

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: Housing Authority of Catlettsburg

PHA Number: KY033

PHA Fiscal Year Beginning: 04/01/2003

PHA Plan Contact Information:

Name: Rick L. Young

Phone: 606-739-6851

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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

Annual PHA Plan Fiscal Year 2003

[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.

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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.

The Housing Authority has no substantial deviations or changes to the 2000 Agency Plan.

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? \$211,191

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 FY 2003 Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

e. Capital Fund Program FY 2001 Progress Report

The Capital Fund Program FY 2001 Progress Report is provided as Attachment D

f. Capital Fund Program FY 2002 Progress Report

The Capital Fund program FY 2002 Progress Report is provided as Attachment E

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)
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. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

A. 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 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.

- e. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- f. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year

- g. 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 ____ (Recent merger of PH Drug Elimination program funding with the PH Operating fund does not require small PHA's to complete the PHDEP template as part of their FY2002 Annual Plan Update.)

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) H
- 3. In what manner did the PHA address those comments? (select all that apply)
 - 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 H
 - 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: Commonwealth of Kentucky

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)

In accordance with Notice PIH 2000-43 (HA) the Housing Authority of Catlettsburg is not required to provide this certification as part of the Small PHA Plan Update submission.

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)

The consolidated Plan created a support system and network of providers (local, regional, statewide) that established a broad individually-responsive array of support services directly linked to the provision of safe, decent and affordable housing which mirrors the Housing Authority of Catlettsburg's Agency Plan.

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.

e. Substantial Deviation from the 5-year Plan:

- a. Changes to rent or admissions policies or organization of the waiting list;
- b. Additions of non-emergency work items (items not included in the current Annual Statement or 5-year c.
- c. Action Plan unless more funds received that original plan reflects) or change in the use of replacement reserve funds under the Capital Fund;
- d. Additions of new activities not included in the current PHDEP Plan;

And any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

B. Significant Amendment or Modification to the Annual Plan:

- a. Changes to rent or admissions policies or organization of the waiting list;
- b. Additions on non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan unless more funds received than original plan reflects) or change in the use of replacement reserve funds under the Capital Fund;
- c. Additions of new activities not included in the current PHDEP Plan;
- d. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

D. Voluntary Conversion of Public Housing Stock Initial Assessments.

- a. How many of the PHA's developments are subject to the Required Initial Assessments? 1
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? 1
- c. How many Assessments were conducted for the PHA's covered developments? 1
- d. Identify PHA developments that may be appropriate for conversion based on Required Initial Assessments:

Development Name	Number of Units
Forest Heights	53

Initial Required Assessment was completed August 17, 2001 and is included as Attachment: I

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

E. Deconcentration and Income Mixing

- a. Yes No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. Yes No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name	Number of Units	Explanation (if any) see step 4 at 903.2 (c)(1)(IV)	Deconcentration Policy (if no explanation) see step 5 at 903.2 © (1) (v)

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
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair 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 implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	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
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method 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
X	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
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results 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
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent Progress Report (HUD 52825) for any active Capital Funds for period ending 9/30/02 2001 & 2002 funds.	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	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
X	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 (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	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
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
X	Most 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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	PHDEP-related documentation: <ul style="list-style-type: none"> · 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. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results 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	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional) Voluntary Conversion of Public Housing Stock initial assessment	Annual Plan: Conversion of Public Housing

Attachment B

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of Catlettsburg		Grant Type and Number Capital Fund Program: KY36P033501-03 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: FY03	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)			
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	23,500.00			
4	1410 Administration	13,285.00			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	28,700.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	55,000.00			
10	1460 Dwelling Structures	44,150.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	41,556.00			
13	1475 Nondwelling Equipment	5,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)	211,191.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				

Attachment B

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

PHA Name: Housing Authority of Catlettsburg	Grant Type and Number Capital Fund Program: KY36P033501-03 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: <p style="text-align: center;">FY03</p>
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)

Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 21 Related to Security – Soft Cost				
25	Amount of line 21 Related to Security – Hard Cost	45,900.00			
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of Catlettsburg		Grant Type and Number Capital Fund Program #: KY36P033501-03 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: FY03			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
KY33-02	Paint Emergency Exits	1470	6,400.00					
KY33-02	Replace Drapes	1470	14,956.00					
KY33-02	Replace Generator	1475	5,000.00					

Attachment C

**Capital Fund Program 5-Year Action Plan
Part I: Summary**

PHA Name: H.A. of Catlettsburg		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No.:			
Development Number/Name/HA-Wide	Year 1 2002	Work Statement for Year 2 FFY Grant: KY36P033501-04 PHA FY: 4-01-04	Work Statement for Year 3 FFY Grant: KY36P033501-05 PHA FY: 4-01-05	Work Statement for Year 4 FFY Grant: KY36P033501-06 PHA FY: 4-01-06	Work Statement for Year 5 FFY Grant: KY36P033501-07 PHA FY: 4-01-07
	Annual Statement				
KY33-01					
Forest Heights		99,500.00	47,500.00	89,600.00	-0-
KY33-02					
Grandview Manor		12,500.00	30,000.00	-0-	150,000.00
PHA - Wide		16,500.00	6,500.00		
CFP Funds Listed for 5-year planning		128,500.00	84,000.00	89,600.00	150,000.00
Replacement Housing Factor Funds					

Attachment C

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

Activities for Year 1	Activities for Year: <u>2</u> FFY Grant: KY36P033501-04 PHA FY: 4-01-04			Activities for Year: <u>3</u> FFY Grant: KY36P033501-05 PHA FY Grant: 4-01-05		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	KY33-01 Forest Heights	Add Canopies	79,500.00	KY33-01 Forest Heights	Add Berm	30,000.00
Annual		Replace Sidewalks	20,000.00		Add Shrubs	17,500.00
Statement						
	KY33-02 Grandview	Seal/stripe Drive/Parking	12,500.00	KY33-02 Grandview	Paint Maintenance Area	5,000.00
	Manor			Manor		
	PHA – Wide	Truck	16,500.00	PHA-Wide	Copier	6,500.00
		Total CFP Estimated Cost	128,500.00			84,000.00

Attachment C

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

Activities for Year 1	Activities for Year <u>4</u> FFY Grant: KY36P033501-06 PHA FY: 4-01-06			Activities for Year <u>5</u> FFY Grant: KY36P033501-07 PHA FY: 4-01-07		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
	KY33-01 Forest	Rmv/Rpl Roofs	79,000.00	KY33-01 Forest Heights	No Planned Activity	
See	Heights					
Annual						
Statement						
	KY33-02	No Planned Activity		KY33-02 Grandview Manor	Begin work on adding additional common space	150,000.00
	Grandview Manor					
	PHA-Wide					
		Total CFP Estimated Cost	\$89,600.00			\$150,000.00

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of Catlettsburg		Grant Type and Number Capital Fund Program Grant No: KY36P033501-01 Replacement Housing Factor Grant No:		Federal FT Grant FY01	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: #2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	12,785.00	13,285.00	13,285.00	8,794.74
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	32,500.00	35,875.04	35,875.04	25,192.42
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000.00	2,199.09	2,199.09	2,199.09
10	1460 Dwelling Structures	51,300.00	97,323.30	97,323.30	97,323.30
11	1465.1 Dwelling Equipment—Nonexpendable	36,000.00	36,780.00	36,780.00	36,780.00
12	1470 Nondwelling Structures	63,700.00	36,368.57	36,368.57	
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	3,545.00	-0-		
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency	2,001.00	-0-		
20	Not Used				
21	Amount of Annual Grant: (sum of lines 2 – 20)	221,831.00	221,831.00	221,831.00	170,855.67
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of Catlettsburg		Grant Type and Number Capital Fund Program Grant No: KY36P033501-01 Replacement Housing Factor Grant No:		Federal FT Grant FY01	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: #2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures		46,023.30	46,023.30	46,023.30

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of Catlettsburg			Grant Type and Number Capital Fund Program Grant No: KY36P033501-01 Replacement Housing Factor Grant No:			Federal FY of Grant FY01		
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	Administrative Salary	1410		12,285.00	12,785.00	12,785.00	8,717.76	
	Advertisement	1410		1,000.00	1,000.00	1,000.00	576.98	
	Architect-Engineer See FY02 Budget	1430		14,500.00	12,500.00	12,500.00	9,537.38	
	Management Consultant	1430		14,500.00	14,500.00	14,500.00	6,000.00	
	Agency Plan – 2001	1430		2,500.00	2,500.00	2,500.00	2,500.00	
	Plans – Specifications	1430		1,000.00	710.94	710.94	710.94	
	State Plan Review	1430		-0-	200.00	200.00	200.00	
	Survey	1430		-0-	2,074.00	2,074.00	2,074.00	
	Legal Fees	1430		-0-	1,319.00	1,319.00	1,319.00	
	REAC Inspection	1430		-0-	2,071.10	2,071.10	2,071.10	
KY33-01	Rpl sidewalks/stairs	1450		20,000.00	-0-			
KY33-01	Repair Gas Line deficiencies	1460		-0-	2,177.09	2,177.09	2,177.09	
KY33-01	Add headers-closet doors	1460		51,300.00	51,300.00	51,300.00	51,300.00	
KY33-01	Complete Furnace Rpl/Add Air	1460	12	-0-	46,023.30	46,023.30	46,023.30	
KY33-02	Replace Ranges	1465	60	15,000.00	15,780.00	15,780.00	15,780.00	
KY33-02	Replace Refrigerators	1465	60	21,000.00	21,000.00	21,000.00	21,000.00	
KY33-01	Add Maintenance Building	1470	1	50,000.00	36,368.57	36,358.57		
KY33-02	Install Hose Valves	1470	16	4,800.00	-0-	Moved to 03		
KY33-02	Rpl Pressure Reg on WH	1470	1	2,400.00	-0-	Moved to 03		
KY33-02	Remove Asbestos (mech Room)	1470	Lump Sum	6,500.00	-0-	Moved to 03		

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of Catlettsburg			Grant Type and Number Capital Fund Program Grant No: KY36P033501-01 Replacement Housing Factor Grant No:			Federal FY of Grant FY01		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Replacement Reserve	1490		3,545.00	-0-			
HA-Wide	Contingency	1502		2,001.00	-0-			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Housing Authority of Catlettsburg			Capital Fund Program Grant No. KY36P033501-01			Federal FY of Grant: FY01	
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	
PHA-Wide	12-31-01		11-10-01	6-30-03			
KY33-01	12-31-01		11-10-01	6-30-03			
KY33-02	12-31-01		11-10-01	6-30-03			

ATTACHMENT E

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: Housing Authority of Catlettsburg		Grant Type and Number Capital Fund Program Grant No: KY36P033501-02 Replacement Housing Factor Grant No:			Federal FY of Grant: FY02	
<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: 12-15-02 <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					
3	1408 Management Improvements	1,500.00	1,500.00	1,500.00		
4	1410 Administration	13,342.00	13,342.00	13,342.00		
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	24,500.00	24,500.00	24,500.00		
8	1440 Site Acquisition					
9	1450 Site Improvement	54,299.00	25,000.00	25,000.00		
10	1460 Dwelling Structures	31,550.00	44,500.00	44,500.00		
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures	66,000.00	102,349.00	102,349.00		
13	1475 Nondwelling Equipment	20,000.00	-0-			
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					
19	1501 Collateralization or Debt Service					
20	1502 Contingency					
21	Amount of Annual Grant: (sum of lines 2 – 20)	211,191.00	211,191.00	211,191.00		
22	Amount of line 21 Related to LBP Activities					

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of Catlettsburg		Grant Type and Number Capital Fund Program Grant No: KY36P033501-02 Replacement Housing Factor Grant No:		Federal FY of Grant: FY02	
<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: 12-15-02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of Catlettsburg		Grant Type and Number Capital Fund Program Grant No: KY36P033501-02 Replacement Housing Factor Grant No:				Federal FY of Grant: FY02		
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	Training	1408		1,500.00	1,500.00	1,500.00		
	Administrative Salary	1410		12,342.00	12,342.00	12,342.00		
	Advertisement	1410		1,000.00	1,000.00	1,000.00		
	Architect/Engineer	1430		11,000.00	11,000.00	11,000.00		
	Management Consultant	1430		11,000.00	11,000.00	11,000.00		
	Agency Plan	1430		2,500.00	2,500.00	2,500.00		
KY33-01	Playground Equipment	1450		25,000.00	25,000.00	25,000.00		
KY33-02	Parking Lot	1450		29,299.00	-0-			
KY33-01	Add CO Detector	1460	53	5,300.00	-0-			
KY33-02	Replace Unit Door Hardware/Locks	1460	94	15,750.00	24,700.00	24,700.00		
KY33-02	Replace Kitchen & Entry Hall Lights	1460	188	10,500.00	19,800.00	19,800.00		
KT33-02	Clean/Paint & Seal Exterior Bldg.	1470		18,000.00	-0-			
KY33-01	Enlarge Community Building	1470		48,000.00	-0-			
KY33-01	Complete Maintenance Building	1470		-0-	102,349.00	102,349.00		
PHA-Wide	Passenger Car	1475		20,000.00	-0-	Purchased	With FY00	Funds

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Housing Authority of Catlettsburg		Grant Type and Number Capital Fund Program No: KY36P033501-02 Replacement Housing Factor No:				Federal FY of Grant: FY02	
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	
PHA-Wide	6-30-03		11-19-02	3-31-04			
KY33-01	6-30-03		11-19-02	3-31-04			
KY33-02	6-30-03		11-19-02	3-31-04			

PHA Public Housing Drug Elimination Program Plan

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

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____ **B. Eligibility type (Indicate with an “x”)** N1 _____ N2 _____ R **x**

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space 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

The Housing Authority will contract with the local City Police and a private security firm to provide on-site security patrols at both its development sites (Grandview Manor and Forest Heights) Drug Prevention programs/activities will serve to deter crime and the use of Drugs at Forest Heights.

E. 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 that available in PIC.

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

F. 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. For “Other”, identify the # of months).

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History

Indicate 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 previously funded programs 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 as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

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

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, 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.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables 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 in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding:		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							

2.							
3.							

9120 - Security Personnel					Total PHDEP Funding:		
Goal(s)	Maintain crime levels at or below that of surrounding neighborhood.						
Objectives	Police presence and cameras will serve as a deterrence to criminal activity and enhance the safety of residents.						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$ 2,000		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							

3.							
----	--	--	--	--	--	--	--

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds:		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Required Attachment F : 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: **Jackie Rose**

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): **01/01/2000 – 12/31/2003**

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

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

B. Date of next term expiration of a governing board member: 12/31/03

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): **Roger Hensley – Mayor of the City of Catlettsburg**

Required Attachment G : 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.)

Jackie Rose – Grandview Manor

Annette Laney – Grandview Manor

Elaine McClure – Grandview Manor

Pauletta Jones – Forest Heights

Kimberly Adams – Forest Heights

REQUIRED ATTACHEMENT H : COMMENTS FROM RESIDENT ADVISORY BOARD & PHA RESPONSE

RESIDENT COMMENT/IDEA	HA RESPONSE
<i>Grandview Manor:</i>	
1. Better lighting in bedrooms	Not in 5Yr. Plan, will consider for future funding
2. Room built over main lobby for non-smokers	Not in 5 Yr. Plan
3. Shuffle Boards	Not in Plan, will consider for future funding
4. Removal of large trees and replace with shrubs or smaller trees	Not in Plan.
5. More parking spaces	Currently the HA has no place to expand parking. We are at present trying to buy some adjoining land that if purchased will be used for additional parking.
6. Provide Meal Program	HA has received grant to pay for this program. Scheduled to begin in mid January.
7. Require all visitors to sign in even when accompanied by resident.	HA is for this proposal 100%
8. Walk in showers	Consider for handicap units
9. Higher commodes	Will consider when commode replacements are necessary
10. New drapes	In the 2003 Plan
11. Remodel windows in bedrooms	Not in 5 yr. Plan, not feasible at this time. Windows are not in need of replacement.
12. Add additional lighting beside entrance door.	Not in 5 Yr. Plan. Additional lighting in the kitchen that is scheduled for completion in early spring of this year should add additional lighting to that area.
13. Reduce volume of fire alarm	Volume set to meet fire codes
14. Larger tubs	Not in 5 Yr. Plan, not a feasible consideration at this time.
15. Whirlpool motor for tub	Not in 5 yr. Plan. Other priority needs must be met before considering this.
16. Add carpet for floors in apartments	Not in 5 Yr. Plan. Residents can already have carpet installed if it is not glued down and is removed upon leaving.
17. Construct dividers between living room and	Good Idea. Working on a cost effective way to

bedroom in efficiency apartments.	provide more privacy to efficiency unit. Will consider for future funding.
18. Add additional storage space	Not feasible at this time.
19. Paint apartments	HA has a paint schedule. Residents that want to paint their own apartments must use HA paint
Forest Heights:	
1. Build steps down to parking area in front of apt. 19	This is in the FY 2003 Plan
2. Wire apartments for 220 dryers	In the FY 2003 Plan if cost is feasible
3. Add small brick flower bed for each yard	Not in the 5 Yr. Plan and not a consideration at this time for future funding.
4. Allow residents permission to paint their own apartments and apply border to walls.	HA has a paint schedule but will furnish paint to those residents that want to paint their own apartments. Border cannot be permanently applied with glue and must be removed upon vacating.

Attachment I

August 17, 2001

**HOUSING AUTHORITY OF CATLETTSBURG
ASSESSMENT OF VOLUNTARY CONVERSION OF
DEVELOPMENTS
FROM PUBLIC HOUSING STOCK**

The Housing Authority of Catlettsburg has assessed its two developments and reviewed the voluntary conversion criteria as required by 24 CFR part 972.

Please find below its initial assessment results:

Grandview Manor:

This development is composed of elderly/handicapped and disabled individuals. According to the conversion criteria, this development site is exempt from voluntary conversion.

Forest Heights:

Does not meet the necessary conditions for conversion because it would adversely effect affordable housing in our community based on the following factors:

- **Extensive modernization has been done at this location.**
- **It has a large waiting list.**
- **Housing Authority of Catlettsburg is the only low rent housing in our local community.**

ATTACHMENT J

RESULTS OF THE DECONCENTRATION AND INCOME MIXING ASSESSMENT

Hud revised regulations implementing section 16(a)(3)(B) of the U.S. Housing Act of 1937. These regulations specified the process by which a PHA, as part of its annual planning process and development of an admissions policy, must follow to develop and apply a policy that provides for deconcentration of poverty and income mixing in *certain* public housing developments and to affirmatively further fair housing in admissions.

The new regulations, at 24 CFR Part 903, Subpart A, were issued as the “Rule to Deconcentrate Poverty and Promote Integration in Public Housing; Final Rule” in the Federal Register (65 FR 81214) effective January 22, 2001.

The final rule at 903 (2)(b)(2) describes public housing developments not subject to deconcentration. The rule states that PHA’s with less than 100 general occupancy units are not subject to Deconcentration.

**Grandview Manor is not a “general occupancy” development.
Forest Heights is general occupancy but has less than 100 units.**

Therefore, this rule **exempts** the Housing Authority of Catlettsburg from Deconcentration Policies.