

Printed on: 7/25/033:58 PM

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

**Small PHA Plan Update
Annual Plan for Fiscal Year: 2003**

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

**PHA Plan
Agency Identification**

PHA Name: LIBERAL HOUSING AUTHORITY

PHA Number: KS072

PHA Fiscal Year Beginning: (mm/yyyy) 10/01/2003

PHA Plan Contact Information:

Name: CAROL F. BECKWITH

Phone: 620-624-5001

TDD: 800-766-3777

Email (if available): lori@ptsi.net

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

- Main administrative office of the PHA**
- PHA development management offices**
- Main administrative office of the local, county or 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)**

PHA Programs Administered:

- Public Housing and Section 8**
- Section 8 Only**
- Public Housing Only**

Printed on: 7/25/033:58 PM

Small PHA Plan Update

**HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002**

**Annual PHA Plan
Fiscal Year 20 01
[24 CFR Part 903.7]**

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a SEPARATE file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

	Contents	<u>Page #</u>
Annual Plan		
i. Executive Summary (optional)		
ii. Annual Plan Information		
iii. Table of Contents		1
1. Description of Policy and Program Changes for the Upcoming Fiscal Year		2
2. Capital Improvement Needs	2	
3. Demolition and Disposition	2	
4. Homeownership: Voucher Homeownership Program	3	
5. Crime and Safety: PHDEP Plan	4	
6. Other Information:		
A. Resident Advisory Board Consultation Process		4
B. Statement of Consistency with Consolidated Plan	4	
C. Criteria for Substantial Deviations and Significant Amendments		5
Attachments		
☞ Attachment A : Supporting Documents Available for Review		6
☞ Attachment B: Capital Fund Program Annual Statement	11	
☞ Attachment C: Capital Fund Program 5 Year Action Plan	17	
☞ Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement		
☞ Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan		
☞ Attachment D: Resident Membership on PHA Board or Governing Body		27
☞ Attachment E: Membership of Resident Advisory Board or Boards		27
☞ Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)		
☞ Other (List below, providing each attachment name)		

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

None expected

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 133,000

C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

Demolition/Disposition Activity Description
Not including Activities Associated with HOPE VI or Conversion Activities)
Development name:
Development (project) number:
Activity type: Demolition <input type="checkbox"/>
Disposition <input type="checkbox"/>

<p>3. Application status (select one)</p> <p>Approved <input type="checkbox"/></p> <p>Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/></p>
<p>4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u></p>
<p>5. Number of units affected:</p>
<p>6. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input type="checkbox"/> Total development</p>
<p>7. Relocation resources (select all that apply)</p> <p><input type="checkbox"/> Section 8 for units</p> <p><input type="checkbox"/> Public housing for units</p> <p><input type="checkbox"/> Preference for admission to other public housing or section 8</p> <p><input type="checkbox"/> Other housing for units (describe below)</p>
<p>8. Timeline for activity:</p> <p>Actual or projected start date of activity:</p> <p>Actual or projected start date of relocation activities:</p> <p>c. Projected end date of activity:</p>

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

A. Yes X 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 next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ 0.00
- C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply) N/A
- The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
 - Yes No: below or
 - Yes No: at the end of the RAB Comments in Attachment _____.

Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment ____.

Other: (list below)

B. 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 of the State of Kansas

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

The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

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

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan: None

B. Significant Amendment or Modification to the Annual Plan: None

Attachment A
Supporting Documents Available for Review

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

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
<input type="checkbox"/>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
<input type="checkbox"/>	Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
<input type="checkbox"/>	Housing Documentation Supporting Fair Housing Certifications: 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	5 Year and Annual Plans

able play	Supporting Document	Related Plan Component
	implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	
	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
	Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Policy governing occupancy of Police Officers in Public Housing check here if included in the public housing Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing Policy	Annual Plan: Rent Determination
	Range of flat rents offered at each public housing development check here if included in the public housing Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent 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
	Date of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Date of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations

able play	Supporting Document	Related Plan Component
	Required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	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
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	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, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (check here if included in the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service &

able play	Supporting Document	Related Plan Component
		Self-Sufficiency
	Recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	<p>PHDEP-related documentation: Baseline law enforcement services for public housing developments assisted under the PHDEP plan; Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; Coordination with other law enforcement efforts; Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</p>	Annual Plan: Safety and Crime Prevention
	<p>on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) k here if included in the public housing A & O Policy</p>	Pet Policy
	<p>ults of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings</p>	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	<p>Other supporting documents (optional) (list individually; use as many lines as necessary)</p>	(specify as needed)

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

Liberal Housing Authority	Grant Type and Number Capital Fund Program: KS16PO7250102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY 2000
---------------------------	--	--------------------

Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Annual Statement and Evaluation Report for Period Ending: 3/31/2001 Final Performance and Evaluation Report

Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Original	Revised	Obligated	Expended
Total non-CFP Funds				
5 Operations	3,498		3,498	
3 Management Improvements				
0 Administration				
1 Audit				
5 Liquidated Damages				
0 Fees and Costs				
0 Site Acquisition				
0 Site Improvement				
0 Dwelling Structures	100,000	105,000	90,000	84,062.62
5.1 Dwelling Equipment—Nonexpendable				
0 Nondwelling Structures				
5 Nondwelling Equipment	30,000	25,000	25,000	18,045.00

5 Demolition				
0 Replacement Reserve				
2 Moving to Work Demonstration				
5.1 Relocation Costs				
3 Mod Used for Development				
2 Contingency				
ount of Annual Grant: (sum of lines 2-19)	133,498		133,498	102,107.62
ount of line 20 Related to LBP Activities				
ount of line 20 Related to Section 504 Compliance				
ount of line 20 Related to Security	40,000			
ount of line 20 Related to Energy Conservation asures	10,000			

			Original	Revised	Funds Obligated	Funds Expended	Work
			133,498	133,498	118,498	102,107.62	

Original	Revised	Actual	Original	Revised	Actual	

Small PHA Plan Update Page 16
Table Library

und Program 5-Year Action Plan

table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improv
 e next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, bec
 s included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
Revised statement		
Development Name (indicate PHA wide)		
General Housing Authority		
Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
WATER SYSTEMS	100,000+	10/01/2003
GROUND PROPERTY WITH KEY GUARD ADMISSION; COUNTERTOPS IN FAMILY UNITS; REPLACE MENT	125,000 +	10/01/2004
CONDITIONERS; STORAGE FACILITY AND/OR CLOSET DOORS AND TRACS; IMPROVE PARKLANE TOWERS; GENERAL IMPROVEMENTS AS NEEDED FOR GOOD OPERATIONS	125,000 +	10/01/2005
5 YEARS OLD), UPGRADE LIGHTING IN INCANDESCENT; REPLACE ENTRANCE DOORS ON WITH SLIDERS FOR EASIER ACCESS		
, BUILDING RENOVATION - PAINT/PAPER NT APARTMENT DOORS; POSSIBLE OFFICE SECURITY REASONS AND EASIER ACCESS FOR	125,000+	10/01/2006

n \$130,000 estimated will be used to do minor nd feed general operations.	125,000+	10/01/2007
next 5 years	600,000 +	

PHA Public Housing Drug Elimination Program Plan

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

General Information/History

Amount of PHDEP Grant \$ _____
 Funding type (Indicate with an "x") N1 _____ N2 _____ R _____
 which funding is requested _____

Brief Summary of Annual PHDEP Plan

Below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with the PHDEP Plan. See PHDEP Plan for more information.

Target Area (development or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months). Identify the # of months.

12 Months _____ 18 Months _____ 24 Months _____

Program History

For each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previous grants have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance at the end of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” or “W” for waivers.

PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date

PHDEP Plan Goals and Budget

PHDEP Plan Summary

Below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

PHDEP Budget Summary

Amount of PHDEP funding allocated to each line item.

PHDEP Budget Summary	
	Total Funding
Law Enforcement	
Match	
el	
Investigators	
Patrol	
ments	
osts	
G	

PHDEP Plan Goals and Activities

Below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information on this section.

TA Match	Total PHDEP Funding: \$
-----------------	--------------------------------

Goal(s)							
Objectives							
Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

Security Personnel	Total PHDEP Funding: \$
---------------------------	--------------------------------

Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

	Served						

Employment of Investigators	Total PHDEP Funding: \$
------------------------------------	--------------------------------

Goal(s)	
Objectives	

Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

Voluntary Tenant Patrol	Total PHDEP Funding: \$
--------------------------------	--------------------------------

--	--

Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

Physical Improvements	Total PHDEP Funding: \$
------------------------------	--------------------------------

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Injury Prevention	Total PHDEP Funding: \$
--------------------------	--------------------------------

Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

ug Intervention	Total PHEDEP Funding: \$
------------------------	---------------------------------

Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

ug Treatment	Total PHEDEP Funding: \$
---------------------	---------------------------------

Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

Other Program Costs	Total PHEDEP Funds: \$
---------------------	------------------------

Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

Required Attachment D: 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: **Larry Kerns, Chairman and Jean Weeast, Board member**
- B. How was the resident board member selected: (select one)?
 Elected
 Appointed
- C. The term of appointment is (include the date term expires): **Four Year terms**
Kerns – expires 3/2005 (second four year term)
Weeast – expires 3/2006 (second four year term)
2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? **N/A**
- 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: **3/31/2004**
- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

City Commissioners appoint board members from applications submitted. Next term to expire will be Jean Weeast in 3/2002 and she is eligible for second four year term appointment if willing. Board members can only serve two (2) four year terms and then must remove themselves for at least one year.

Required Attachment E: 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.)

Volunteers from all 99 units. Then members of Board elect Chair

James Coffman – Co-Chair

Joe Pittman – Co-Chair

Jean Weeast

LaVon Thompson

Ida Biggerstaff

Rosie Scott

Jean Finch

George Theye

Board meets once per month.