

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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# PHAPlans

5YearPlanforFiscalYears2000 -2004  
AnnualPlanforFiscalYear2003

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBEC OMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan  
Agency Identification**

**PHAName:** The Housing Authority of the City of Lafayette

**PHANumber:** LA005

**PHAFiscalYearBeginning:** 10 /2003

**Public Access to Information**

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

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

**Display Locations For PHA Plans and Supporting Documents**

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

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

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

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

**5-YEAR PLAN**  
**PHAF ISCAL YEARS 2000 -2004**  
 [24CFRPart903.5]

**A.Mission**

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

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)

**B.Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD -suggested objectives or their own, **PHAS ARE STRONGLY EN COURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEAR PERIOD.** (Quantifiable measures would include target sets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the space to the right of or below the stated objectives.

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

- PHA Goal: Expand the supply of assisted housing  
 Objectives:
  - Apply for additional rental vouchers:
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)
- PHA Goal: Improve the quality of assisted housing  
 Objectives:
  - Improve public housing management: (PHAS score)
  - Improve voucher management: (SEMAP score)
  - Increase customer satisfaction:
  - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
  - Renovate or modernize public housing units:
  - Demolish or dispose of obsolete public housing:

- Provide replacement public housing:
- Provide replacement vouchers:
- Other:(list below)

PHA Goal: Increase assisted housing choices

Objectives:

- Provide voucher mobility counseling:
- Conduct outreach effort to potential voucher landlords
- Increase voucher payment standards
- Implement voucher homeownership program:
- Implement public housing or other homeownership programs:
- Implement public housing site -based waiting lists:
- Convert public housing to vouchers:
- Other:(list below)

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

PHA Goal: Provide an improved living environment

Objectives:

- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- Implement public housing security improvements:
- Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- Other:(list below)

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

PHA Goal: Promote self -sufficiency and asset development of assisted households

Objectives:

- Increase the number and percentage of employed persons in assisted families:
- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other:(list below)

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

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:
  - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability:
  - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability:
  - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
  - Other: (list below)

**Other PHA Goals and Objectives: (list below)**

**AnnualPHAPlan**  
**PHAFiscalYear2000**  
[24CFRPart903.7]

**i. AnnualPlanType:**

SelectwhichtypeofAnnualPlanthePHAwillsubmit.

**StandardPlan**

**StreamlinedPlan:**

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

**TroubledAgencyPlan**

**ii. ExecutiveSummary oftheAnnualPHAPlan**

[24CFRPart903.79(r)]

InCompliancewithSection511oftheQualityHousingandWorkResponsibilityAct(QHWRA)of 1998andensuringHUDrequirements,theLafayetteHousingAuthority(LHA)haspreparedthis AgencyPlanforsubmissiontotheU.S.DepartmentofHousingandUrbanDevelopment.LHAAgency PlanisintheformofastandardplanasprovidedforintheQHWRA.AprimarygoalofthePHAisto provideandmaintainqualityaffordablehousinginaprofessionalandfiscallyp rudentmannerfreefrom discrimination.TheAnnualPlanwasdevelopedwiththatgoalinmind,anumberoftheprovisionsthat havebeenformulatedreflectthatandotherobjectivesthatwillhavetobeaccomplishedtoachieveth statedmissionoftheLaf ayyetteHousingAuthority.ThePHAhasadoptedapolicytoprovidefor deconcentrationofpovertyandencourage lowerincomemixingbybringinghigherincomefamiliesinto lowerincomedevelopmentsandlowerincomefamiliesinto higherincomedevelopments .Towardsthe end,thePHAwillskipfamiliesonthewaitinglisttoreachotherfamilieswithalowerincomeorhigher income.Thispolicywillbeimplementedinauniformandnon -discriminatorymanner.ThePHAhas instituteseveralrentaloptionsdesi gnedtoincreaseflexibilityandencouragemovementfromwelfareto workaccordingtoSection508ofQHWRA.Therewillbenoincreaseintheirrentforthethirdyear. ThePHAwillretainthecalculatiofrentpaymentatthegreaterof30%oftheadjus tedmonthly incomeor10%ofthegrossmonthlyincome,andwillretaintheexistingceilingrentpolicyandamounts.

**iii. AnnualPlanTableofContents**

[24CFRPart903.79(r)]

ProvideatableofcontentsfortheAnnualPlan ,includingattachments,andalist ofsupporting documentsavailableforpublicinspection .

## Table of Contents

	<u>Page#</u>
<b>Annual Plan</b>	
i. Executive Summary	1
ii. Table of Contents	2
1. Housing Needs	5
2. Financial Resources	10
3. Policies on Eligibility, Selection and Admissions	11
4. Rent Determination Policies	21
5. Operations and Management Policies	25
6. Grievance Procedures	26
7. Capital Improvement Needs	27
8. Demolition and Disposition	29
9. Designation of Housing	30
10. Conversions of Public Housing	31
11. Homeownership	32
12. Community Service Programs	34
13. Crime and Safety	38
14. Pets (Inactive for January 1 PHAs)	40
15. Civil Rights Certifications (included with PHA Plan Certifications)	40
16. Audit	40
17. Asset Management	41
18. Other Information	42

### Attachments

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

#### Required Attachments:

- Admissions Policy for Deconcentration (Attachment A)
- FY2001 Capital Fund Program Annual Statement ( Attachment B)
- 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
- FY2000 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

## Supporting Documents Available for Review

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

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	Section 8 rent determination (payment standard) policies <input checked="" 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	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 checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
	The HUD - approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	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
X	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
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted	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>
	under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the result of that audit and the PHA's response to any findings	
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Others supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## **1. Statement of Housing Needs**

[24 CFR Part 903.79(a)]

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

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

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford- ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access- ibility</b>	<b>Size</b>	<b>Loca- tion</b>
Income ≤ 30% of AMI	5726						
Income > 30% but ≤ 50% of AMI	3287						
Income > 50% but < 80% of AMI	4248						
Elderly	1324						
Families with Disabilities	N/A						
Race/Ethnicity	624						
Race/Ethnicity	47505						
Race/Ethnicity	11280						
Race/Ethnicity	883						

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: 1998
- 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.** PHA 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 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/jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	640		150
Extremely low income <= 30% AMI	320	50%	
Very low income (> 30% but <= 50% AMI)	122	19%	
Low income (> 50% but < 80%)	6	1%	

Housing Needs of Families on the Waiting List			
AMI)			
Families with children	570	89%	
Elderly families	26	4%	
Families with Disabilities	45	7%	
Race/ethnicity	64	10%	
Race/ethnicity	518	81%	
Race/ethnicity	12	2%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)	N/A		
1BR			
2BR			
3BR			
4BR			
5BR			
5+BR			
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)? 24			
Does the PHA expect to open the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families on the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

### C. Strategy for Addressing Needs

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

#### (1) Strategies

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

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off -line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed financed development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease -uprates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease -uprates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease -uprates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

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

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resource 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 ator below 30% of median**

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

Select all that apply

- Exceed HUD federal targeting requirements for families ator below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families ator 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 ator below 50% of median**

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

Select all that apply

- Employment administration 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 voucher 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 voucher targeted to families with disabilities, should they become available
- Affirmatively market to local non -profit agencies that assist families with disabilities
- Other: (list below)

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

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

Select if applicable

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

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

Select all that apply

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

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

**(2) Reasons for Selecting Strategies**

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

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

[24CFR Part 903.79(b)]

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

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2000 grants)</b>		
a) Public Housing Operating Fund	820,371	
b) Public Housing Capital Fund	1,770,705	

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
c) HOPEVI Revitalization	N/A	
d) HOPEVI Demolition	N/A	
e) Annual Contributions for Section 8 Tenant -Based Assistance	4,070,162	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	N/A	
g) Resident Opportunity and Self - Sufficiency Grants	N/A	
h) Community Development Block Grant	N/A	
i) HOME	N/A	
Other Federal Grants (list below)	N/A	
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>	N/A	
<b>3. Public Housing Dwelling Rental Income</b>	938,930	Public Housing Supportive Services
<b>4. Other income (list below)</b>		
Excess Utilities	78,000	Utility Payments
<b>4. Non -federal sources (list below)</b>		Employee Benefits
<b>Interest</b>	6,320	
Late Charges	16,320	
<b>Work Orders</b>	13,030	
Evictions	4,650	
Clean Up	8,230	
Total	48,550	
<b>Total resources</b>	<b>7,726,718</b>	

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

## **A. Public Housing**

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

### **(1) Eligibility**

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

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

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

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

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

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

### **(2) Waiting List Organization**

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

- Community-wide list
- Sub-jurisdictional lists
- Site-based waiting lists
- Other (describe) The housing authority utilizes a citywide method to organize its waiting list.

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

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

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

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

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

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

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

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

### **(3) Assignment**

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

- One
- Two
- Three or More

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

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

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

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Household that contributes to meeting income goals (broad range of incomes)
- Household that contributes 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) Random selection/with Executive Director's approval

3. If the PHA will employ admission 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 soon. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a points system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- 2 Household that contribute to meeting income goals (broad range of incomes)
- 2 Household that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- 1 Victims of reprisals or hate crimes
- 2 Other preference(s) (list below) Random selection/with Executive Director’s approval

4. Relationship of preferences to income targeting requirements:

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

**(5) Occupancy**

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

- The PHA - resident lease
- The PHA’s Admissions and (Continued) Occupancy policy
- PHA briefing seminars or written materials
- Other source (list)

b. How often must residents notify the PHA of changes in family composition?

(select all that apply)

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

**(6) Deconcentration and Income Mixing**

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

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

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

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

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

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

- Additional affirmative marketing
- Actions to improve the marketability of certain developments

- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)

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

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

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

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

## B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub -component 3B.

**Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### (1) Eligibility

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

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

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

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

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

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

- Criminal or drug -related activity  
 Other (describe below)

**(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 (list below)

**(3) Search Time**

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

If yes, state circumstances below: Client must have submitted a request for lease approval within the required 60 day period.

**(4) Admissions Preferences**

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Household that contribute to meeting income goals (broad range of incomes)
- Household 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) Random Selection / with Executive Director's approval

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability

- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Household that contribute to meeting income goals (broad range of incomes)
- Household that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- 1 Victims of reprisals or hate crimes
- 1 Other preference(s) (list below) Random Selection/with Executive Director's approval

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

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

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

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

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

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

**(5) Special Purpose Section 8 Assistance Programs**

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

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

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

- Through published notices
- Other (list below)

## **4.PHARentDeterminationPolicies**

[24CFRPart903.79(d)]

### **A.PublicHousing**

Exemptions:PHAsthatdonotadministerpublichousingarenotrequiredto completesub -component  
4A.

#### **(1)Incom eBasedRentPolicies**

Describe thePHA'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)

- ThePHA 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---

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

b. Minimum Rent

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

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

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

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

- A. Head of Household**  
**B. Welfare Time Limit has expired**  
**C. No at fault Loss of Income**

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

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

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

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

For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent -setting policy)  
If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent -setting policy)  
If yes, state percentage/s and circumstance below:

For household heads

For other family members

For transportation expenses

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

Other (describe below) New Admissions

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 re-examinations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

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

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

**(2) Flat Rents**

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

- The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood

Other(list/describe below)

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

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

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

Describe the voucher payment standards and policies .

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

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

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

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

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)

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

- Annually
- Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- Success rates of assisted families
- Rent burdens of assisted families
- Other (list below) Open Market Rent

**(2) Minimum Rent**

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

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

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

1. Head of Household death
2. Welfare time limit has expired
3. No fault loss of income

**5. Operations and Management**

[24 CFR Part 903.79(e)]

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

**A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

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

**B. HUD Programs Under PHA Management**

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover

PublicHousing	572	120
Section8Vouchers	952	96
Section8Certificates	N/A	
Section8ModRehab	N/A	
SpecialPurposeSection 8Certificates/Vouchers (listindividually)		
PublicHousingDrug EliminationProgram (PHDEP)		
OtherFederal 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)
  - a. Admission and continued occupancy policy, Resident Handbook, and lease;
  - b. Maintenance Plan, itemized work order cost list

- (2) Section 8 Management: (list below)
  - a. Administrative Plan
  - b. Briefing Packet

### **6. PHA Grievance Procedures**

[24 CFR Part 903.79(f)]

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

**A. Public Housing**

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

If yes, list additions to federal requirements below:

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

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

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

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office
- Other (list below)

**7. Capital Improvement Needs**

[24CFR Part 903.79(g)]

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

**A. Capital Fund Activities**

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

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

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long -term physical and social viability

of its public housing developments. This statement can be completed by using the Statement tables provided in the table library at the end of the PHA Plan template option, by completing and attaching a properly updated HUD -52837.

CFP Annual  
OR, at the PHA's

Select one:

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

-or-

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

**(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 PHA providing an optional 5 -Year Action Plan for the Capital Fund? (if no, skip to sub -component 7B)

b. If yes to question a, select one:

The Capital Fund Program 5 -Year Action Plan is provided as an attachment to the PHA Plan at Attachment "D" LA005b01

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

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

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

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)

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

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

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

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

## **8. Demolition and Disposition**

[24CFR Part 90.3.79(h)]

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

1.  Yes  No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 180 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.)

### 2. Activity Description

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

<b>Demolition/Disposition Activity Description</b>
1a. Development name:

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

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

[24CFR Part 903.79(i)]

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

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

2. Activity Description

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

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

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

[24CFR Part 903.79(j)]

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

### **A. Assessments of Reasonable Revitalization Pursuant to Section 202 of the HUD FY1996 HUD Appropriations Act**

1.  Yes  No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete as 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) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPEVI demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPEVI revitalization Plan (date submitted or approved: _____) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

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

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

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

[24 CFR Part 903.79(k)]

**A. Public Housing**

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

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

2. Activity Description

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

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPEI <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the U.S.H.A 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:

1. Each participant must be enrolled in the FSS Program

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

[24 CFR Part 903.79(1)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8 - Only PHAs are not required to complete sub -component C.

### A. PHA Coordination with the Welfare (TANF) Agency

#### 1. Cooperative agreements:

- Yes  No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive

services(ascontemplatedbysection12(d)(7)oftheHousingAct of1937)?

Ifyes,whatwasthedatethatagreementwassigned? DD/MM/YY

2.OthercoordinationeffortsbetweenthePHAandTANFagency(selectallthat apply)

- Clientreferrals
- Informationsharingregardingmutualclients(forrentdeterminationsand otherwise)
- Coordinatetheprovisionofspecificsocialandself-sufficiencyservicesand programstoeligiblefamilies
- Jointlyadministerprograms
- Partner to administer a HUD Welfare-to-Work voucher program
- Jointadministrationofotherdemonstrationprogram
- Other(describe)

**B. Servicesandprogramsofferedtoresidentsandparticipants**

**(1)General**

a.Self-SufficiencyPolicies

Which,ifanyofthefollowingdiscretionarypolicieswillthePHAemployto enhancetheeconomicandsocialself-sufficiencyofassistedfamiliesinthe followingareas?(selectallthatapply)

- Publichousingrentdeterminationpolicies
- Publichousingadmissionspolicies
- Section8admissionspolicies
- Preferenceinadmissiontosection8forcertainpublichousingfamilies
- Preferencesforfamiliesworkingor engagingintrainingoreducation programsfornon-housingprogramsoperatedorcoordinatedbythe PHA
- Preference/eligibilityforpublichousinghomeownershipoption participation
- Preference/eligibilityforsection8homeownershipoptionparticipation
- Otherpolicies(listbelow)

b.EconomicandSocialself-sufficiencyprograms

- Yes  No: DoesthePHAcoordinate,promoteorprovideany programstoenhancetheeconomicandsocialself-sufficiencyofresidents?(If“yes”,completethefollowing table;if“no”skiptosub-component2,FamilySelf

Sufficiency Programs. The position of the table may be altered to facilitate its use.)

<b>Services and Programs</b>				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office/ PHA main office/ other provider name)	Eligibility (public housing or section 8 participants or both)
<i>Youth Education Program (Tutorial Program) focuses on students assignments, keeping track of students progress in school, and discipline</i>	<i>120 students</i>	<i>No waiting list: Students must in grades 1 -8 and living in Public Housing</i>	<i>Provided at Macon, MLK, Simcoe, and living in Public Housing</i>	<i>Both</i>
Fire Prevention/Intervention Program inform the residents of taking safety measures to prevent fires. The residents	250	All residents of all ages are allowed	All Developments	Both
Vita Program /an Adult Reading program that improves reading skills	7	Participants cannot be enrolled in high school and must be sixteen years old or older	Moss Street, MLK, and Macon Road Developments. The LHA and the Consolidated Government Public Library	Both
Summer Enrichment Program. A program for students who have behavioral or academic problems during the prior school year. The students encounter academic instruction, computer classes, usage of public library, and other educational field trips.	60	Students between the ages of 9 -14. Only students with academic or behavioral problems during the prior school year.	All developments.	Both
Food Net/a feeding program that provides commodities to the residents	80	A program for residents who meet income qualification that is determined and monitored by Food Net.	Local Church and transportation provided by LHA	Both
Operation Bootstrap (resident to work program) A program designed to empower the residents with the importance and the understanding of becoming self-sufficient, enhance their job readiness skills. LHA provides	6	Residents who pay minimum rent and/or who are unemployed	Various departments throughout the agency	Both

several residents jobs within the agency.				

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

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	N/A	N/A
Section 8	57	26

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

**C. Welfare Benefit Reductions**

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

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

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

### **13.PHASafetyandCrimePreventionMeasures**

[24CFRPart903.79(m)]

ExemptionsfromComponent13:HighperformingandsmallPHAsnotparticipatinginPHDEPand Section8OnlyPHAsmayskiptocomponent15.High PerformingandsmallPHAs thatare participatinginPHDEPandaresubmittingaPHDEPPlanwiththisPHAPlanmayskiptosub componentD.

#### **A.Needformeasurestoensurethesafetyofpublichousingresidents**

1.Describetheneedformeasurestoensurethesafetyofpublichousingresidents (selectallthatapply)

- Highincidenceofviolentand/or drug -relatedcrimeinsomeorallofthePHA's developments
- Highincidenceofviolentand/or drug -relatedcrimeinthea reassurroundingor adjacenttothePHA'sdevelopments
- Residentsfearfulfortheirsafetyand/orthesafetyoftheirchildren
- Observedlower -levelcrime,vandalismand/orgraffiti
- Peopleonwaitinglist unwillingtomoveintooneormoredevelopmentsdueto perceivedand/oractuallevelsofviolentand/or drug -relatedcrime
- Other(describellow)

2.WhatinformationordatadidthePHAusedtodeterminetheneedforPHAactions toimprovesafetyofresidents(selectallthatapply).

- Safetyandsecuritysurveyofresidents
- Analysisofcrimestatisticsovertimeforcrimescommitted“inandaround” publichousingauthority
- Analysis ofcosttrendsovertimeforrepairofvandalismandremovalofgraffiti
- Residentreports
- PHAemployeereports
- Policereports
- Demonstrable,quantifiablesuccesswithpreviousorongoing anticrime/anti drugprograms
- Other(describellow)

2. Which developmentsaremostaffected? (listbelow)

AllDevelopmentsMLK,Simcoe,Moss,Macon,Irene,andC.O.Circle

#### **B.CrimeandDrugPreventionactivities thePHAhasundertakenorplansto undertakeinthenextPHAfiscalyear**

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

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

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

All Developments MLK, Moss, Simcoe, Irene, Macon, and C.O. Circle

### C. Coordination between PHA and the police

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

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

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

All Developments

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

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

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

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

[24CFR Part 903.79(n)]

SEE ATTACHMENT "J"

## **15. Civil Rights Certifications**

[24CFR Part 903.79(o)]

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

## **16. Fiscal Audit**

[24CFR Part 903.79(p)]

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

## **17. PHA Asset Management**

[24CFR Part 903.79(q)]

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

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

Other:(listbelow)

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

## **18. Other Information**

[24CFR Part 903.7 9(r)]

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

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

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

Attached as Attachment (Filename)

Provided below:

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

Considered comments, but determined that no changes to the PHA Plan were necessary.

The PHA changed portions of the PHA Plan in response to comments  
List changes below:

Other:(listbelow)

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

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

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

3. Description of Resident Election Process

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)

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: **(Lafayette Consolidated Government )**

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 the initiatives contained in the Consolidated Plan. ( list below)
- Other: (list below)

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

Both have been developed to achieve the national statutory goals of providing for extremely low -low, and moderate income residents a decent, suitable, and affordable housing opportunity.

**D. Other Information Required by HUD**

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

## Attachments

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

# PHA Plan Table Library

## Component 7 Capital Fund Program Annual Statement Parts I, II, and III

### Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number LA48P00550103 FFY of Grant Approval: (9/2003)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non -CGP Funds	0.00
2	1406 Operations	116,800
3	1408 Management Improvements	168,500
4	1410 Administration	47,000
5	1411 Audit	0
6	1415 Liquidated Damages	0
7	1430 Fees and Costs	35,000
8	1440 Site Acquisition	0
9	1450 Site Improvement	84,500
10	1460 Dwelling Structures	302,500
11	1465.1 Dwelling Equipment -Nonexpendable	30,200
12	1470 Nondwelling Structures	45,000
13	1475 Nondwelling Equipment	32,500
14	1485 Demolition	0
15	1490 Replacement Reserve	0
16	1492 Moving to Work Demonstration	0
17	1495.1 Relocation Costs	2,500
18	1498 Mod Used for Development	0
19	1502 Contingency	0
20	<b>Amount of Annual Grant (Sum of lines 2 -19)</b>	<b>864,500</b>
21	Amount of line 20 Related to LBP Activities	0
22	Amount of line 20 Related to Section 504 Compliance	0
23	Amount of line 20 Related to Security	0
24	Amount of line 20 Related to Energy Conservation Measures	0

**AnnualStatement  
CapitalFundProgram(CFP)PartII:SupportingTable**

Development Number/Name HA-WideActivities	GeneralDescriptionofMajorWork Categories	Development Account Number	Total Estimated Cost
	SEE2003ANNUALP LANand CAPITALFUNDPROGRAM		

**AnnualStatement  
CapitalFundProgram(CFP) PartIII:ImplementationSchedule**

Development Number/Name HA-WideActivities	AllFundsObligated (QuarterEndingDate)	AllFundsExpended (QuarterEndingDate)

## Optional Table for 5 -Year Action Plan for Capital Fund (Component 7)

Complete one 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 improvements planned in the 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, because this information is included in the Capital Fund Program Annual Statement.

Optional 5 -Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Total estimated cost over next 5 years</b>				



**Annual Statement-Performance and Evaluation Report  
Capital Fund Program (CFP)  
Part I: Summary**

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

HA Name: <b>LAFAYETTE HOUSING AUTHORITY</b>	Capital Fund Grant Number <b>LA48P00550103</b>	FFY of Grant Approval <b>2003</b>
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<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	Revised Annual Statement (Revision Number <input type="checkbox"/> )
<input type="checkbox"/> Performance & Evaluation Report for Program Year 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-CGPF Funds	0.00			
2	1406 Operations	116,800.00			
3	1408 Management Improvements Soft Costs	153,500.00			
	Management Improvements Hard Costs	15,000.00			
4	1410 Administration	47,000.00			
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	35,000.00			
8	1440 Acquisition	0.00			
9	1450 Site Improvement	84,500.00			
10	1460 Dwelling Structures	302,500.00			
11	1465.1 Dwelling Equipment-Nonexpendable	30,200.00			
12	1470 Nondwelling Structures	45,000.00			
13	1475 Nondwelling Equipment	32,500.00			
14	1485 Demolition	0.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration	0.00			
17	1495.1 Relocation Costs	2,500.00			
18	1498 Development Activities	0.00			
19	1501 Collateralization Expenses or Debt Service	0.00			
20	1502 Contingency (May not exceed 8% of line 20)	0.00			
21	<b>Amount of Annual Grant (Sum of Lines 2-19)</b>	<b>864,500.00</b>			
22	Amount of Line 21 Related to LBP Activities	0.00			
23	Amount of Line 21 Related to Section 504 Compliance	0.00			
24	Amount of Line 21 Related to Security Soft Costs	0.00			
25	Amount of Line 21 Related to Security Hard Costs	0.00			
26	Amount of Line 21 Related to Energy Conservation Measures	0.00			
		0.00			
		0.00			

Signature of Executive Director and Date  WALTER GUILLORY July 10, 2003	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement-Performance and Evaluation Report  
Capital Fund Program(CFP)  
Part II: Supporting Pages**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing LAFAYETTE HA 2003**

HAName: <b>LAFAYETTE HOUSING AUTHORITY</b>				Capital Fund Grant Number <b>LA48P00550103</b>		FFY of Grant Approval <b>2003</b>		
Number/Name	General Description of Major Work Categories	Development Acct. Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Propose Wo
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)	
	<b>1465 DWELLING EQUIP</b> A. APPLIANCES B. FIRE EXTINGUISHERS  TOTAL 1465	<b>1465</b>		15,200 15,000 30,200				
	<b>1470 NON-DWELLING STRUCTURES</b> MODIFY STORAGE AREA IN NEW MAINT BLDG RENOVATE EXIST MAINT AREA FOR MEETING ROOM/WORK AREA  TOTAL 1470	<b>1470</b>		20,000 25,000 45,000				
	<b>1475 NON-DWELLING EQUIPMENT</b> WHEELED TRASH CONTAINERS (325 @ \$85) LAWN EQUIP  TOTAL 1475	<b>1475</b>		27,500 5,000 32,500				
	<b>1495 RELOCATION</b>	<b>1495</b>		2,500				
	<b>1502 CONTINGENCY</b>	<b>1502</b>		0				
	<b>1430 FEES AND COSTS</b> A. A/FEEES B. CONTRACT ACCOUNTING C. CFP ANNUAL STATEMENT D. PRINTING OF PLANS E. ADV/RECORDATION/MISC COSTS  TOTAL 1430	<b>1430</b>		25,000 6,000 2,500 1,000 500 35,000				
PAGETOTAL				131,700				
1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.				2) To be completed for the Performance and Evaluation Report				
Signature of Executive Director and Date				Signature of Public Housing Director/Office of Native American Programs Administrator and Date				

**Annual Statement-Performance and Evaluation Report  
Capital Fund Program (CFP)  
Part III: Implementation Schedule**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing **LAFAYETTEHA2003**

HAName: <b>LAFAYETTEHOUSINGAUTHORITY</b>			Capital Fund Grant Number <b>LA48P00550103</b>	FFY of Grant Approval <b>2003</b>
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Number/Name	All Funds Obligated (Qtr Ending Date)			All Funds Expended (Qtr Ending Date)			Reasons for Revised target Dates
	Original	Revised(1)	Actual(2)	Original	Revised(1)	Actual(2)	
MOSS	09/30/05			09/30/06			
MOSS	09/30/05			09/30/06			
SIMCOE	09/30/05			09/30/06			
MACONRD	09/30/05			09/30/06			
C.O.CIRCLE	09/30/05			09/30/06			
MLK	09/30/05			09/30/06			
IRENE	09/30/05			09/30/06			
PHAWIDE	09/30/05			09/30/06			

1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.	2) To be completed for the Performance and Evaluation Report
Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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**Proposed Five-Year Action Plan  
Part I: Summary**

FY2003-FY2007

**Attachment "C"**

LA005c03XLS

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

LAFAYETTEHA2003

**Capital Fund Program (CFP)**

HAName: <b>LAFAYETTE HOUSING AUTHORITY</b>		Locality: (City/County & State) LAFAYETTE, LAFAYETTE, LOUISIANA		Original X	Revision No. _____
A. DEVELOPMENT NUMBER/NAME	Work Statement For Year 1 FFY:2003	Work Statement for Year 2 FFY:2004	Work Statement for Year 3 FFY:2005	Work Statement for Year 4 FFY:2006	Work Statement for Year 5 FFY:2007
GENSITWORK	<b>See Annual Statement</b>	37,500	37,500	48,500	53,500
MOSSST		7,500	30,000	36,000	42,000
SIMCOEST		23,000	36,000	36,000	42,000
MACONRD		32,500	72,000	76,500	62,750
MLK		30,000	104,000	96,500	64,000
COCIRCLE		0	18,000	43,000	91,000
IRENE		0	18,000	103,000	78,000
PHAWIDE		5,000	5,000	3,500	3,500
SUBTOTAL DWELLING IMPROVEMENTS		135,500	320,500	443,000	436,750
APPLIANCES		20,000	12,000	14,000	14,000
NON-DWELLING EQUIP		10,000	32,000	32,000	28,000
RELOCATION		2,500	2,500	2,500	2,500
B. SUBTOTAL		168,000	367,000	491,500	481,250
C. MANAGEMENT IMPROVEMENTS		168,500	168,500	168,500	168,500
D. HA-WIDENON DWELLING BUILDINGS		325,000	125,000	0	10,000
E. ADMINISTRATION		47,000	47,000	47,000	47,000
F. FEES AND COSTS	46,500	46,500	46,500	46,500	
G. OPERATIONS	110,800	110,800	110,800	110,800	
H. DEMOLITION	0	0	0	0	
I. REPLACEMENT RESERVE	0	0	0	0	
J. MOD USED FOR DEVELOPMENT	0	0	0	0	
K. TOTAL CFP FUNDS	865,800	864,800	864,300	864,050	
L. TOTAL NON-CFP FUNDS	0	0	0	0	
M. GRAND TOTAL	<b>865,800</b>	<b>864,800</b>	<b>864,300</b>	<b>864,050</b>	
Signature of Executive Director and Date  WALTER GUILLORY			Signature of Public Housing Director/Office of Native American Programs Administrator and Date  July 10, 2003		

**Proposed Five-Year Action Plan  
Part II: Supporting Pages  
Physical Needs Work Statement(s)  
Capital Fund Program (CFP)**

OMB Approval No. 2577-015

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

**LAFAYETTE HA 2003**

Work Statement FFY:2003	Work Statement for Year 2 <b>FFY:2004</b>				
	off Major Work Categories	Quantity	Estimated Cost	off Major Work Categories	
<b>See Annual Statement</b>	<b>SITE IMPROVEMENTS</b>			<b>MLK DWELL IMPROVEMENTS</b>	
	MISC SITE WORK FOR BLDGS		5,000	REVENT WATER HEATERS	
	SIDEWALK REPAIR		5,000	MLK TOTAL	50,000
	FENCING		10,000		
	INSTALL CLEANOUTS (282)		7,500		
	LANDSCAPING / DIRT FILL		10,000		
	SITE WORK TOTAL		37,500		
	<b>MOSST DWELL IMPROVEMENTS</b>			<b>C.O. CIRCLE DWELL IMPROVEMENTS</b>	
	REPLACE DOOR LOCKS (DEADBOLTS)		7,500	C.O. CIRCLE TOTAL	
	MOSSTOTAL		7,500		
	<b>SIMCOE DWELL IMPROVEMENTS</b>			<b>IRENE DWELL IMPROVEMENTS</b>	
	REPLACE DOOR LOCKS (DEADBOLTS)		5,000	IRENE TOTAL	
	SEAL EXTERIOR WALLS OF 15 BLDGS		18,000	<b>NON DWELLING BUILDINGS</b>	
	SIMCOE TOTAL		23,000	COMMUNITY BLDG	
	<b>MACONRD DWELL IMPROVEMENTS</b>			<b>DWELLEQUIP</b>	
	STABILIZE SLAB FOUNDATION		25,000	APPLIANCES	
	REPLACE WATER HEATERS		7,500	<b>NON DWELLEQUIP</b>	
	MACON TOTAL		32,500	LAWN / MAINT / SHOPEQUIP	
	<b>PHAWIDE</b>				
	REPLACE 30 KITCHEN HOODS		5,000		
WINDOW BLINDS					
	Col Subtotal of Estimated Cost		<b>\$35,500</b>	Col Subtotal of Estimated Cost	

**Proposed Five-Year Action Plan  
Part II: Supporting Pages  
Physical Needs Work Statement(s)  
Capital Fund Program (CFP)**

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

**LAFAYETTE HA**

Estimated Cost	Work Statement FFY:2003	Work Statement for Year 3				
		of Major Work Categories	Quantity	Estimated Cost	of Major Work Categories	
		<b>SITE IMPROVEMENTS</b>			<b>MLK</b>	
30,000	<b>See Annual Statement</b>	MISC SITE WORK FOR BLDGS		5,000	BATHROOM/KITCHEN RENOVATIONS (12)	
30,000		SIDEWALK REPAIR		5,000	REPLACE FLOOR TILE (12)	
		FENCING		10,000	PAINT BEDROOMS IN 12 UNITS	
		INSTALL CLEANOUTS (282)		7,500	REPLACE INTERIOR DOORS (40)	
		LANDSCAPING/DIRT FILL		10,000	REPLACE INTERIOR LOCKSETS	
		SITE WORK TOTAL		37,500	UTILITY ROOM RENOVATION	
					MLK TOTAL	
			<b>MOSS ST</b>			<b>C.O. CIRCLE</b>
0			STRIP PAINT/SEAL/PAINT INTERIOR	10	30,000	INSTALL CENTRAL A/C UNITS (INCL INSUL+ELEC) (4 UNITS)
			MOSSTOTAL		30,000	C.O. CIRCLE TOTAL
		<b>SIMCOE</b>				
		STRIP PAINT/SEAL/PAINT INTERIOR	10	30,000		
		REPLACE INTERIOR DOORS (20)		3,000		
		REPLACE INTERIOR LOCKSETS		3,000	<b>IRENE</b>	
0		SIMCOE TOTAL		36,000	INSTALL CENTRAL A/C UNITS (INCL INSUL+ELEC) (4 UNITS)	
					IRENE TOTAL	
		<b>MACON ROAD</b>			<b>NON DWELLING BUILDINGS</b>	
325,000		REPLACE FLOOR TILE (8)		15,000	COMMUNITY BLDG	
		REPLACE 10 EXT DOORS		7,500		
		WEATHER-STRIP DOORS		5,000		
		PAINT BEDROOMS IN 12 UNITS		12,000	<b>DWELLEQUIP</b>	
20,000		REPLACE DOOR LOCKS (DEADBOLTS)		14,500	APPLIANCES	
		REPLACE DRAIN BASKETS		18,000		
		MACON TOTAL		72,000	<b>NON DWELLEQUIP</b>	
10,000					LAWN/MAINT SHOPEQUIP	
		<b>PHAWIDE</b>			MAINT TRUCK	
10,000		REPLACE 30 KITCHEN HOODS		5,000		
<b>\$355,000</b>				<b>\$138,000</b>		

Col Subtotal of Estimated Cost

Col Subtotal of E





**Proposed Five-Year Action Plan  
Part III: Supporting Pages  
Management Needs Work Statement(s)  
Capital Fund Program (CFP)**

U.S. Department of Housing and U  
Office of Public and Indian Housing

ent

LAFAYETTE HA2003

Categories	Quantity	Estimated Cost	Work Statement FFY:2003	Work Statement for Year 2 FFY:2004		
				of Major Work Categories	Quantity	Estimated Cost
		22,000	<b>See Statement</b>	<b>OPERATIONS</b>		<b>OPERATIONS</b>
		12,000		A. INSURANCE, STAFF SALARIES	24,000	A. INSURANCE, ST
JSUL+ELEC)(4UNITS)	12	18,000		B. TENMAST COMPUTER CONSULTANT	5,000	B. TENMASTCOMF
		12,000		C. LOCAL COMPUTER CONSULTANT (MISSY HICKS)	3,000	C. LOCAL COMPUT
		64,000		D. ACCOUNT CLERK (OPERATING ACCOUNT)	12,000	D. ACCOUNT CLER
				E. RESIDENT INITIATIVE COORDINATOR (INCLFICA, ETC)	36,800	E. RESIDENT INITI
				F. CONTRACT ACCOUNTING (OPERATING ACCOUNT)	30,000	F. CONTRACT ACC
				TOTAL 1406	110,800	
				<b>MANAGEMENT IMPROVEMENTS</b>		<b>MANAGEMENT IM</b>
JSUL+ELEC)(4UNITS)	25	18,000		A. SECURITY PATROL	48,000	A. SECURITY PATF
		25,000		B. STAFF/RESIDENT TRAINING	12,000	B. STAFF/RESIDEI
		48,000		C. COMPUTER SOFTWARE UPGRADE	10,000	C. COMPUTER SOI
		91,000	D. RESIDENT PROGRAM TRANSPORTATION	5,500	D. RESIDENT PROI	
			E. RESIDENT TUTORING PROGRAM	12,000	E. RESIDENT TUTC	
			F. RESIDENT WORK PROGRAM	12,000	F. RESIDENT WOR	
JSUL+ELEC)(4UNITS)		18,000	G. RESIDENT INITIATIVE SUPPLIES	6,000	G. RESIDENT INITI.	
JS(12)		48,000	H. SRC CITIZEN PROGRAM COORDINATOR	12,000	H. SRC CITIZEN SPR	
		12,000	I. SERVICE PROGRAM STAFF	12,000	I. SERVICE PROGF	
		78,000	J. ATHLETIC PROGRAM STAFF	18,000	J. ATHLETIC PROC	
			K. FRINGE BENEFITS/TAXES	6,000	K. FRINGE BENEFI	
			SUBTOTAL	153,500	SUBTOTAL	
			COMPUTER/OFFICE EQUIP	15,000	COMPUTER/OFFI	
		10,000		168,500		
		10,000	<b>ADMIN</b>		<b>ADMIN</b>	
			A. CFP ACCOUNT CLERK	6,000	A. CFP ACCOUNTC	
			B. CFP ADMIN COORDINATOR (INCLFICA, ETC)	35,000	B. CFP ADMIN COO	
		14,000	C. CFP MONITORING BY MAINT STAFF	6,000	C. CFP MONITORIN	
			TOTAL 1411	47,000		
			<b>FEES AND COSTS</b>		<b>FEES AND COSTS</b>	
		6,000	A. A/E FEES	36,000	A. A/E FEES	
		22,000	B. CONTRACT ACCOUNTING	6,000	B. CONTRACT ACC	
		28,000	C. CFP ANNUAL STATEMENT	2,500	C. CFP ANNUAL ST	
			D. PLANNING COSTS	2,000	D. PLANNING COS	
			TOTAL 1430	46,500		
Col Subtotal of Estimated Cost		<b>\$285,000</b>		Col Subtotal of Estimated Cost		<b>\$372,800</b>

**Proposed Five-Year Action Plan  
Part III: Supporting Pages  
Management Needs Work Statement(s)  
Capital Fund Program (CFP)**

Urban Development

U.S. Department

LAFAYETTE HA 2003

Office of Public

Work Statement for Year 3 FFY:2005			Work Statement FFY:2003	Work Statement for Year 4 FFY:2006		
of Major Work Categories	Quantity	Estimated Cost		of Major Work Categories	Quantity	Estimated Cost
STAFF SALARIES		24,000	<b>See Statement</b>	<b>OPERATIONS</b>		
COMPUTER CONSULTANT		5,000		A. INSURANCE, STAFF SALARIES		24,000
TER CONSULTANT (MISSY HICKS)		3,000		B. TEN MAST COMPUTER CONSULTANT		5,000
CK (OPERATING ACCOUNT)		12,000		C. LOCAL COMPUTER CONSULTANT (MISSY HICKS)		3,000
ATIVES COORDINATOR (INCL FICA, ETC)		36,800		D. ACCOUNT CLERK (OPERATING ACCOUNT)		12,000
OUNTING (OPERATING ACCOUNT)		30,000		E. RESIDENT INITIATIVES COORDINATOR (INCL FICA, ETC)		36,800
TOTAL 1406		110,800		F. CONTRACT ACCOUNTING (OPERATING ACCOUNT)		30,000
				TOTAL 1406		110,800
<b>IMPROVEMENTS</b>				<b>MANAGEMENT IMPROVEMENTS</b>		
ROL		48,000		A. SECURITY PATROL		48,000
NT TRAINING		12,000		B. STAFF/RESIDENT TRAINING		12,000
FTWARE UPGRADE		10,000		C. COMPUTER SOFTWARE UPGRADE		10,000
GRAM TRANSPORTATION		5,500		D. RESIDENT PROGRAM TRANSPORTATION		5,500
DRING PROGRAM		12,000		E. RESIDENT TUTORING PROGRAM		12,000
CK PROGRAM		12,000	F. RESIDENT WORK PROGRAM		12,000	
ATIVES SUPPLIES		6,000	G. RESIDENT INITIATIVES SUPPLIES		6,000	
OGRAM COORDINATOR		12,000	H. SRCITIZENS PROGRAM COORDINATOR		12,000	
RAM STAFF		12,000	I. SERVICE PROGRAM STAFF		12,000	
RAM STAFF		18,000	J. ATHLETIC PROGRAM STAFF		18,000	
ITS/TAXES		6,000	K. FRINGE BENEFITS/TAXES		6,000	
		153,500	SUBTOTAL		153,500	
CEEQUIP		15,000	COMPUTER/OFFICE EQUIP		15,000	
TOTAL 1408		168,500	TOTAL 1408		168,500	
			<b>ADMIN</b>			
CLERK		6,000	A. CFP ACCOUNT CLERK		6,000	
RDINATOR (INCL FICA, ETC)		35,000	B. CFP ADMIN COORDINATOR (INCL FICA, ETC)		35,000	
GBY MAINT STAFF		6,000	C. CFP MONITORING BY MAINT STAFF		6,000	
TOTAL 1411		47,000	TOTAL 1411		47,000	
			<b>FEES AND COSTS</b>			
		36,000	A. A/FEES		36,000	
OUNTING		6,000	B. CONTRACT ACCOUNTING		6,000	
ATEMENT		2,500	C. CFP ANNUAL STATEMENT		2,500	
ITS		2,000	D. PLANNING COSTS		2,000	
TOTAL 1430		46,500	TOTAL 1430		46,500	
Col Subtotal of Estimated Cost		<b>\$372,800</b>	Col Subtotal of Estimated Cost		<b>\$372,800</b>	

**to of Housing and Urban Development**

of Indian Housing

**LAFAYETTE HA2003**

Work Statement for Year 5		
FFY:2007		
of Major Work Categories	Quantity	Estimated Cost
<b>OPERATIONS</b>		
A. INSURANCE, STAFF SALARIES		24,000
B. TENANT COMPUTER CONSULTANT		5,000
C. LOCAL COMPUTER CONSULTANT (MISSY HICKS)		3,000
D. ACCOUNT CLERK (OPERATING ACCOUNT)		12,000
E. RESIDENT INITIATIVE COORDINATOR (INCL FICA, ETC)		36,800
F. CONTRACT ACCOUNTING (OPERATING ACCOUNT)		30,000
TOTAL 1406		110,800
<b>MANAGEMENT IMPROVEMENTS</b>		
A. SECURITY PATROL		48,000
B. STAFF/RESIDENT TRAINING		12,000
C. COMPUTER SOFTWARE UPGRADE		10,000
D. RESIDENT PROGRAM TRANSPORTATION		5,500
E. RESIDENT TUTORING PROGRAM		12,000
F. RESIDENT WORK PROGRAM		12,000
G. RESIDENT INITIATIVE SUPPLIES		6,000
H. SRC CITIZEN PROGRAM COORDINATOR		12,000
I. SERVICE PROGRAM STAFF		12,000
J. ATHLETIC PROGRAM STAFF		18,000
K. FRINGE BENEFITS/TAXES		6,000
SUBTOTAL		153,500
COMPUTER/OFFICE EQUIP		15,000
TOTAL 1408		168,500
<b>ADMIN</b>		
A. CFP ACCOUNT CLERK		6,000
B. CFP ADMIN COORDINATOR (INCL FICA, ETC)		35,000
C. CFP MONITORING BY MAINT STAFF		6,000
TOTAL 1411		47,000
<b>FEES AND COSTS</b>		
A. A/EFEEES		36,000
B. CONTRACT ACCOUNTING		6,000
C. CFP ANNUAL STATEMENT		2,500
D. PLANNING COSTS		2,000
TOTAL 1430		46,500
Col Subtotal of Estimated Cost		<b>\$372,800</b>

**Annual Statement-Performance and Evaluation Report  
Capital Fund Program(CFP)  
Part I: Summary**

**Attachment "L" LA005103XLS**  
**U.S. Department of Housing and Urban Development**  
Office of Public and Indian Housing

HA Name: <b>LAFAYETTE HOUSING AUTHORITY</b>	Capital Fund Grant Number <b>LA48P00550100</b>	FFY of Grant Approval <b>2000</b>
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<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input checked="" type="checkbox"/> Revised Annual Statement (Revision Number <u>2</u> )
<input checked="" type="checkbox"/> Performance & Evaluation Report for Period Ending <b>03/31/2003</b>		<input type="checkbox"/> Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGPF Funds	0.00		0	0.00
2	1406 Operations	190,000.00	190,000.00	190,000.00	190,000.00
3	1408 Management Improvements Soft Costs	133,613.27	141,042.29	141,042.29	141,042.29
	Management Improvements Hard Costs	16,886.73	16,886.73	16,886.73	16,886.73
4	1410 Administration	12,000.00	12,000.00	12,000.00	12,000.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	85,315.00	75,242.92	75,242.92	75,242.92
8	1440 Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	60,500.00	65,359.59	65,359.59	65,359.59
10	1460 Dwelling Structures	346,600.00	339,039.41	339,039.41	339,039.41
11	1465.1 Dwelling Equipment-Nonexpendable	28,000.00	38,072.08	38,072.08	38,072.08
12	1470 Nondwelling Structures	70,000.00	65,271.98	65,271.98	65,271.98
13	1475 Nondwelling Equipment	14,420.00	16,920.00	16,920.00	16,920.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	2,500.00	0.00	0.00	0.00
18	1498 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization Expenses or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency (May not exceed 8% of line 20)	0.00	0.00	0.00	0.00
21	<b>Amount of Annual Grant (Sum of Lines 2-19)</b>	<b>959,835.00</b>	<b>959,835.00</b>	<b>959,835.00</b>	<b>959,835.00</b>
22	Amount of Line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of Line 21 Related to Section 504 Compliance	0.00	0.00	0.00	0.00
24	Amount of Line 21 Related to Security Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security Hard Costs	0.00	0.00	0.00	0.00
26	Amount of Line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Signature of Executive Director and Date  WALTER GUILLORY DATE	Signature of Public Housing Director/Office of Native American Programs Administrator and Date  May 22, 2003
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**Annual Statement-Performance and Evaluation Report  
Capital Fund Program(CFP)  
Part II: Supporting Pages**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
LAFAYETTE HA 2000 CFP**

HA Name:				Capital Fund Grant Number		FFY of Grant Approval			
<b>LAFAYETTE HOUSING AUTHORITY</b>				<b>LA48P00550100</b>		<b>2000</b>			
Number/Name	General Description of Major Work Categories	Development Acct. Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Propose Work	
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)		
PHAWIDE	<b>1406 OPERATIONS</b>	<b>1406</b>		190,000.00	190,000.00	190,000.00	190,000.00		
	<b>1408 MANAGEMENT IMPROVEMENTS</b>								
	A. STAFF/RESIDENT TRAINING			6,142.78	8,142.78	8,142.78	8,142.78		
	B. COMPUTER SOFTWARE UPGRADE			7,768.53	9,331.05	9,331.05	9,331.05		
	C. RESIDENT PROGRAM TRANSPORTATION			6,826.22	6,826.53	6,826.53	6,826.53		
	D. RESIDENT PROGRAM TRAINING			1,346.44	1,346.44	1,346.44	1,346.44		
	E. RESIDENT WORK PROGRAM			23,415.69	23,415.89	23,415.89	23,415.89		
	G. RESIDENT INITIATIVE COORDINATOR			780.71	19,673.13	19,673.13	19,673.13		
	H. RESIDENT INITIATIVE COOR ASSIST.			19,673.13	25,384.70	25,384.70	25,384.70		
	I. SR. CITIZEN PROGRAM COORDINATOR			25,384.70	30,250.00	30,250.00	30,250.00		
	J. FRINGE BENEFITS/TAXES			30,250.00	11,288.02	11,288.02	11,288.02		
	K. YOUTH SPORTS PROGRAM			12,025.07	5,383.75	5,383.75	5,383.75		
	1408 SUBTOTAL			133,613.27	141,042.29	141,042.29	141,042.29		
	L. MGMT. IMPROV. COMPUTER UPGRADE			16,886.73	16,886.73	16,886.73	16,886.73		
	1408 SUBTOTAL		<b>1408</b>	150,500.00	157,928.02	157,928.02	157,928.02		
	<b>1410 ADMIN COSTS</b>								
	A. ACCOUNT CLERK		<b>1410</b>		12,000	12,000	12,000.00	12,000.00	
	<b>1430 FEES AND COSTS</b>								
	A. A/E FEES				35,965.00	35,965.00	35,965.00	35,965.00	
	B. GAS SYSTEM PLAN				1,000.00	0.00	0.00	0.00	
	B. CFP GRANT ADMIN CONSULTANT				30,850.00	30,850.00	30,850.00	30,850.00	
C. CFP ANNUAL STATEMENT				2,500.00	2,500.00	2,500.00	2,500.00		
D. AGENCY PLAN				2,500.00	2,500.00	2,500.00	2,500.00		
E. ACCOUNTING				12,000.00	3,000.00	3,000.00	3,000.00		
F. ADV/RECORDATION/MISC COSTS				500.00	427.92	427.92	427.92		
		<b>1430</b>		85,315.00	75,242.92	75,242.92	75,242.92		
		PAGE TOTAL		437,815.00	435,170.94	435,170.94	435,170.94		
1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.				2) To be completed for the Performance and Evaluation Report					
Signature of Executive Director and Date				Signature of Public Housing Director/Office of Native American Programs Administrator and Date					

**Annual Statement-Performance and Evaluation Report  
Capital Fund Program(CFP)  
Part II: Supporting Pages**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
LAFAYETTE HA 2000 CFP**

HA Name:				Capital Fund Grant Number		FFY of Grant Approval		
<b>LAFAYETTE HOUSING AUTHORITY</b>				<b>LA48P00550100</b>		<b>2000</b>		
Number/Name	General Description of Major Work Categories	Development Acct. Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Propose Work
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)	
	<b>1450 SITE IMPROVEMENTS</b>							
PHAWIDE	LANDSCAPING			10,000.00	10,000.00	10,000.00	10,000.00	
PHAWIDE	MISC SITE WORK FOR BLDGS			25,500.00	26,477.34	26,477.34	26,477.34	
PHAWIDE	FENCING			15,000.00	18,220.25	18,220.25	18,220.25	
PHAWIDE	PLAYGROUND EQUIP			8,000.00	8,000.00	8,000.00	8,000.00	
DAYCARE	PLAYGROUND EQUIP			0.00	0.00	0.00	0.00	
PHAWIDE	UTILITY SYSTEM IMPROVMENTS			2,000.00	2,662.00	2,662.00	2,662.00	
	65,359.66			<b>60,500.00</b>	<b>65,359.59</b>	<b>65,359.59</b>	<b>65,359.59</b>	
	<b>1460 DWELLING IMPROV</b>							
MACONRD	BATHROOM/KITCHEN RENOVATIONS			50,000.00	42,439.41	42,439.41	42,439.41	
	REPLACE FLOORING			20,000.00	20,000.00	20,000.00	20,000.00	
	PAINTING/MISC REPAIR			35,000.00	35,000.00	35,000.00	35,000.00	
	SECURITY DOOR REPLACEMENT			2,000.00	2,000.00	2,000.00	2,000.00	
				0.00	0.00	0.00	0.00	
	SUBTOTAL			<b>107,000.00</b>	<b>99,439.41</b>	<b>99,439.41</b>	<b>99,439.41</b>	
MLK	REPLACE WINDOWS/SCREENS			81,957.60	81,958.00	81,958.00	81,958.00	
	EXTERIOR MODIFICATIONS			0.00	0.00	0.00	0.00	
	PAINTING/SHEETROCK REPAIR			25,000.00	25,000.00	25,000.00	25,000.00	
	SUBTOTAL			<b>106,957.60</b>	<b>106,958.00</b>	<b>106,958.00</b>	<b>106,958.00</b>	
IRENE	ROOFING REPAIR (PHAS)			10,000.00	10,000.00	10,000.00	10,000.00	
	SECURITY DOOR REPLACEMENT			10,000.00	10,000.00	10,000.00	10,000.00	
	SUBTOTAL			<b>20,000.00</b>	<b>20,000.00</b>	<b>20,000.00</b>	<b>20,000.00</b>	
C.O. CIRCLE	INSTALL CENTRAL A/C UNITS (INCL ELEC, INSULATION)			0.00	0.00	0.00	0.00	
	PAINTING/SHEETROCK REPAIR			45,000.00	45,000.00	45,000.00	45,000.00	
	MISC REPAIR			10,000.00	10,000.00	10,000.00	10,000.00	
	SUBTOTAL			<b>55,000.00</b>	<b>55,000.00</b>	<b>55,000.00</b>	<b>55,000.00</b>	
PHAWIDE	ROOFING REPAIR (PHAS)			42,670.00	42,670.00	42,670.00	42,670.00	
	PHAS REPAIR			14,972.40	14,972.40	14,972.40	14,972.40	
	SUBTOTAL			<b>57,642.40</b>	<b>57,642.40</b>	<b>57,642.40</b>	<b>57,642.40</b>	
	<b>TOTAL 1460</b>			<b>346,600.00</b>	<b>339,039.41</b>	<b>339,039.41</b>	<b>339,039.41</b>	
	PAGE TOTAL			<b>407,100.00</b>	<b>18,000.00</b>	<b>404,399.40</b>	<b>404,399.40</b>	
1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.				2) To be completed for the Performance and Evaluation Report				
Signature of Executive Director and Date				Signature of Public Housing Director/Office of Native American Programs Administrator and Date				

**Annual Statement-Performance and Evaluation Report  
Capital Fund Program(CFP)  
Part III: Implementation**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing      LAFAYETTE HA 2000 CFP**

HA Name:				Capital Fund Grant Number		FFY of Grant Approval		Status of Propose Wo
<b>LAFAYETTE HOUSING AUTHORITY</b>				<b>LA48P00550100</b>		<b>2000</b>		
Number/Name	General Description of Major Work Categories	Development Acct. Number	Total Estimated Cost		Total Actual Cost			
			Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)		
	<b>1465 DWELLING EQUIP</b> A. APPLIANCES	<b>1465</b>	28,000.00	38,072.08	38,072.08	38,072.08		
	<b>1470 NON-DWELLING STRUCTURES</b>							
PHAWIDE	CONST OF NEW MAINTENANCE FACILITY		0.00	0.00	0.00	0.00		
PHAWIDE	FLOOR REPLACEMENT AT SITE MGR OFFICE		8,669.00	8,669.00	8,669.00	8,669.00		
PHAWIDE	DAY CARE CENTER		53,021.66	53,021.66	53,021.66	53,021.66		
PHAWIDE	RENOV EXIST OFFICE/MAINT BLDG		8,309.34	3,581.32	3,581.32	3,581.32		
		<b>1470</b>	<b>70,000.00</b>	<b>65,271.98</b>	<b>65,271.98</b>	<b>65,271.98</b>		
	<b>1475 NON-DWELLING EQUIPMENT</b>							
	TOOLS, EQUIP		14,000.00	14,000.00	14,000.00	14,000.00		
	COMPUTERS		420.00	2,920.00	2,920.00	2,920.00		
		<b>1475</b>	<b>14,420.00</b>	<b>16,920.00</b>	<b>16,920.00</b>	<b>16,920.00</b>		
	<b>1495 RELOCATION</b>							
		<b>1495</b>	<b>2,500</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
	<b>1502 CONTINGENCY</b>							
	A. PROGRAM CONTINGENCY	<b>1502</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
		<b>PAGE TOTAL</b>	<b>114,920.00</b>	<b>120,264.06</b>	<b>120,264.06</b>	<b>120,264.06</b>		

1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.      2) To be completed for the Performance and Evaluation Report

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement-Performance and Evaluation Report  
Capital Fund Program (CFP)  
Part III: Implementation**

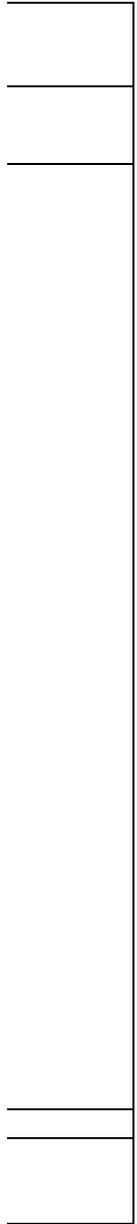
**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing      LAFAYETTE HA 2000 CFP**

HAName: <b>LAFAYETTE HOUSING AUTHORITY</b>			Capital Fund Grant Number <b>LA48P00550100</b>	FFY of Grant Approval <b>2000</b>
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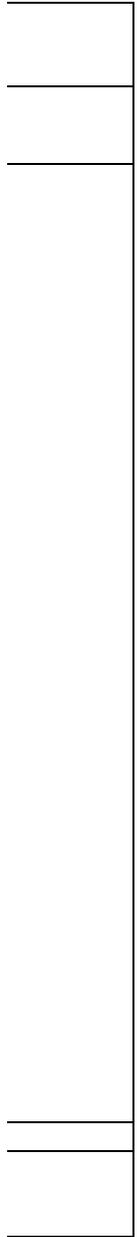
Number/Name	All Funds Obligated (Qtr Ending Date)			All Funds Expended (Qtr Ending Date)			Reasons for Revised target Dates
	Original	Revised(1)	Actual(2)	Original	Revised(1)	Actual(2)	
MACONRD	09/30/02		09/30/02	09/30/03		03/31/03	
MLK	09/30/02		09/30/02	09/30/03		03/31/03	
COCIRCLE	09/30/02		09/30/02	09/30/03		03/31/03	
PHAWIDE	09/30/02		09/30/02	09/30/03		03/31/03	
PHAWIDE	09/30/02		09/30/02	09/30/03		03/31/03	

1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.      2) To be completed for the Performance and Evaluation Report

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement-Performance and Evaluation Report  
Capital Fund Program (CFP)  
Part I: Summary**

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

HAName: <b>LAFAYETTE HOUSING AUTHORITY</b>		Capital Fund Grant Number <b>LA48P00550101</b>		FFY of Grant Approval <b>2001</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance & Evaluation Report for Program Year Ending 03/31/03		Revised Annual Statement (Revision Number <input type="checkbox"/> ) <input type="checkbox"/> Final Performance and Evaluation Report		BudRev#1	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGPF Funds	0.00		0.00	0.00
2	1406 Operations	195,850.00		195,850.00	195,850.00
3	1408 Management Improvements Soft Costs	159,500.00		159,500.00	159,500.00
	Management Improvements Hard Costs	10,000.00		10,000.00	10,000.00
4	1410 Administration	12,000.00		12,000.00	12,000.00
5	1411 Audit	0.00		0.00	0.00
6	1415 Liquidated Damages	0.00		0.00	0.00
7	1430 Fees and Costs	96,158.00		96,158.00	92,608.59
8	1440 Acquisition	0.00		0.00	0.00
9	1450 Site Improvement	2,150.00		2,150.00	2,150.00
10	1460 Dwelling Structures	150,821.00		150,821.00	99,183.30
11	1465.1 Dwelling Equipment-Nonexpendable	28,000.00		28,000.00	27,840.93
12	1470 Nondwelling Structures	319,779.00		319,779.00	266,179.10
13	1475 Nondwelling Equipment	5,000.00		5,000.00	5,000.00
14	1485 Demolition	0.00		0.00	0.00
15	1490 Replacement Reserve	0.00		0.00	0.00
16	1492 Moving to Work Demonstration	0.00		0.00	0.00
17	1495.1 Relocation Costs	0.00		0.00	0.00
18	1498 Development Activities	0.00		0.00	0.00
19	1501 Collateralization Expenses or Debt Service	0.00		0.00	0.00
20	1502 Contingency (May not exceed 8% of line 20)	0.00		0	0.00
21	<b>Amount of Annual Grant (Sum of Lines 2-19)</b>	<b>979,258.00</b>		<b>979,258.00</b>	<b>870,311.92</b>
22	Amount of Line 21 Related to LBP Activities	0.00			
23	Amount of Line 21 Related to Section 504 Compliance	0.00			
24	Amount of Line 21 Related to Security Soft Costs	0.00			
25	Amount of Line 21 Related to Security Hard Costs	0.00			
26	Amount of Line 21 Related to Energy Conservation Measures	0.00			
		0.00			
		0.00			
Signature of Executive Director and Date  WALTER GUILLORY		March 30, 2003		Signature of Public Housing Director/Office of Native American Programs Administrator and Date	

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**Annual Statement-Performance and Evaluation Report  
Capital Fund Program (CFP)  
Part II: Supporting Pages**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
LAFAYETTE HA 2001 CFP**

HA Name:				Capital Fund Grant Number		FFY of Grant Approval		BudRev#1
<b>LAFAYETTE HOUSING AUTHORITY</b>				<b>LA48P00550101</b>		<b>2001</b>		
Number/Name	General Description of Major Work Categories	Development Acct. Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Propose Work
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)	
PHAWIDE	<b>1406 OPERATIONS</b>	<b>1406</b>		195,850		195,850	195,850	
	<b>1408 MANAGEMENT IMPROVEMENTS</b>							
	A. STAFF/RESIDENT TRAINING			12,000		12,000	12,000	
	B. COMPUTER SOFTWARE UPGRADE			7,000		7,000	7,000	
	C. RESIDENT PROGRAM TRANSPORTATION			7,500		7,500	7,500	
	D. RESIDENT TUTORING PROGRAM			4,500		4,500	4,500	
	E. RESIDENT WORK PROGRAM			12,000		12,000	12,000	
	F. RESIDENT INITIATIVE SUPPLIES			10,500		10,500	10,500	
	G. RESIDENT INITIATIVE COORDINATOR			32,000		32,000	32,000	
	H. RESIDENT INITIATIVE COOR. ASST.			30,000		30,000	30,000	
	I. SRC CITIZEN PROGRAM COORDINATOR			18,000		18,000	18,000	
	J. SERVICE/ATHLETIC COORDINATOR			12,000		12,000	12,000	
	K. FRINGE BENEFITS/TAXES			14,000		14,000	14,000	
	SUBTOTAL SOFT COSTS			159,500		159,500	159,500	
	COMPUTER UPGRADE Office Upgrade			10,000		10,000	10,000	
	SUBTOTAL HARD COSTS			10,000		10,000	10,000	
	TOTAL MGMT IMPROVEMENTS		<b>1408</b>	169,500		169,000	169,500	
	<b>1410 ADMIN COSTS</b>							
	A. ACCOUNT CLERK		<b>1410</b>	12,000		12,000	12,000	
	<b>1430 FEES AND COSTS</b>							
	A. A/EFEEES			48,965		48,965	45,416	
	B. CFP GRANT MOD COORDINATOR			41,850		41,850	41,850	
	C. CFP ANNUAL STATEMENT			2,500		2,500	2,500	
D. ANNUAL PLAN			2,500		2,500	2,500		
E. ACCOUNTING			0		0	0		
F. ADV/RECORDATION/MISC COSTS			343		343	343		
		<b>1430</b>	96,158		96,158	92,609		
		<b>PAGE TOTAL</b>	473,508		473,008	469,959		

1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement. 2) To be completed for the Performance and Evaluation Report

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement-Performance and Evaluation Report  
Capital Fund Program(CFP)  
Part II: Supporting Pages**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing LAFAYETTEHA2001CFP**

HAName: <b>LAFAYETTEHOUSINGAUTHORITY</b>				Capital Fund Grant Number <b>LA48P00550101</b>		FFY of Grant Approval <b>2001</b>		BudRev#1
Number/Name	General Description of Major Work Categories	Development Acct. Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Propose Work
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)	
PHAWIDE	<b>1450 SITE IMPROVEMENTS</b>	<b>1450</b>						
	MISC SITE WORK FOR BLDGS		0		0	0		
	FENCING		0		0	0		
	SIDEWALK REPAIR		0		0	0		
	PLAYGROUND EQUIP		0		0	0		
	UTILITY SYSTEM IMPROVMENTS		2,150		2,150	2,150		
			2,150		2,150			
MACONRD	<b>1460 DWELLING IMPROV</b>							
	BATHROOM/KITCHEN RENOVATIONS		0		0	0		
	REPLACE FLOORING		0		0	0		
	PAINTING/MISC REPAIR		0		0	0		
	REPLACE FURNACES/PLUMBING		0		0	0		
	ELECTRICAL		0		0	0		
	MISC REPAIR IN VARIOUS UNITS		52,000		52,000	34,000		
SUBTOTAL	52,000		52,000	34,000				
MLK	EXTERIOR MODIFICATIONS		0		0	0		
	BATHROOM/KITCHEN RENOVATIONS		0		0	0		
	REPLACE FLOORING		0		0	0		
	PAINTING/MISC REPAIR		0		0	0		
	REPLACE FURNACES/PLUMBING		0		0	0		
	ELECTRICAL		0		0	0		
	MISC REPAIR IN VARIOUS UNITS		58,000		58,000	30,000		
SUBTOTAL		58,000		58,000	30,000			
C.O.CIRCLE	INSTALL CENTRAL A/C UNITS (INCL ELEC)		0		0	0		
	INSTALL ATTIC INSULATION		0		0	0		
	MISC REPAIR IN VARIOUS UNITS		20,000		20,000	15,000		
	SUBTOTAL		20,000		20,000	15,000		
PHAWIDE	MISC REPAIR IN VARIOUS UNITS		20,821		20,821	20,183		
	<b>TOTAL 1460</b>	<b>1460</b>		150,821		150,821	99,183	
	<b>PAGE TOTAL</b>			152,971		152,971	101,333	

1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement. 2) To be completed for the Performance and Evaluation Report

Signature of Executive Director and Date \_\_\_\_\_ Signature of Public Housing Director/Office of Native American Programs Administrator and Date \_\_\_\_\_

**Annual Statement-Performance and Evaluation Report  
Capital Fund Program(CFP)  
Part II: Supporting Pages**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
LAFAYETTE HA 2001 CFP**

HA Name:				Capital Fund Grant Number		FFY of Grant Approval		Bud Rev #1	
<b>LAFAYETTE HOUSING AUTHORITY</b>				<b>LA48P00550101</b>		<b>2001</b>			
Number/Name	General Description of Major Work Categories	Development Acct. Number		Total Estimated Cost		Total Actual Cost		Status of Propose Work	
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)		
	<b>1465 DWELLING EQUIP</b> A. APPLIANCES	<b>1465</b>		28,000		28,000	27,841		
PHAWIDE	<b>1470 NON-DWELLING STRUCTURES</b> CONSTOFNEWMAINTENANCE FACILITY			319,779		319,779	266,179		
PHAWIDE	RENOVEXISTOFFICE/MAINTBLDG	<b>1470</b>		0		0	0		
				319,779		319,779	266,179		
	<b>1475 NON-DWELLING EQUIPMENT</b> TOOLS, EQUIP LAWNEQUIP	<b>1475</b>		5,000		5,000	5,000		
				5,000		5,000	5,000		
	<b>1495 RELOCATION</b>	<b>1495</b>		0		0	0		
	<b>1502 CONTINGENCY</b> A. PROGRAM CONTINGENCY	<b>1502</b>		0		0	0		
		PAGETOTAL		352,779		352,779	299,020		

1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement. 2) To be completed for the Performance and Evaluation Report

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement-Performance and Evaluation Report  
Capital Fund Program (CFP)  
Part III: Implementation Schedule**

**U.S. Department of Housing and Urban Development**  
Office of Public and Indian Housing **LAFAYETTE HA 2001 CFP**

HAName: <b>LAFAYETTE HOUSING AUTHORITY</b>				Capital Fund Grant Number <b>LA48P00550101</b>		FFY of Grant Approval <b>2001</b>	BudRev#1
Number/Name	All Funds Obligated (Qtr Ending Date)			All Funds Expended (Qtr Ending Date)			Reasons for Revised target Dates
	Original	Revised(1)	Actual(2)	Original	Revised(1)	Actual(2)	
PHAWIDE	09/30/03			09/30/04			
MACONRD	09/30/03			09/30/04			
MLK	09/30/03			09/30/04			
COCIRCLE	09/30/03			09/30/04			
1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.				2) To be completed for the Performance and Evaluation Report			
Signature of Executive Director and Date				Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

**Annual Statement-Performance and Evaluation Report  
Capital Fund Program(CFP)  
Part I: Summary**

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

HA Name: <b>LAFAYETTE HOUSING AUTHORITY</b>	Capital Fund Grant Number <b>LA48P00550102</b>	FFY of Grant Approval <b>2002</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies	Revised Annual Statement (Revision Number <input type="checkbox"/> )	Bud Rev #1
<input checked="" type="checkbox"/> Performance & Evaluation Report for Program Year Ending <b>03/31/03</b>	<input type="checkbox"/> Final Performance and Evaluation Report	

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGPF Funds	0.00			
2	1406 Operations	182,050.00		182,050.00	135,000.00
3	1408 Management Improvements Soft Costs	157,000.00		157,000.00	1,019.15
	Management Improvements Hard Costs	25,000.00		25,000.00	6,580.31
4	1410 Administration	47,000.00		47,000.00	0.00
5	1411 Audit	0.00		0.00	0.00
6	1415 Liquidated Damages	0.00		0.00	0.00
7	1430 Fees and Costs	40,502.00		40,502.00	2,539.50
8	1440 Acquisition	0.00		0.00	0.00
9	1450 Site Improvement	191,500.00		191,500.00	48,729.20
10	1460 Dwelling Structures	130,000.00		130,000.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable	30,200.00		30,200.00	23,073.82
12	1470 Nondwelling Structures	70,000.00		70,000.00	0.00
13	1475 Nondwelling Equipment	37,000.00		37,000.00	3,694.40
14	1485 Demolition	0.00		0.00	0.00
15	1490 Replacement Reserve	0.00		0.00	0.00
16	1492 Moving to Work Demonstration	0.00		0.00	0.00
17	1495.1 Relocation Costs	0.00		0.00	0.00
18	1498 Development Activities	0.00		0.00	0.00
19	1501 Collateralization Expenses or Debt Service	0.00		0.00	0.00
20	1502 Contingency (May not exceed 8% of line 20)	0.00		0.00	0.00
21	<b>Amount of Annual Grant (Sum of Lines 2-19)</b>	<b>910,252.00</b>		<b>910,252.00</b>	<b>220,636.38</b>
22	Amount of Line 21 Related to LBP Activities	0.00			
23	Amount of Line 21 Related to Section 504 Compliance	0.00			
24	Amount of Line 21 Related to Security Soft Costs	0.00			
25	Amount of Line 21 Related to Security Hard Costs	0.00			
26	Amount of Line 21 Related to Energy Conservation Measures	0.00			
		0.00			
		0.00			

Signature of Executive Director and Date  WALTER GUILLORY  April 1, 2003	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement-Performance and Evaluation Report  
Capital Fund Program(CFP)  
Part II: Supporting Pages**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
LAFAYETTE HA 2002 CFP**

HA Name:				Capital Fund Grant Number		FFY of Grant Approval		Bud Rev #1
<b>LAFAYETTE HOUSING AUTHORITY</b>				<b>LA48P00550102</b>		<b>2002</b>		
Number/Name	General Description of Major Work Categories	Development Acct. Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Propose Work
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)	
	<b>1406 OPERATIONS</b>							
	A. INSURANCE, STAFF SALARIES			105,050.00		105,050.00	58,000.00	
	B. E.D. AUTO			25,518.50		25,518.50	25,518.50	
	C. TEN MAST COMPUTER CONSULTANT			12,981.50		12,981.50	12,981.50	
	D. LOCAL COMPUTER CONSULTANT (MISSY HICKS)			2,500.00		2,500.00	2,500.00	
	E. ACCOUNT CLERK (OPERATING ACCOUNT)			6,000.00		6,000.00	6,000.00	
	F. CONTRACT ACCOUNTING (OPERATING ACCOUNT)			30,000.00		30,000.00	30,000.00	
	TOTAL 1406	<b>1406</b>		182,050.00		182,050.00	135,000.00	
	<b>1408 MANAGEMENT IMPROVEMENTS</b>							
	A. STAFF/RESIDENT TRAINING			12,000		12,000		
	B. COMPUTER SOFTWARE UPGRADE			5,000		5,000		
	C. RESIDENT PROGRAM TRANSPORTATION			5,500		5,500		
	D. RESIDENT TUTORING PROGRAM			12,500		12,500		
	E. RESIDENT WORK PROGRAM			12,000		12,000		
	F. RESIDENT INITIATIVE SUPPLIES			10,000		10,000		
	G. RESIDENT APPRENTICESHIP CARPENTRY PROGRAM			16,000		16,000	1,019	
	H. RESIDENT INITIATIVE COOR. ASST.			30,000		30,000		
	I. SRC CITIZEN PROGRAM COORDINATOR			18,000		18,000		
	J. SERVICE/ATHLETIC COORD. AIDE			24,000		24,000		
	K. FRINGE BENEFITS/TAXES			12,000		12,000		
	SUBTOTAL SOFT COSTS			157,000		157,000	1,019	
	L. COMPUTER/OFFICE EQUIP			25,000		25,000	6,580	
	SUBTOTAL HARD COSTS			25,000		25,000	6,580	
	TOTAL 1408	<b>1408</b>		182,000		182,000	7,599	
	<b>1410 ADMIN COSTS</b>							
	A. CFP ACCOUNT CLERK			6,000		6,000		
	B. CFP ADMIN COORDINATOR			35,000		35,000		
	C. CFP MONITORING BY MAINT STAFF			6,000		6,000		
	TOTAL 1410	<b>1410</b>		47,000		47,000		
	PAGETOTAL			411,050		411,050		
1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.				2) To be completed for the Performance and Evaluation Report				
Signature of Executive Director and Date				Signature of Public Housing Director/Office of Native American Programs Administrator and Date				

**Annual Statement-Performance and Evaluation Report  
Capital Fund Program(CFP)  
Part II: Supporting Pages**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing LAFAYETTE HA 2002 CFP**

HA Name: <b>LAFAYETTE HOUSING AUTHORITY</b>				Capital Fund Grant Number <b>LA48P00550102</b>		FFY of Grant Approval <b>2002</b>		Bud Rev #1
Number/Name	General Description of Major Work Categories	Development Acct. Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Propose Work
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)	
	<b>1450 SITE IMPROVEMENTS</b>							
	DRAINAGE CORRECTIVE WORK AT CO CIRCLE		20	0		0	0	23,750
	INSTALLATION OF CLEANOUTS			0		0	0	
	FENCING AT MLK			8,500.00		8,500	0	
	FENCING BETWEEN REAR AND MAINT BLDG			44,000.00		44,000	17,653.55	
	SPEED BUMPS - C.O. CIRCLE			0		0	0	
	LANDSCAPING			19,000.00		19,000	13,507.56	
	UTILITY SYSTEM IMPROVEMENTS			120,000.00		120,000	17,568.09	
	TOTAL 1450	<b>1450</b>		191,500.00		191,500	48,729	
	<b>1460 DWELLING IMPROV</b>							-6,095
MOSS	REPAIR KITCHEN CABINETS			10,000		10,000	0	17,655
SIMCOE	REPAIR KITCHEN CABINETS			16,600		16,600	0	
MOSS ST	INSTALLATION OF FURNACES - 2 STORY UNITS		12	25,000		25,000	0	
SIMCOE ST	INSTALLATION OF FURNACES - 2 STORY UNITS		12	20,000		20,000	0	
C.O. CIRCLE	ROOF REPLACEMENT			5,500		5,500	0.00	
MLK	PAINTING OF 12 UNITS		12	20,200		20,200	0.00	
C.O. CIRCLE	INSTALL CENTRAL A/C UNITS (IN CIRCLE)			0		0	0.00	
	INSTALL ATTIC INSULATION			0		0	0.00	
	TERMITER REPAIR			0		0	0.00	
	RAIN DIVERTERS			0		0	0.00	
MLK	REPLACE DOOR FRAMES						0	
	REPLACE/INSTALL DEAD BOLT DOOR LOCKS			0		0	0	
	WEATHER STRIP DOORS, THRESHOLD			0		0	0	
	REPLACE EXTERIOR DOORS (30 FRONT - 5 REAR)		35	0		0	0	
	INSTALL STORM DOORS		30	0		0	0	
	REPLACE TUB DRAIN BASKET			0		0	0	
	REPLACE BATH HEATER			0		0	0	
	REPAINT INTERIOR (52)		50	30,700		30,700	0	
SIMCOE	REPLACE TUB			0		0	0	
	REPLACE DRAIN BASKETS			0		0	0	
PHAWIDE	WINDOW BLINDS			2,000		2,000	0	
	TOTAL 1460	<b>1460</b>		130,000		130,000		
	PAGETOTAL			321,500		321,500		

1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement. 2) To be completed for the Performance and Evaluation Report

Signature of Executive Director and Date \_\_\_\_\_ Signature of Public Housing Director/Office of Native American Programs Administrator and Date \_\_\_\_\_

**Annual Statement-Performance and Evaluation Report  
Capital Fund Program(CFP)  
Part II: Supporting Pages**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
LAFAYETTE HA 2002 CFP**

HAName: <b>LAFAYETTE HOUSING AUTHORITY</b>				Capital Fund Grant Number <b>LA48P00550102</b>		FFY of Grant Approval <b>2002</b>		BudRev#1
Number/Name	General Description of Major Work Categories	Development Acct. Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Propose Work
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)	
	<b>1465 DWELLING EQUIP</b>							
	A. APPLIANCES			15,200.00		15,200.00	15,947.64	
	B. FIRE EXTINGUISHERS			15,000.00		15,000.00	7,126.18	
	TOTAL 1465	<b>1465</b>		30,200.00		30,200.00	23,073.82	
	<b>1470 NON-DWELLING STRUCTURE</b> SUBTOTAL #1460							
	RENOVATE MAINT AREA FOR CLASSROOM/SHOP			18,610.00		18,610.00	0.00	
	RENOVATE MAINT AREA FOR MEETING ROOM/WORK AREA			20,610.30		20,610.30	0.00	
	RENOV EXIST ADMIN OFFICE			30,779.70		30,779.70	0.00	
	TOTAL 1470	<b>1470</b>		70,000.00		70,000.00	0.00	
	<b>1475 NON-DWELLING EQUIPMENT</b>							
	BLDG WASHER SYSTEM, TOOLS, EQUIP			25,000		25,000	0.00	
	TABLES AND CHAIRS			2,000		2,000	0.00	
	LAWN EQUIP			10,000		10,000	3,694.40	
	TOTAL 1475	<b>1475</b>		37,000		37,000	3,694.40	
	<b>1495 RELOCATION</b>	<b>1495</b>		0.00		0.00	0.00	
	<b>1502 CONTINGENCY</b>	<b>1502</b>		0		0	0.00	
	<b>1430 FEES AND COSTS</b>							
	A. A/EFEEES			36,962.00		36,962.00	0.00	
	B. CONTRACT ACCOUNTING			0.00		0.00	0.00	
	C. CFP ANNUAL STATEMENT			2,500.00		2,500.00	2,500.00	
	D. PRINTING OF PLANS			1,000.00		1,000.00	0.00	
	E. ADV/RECORDATION/MISCCOSTS			40.00		40.00	39.50	
	TOTAL 1430	<b>1430</b>		40,502.00		40,502.00	2,539.50	
	PAGETOTAL			177,702		177,702	29,308	
1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.				2) To be completed for the Performance and Evaluation Report				
Signature of Executive Director and Date				Signature of Public Housing Director/Office of Native American Programs Administrator and Date				

**Annual Statement-Performance and Evaluation Report  
Capital Fund Program (CFP)  
Part III: Implementation Schedule**

**U.S. Department of Housing and Urban Development**  
Office of Public and Indian Housing **LAFAYETTE HA 2002 CFP**

HAName: <b>LAFAYETTE HOUSING AUTHORITY</b>				Capital Fund Grant Number <b>LA48P00550102</b>		FFY of Grant Approval <b>2002</b>	Bud Rev #1
Number/Name	All Funds Obligated (Qtr Ending Date)			All Funds Expended (Qtr Ending Date)			Reasons for Revised target Dates
	Original	Revised(1)	Actual(2)	Original	Revised(1)	Actual(2)	
MOSS	09/30/04			09/30/05			
MOSS	09/30/04			09/30/05			
SIMCOE	09/30/04			09/30/05			
MACONRD	09/30/04			09/30/05			
C.O.CIRCLE	09/30/04			09/30/05			
MLK	09/30/04			09/30/05			
IRENE	09/30/04			09/30/05			
PHAWIDE	09/30/04			09/30/05			
1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.				2) To be completed for the Performance and Evaluation Report			
Signature of Executive Director and Date				Signature of Public Housing Director/Office of Native American Programs Administrator and Date			



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**Annual Statement-Performance and Evaluation Report  
Capital Fund Program (CFP)  
Part II: Supporting Pages**

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

LAFAYETTE HA 2003 CFP DISASTER

HA Name:				Capital Fund Grant Number		FY of Grant Approval		
<b>LAFAYETTE HOUSING AUTHORITY</b>				<b>LA48P00550203</b>		<b>2003</b>		
Component Number/Name	General Description of Major Work Categories	Development Acct. Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
	<b>EXIST MAINT BLDG</b>	<b>1470</b>						
	ROOF REPL- EXTREME DAMAGE SQ							
	DAMAGED DECKING SF		482	264.00				
	FASCIA LF		100	129.00				
	SOFFIT SF		2	420.00				
	ATTIC INSULATION REPLACE SF		50	1,476.00				
	SHEETROCK CEILING REPLACE SF		0					
	CELOTEX CEILING REPLACE SF		600	1,092.00				
	REPAINT SF		600	1,260.00				
	HEATER VENT REPLACEMENT EA		600	250.00				
	FLOORING REPLACEMENT SF		4	750.00				
	FURNITURE AND SUPPLIES		0	0.00				
	ELECTRONIC EQUIPMENT			1,200.00				
	SUBTOTAL			6,841.00				
	LESS AMOUNT PAID BY INSURANCE			0.00				
				6,841.00				
	<b>CENTRAL OFFICE BLDG</b>							
	ROOF REPL- EXTREME DAMAGE SQ			2,300.00				
	DAMAGED DECKING SF		0	0.00				
	FASCIA LF		20	52.00				
	ATTIC INSULATION REPLACE SF		300	295.00				
	SHEETROCK CEILING REPLACE SF		0	0.00				
	CELOTEX CEILING REPLACE SF		300	468.00				
	FURNITURE AND SUPPLIES							
	ELECTRONIC EQUIPMENT							
	SUBTOTAL			3,115.00				
	LESS AMOUNT PAID BY INSURANCE			0.00				
	<b>NET AMOUNT OF DISASTER APPLICATION</b>			<b>9,956.00</b>				
		PAGE TOTAL						

1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date





**Annual Statement-Performance and Evaluation Report  
 Capital Fund Program (CFP)  
 Part III: Implementation Schedule**

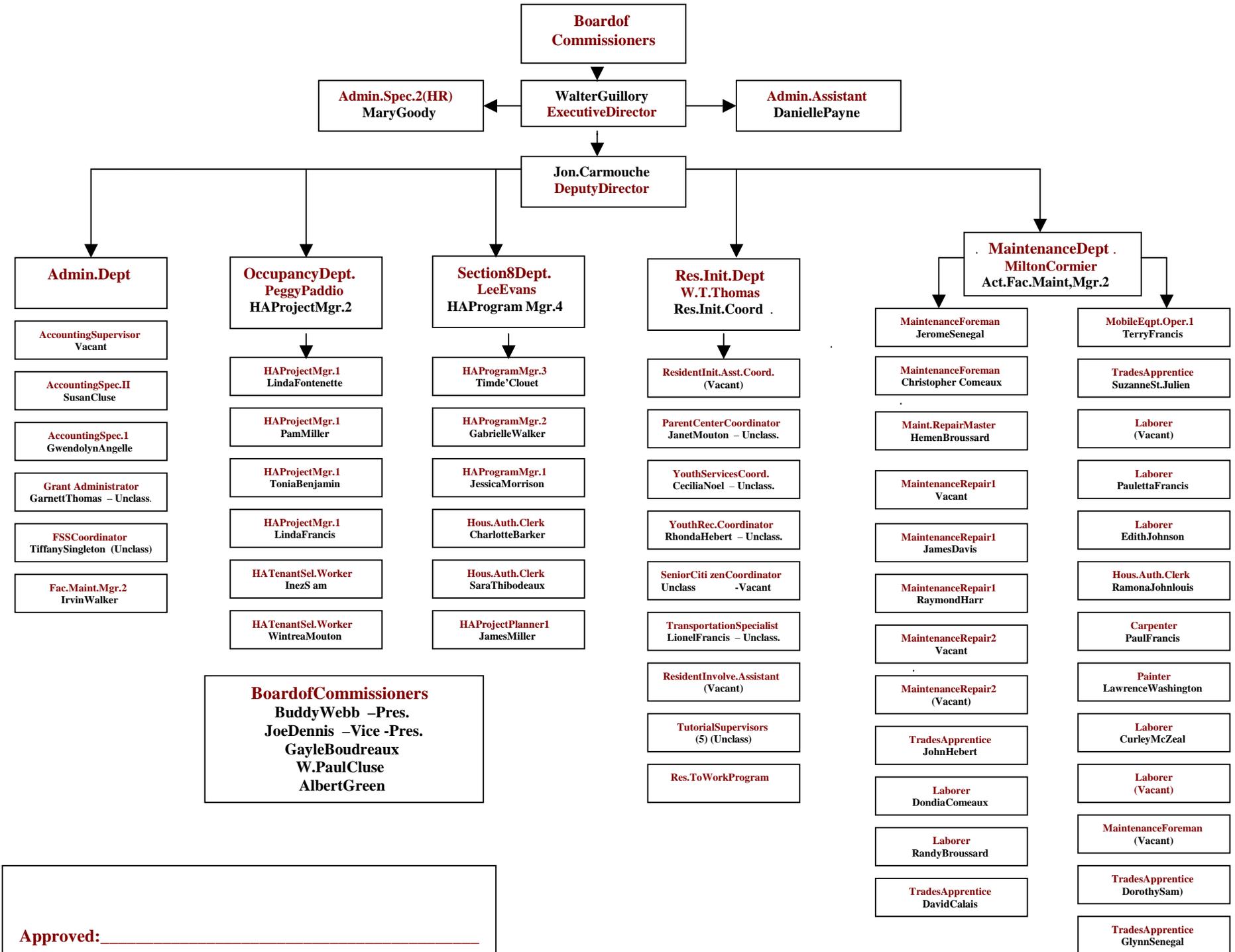
U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing

LAFAYETTEHA2003CFPDISASTER

HAName: <b>LAFAYETTEHOUSINGAUTHORITY</b>				Capital Fund Grant Number <b>LA48P00550203</b>		FFY of Grant Approval <b>2003</b>		
Number/Name	All Funds Obligated (Qtr Ending Date)			All Funds Expended (Qtr Ending Date)			Reasons for Revised target Dates	
	Original	Revised(1)	Actual(2)	Original	Revised(1)	Actual(2)		
1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.				2) To be completed for the Performance and Evaluation Report				
Signature of Executive Director and Date				Signature of Public Housing Director/Office of Native American Programs Administrator and Date				

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**LAFAYETTEHOUSINGAUTHORITY  
ORGANIZATIONALCHART**



**Board of Commissioners**  
 Buddy Webb – Pres.  
 Joe Dennis – Vice - Pres.  
 Gayle Boudreaux  
 W. Paul Cluse  
 Albert Green

**Approved:** \_\_\_\_\_

## ATTACHMENTS

### ATTACHMENT “A”

Lafayette Housing Authority

#### Deconcentration Policy -Section “T” of ACOP

It is Lafayette Housing Authority’s policy to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower developments and lower income families into higher income developments. Toward that end, we will skip families on the waiting list to reach other families with a lower or higher income. We will accomplish this goal in a uniform and non-discriminating manner.

The Lafayette Housing Authority will affirmatively market our housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income residents will not be steered toward higher income developments.

Prior to the beginning of each fiscal year, the PHA will analyze the income level of families residing in each development, compare and evaluate income levels of census tracts in which its developments are located, and the income level of the families on the waiting list. Based on this analysis, the PHA will determine the level of marketing strategies and deconcentration incentives to implement.

The Lafayette Housing Authority may offer one or more incentives to encourage applicant families whose income is lower or higher than the required level in which it would help to meet the deconcentration goals of a particular development.

Various incentives may be used at different times, under different conditions, but will always be provided in a consistent and non-discriminatory manner.

## DECONCENTRATION CALCULATION

	NO.1BR.UNITS	NO.2BR.UNITS	NO.3BR.UNITS	NO.4BR.UNITS	TOTALNO.UNITS
SITE1					
SITE2					
SITE3					
SITE3	24	52	24	0	100
SITE4					
LINEA	24	52	24	0	100

BEDROOM ADJUSTMENT FACTOR				
(A)(B)(C)(D)				
	BRADJUSTMENT FACTOR (FROM HUD GUIDE)	NO. BR'S OF EACH SIZE (FROM LINE A ABOVE)	(A)X(B)	BRADJUST FACTOR PHAI'S © DIVIDED BY TOTAL UNITS (323)
1BR.	0.75	24	18.00	
2BR.	1.00	52	52.00	
3BR.	1.25	24	30.00	
4BR.	1.40	0	0.00	
			100.00	1.00

**\$1,8874.23 TOTAL INCOME ALL 242 FAMILIES**

<b>INCOME</b>					
		<b>(E)</b>	<b>(F)</b>	<b>(G)</b>	<b>(H)</b>
<b>NO.OCCUP. UNITSEA.SITE</b>		<b>TOTALINCOME</b>	<b>AVE.INCOME</b>	<b>ADJ.AVEINCOME</b>	<b>%PHAWIDE</b>
	<b>SITE1</b>				
	<b>SITE2</b>				
<b>95</b>	<b>SITE3</b>	<b>\$496,956</b>	<b>\$5,231.12</b>	<b>\$5,231.12</b>	<b>\$1.00</b>
	<b>SITE3</b>				
	<b>SITE4</b>				
	<b>ALL FAMALIES</b>	<b>\$496,956</b>	<b>\$5,231.12</b>	<b>\$5,231.12</b>	

<b>\$5,231.12</b>	<b>AVE.INCOMEFORALL FAMILIES</b>
<b>\$5,231.12</b>	<b>ADJUSTEDAVEINCOME.PHAWIDE</b>
<b>\$4,446.45</b>	<b>85%OFADJUSTEDAVEINCOME</b>
<b>\$6,015.79</b>	<b>115%OFADJUSTEDAVEINCOME</b>

**LAFAYETTEHOUSINGAUTHORITY**