inspections will be performed by a representative from Maintenance and Management of building exteriors bi-weekly. A list of deficiencies will be sent to the Tenant requiring a five (5) response; as a re-inspection will be performed within seven (7) days. Fines will be imposed should the deficiency failed to be corrected within the allotted time frame.

- **Parking**

The addition of parking slots to increase parking and the widening the parking area recently improved parking at Turner Park.

Columbia Center management will see if parking improvements can be implemented into future Modernization projects. Security will also enforce the proper use of parking permits.

- **Playgrounds**

Maintenance will conduct a weekly inspection of playground and equipment. List of rules will be posted for public view. Security will also enforce a playground curfew.

- **Broken Glass**

Provide recycle bins to tenants in need. During the bi-weekly inspections performed by Management and Maintenance, extra attention will be given to incidents relating to broken glass, as this is also a health and safety issue. Community service workers will also be assigned areas to upkeep in exchange for community service hours. Fines will be imposed should tenants not comply with agency requests for debris removal.

- **Noise**

Neighborly behavior will be advocated through Management comments placed in the agency newsletter. Management will address all complaints of disturbances within forty-eight (48) hours. Responsibility for the actions of guests including disturbances will be stressed during the “initial” reading of the lease. Warning notices will be sent.

- **Rodents and Insects**

Extermination of each unit will become mandatory at least once a quarter (4 times a year). Residents will be made aware that maintenance does provide supplemental items for pest control. Treatment for water bugs shall increase to two (2) times annually, rather than one.

- **Trash/Litter**

At Turner Park, this area has already been addressed. Dumpsters have been installed for resident trash disposal. They have also been enclosed to avoid becoming an eye-sore to the community.

Columbia Center Management will implement the “Walk, Stop, & Knock” method on Mondays, the day before trash pick-up, to better avoid trash build-ups and assure residents are prepared for trash pick-up the following day. Maintenance will loan yard care supplies (rakes, shovels, lawn mowers) when able to.

## **COMMUNICATION**

Do you think management provides you information about:

- **Maintenance and Repair**

Management will assure that flyers are sent out to Residents informing them of upcoming modernization activities and/or site upgrades and improvements. The newsletter will also be used as an additional form of communication between management and residents. When unforeseen calamities occur, the marquee shall be used if available. Door to door methods will also be used when time permits.

- **Rules of the Lease**

A section of the Lease will be highlighted each month in the newsletter. Additionally, Management is in the process of preparing a video outlining the rental agreement between the agency and resident. Also an interactive questionnaire providing emphasis on the lease will be issued to and reviewed with each “new” resident at the conclusion of the lease reading to provide emphasis on points of extreme importance.

- **Responsive to Questions and Concerns**

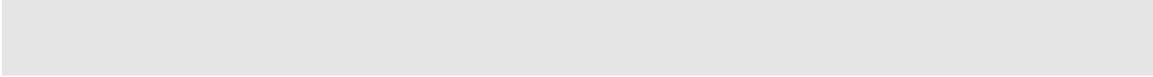
A forty-eight hour response to complaints will be implemented by Management. Additionally, a suggestion box will be installed in the lobby area of the office.

- **Courteous and Professional**

A “How was my service card” will randomly be mailed and/or distributed to residents by staff at least once quarterly. Thus, the results will be used to highlight areas on concern and make necessary improvements. A staff meeting relating to customer service will also be planned.

- **Supportive of Resident/Tenant Organizations within the Housing Development**

Management will increase presence at Resident Crime Watch Meetings, Tenant Council Meetings, etc. Management will aid in resident activities whenever time permits.



**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: Hammond Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36P010708-99 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>1999</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	1,000			
2	1406 Operations				
3	1408 Management Improvements	85,000		85,000	85,000
4	1410 Administration	131,360	131,383	131,383	131,383
5	1411 Audit	1,050		1,050	1,050
6	1415 Liquidated Damages				
7	1430 Fees and Costs	131,600	103,327	103,327	103,327
8	1440 Site Acquisition				
9	1450 Site Improvement	799,208	789,695	789,695	760,157
10	1460 Dwelling Structures	360,000	397,763	397,763	397,763
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	1,989		1,989	1,989
13	1475 Nondwelling Equipment	42,197		42,197	42,197
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	2,277		2,277	2,277
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				

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

PHA Name: <b>Hammond Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: IN36P010708-99 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>1999</b>
--	--	-------------------------------------

Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 1 )  
 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
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,554,681		1,554,681	1,525,143
22	Amount of line 21 Related to LBP Activities	42,000			
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs	75,000			
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	89,520			

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

PHA Name: Hammond Housing Authority		Grant Type and Number Capital Fund Program Grant No: IN36P010708-99 Replacement Housing Factor Grant No:				Federal FY of Grant: 1999			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.		Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Funds Obligated	Funds Expended	
PHA Wide Management Improvements	Security and Drug War Staff and Resident Training Sub Total	708	1408		75,000		75,000	75,000	Completed
		708	1408		10,000		10,000	10,000	Completed
					85,000		85,000	85,000	
Administrative	Administrative Salaries Miscellaneous Admin. Exp. Sub Total	708	1410		130,360		130,360	130,360	Completed
		708	1410		1,000	1,024	1,024	1,024	Completed
		708	1410		131,360		131,384	131,384	
Audit	Audit Costs Sub Total	708	1411	01	1,050		1,050	1,050	Completed
					1,050		1,050	1,050	
Columbia Center IN 10-1 Fess and Costs	Architectural – Planning Unit Rehab Cont. docs & mgmt Electrical Upgrade Cont. docs & mgmt Sub Total	708	1430		50,000	42,250	42,250	42,250	Completed
		708	1430		33,600		33,600	33,600	Completed
		708	1430		48,000	27,477	27,477	27,477	Completed
					131,600		103,327	103,327	
Site Improvement IN 10-1 Columbia Center	Primary Electric Upgrade Landscape Sidewalk Repl. & Repair	708	1450	95%	747,208		747,208	723,883	In Progress
		708	1450		16,000	18,751	18,751	18,751	Completed
		708	1450	5%	10,000	7,100	7,100	7,100	Completed

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

PHA Name: Hammond Housing Authority		Grant Type and Number Capital Fund Program Grant No: IN36P010708-99 Replacement Housing Factor Grant No:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IN 01-2 Turner Park	Landscape Sub Total	708 1450	10%	26,000 799,208	16,635	16,635 789,694	10,423 760,157	In Progress
Dwelling Structure	Comprehensive unit rehab Sub Total	708 1460	6 Units	360,000 360,000	397,763	397,763 397,763	397,763 397,763	Completed
Non-Dwelling Structure	Parts Storage Cage Sub Total	708 1470	01	1,989 1,989		1,989 1,989	1,989 1,989	Completed
Non-Dwelling Equip. 10-1	Maintenance Truck & Snow Plow Computer Hardware Sub Total	708 1475 708 1475	01	27,198 14,999 42,197		27,198 14,999 42,197	27,198 14,999 42,197	Completed Completed
Relocation IN 10-1	Relocation Residents Sub Total	708 1495		2,277 2,277		2,277 2,277	2,277 2,277	Completed
Contingency	Contingency Sub Total	708 1502		0		0	0	
Total				1,554,681.00		1,554,681	1,525,143	

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

PHA Name: Hammond Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: IN36P0105010708-99 Replacement Housing Factor No:					<b>Federal FY of Grant: 1999</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
IN10-1 Columbia Center	9/30/01		9/30/01	9/30/02				
IN10-2 Turner Park	9/30/01		9/30/01	9/30/02				
PHA wide	9/30/01		9/30/01	9/30/02				



## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>						
<b>PHA Name</b> Hammond Housing Authority VRS 07367-92001		<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36P010501-00 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  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	140,000		140,000	140,000	
3	1408 Management Improvements	65,000		65,000	65,000	
4	1410 Administration	136,408		136,408	136,006	
5	1411 Audit	1,100		1,100	1,100	
6	1415 Liquidated Damages					
7	1430 Fees and Costs	96,400		96,400	15,676	
8	1440 Site Acquisition					
9	1450 Site Improvement	239,500	301,760	291,760	223,435	
10	1460 Dwelling Structures	600,000		600,000	180,726	
11	1465.1 Dwelling Equipment—Nonexpendable	28,000		28,000	28,000	
12	1470 Nondwelling Structures	100,000				
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs	2,000	2,597	2,597	1046	
18	1499 Development Activities					
19	1501 Collateralization or Debt Service					

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

<b>PHA Name</b> Hammond Housing Authority VRS 07367-92001	<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36P010501-00 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  2000
---	---	---

Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 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
20	1502 Contingency	62,968	111		
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,471,376		1,361,265	790,988
22	Amount of line 21 Related to LBP Activities	70,000			
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs	75,000			
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	149,200			

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

PHA Name: Hammond Housing Authority		Grant Type and Number Capital Fund Program Grant No: IN36P010501-00 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	
PHA Wide	Operations	00 1406		140,000		140,000	140,000	Completed
	SubTotal			140,000		140,000	140,000	
Management Improvements	Security & Drug War Staff & Resident Training	00 1408 00 1408		60,000 5,000		60,000 5,000	60,000 5,000	Completed Completed
	Sub Total			65,000		65,000	65,000	
Administrative	Administrative Salaries Misc. Admin. Expense	00 1410 00 1410		135,408 1,000		135,408 1,000	135,408 598	Completed In Progress
	Sub Total			136,408		136,408	136,006	
Audit	Audit Costs	00 1411		1,100			1,100	Completed
	Sub Total			1,100			1,100	
Columbia Center IN10-1 Fees & Costs	A/E unit Rehab A/E Site Rehab	00 1430 00 1430	20	59,000 37,400		59,000 37,000	3,478 12,197	In Progress In Progress
	Sub Total			96,400		96,400	15,676	

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

PHA Name: Hammond Housing Authority		Grant Type and Number Capital Fund Program Grant No: IN36P010501-00 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	
Site Improvements IN 10-1 Columbia Center	Roads, Curbs, sidewalks & Parking Landscape Maintenance Street Lighting Utility Relocation Sub Total	00 1450 00 1450 00 1450 00 1450	14% Site 23% 8%	124,500 10,000 100,000 5,000 239,500	126,635  160,125	126,635  160,125 5,000 291,760	126,635  91,800 5,000 223,435	Completed Out for Bid In Progress Completed
Dwelling Structure	Comprehensive Unit Rehab Sub Total	00 1460	14 Units	600,000 600,000		600,000 600,000	180,726 180,726	In Progress
Dwelling Equipment/Non Expendable	Replace Stoves & Refrigerators Sub Total	00 1465	10%	28,000 28,000		28,000 28,000	28,000 28,000	Completed
Non-dwelling Structure	4 – Bay Garage/Warehouse Sub Total	00 1470		100,000 100,000				Out for Bid
Relocation IN 10-1	Relocate Residents Sub Total	00 1495		2,000 2,000	2,597	2,597 2,597	1,046 1,046	In Progress

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

PHA Name: Hammond Housing Authority		Grant Type and Number Capital Fund Program Grant No: IN36P010501-00 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	
Contingency	Contingency Sub Total	00 1502		62,968 62,968	111			
	Total			1,471,376		1,361,265	790,988	

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

PHA Name: Hammond Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: IN36P010501-00 Replacement Housing Factor No:				Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IN10-1 Columbia Center	9/30/02		9/30/02	9/30/03			
IN10-2 Turner Park	9/30/02		9/30/02	9/30/03			
PHA Wide	9/30/02		9/30/02	9/30/03			

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Hammond Housing Authority VRS 07367-92002		<b>Grant Type and Number</b> Capital Fund Program Grant No: In36P010501-01 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 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	140,000		140,000	140,000
3	1408 Management Improvements	108,000	111,186	102,917	83,667
4	1410 Administration	140,000		140,000	140,000
5	1411 Audit	1,100			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	275,000		83,400	3,400
10	1460 Dwelling Structures	657,576	665,532	606,456	264,456
11	1465.1 Dwelling Equipment—Nonexpendable	22,000			11,258
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	43,341	45,625	45,625	39,105
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				

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

<b>PHA Name:</b> Hammond Housing Authority VRS 07367-92002	<b>Grant Type and Number</b> Capital Fund Program Grant No: In36P010501-01 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2001
--	---	-------------------------------------

Original Annual Statement  
 Reserve for Disasters/ Emergencies  
 Revised Annual Statement (revision no:    )  
 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
20	1502 Contingency	117,700	104,274		
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,504,717		1,118,398	681,886
22	Amount of line 21 Related to LBP Activities	46,500			
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs	60,000			
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Hammond Housing Authority		Grant Type and Number Capital Fund Program Grant No: IN36P010501-01 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		
PHA Wide	Operations Sub Total	01 1406	01	140,000 140,000		140,000 140,000	140,000 140,000	Completed	
Management Improvements	Energy Audit S&P Evaluation Security Drug War Staff & Resident Training Sub Total	01 1408 01 1408 01 1408 01 1408	01 01	5,500 37,500 60,000 5,000 108,000	63,186	37,500 63,186 2,231 102,917	18,250 63,186 2,231 83,667	In Progress Completed Completed	
Administration	Administrative Salaries Administrative Miscellaneous Sub Total	01 1410 1410		140,000 140,000	139,956 44 140,000	139,956 44 140,000	139,956 44 140,000	Completed Completed	
Audit	Audit Costs Sub Total	01 1411		1,100 1,100					

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

PHA Name: Hammond Housing Authority		Grant Type and Number Capital Fund Program Grant No: IN36P010501-01 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	
Site Improvement Columbia Center IN 10-1	C.C. Electric Distribution	01 1450	5%	80,000		80,000		Completed
	Landscape Maintenance	01 1450		10,000				Out for bid
	Curbs & Sidewalks	01 1450	90%	100,000				
T.P. Site IN10-2	T.P. Parking	01 1450	30%	85,000		3,400	3,400	Completed
	Sub Total			275,000		83,400	3,400	
Dwelling Units IN 10-1	Replace Kitchen Cabinets, C.C.	01 1460	20%	210,000	153,888	153,888	153,888	Completed
	Cover stair treads & risers, C.C.	01 1460		46,500	110,568	110,568	110,568	Completed
	C.C. Unit Rehab	01 1460	6 units	342,000		342,000		In Progress
IN 10-2	Hi-Rise Backflow Preventer	01 1460		59,076				
	Sub Total			657,576		606,456	264,456	
Dwelling Equip Non-Exp	Laundry Equip, Stoves, & Refers	01 1465	55 items	22,000			11,258	In Progress
	Sub Total			22,000			11,258	
Non-Dwelling Equip	Maintenance Vehicle	01 1475	3 items	43,341	45,625	45,625	39,105	In Progress
	Sub Total			43,341		45,625	39,105	

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

PHA Name: Hammond Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36P010501-01 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 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	
Contingency	Contingency Sub Total	01 1502		117,700 117,700	104,274			
	Total			1,504,717		1,118,398	681,886	

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

PHA Name: Hammond Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: IN36P010501-01 Replacement Housing Factor No:				Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IN10-1 Columbia Center	9/30/03		9/30/03	9/30/04			
IN10-2 Turner Park	9/30/03		9/30/03	9/30/04			
PHA Wide	9/30/03		9/30/03	9/30/04			

**CAPITAL FUND PROGRAM TABLES START HERE**

**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHA Name:</b> Hammond Housing Authority VRS 07367-92002	<b>Grant Type and Number</b> Capital Fund Program Grant No: In36P010501-02 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2002
--	---	-------------------------------------

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	143,000			
3	1408 Management Improvements	165,000			
4	1410 Administration	143,000			
5	1411 Audit	1,100			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000			
10	1460 Dwelling Structures	780,000			
11	1465.1 Dwelling Equipment—Nonexpendable	38,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	80,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

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

<b>PHA Name:</b> Hammond Housing Authority VRS 07367-92002	<b>Grant Type and Number</b> Capital Fund Program Grant No: In36P010501-02 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2002
--	---	-------------------------------------

**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
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	20,468			
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,430,568			
22	Amount of line 21 Related to LBP Activities	7,800			
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs	60,000			
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	39,000			

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

PHA Name: Hammond Housing Authority		Grant Type and Number Capital Fund Program Grant No: IN36P010501-02 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	
PHA Wide	Operations Sub Total	01	1406	01	143,000 143,000				
Management Improvements	MIS software & training Security Drug War Staff & Resident Training Sub Total	01	1408	01	100,000				
		01	1408	01	60,000				
		01	1408	01	5,000				
		01	1408		165,000				
Administration	Administrative Salaries Administrative Miscellaneous Sub Total	01	1410	01	142,600				
			1410	01	400				
					143,000				
Audit	Audit Costs Sub Total	01	1411	01	1,100 1,100				
Fees & Costs	A/E Fees Sub Total	01	1430	01	50,000 50,000				

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

PHA Name: Hammond Housing Authority		Grant Type and Number Capital Fund Program Grant No: IN36P010501-02 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	
Site Improvement	Landscape Maintenance Sub Total	01 1450		10,000 10,000				
Dwelling Units	Unit Rehab Sub Total	01 1460		780,000 780,000				
Dwelling Equip Non-Exp	Laundry Equip, Stoves, & Refers Sub Total	01 1465		38,000 38,000				
Non-Dwelling Equip	Computer Hardware Maintenance Equipment Sub Total	01 1475 01 1475		60,000 20,000 80,000				
Contingency	Contingency Sub Total	01 1502		20,468 20,468				
	Total			1,430,568				

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

PHA Name: Hammond Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: IN36P010501-02 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	
IN10-1 Columbia Center	9/30/04		9/30/04	9/30/05			
IN10-2 Turner Park	9/30/04		9/30/04	9/30/05			
PHA Wide	9/30/04		9/30/04	9/30/05			

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Hammond Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36P010501-03 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2003
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	143,000			
3	1408 Management Improvements	65,000			
4	1410 Administration	143,000			
5	1411 Audit	1,500			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	100,000			
10	1460 Dwelling Structures	817,000			
11	1465.1 Dwelling Equipment—Nonexpendable	8,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	60,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	4,000			

## Annual Statement/Performance and Evaluation Report

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

PHA Name: Hammond Housing Authority	Grant Type and Number Capital Fund Program Grant No: IN36P010501-03 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
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	49,068			
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,430,568			
22	Amount of line 21 Related to LBP Activities	30,000			
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs	60,000			
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	30,000			

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

PHA Name: Hammond Housing Authority		Grant Type and Number Capital Fund Program Grant No: IN36P010501-03 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	
PHA Wide	Operations Sub Total	03 1406		143,000 143,000				
Management Improvements	Security Training Sub Total	03 1408 03 1408		60,000 5,000 65,000				
Administration	Administrative Salaries Admin Sundry Sub Total	03 1410 03 1410		142,600 400 143,000				
Audit	Audit Costs Sub Total	03 1411		1,500 1,500				
Fees & Costs	A&E Fees Sub Total	03 1430		40,000 40,000				

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

PHA Name: Hammond Housing Authority		Grant Type and Number Capital Fund Program Grant No: IN36P010501-03 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	
Site Improvements	Landscaping Maintenance Street & Sewer Repair Sub Total	03 1450 03 1450		10,000 90,000 100,000				
Dwelling Structures	Unit Rehab Window Awnings Smoke Detectors & Strobes Sub Total	03 1460 03 1460 03 1460	10 units 30 units 118 units	717,000 60,000 40,000 817,000				
Dwelling Equipment	Stoves & Refrigerators Sub Total	03 1465	100	8,000 8,000				
Non Dwelling Equipment	Computer Imaging Sub Total	03 1475		60,000 60,000				
Relocation	Relocation	03 1490		4,000				
Contingency	Contingency	03 1502		49,068				
	Total			1,430,568.				

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

PHA Name: Hammond Housing Authority		Grant Type and Number Capital Fund Program Grant No: IN36P010501-03 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**

PHA Name: Hammond Housing Authority		Grant Type and Number Capital Fund Program No: IN36P010501-03 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		
IN10-1 Columbia Center	5/31/05		5/31/05	5/31/06				





# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name Hammond Housing Authority		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>			
Development Number/Name/HA-Wide	Year 1 2003	Work Statement for Year 2 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 3 FFY Grant:2005 PHA FY: 2005	Work Statement for Year 4 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 5 FFY Grant: 2007 PHA FY: 2007
	Annual Statement				
IN10-1 Columbia Center		957,798	936,068	959,068	968,000
IN10-2 Turner Park		40,000	40,000	40,000	40,000
PHA Wide		432,770	454,500	431,500	422,568
CFP Funds Listed for 5-year planning		1,430,568	1,430,568	1,430,568	1,430,568
Replacement Housing Factor Funds					



Total CFP Estimated Cost

1,430,568

1,430,568

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

Activities for Year 1	Activities for Year :4____ FFY Grant: 2006 PHA FY: 2006			Activities for Year: _5__ FFY Grant: 2007 PHA FY: 2007		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual	IN10-1 Columbia Center	Site Work	58,000	IN10-1 Columbia Center	Site Work	58,000
		Comp Unit Rehab	901,068		Comp Unit Rehab	910,000
		Sub Total	959,068		Sub Total	968,000
State	IN10-2 Turner Park	Sun Shields	40,000	IN10-2 Turner Park	Sprinklers	40,000
		Sub Total	40,000		Sub Total	40,000
ment	HHA Wide Soft Costs	Operations	143,000	HHA Wide Soft Costs	Operations	143,000
		Security	65,000		Security	65,000
		Administration	143,000		Administration	143,000
		Other	80,500		Other	71,568
		Sub Total	431,500		Sub Total	422,568

		Total CFP Estimated Cost	1,430,568			1,430,568
--	--	--------------------------	-----------	--	--	-----------