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

PHA Plans

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

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

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

PHA Plan
Agency Identification

PHA Name: Benton Township Housing Commission

PHA Number: MI 032

PHA Fiscal Year Beginning: 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)

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5-YEAR PLAN
PHA FISCAL YEARS 2003 - 2007
[24 CFR Part 903.5]

A. Mission

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

☐ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

☒ The PHA's mission is:
The mission of the Benton Township Housing Commission is to serve the citizens of Blossom Acres and Plaza Manor by:

1. Providing affordable housing opportunities in a safe environment.
2. Revitalizing and maintaining neighborhoods and strong urban core.
3. Forming effective partnerships to maximize social and economic opportunities.

The mission shall be accomplished by a fiscally responsible, creative organization committed to excellence in pubic service.

B. Goals

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

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- ☒ 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 efforts 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)

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Annual PHA Plan
PHA Fiscal Year 2003
[24 CFR Part 903.7]

i. Annual Plan Type:
Select which type of Annual Plan the PHA will submit.

☐ **Standard Plan**

Streamlined Plan:

☒ **High Performing PHA**
☐ **Small Agency (<250 Public Housing Units)**
☐ **Administering Section 8 Only**

☐ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan
[24 CFR Part 903.7 9 (r)]
Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

The Benton Township Housing Commission (BTHC) is a High-Performer agency located in Berrien County, Michigan. The BTHC manages 300 public housing units in two developments.

The BTHC will accomplish its mission ideals through its goals and objectives:

1. Providing decent, safe and affordable housing in the Benton Charter Township community.
2. The housing commission shall ensure equal treatment of all applicants, residents, tenant-based participants, employees and vendors.
3. Enhance the image of public housing in our community.
4. Improve access of public housing residents to services that support economic opportunity and quality of life.
5. Improve resident and community perception of safety and security in the housing commission developments.
6. Increase resident participation through resident councils and /or advisory committee.

iii. Annual Plan Table of Contents
[24 CFR Part 903.7 9 (r)]
Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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Attachments	

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

Required Attachments:

☒	(A) Admissions Policy for Deconcentration	43
☒	(B) FY 2003 Capital Fund Program Annual Statement	44
☐	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	
☒	(C) FY 2003 Capital Fund Program 5 Year Action Plan	49
☐	( ) 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)	
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Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
YES	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
YES	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
YES	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
YES	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
YES	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
YES	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
YES	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
YES	Public Housing Deconcentration and Income Mixing Documentation:	Annual Plan: Eligibility, Selection, and Admissions

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List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/*99 Quality Housing and Work Responsibility Act Initial Guidance; Notice* and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Policies
YES	Public housing rent determination policies, including the methodology for setting public housing flat rents ☒ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
YES	Schedule of flat rents offered at each public housing development ☒ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
YES	Section 8 rent determination (payment standard) policies ☒ check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
YES	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
YES	Public housing grievance procedures ☒ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
YES	Section 8 informal review and hearing procedures ☒ check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
YES	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
YES	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
N/A	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
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	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
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program	Annual Plan:

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List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	☐ check here if included in the Section 8 Administrative Plan	Homeownership
N/A	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
N/A	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
YES	Other supporting documents (optional) Pet Policy	Annual Plan: Pet Policy

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	96	4	3	3	4	3	3
Income >30% but <=50% of AMI	46	5	3	2	3	3	3
Income >50% but <80% of AMI	2	4	3	3	3	3	2
Elderly	12	4	3	3	3	3	3
Families with Disabilities	4	5	5	4	3	3	3
Race/Ethnicity	10	4	4	4	3	3	3

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Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Race/Ethnicity	1	5	5	4	3	3	3
Race/Ethnicity	96	5	5	4	3	3	3
Race/Ethnicity							

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

☒ Consolidated Plan of the Jurisdiction/s
Indicate year: 1999

☒ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset

☐ American Housing Survey data
Indicate year:

☐ Other housing market study
Indicate year:

☐ Other sources: (list and indicate year of information)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) ☐ Section 8 tenant-based assistance ☒ Public Housing ☐ Combined Section 8 and Public Housing ☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	102		76
Extremely low income <=30% AMI	96	94	
Very low income (>30% but <=50% AMI)	5	5	

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Housing Needs of Families on the Waiting List			
Low income (>50% but <80% AMI)	1	1	
Families with children	92	90	
Elderly families	10	10	
Families with Disabilities	4	4	
Race/ethnicity W	5	5	
Race/ethnicity B	96	94	
Race/ethnicity H	1	1	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1 BR	24		
2 BR	64		
3 BR	8		
4 BR	5		
5 BR	1		
5+ BR			

Is the waiting list closed (select one)? ☒ No ☐ Yes

If yes:

How long has it been closed (# of months)?

Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes

Housing Needs of Families on the Waiting List

Waiting list type: (select one)

☒ Section 8 tenant-based assistance

☐ Public Housing

☐ Combined Section 8 and Public Housing

☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	41		18
Extremely low income <=30% AMI	0	0	

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Housing Needs of Families on the Waiting List			
Very low income (>30% but <=50% AMI)	41	100	
Low income (>50% but <80% AMI)	0	0	
Families with children	37	36	
Elderly families	2		
Families with Disabilities			
Race/ethnicity W	0		
Race/ethnicity B	41	41	
Race/ethnicity H	0		
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1 BR	3		
2 BR	15		
3 BR	17		
4 BR	6		
5 BR			
5+ BR			

Is the waiting list closed (select one)? ☐ No ☒ Yes

If yes:

How long has it been closed (# of months)? 18 months

Does the PHA expect to reopen the list in the PHA Plan year? ☒ No ☐ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☒ No ☐ 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

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

Strategy 2: Increase the number of affordable housing units by:
Select all that apply

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

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

Strategy 1: Target available assistance to families at or below 30 % of AMI
Select all that apply

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

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

Strategy 1: Target available assistance to families at or below 50% of AMI
Select all that apply

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:
Select all that apply

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

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:
Select all that apply

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

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

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

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

Strategy 2: Conduct activities to affirmatively further fair housing
Select all that apply

☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units

☒ Market the section 8 program to owners outside of areas of poverty /minority concentrations
☐ Other: (list below)

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

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the 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

[24 CFR Part 903.7 9 (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 supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
1. **Federal Grants (FY 2003 grants)**		
a) Public Housing Operating Fund	578,788	
b) Public Housing Capital Fund	507,531	
c) HOPE VI Revitalization	N/A	
d) HOPE VI Demolition	N/A	
e) Annual Contributions for Section 8 Tenant-Based Assistance	329,312	

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Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
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)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
2002 CFP	625,941	
2001 CFP	469,654	
3. Public Housing Dwelling Rental Income	792,000	
4. Other income (list below)	17,500	
Interest, miscellaneous		
4. Non-federal sources (list below)	0	
Total resources	3,320,726	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs 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)

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☒ When families are within a certain number of being offered a unit: (3)
☐ When families are within a certain time of being offered a unit: (state time)
☐ Other:

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)

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

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

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

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

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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 admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

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 point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

1 Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

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☐ Those previously enrolled in educational, training, or upward mobility programs
☐ Victims of reprisals or hate crimes
☐ Other preference(s) (list below)

f. 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

f. 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
☒ Any time 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:

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☐ 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?

f. 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:
(Blossom Acres)

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:
(Blossom Acres and Plaza Manor)

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

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☒ 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:

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

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

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

1 Date and Time

Former Federal preferences

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

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Victims of domestic violence
Substandard housing
Homelessness
High rent burden

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

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)
☐ Date and time of application
☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)
☐ This preference has previously been reviewed and approved by HUD
☐ The PHA requests approval for this preference through this PHA Plan

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

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☐ Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

☐ $0
☐ $1-$25
☒ $26-$50

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

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

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:

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

☐ For the earned income of a previously unemployed household member
☐ For increases in earned income
☐ Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:

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

☐ For household heads
☐ For other family members
☐ For transportation expenses
☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
☐ Other (describe below)

e. Ceiling rents

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

☐ Yes for all developments
☐ Yes but only for some developments
☒ No

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

☐ For all developments
☐ For all general occupancy developments (not elderly or disabled or elderly only)
☐ For specified general occupancy developments
☐ For certain parts of developments; e.g., the high-rise portion
☐ For certain size units; e.g., larger bedroom sizes
☐ Other (list below)

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

☐ Market comparability study
☐ Fair market rents (FMR)
☐ 95th percentile rents
☐ 75 percent of operating costs

☐ 100 percent of operating costs for general occupancy (family) developments
☐ Operating costs plus debt service
☐ The "rental value" of the unit
☐ Other (list below)

f. Rent re-determinations:

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

☐ Never
☐ At family option
☒ Any time the family experiences an income increase
☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) _____
☐ Other (list below)

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

(2) Flat Rents

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

☐ 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 below100% of FMR

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☒ 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)

(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)

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5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

☐ An organization chart showing the PHA's management structure and organization is attached.

☐ A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

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

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

C. Management and Maintenance Policies

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

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

(2) Section 8 Management: (list below)

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

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

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

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

☒ PHA main administrative office
☐ Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

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

-or-

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

(2) Optional 5-Year Action Plan

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

a. ☒ Yes ☐ No: Is the 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 (C)

-or-

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

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

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

☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)

b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

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

☐ Yes ☒ No: c) Does the 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-finance 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

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

☐ Yes ☐ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If "yes", skip

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to component 9. If "No", complete the Activity Description table below.)

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

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

[24 CFR Part 903.7 9 (i)]

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

1. ☐ Yes ☒ No: Has the 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.

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Designation of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. Designation type: Occupancy by only the elderly ☐ Occupancy by families with disabilities ☐ Occupancy by only elderly families and families with disabilities ☐
3. Application status (select one) Approved; included in the PHA's Designation Plan ☐ Submitted, pending approval ☐ Planned application ☐
4. Date this designation approved, submitted, or planned for submission: (_____)
5. If approved, will this designation constitute a (select one) ☐ New Designation Plan ☐ Revision of a previously-approved Designation Plan?
6. Number of units affected: 150 7. Coverage of action (select one) ☐ Part of the development ☐ Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:

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2. What is the status of the required assessment? ☐ Assessment underway ☐ Assessment results submitted to HUD ☐ Assessment results approved by HUD (if marked, proceed to next question) ☐ Other (explain below)
3. ☐ Yes ☐ 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) ☐ Conversion Plan in development ☐ Conversion Plan submitted to HUD on: (DD/MM/YYYY) ☐ Conversion Plan approved by HUD on: (DD/MM/YYYY) ☐ Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) ☐ Units addressed in a pending or approved demolition application (date submitted or approved: ☐ Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:) ☐ Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:) ☐ Requirements no longer applicable: vacancy rates are less than 10 percent ☐ Requirements no longer applicable: site now has less than 300 units ☐ Other: (describe below)

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

1. ☐ Yes ☒ No: Does the 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

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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.)

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: - 1b. Development (project) number:
2. Federal Program authority: ☐ HOPE I ☐ 5(h) ☐ Turnkey III ☐ Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) ☐ Approved; included in the PHA's Homeownership Plan/Program ☐ Submitted, pending approval ☐ Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (_____)
5. Number of units affected: 6. Coverage of action: (select one) ☐ Part of the development ☐ Total development

B. Section 8 Tenant Based Assistance

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

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2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?
If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

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

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

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

B. Services and programs offered to residents and participants

(1) General

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

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

b. Economic and Social self-sufficiency programs

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

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

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2003 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

b. ☐ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans 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. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

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

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

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

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)
☐ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
☐ Crime Prevention Through Environmental Design
☐ Activities targeted to at-risk youth, adults, or seniors
☐ Volunteer Resident Patrol/Block Watchers Program
☐ Other (describe below)

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

C. Coordination between PHA and the police

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

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

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

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2002 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

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

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the 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)?

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17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

1. ☐ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)

☐ Not applicable
☐ Private management
☐ Development-based accounting
☐ Comprehensive stock assessment
☐ Other: (list below)

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

18. Other Information

[24 CFR 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 at Attachment (File name)
☒ Provided below:
Board was in general agreement with policies and other Agency Plan documents.

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: (list below)

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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: City of Benton Township, Michigan

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)

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.

Required Attachment A

Deconcentration

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

The Benton Township Housing Commission will affirmatively market our housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.

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

The Benton Township Housing Commission may offer one or more incentives to encourage applicant families whose income classification would help to meet the deconcentration goals of a particular development. Various incentives may be used at different times, or under different conditions, but will always be provided in a consistent and nondiscriminatory manner.

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Required Attachment B

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Benton Township Housing Commission	Capital Fund Program Grant No: MI33P032501-03 Replacement Housing Factor Grant No:	**2003**

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	101,506			
3	1408 Management Improvements	34,000			
4	1410 Administration	45,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	7,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	58,025			
10	1460 Dwelling Structures	100,000			
11	1465.1 Dwelling Equipment—Nonexpendable	162,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Benton Township Housing Commission	Capital Fund Program Grant No: MI33P032501-03 Replacement Housing Factor Grant No:	**2003**

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines…..)	507,531			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: **Benton Township Housing Commission**		**Grant Type and Number** Capital Fund Program Grant No: MI33P032501-03 Replacement Housing Factor Grant No:					**Federal FY of Grant:** 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	A. Housing Operations		1406	20%	101,506				
	Sub total				**101,506**				
HA Wide Management Improvements	A. Resident programs		1408	100%	5,000				
	B. Commissioner training		1408	100%	2,500				
	C. Staff training		1408	100%	2,500				
	D. Computer Upgrade		1408	100	2,000				
	E. Family Investment Center Operations		1408	100	22,000				
	Sub total				**34,000**				
HA Wide Administration	A. Percentage of salary/benefits		1410		45,000				
	Sub total				**45,000**				
HA Wide Fees and Cost	A. A/E fees & related cost		1430	100%	5,000				
	B. Grant preparation		1430	100%	2,000				
	Sub total				**7,000**				

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

PHA Name: **Benton Township Housing Commission**	**Grant Type and Number** Capital Fund Program Grant No: MI33P032501-03 Replacement Housing Factor Grant No:	**Federal FY of Grant:** 2003

Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
HA Wide	A. Replace/repair sidewalks (2 developments)		1450		48,025				
	B. Resurface Plaza St.		1450	LS	10,000				
	Sub total				**58,025**				
MI 32-1	A. Replace exterior doors & jambs Phase I		1460	100 Pair	100,000				
	Sub total				**100,000**				
HA Wide	A. Complete appliance replacement program (refrigerators & stoves for approximately 90 units)		1465.1		62,000				
	B. Purchase 156 air conditioners		1465.1	LS	100,000				
	Sub total				**162,000**				
	Grand total				**507,531**				

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

PHA Name: **Benton Township Housing Commission**	**Grant Type and Number** Capital Fund Program No: MI33P032501-03 Replacement Housing Factor No:	**Federal FY of Grant:** 2003

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	9/30/05			9/30/07			
MI 32-1	9/30/05			9/30/07			
MI 32-2	9/30/05			9/30/07			

Required Attachment C

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name **Benton Township Housing Commission**		Benton Township/ Berrien County /Michigan		☒**Original 5-Year Plan** ☐**Revision No:**	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY: 2004	Work Statement for Year 3 FFY Grant: PHA FY: 2005	Work Statement for Year 4 FFY Grant: PHA FY: 2006	Work Statement for Year 5 FFY Grant: PHA FY: 2007
	Annual Statement				
HA Wide Ops		0	0	28,750	127,000
HA Wide Mgt Imp		50,000	50,000	50,000	75,000
HA Wide Other		39,348	77,598	77,598	113,348
MI 32-1	226,000	150,000	425,000	329,000	214,000
MI 32-2		315,000	82,750	150,000	106,000
HA Wide Nondwelling		81,000	0		0
Total CFP Funds (Est.)		635,348	635,348	635,348	635,348
Total Replacement Housing Factor Funds					

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

Activities for Year 1	Activities for Year : 2 FFY Grant: PHA FY: 2004			Activities for Year: 3 FFY Grant: PHA FY: 2005		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
	HA Wide Admin Cost	A. Partial Salary & benefits to staff working with CFP	39,348	**HA Wide Admin Cost**	A. Partial Salary & benefits to staff working with CFP	45,000
		Sub Total	**39,348**		B. A/E Services	32,598
					Sub Total	**77,598**
	HA Wide Management Improvements	A. Community policing	50,000	**HA Wide Management Improvements**	A. Community policing	50,000
		Sub Total	**50,000**		**Sub Total**	**50,000**
	MI 32-1	A. Level damper control to heat register zones, phase I	150,000	**MI 32-1**	A Replace sidewalks	50,000
		Sub Total	**150,000**		B. Replacing fencing	25,000
See					C. Replace water shut-off valves	100,000
	MI 32-2	A. Replace windows	200,000		D. HVAC upgrades	50,000
Annual		B. Relocate water shut-off valves to outside	75,000		E. Replace front & back exterior doors	200,000
		C. Replace toilets	25,000		Sub Total	**425,000**
		D. Replace sidewalks	15,000			
Statement		Sub Total	**315,000**	**MI 32-2**	A. Carpet replacement, flooring	1,500
					B. Replace DHW	16,250
					C. Patch & paint	65,000

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					interiors	
					Sub Total	**82,750**
	HA Wide Nondwelling Equipment	A. Computer Upgrades	20,000			
		B. Maintenance Equipment	10,000			
		C. Office Equipment & furniture	20,000			
		D. Replace Vehicle	31,000			
		Sub Total	**81,000**			
	Total CFP Estimated Cost		**635,348**			**635,348**

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

Activities for Year 1	Activities for Year : 4 FFY Grant: PHA FY: 2006			Activities for Year: 5 FFY Grant: PHA FY: 2007		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
	MI 32-1	A. Patch & paint interiors	75,000	**MI 32-1**	A. Landscaping	107,000
See		B. Graffiti removal	25,000		B. Site improvements	107,000
		C. Flooring upgrades	4,000		**Sub Total**	**214,000**
		D. Replace utility tubs	20,000			
Annual		E. Brick cleaning /tuckpoint repair	20,000			
		F. Landscaping	35,000	**MI 32-2**	A. Landscaping	53,000
Statement		G. Plumbing upgrades	150,000		B. Site improvements	53,000
		Sub Total	**329,000**		**Sub Total**	**106,000**
	MI 32-2	A. Landscaping	50,000	**HA Wide**	A. Housing Operations	127,000
		B. Plumbing upgrades	50,000		**Sub Total**	**127,000**
		C. HVAC upgrades	50,000			
		Sub Total	**150,000**	**HA Wide Admin Cost**	A. Partial Salary & benefits to staff working with CFP	63,348
					Sub Total	**113,348**
	HA Wide	A. Housing Operations	28,750			
		Sub Total	**28,750**	**HA Wide Fees & Cost**	A. A/E Services	40,000
					B. Consulting Service	10,000
	HA Wide Admin Cost	A. Partial Salary & benefits to staff working with CFP	45,000		**Sub Total**	**50,000**

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		B. A/E Services	32,598			
		Sub Total	**77,598**			
	HA Wide Management Improvements	A. Community policing	50,000	**HA Wide Management Improvements**	A. Community policing	75,000
		Sub Total	**50,000**		**Sub Total**	**75,000**
		Total CFP Estimated Cost	**635,348**			**635,348**

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Required Attachment D

Criteria for Substantial Deviation and Significant Amendments

19. Definition of "Substantial Deviation" and "Significant Amendment or Modification"

PHAs must define the terms "Substantial Deviation" and "Significant Amendment or Modification" by stating the basic criteria for such definitions in an annual plan that has met full public process and Resident Advisory Board review.

Until the PHA has met the requirement to define "significant amendments or modification, "HUD will consider the following actions to be significant amendment or modification, "HUD will consider the following actions to be significant amendments or modifications:

- Changes to rent or admissions policies or organization of the waiting list;
- Additions of non-emergency work items (not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the capital fund;
- Additions of new activities not included in any current HUD-funded program such as PHDEP, or EDSS;
- Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

Any exception to this definition will be made for any of the above activities that are adopted to reflect changes in HUD regulatory requirements. Such changes will not be considered significant amendments by HUD.

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Required Attachment E

Summary of Policy and Program Changes

The PHA has not made nor intends to make any major policy or program changes in 2003. Local preferences were established and will not change, rent policies remain the same, community service policy parameters were included in our lease and ACOP were implemented, and our family development pet policy has been implemented. .

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Required Attachment F:

Resident Member on the PHA Governing Board

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

A. Name of resident member(s) on the governing board:
Rochanda Greer

B. How was the resident board member selected: (select one)?
☐ Elected
☒ Appointed

C. The term of appointment is (include the date term expires):

June 18, 2001 to May 18, 2006

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?
☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

A. Date of next term expiration of a governing board member:
May 2002

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

Mr. Paul Harvey, Benton Charter Township Supervisor

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2000

Required Attachment G:

Membership of the Resident Advisory Board or Boards

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

Ms. Vickie Hudson
Mrs. Gashonda Edwards
Ms. Donna Pickard
Ms. Rose Washington

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2000

Attachment H:

Progress in meeting the 5-Year Plan Mission and Goals

The PHA has been able to maintain its mission to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination through the utilization of previous Capital funds and the proper application of our public housing policies.

We are continuing to address public housing vacancies very aggressively and our PHAS scores indicate that other operational issues are being positively addressed.

Capital funds have been utilized to provide modernization of our property and our FY 2003 application will continue that effort.

PHA has implemented local preferences to improve the living environment in addition to our modernization efforts

The implementation of a family pet policy has provided the opportunity for residents to enjoy pets within a regulated environment. In addition, PHA will re-instate a Community Service program by October 31, 2003.

We are confident that the PHA will be able to continue to meet and accommodate all our goals and objectives for FY 2003.

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2000

Attachment I:

Component 3, (6) Deconcentration and Income Mixing

a. ☒ Yes ☐ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b. ☐ Yes ☒ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name:	**Number of Units**	**Explanation (if any) [see step 4 at §903.2(c)(1)((iv)]**	**Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]**

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2000

Attachment J:
Implementation of Public Housing Resident Community Service Requirement

The Benton Township Housing Commission's policy is designed to identify which adult family members are subject to or exempt from the service requirements; to explain how the PHA will administer its program; to identify PHA and/or third party certification opportunities available to eligible adult family members; and to assure resident compliance with identified work activities with fair and equable actions.

PHA Responsibilities

(1.) Eligibility Determination

The PHA will review every existing resident file to determine each Adult member's status regarding community service per the following guidelines.

a. As family status is determined a registered letter or other certifiable document of receipt will be sent to each adult member of that family to notify them of their status (exempt or non-exempt) and explaining the steps they should immediately proceed with through their housing representative.

b. The PHA will include a copy of the general information section of its Community Service Policy and a listing of PHA and/or third party work activities that are eligible for certification of the community service requirement.

c. At the scheduled meeting with each non-exempt adult family member, not only will the parameters of the community service requirement be reviewed but also the PHA and/or third party work activities will be identified and selected for compliance with the annual obligation for certification at their annual lease renewal date.

(2.) Work Activity Opportunities

The Benton Township Housing Commission has elected to provide to those adult family members that must perform community service activities the opportunity to select either PHA sanctioned work activities or Third Party certifiable work items. The administration of the certification process would be:

a. PHA Provided Activities.

When qualifying activities are provided by the Commission directly, designated Commission employee(s) shall provide signed certification that the family member has performed the proper number of hours for the selected service activities.

b. Third Party Certification

When qualifying activities are administered by any organization other than PHA, the family member must provide signed certification (see III A (c)) to the Commission by such third party organization that said family member has performed appropriate service activities for the required hours.

c. Verification of Compliance.

The Commission is required to review family compliance with service requirement, and must verify such compliance annually at least thirty (30) days before the end of the twelve (12) month lease term (annual re-certification time). Evidence of service performance and/or exemption must be maintained in the participant files.

d. Notice of Noncompliance.

If the Commission determines that, a family member who is subject to fulfilling a service requirement, but who has violated the family's obligation (a noncompliant resident) the Commission must notify the specific family member of this determination.

The Notice of Noncompliance must:

1. Briefly, describe the noncompliance (inadequate number of hours).

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Expires: 03/31/2000

2. State that the Commission will not renew the lease at the end of the twelve (12) month lease term unless:

   The resident or any other noncompliant adult family member enters into a written agreement with the Commission to cure the noncompliance and in fact perform to the letter of agreement.

   - Or -

   The family provides written assurance satisfactory, to the PHA that the resident or other noncompliant adult family member no longer resides in the unit.

   This Notice of Noncompliance must also state that the resident may request a grievance hearing and that the resident may exercise any available judicial remedy to seek timely redress for the Commission's non-renewal of the lease because of a noncompliance determination.

e. Resident agreement to comply with the service requirement.

   The written agreement entered into with the Commission to cure the service requirement noncompliance by the resident and any other adult family member must:

   1. Agree to complete additional service hours needed to make up the total number of hours required over the twelve (12) month term of the new lease.

   2. State that all other members of the family subject to the service requirement are in current compliance with the service requirement or are no longer residing in the unit.

f. The Benton Township Housing Commission has developed a list of Agency certifiable and/or third party work activities of which each non-exempt adult family member can select to perform their individual service requirement.

Attachment K:

PET POLICY FOR FAMILY DEVELOPMENTS

In compliance with Section 526 of The Quality Housing and Work Responsibility Act of 1998, PHA residents shall be permitted to own and keep common household pets. Animals that are an auxiliary for persons with a disability are excluded from this policy. The ownership of common household pets is subject to the following rules and limitations:

1. Common household pets shall be defined as "domesticated animals such as a dog, cat, bird, rodent, fish or turtle". Common household pets are defined as follows:

   Bird — Includes Canary, Parakeet, Finch and other species that are normally kept caged; birds of prey are not permitted.

   Fish — In tanks or aquariums, not to exceed twenty (20) gallons in capacity; poisonous or dangerous fish are not permitted.

   Dogs — Not to exceed twenty-five pounds (25 lbs.) weight, or fifteen (15) inches in height at full growth. Dogs must be spayed or neutered. Veterinarian's recommended /suggested types of dogs are as follows:

a.	Chihuahua	e.	Cocker Spaniel
b.	Pekingese	f.	Dachshund
c.	Poodle	g.	Terriers
d.	Schnauzer		

   NO PIT BULLS WILL BE PERMITTED

   Cats — Cats must be spayed or neutered and be de-clawed or have scratching post, and should not exceed fifteen pounds (15 lbs.).

   Rodents — Rodents other than hamsters, gerbils, white rats or mice are not considered common household pets. These animals must be kept in appropriate cages.

   Reptiles — Reptiles other than turtles or small lizards such as chameleons are not considered common household pets.

   Exotic Pets — At no time will the PHA approve of exotic pets, such as snakes, monkeys, game pets, etc.

2. No more than one (1) dog or cat shall be permitted in a household. In the case of birds, a maximum of two birds may be permitted. There shall be no limit as to the number of fish, but no more than one aquarium with a maximum capacity of twenty (20) gallons shall be permitted. A Resident with a dog or cat may also have other categories of "common household pets" as defined above.

3. Pets other than a dog or cat shall be confined to an appropriate cage or container. Such a pet may be removed from its cage while inside the owner's apartment for the purpose of handling, but shall not generally be unrestrained.

4. Only one (1) dog or cat is allowed per household. NO PIT BULLS WILL BE PERMITTED. All dogs and cats will need to be on a leash, tied up, or otherwise restrained at <u>all times</u> when they are outside. Neither dogs nor cats shall be permitted to run loose.

5. Pet owners shall maintain their pet in such a manner as to prevent any damage to their unit, yard or common areas of the community in which they live. The animal shall be maintained so as not to be a nuisance or a threat to the health or safety of neighbors, PHA employees, or the public, by reason of noise, unpleasant odors or other objectionable situations.

6. Each pet owner shall be fully responsible for the care of the pet, including the proper disposal of pet wastes in a safe and sanitary manner. Animal wastes must be collected by the pet owner and put into a plastic bag that is then tied shut and disposed of by placing the bag into a waste disposal container. Improper disposal of pet waste is a lease violation and may be grounds for termination.

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OMB Approval No: 2577-0226
Expires: 03/31/2000

7. All pets shall be inoculated and licensed in accordance with applicable state and local laws. All cats or dogs shall be neutered or spayed, unless a veterinarian certifies that the spaying or neutering would be inappropriate or unnecessary (because of health, age, etc.).

8. All pets shall be registered with the Management Office immediately. Registration shall consist of providing:

   a. Basic information about the pet (type, age, description, name, etc.);

   b. Proof of inoculation and licensing;

   c. Proof of liability insurance with the PHA named as certificate holder

   d. Proof of neutering or spaying. All female dogs over the age of six (6) months and female cats over the age of five (5) months must be spayed. All male dogs over the age of eight (8) months and all male cats over the age of ten (10) months must be neutered. If health problems prevent such spaying or neutering, a veterinarian's certificate will be necessary to allow the pet to become or continue to be a Resident of the community;

   e. Payment of a $200.00 pet deposit to defray the cost of potential damage done by the pet to the unit or to common areas of the community. BTHC reviewed all previous Senior Resident charges and damages that were done by a pet to the units, and averaged the cost. (Over half of the units, had to have tiles replaced and lawns repaired.) There shall be no additional deposit for pets other than dogs or cats. The additional deposit shall not preclude charges to a Resident for repair of damages done on an ongoing basis by a pet. The Resident is responsible for all damages caused by the pet and will reimburse the Commission for all costs it incurs in repairing such damages. This deposit is refundable **if** no damage is identified at the move-out inspection.

   f. If a Resident cannot care for their pet due to an illness, absence, or death, and no other person can be found to care for the pet, after twenty-four (24) hours have elapsed, the tenant hereby gives permission for the pet to be released to the Humane Society/Animal Control, in accordance with their procedures. In no case shall PHA incur any costs or liability for the care of a pet placed in the care of another individual or agency under this procedure.

      Provide the name, address and phone number of one or more persons who will care for the pet if you are unable to do so. This information will be updated annually.

9. Any litigation resulting from actions by pets shall be the sole responsibility of the pet owner. The pet owner agrees to indemnify and hold harmless the PHA from all claims, causes of action damages or expenses, including attorney's fees, resulting from the action or the activities of his or her pet.

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2000

Attachment L

Component 10 (B) Voluntary Conversion Initial Assessments

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

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?
None

c. How many Assessments were conducted for the PHA's covered developments?
One for each development a total of two developments

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:
None

Development Name	Number of Units

e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:
N/A

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2000

Attachment M

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Benton Township Housing Commission	Capital Fund Program Grant No: MI33P032501-02 Replacement Housing Factor Grant No:	2002

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 3/31/03** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	60,000	35,863	0	0
4	1410 Administration	45,000	45,000	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	37,000	2,000	2,000	2,000
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	410,000	540,485	7,407	7,407
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	12,000	12,000	0	0
13	1475 Nondwelling Equipment	71,348	0	0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Benton Township Housing Commission	Capital Fund Program Grant No: MI33P032501-02 Replacement Housing Factor Grant No:	**2002**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 3/31/03** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines…..)	635,348	635,348	9,407	9,407
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: **Benton Township Housing Commission**		**Grant Type and Number** Capital Fund Program Grant No: MI33P032501-02 Replacement Housing Factor Grant No:					**Federal FY of Grant:** 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Funds Obligated	Funds Expended	
HA Wide Management Improvements	A. Resident programs		1408	100%	10,000	5,000	0	0	0% Complete
	B. Commissioner training		1408	100%	7,500	2,500	0	0	0% Complete
	C. Staff training		1408	100%	7,500	2,500	0	0	0% Complete
	D. Computer Upgrade		1408	100	5,000	5,000	0	0	0% Complete
	E. Family Investment Center Operations		1408	100	30,000	20,863	0	0	0% Complete
	Sub total				**60,000**	**35,863**	**0**	**0**	
HA Wide Administration	A. Percentage of salary/benefits		1410		45,000	45,000	0	0	0% Complete
	Sub total				**45,000**	**45,000**	**0**	**0**	
HA Wide Fees and Cost	A. A/E fees & related cost		1430	100%	35,000	0	0	0	0% Complete
	B. Grant preparation		1430	100%	2,000	2,000	2,000	2,000	Completed
	Sub total				**37,000**	**2,000**	**2,000**	**2,000**	

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

PHA Name: **Benton Township Housing Commission**		**Grant Type and Number** Capital Fund Program Grant No: MI33P032501-02 Replacement Housing Factor Grant No:					**Federal FY of Grant:** 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
MI 32-1	A. Cut hole in exterior wall for A/C unit		1460	200 units	200,000	0	0	0	Delete
	B. Install dryer vents		1460	200 units	60,000	0	0	0	Delete
	C. Complete electrical work & prepare for dryers & A/C unit		1460	200 units	0	81,047	0	0	0% Complete
	D. Complete prep work for A/C installation		1460	200 units	0	452,031	0	0	0% Complete
	Sub total				**260,000**	**533,078**	**0**	**0**	
MI 32-2	A. Cut hole in exterior wall for A/C unit		1460	100 units	100,000	0	0	0	Delete
	B. Install dryer vents		1460	100 units	30,000	0	0	0	Delete
	C. Update kitchen cabinet hardware		1460	100 units	20,000	7,407	7,407	7,407	Completed
	Sub total				**150,000**	**7,407**	**7,407**	**7,407**	
HA Wide Nondwelling Structures	A. Replace Community Building Air Conditioners		1470	2 Bldgs	12,000	12,000	0	0	0% Complete
	Sub total				**12,000**	**12,000**	**0**	**0**	
HA Wide Nondwelling Equipment	A. Playground equipment, Phase I		1475		71,348	0	0	0	Delete
	Sub total				**71,348**	**0**	**0**	**0**	

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

PHA Name: **Benton Township Housing Commission**		**Grant Type and Number** Capital Fund Program Grant No: MI33P032501-02 Replacement Housing Factor Grant No:					**Federal FY of Grant:** 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
	Grand total				**635,348**	**635,348**	**9,407**	**9,407**	

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

PHA Name: **Benton Township Housing Commission**	**Grant Type and Number** Capital Fund Program No: MI33P032501-02 Replacement Housing Factor No:	**Federal FY of Grant:** 2002

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	9/30/04			9/30/06			
MI 32-1	9/30/04			9/30/06			
MI 32-2	9/30/04			9/30/06			

Attachment N

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

PHA Name: Benton Township Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33P032501-01 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☒ Revised Annual Statement (revision no: 2)
☒ Performance and Evaluation Report for Period Ending: 3/31/03 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs	69,050	43,204	43,204	17,462
4	1410 Administration	45,000	45,000	45,000	22,500
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	37,000	55,238	4,695	4,695
8	1440 Site Acquisition				
9	1450 Site Improvement	77,000	14,877	14,877	14,877
10	1460 Dwelling Structures	350,000	435,954	20,551	0
11	1465.1 Dwelling Equipment—Nonexpendable	35,950	14,740	11,040	11,040
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	40,500	45,487	45,487	17,752
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines…..)	654,500	654,500	184,854	88,326
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				

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

PHA Name: Benton Township Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33P032501-01 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no:** 2)
☒ **Performance and Evaluation Report for Period Ending: 3/31/03** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Collateralization Expenses or Debt Service				

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

PHA Name: **Benton Township Housing Commission**	**Grant Type and Number** Capital Fund Program Grant No: MI33P032501-01 Replacement Housing Factor Grant No:	**Federal FY of Grant:** 2001

Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
HA Wide Management Improvements	A. Resident programs		1408	100%	10,000	5,000	5,000	0	0% Complete
	B. Commissioner training		1408	100%	7,500	2,500	2,500	0	0% Complete
	C. Staff training		1408	100%	7,500	2,500	2,500	0	0% Complete
	D. Computer Upgrade		1408	100%	5,000	4,174	4,174	4,174	Completed
	E. Family Investment Center Operations		1408	100%	30,000	20,000	20,000	4,258	21% Complete
	F. New phone system		1408	100%	9,050	9,030	9,030	9,030	Completed
	Sub total				**69,050**	**43,204**	**43,204**	**17,462**	
HA Wide Administration	A. Percentage of salary/benefits		1410		45,000	45,000	45,000	22,500	50% Complete
	Sub total				**45,000**	**45,000**	**45,000**	**22,500**	
HA Wide Fees and Cost	A. A/E fees & related cost		1430	100%	35,000	53,238	2,695	2,695	5% Complete
	B. Grant preparation		1430	100%	2,000	2,000	2,000	2,000	Completed
	Sub total				**37,000**	**55,238**	**4,695**	**4,695**	
MI 32-1	A. Remove island to create parking space		1450	LS	7,000	0	0	0	Delete
	B. Update electrical in laundry rooms for dryers		1460	200 units	100,000	100,000	0	0	0% Complete
	C. Update electrical for A/C installation		1460	200 units	100,000	101,501	0	0	0% Complete
	D. Emergency tree trimming		1450	LS	0	14,877	14,877	14,877	Completed
	E. Continue furnace & DHW heater replacement		1460	LS	0	28,276	20,551	0	0% Complete

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

PHA Name: **Benton Township Housing Commission**		**Grant Type and Number** Capital Fund Program Grant No: MI33P032501-01 Replacement Housing Factor Grant No:					**Federal FY of Grant:** 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
	Sub total				**207,000**	**244,654**	**35,428**	**14,877**	
MI 32-2	A. Build Gazebo		1450	LS	20,000	0	0	0	Delete
	B. Relocate basketball court		1450	LS	50,000	0	0	0	Delete
	C. Replace lighting fixtures		1460	LS	50,000	0	0	0	Delete
	D. Begin appliance replacement program		1465	107 ea	35,950	14,740	11,040	11,040	75% Complete
	E. Update electrical in laundry rooms for dryers		1460	100 units	50,000	100,000	0	0	0% Complete
	F. Update electrical for A/C installation		1460	100 units	50,000	106,177	0	0	0% Complete
	Sub total				**255,950**	**220,917**	**11,040**	**11,040**	
HA Wide Non dwelling Equipment	A. Lawn tractors		1475	2	10,000	10,000	10,000	10,000	Completed
	B. Snow blowers		1475	2	3,000	1,700	1,700	1,700	Completed
	C. Rodder		1475	1	2,500	2,500	2,500	2,500	Completed
	D. 4-wheel drive golf cart		1475	1	5,000	3,552	3,552	3,552	Completed
	E. New vehicle		1475	1	20,000	27,735	27,735	0	0% Complete
	Sub total				**40,500**	**45,487**	**45,487**	**17,752**	
	Grand total				**654,500**	**654,500**	**184,854**	**88,326**	

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

PHA Name: **Benton Township Housing Commission**	**Grant Type and Number** Capital Fund Program No: MI33P032501-01 Replacement Housing Factor No:	**Federal FY of Grant:** 2001

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	3/31/03	9/30/03		9/30/05			
MI 32-1	3/31/03	9/30/03		9/30/05			
MI 32-2	3/31/03	9/30/03		9/30/05			

Attachment O:

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

PHA Name: Benton Township Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33P032501-00 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☒ Revised Annual Statement (revision no: 3)
☒ Performance and Evaluation Report for Period Ending: 3/31/03 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs	52,773	50,436	50,436	36,551
	Management Improvements Hard Costs				
4	1410 Administration	45,000	45,000	45,000	45,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,093	17,799	17,799	16,299
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	528,622	528,253	528,253	471,435
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines…..)	641,488	641,488	641,488	569,285
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				

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Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Collateralization Expenses or Debt Service				

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Part II: Supporting Pages

PHA Name: **Benton Township Housing Commission**		**Grant Type and Number** Capital Fund Program Grant No: MI33P032501-00 Replacement Housing Factor Grant No:					**Federal FY of Grant:** 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	**Revised**	**Obligated**	**Expended**	
HA Wide	A. Resident programs		1408		7,773	5,436	5,436	5,436	Completed
Managements	B. Commissioner training		1408		7,500	7,500	7,500	557	7% Complete
Improvement	C. Staff training		1408		7,500	7,500	7,500	558	7% Complete
	D. Family Investment Center Operations		1408		30,000	30,000	30,000	30,000	Completed
	Sub total				**52,773**	**50,436**	**50,436**	**36,551**	
HA Wide Administration Cost	A. Percentage of salary & benefits of existing staff		1410		45,000	45,000	45,000	45,000	Completed
	Sub total				**45,000**	**45,000**	**45,000**	**45,000**	
HA Wide Fees and Costs	A. A/E fees and related costs		1430		15,093	17,799	17,799	16,299	7% Complete
	Sub total				**15,093**	**17,799**	**17,799**	**16,299**	
MI 32-1 Blossom Acres	A. Replace roofing shingles, fascia, soffits gutters and downspouts		1460		332,376	353,251	353,251	347,876	98% Complete
	B. Furnace and DHW replacement		1460		196,246	175,002	175,002	123,559	71% Complete
	Sub total				**528,622**	**528,253**	**528,253**	**471,435**	
	Grand total				**641,488**	**641,488**	**641,488**	**471,435**	

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

PHA Name: **Benton Township Housing Commission**	**Grant Type and Number** Capital Fund Program No: MI33P032501-00 Replacement Housing Factor No:	**Federal FY of Grant:** 2000

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MI 32-1 Blossom Acres	3/31/02		3/31/02	9/30/03			
MI 32-2 Plaza Manor	3/31/02		3/31/02	9/30/03			
PHA Wide	3/31/02		3/31/02	9/30/03			