

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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SmallPHAPlanUpdate/FergusFallsHRA  
AnnualPlanforFiscalYear,2003

**NOTE:THISPHAPLANSTEMPLATE(HUD -50075SmallPHA)ISTOBECOMPL ETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan  
Agency Identification**

**PHAName:**       **Fergus Falls HRA**

**PHANumber:**    **MN008**

**PHAFiscalYearBeginning:**   **07/2003**

**PHA Plan Contact Information:**

Name:           Jeffrey Gaffaney, Executive Director

Phone:          218-739-3249

TDD:

Email(if available):   ffhra@prtcl.com

**Public Access to Information**

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

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

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

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

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

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

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

**PHAP rograms Administered :**

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

**AnnualPHAPlan**  
**FiscalYear2003**  
 [24CFRPart903.7]

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## **1.SummaryofPolicyorProgramChangesfortheUpcomingYear**

### **SECTION8ADMINISTRATIVEPLAN**

#### **1.8 REQUIREDPOSTINGS**

Changetoreadthefollowing:**TheFergusFallsHousing&Redevelopment Authoritywillpostinitsoffice,thefollowinginformation:**

- A. FairHousingPoster**
- B. EqualOpportunityinEmploymentPoster**
- C. ANoticethat,uponrequest,thefollowinginformationisavailable:**
  - 1. TheSection8AdministrativePlan**
  - 2. StatusofWaitingList(OpenorClosed)**
  - 3. IncomeLimitsforAdmission**
  - 4. InformalReview/HearingProcedures**

#### **2.3 OBLIGATIONSOFTHEPARTICIPANT(wordingchangedforclarification)**

- D. FamilyNoticeofMoveorLeaseTermination –Thefamilymustgiveproper writtennoticetotheirlandlord(inaccordancewiththeirleaseterms)before movingoutoftheunitand/orterminatingthelease.TheFamilymust provideacopyofthewrittennoticetotheFergusFallsHRA.**

#### **3.2 ELIGIBILITYCRITERIA**

- A. FamilyStatus –Addthefollowingunderdefinitionoffamily(withorwithout children):**
  - c. Thesexofanunbornchild,verifiedbyalicensedphysician,willbe consideredforpurposesofdeterminingbedroomsize.**

#### **4.2 TAKINGAPPLICATIONS –Additionto“Whenthewaitinglistisopen” Whenthewaitinglistisopen,completed applicationswillbeacceptedfromall applicants.Applicantswillbeplacedonthewaitinglistaslongasthey“appear”to beeligiblebasedontheinformationprovidedbytheapplicantontheinitial application.**

#### **4.8 GROUNDSFORDENIAL**

**Whenassistance isdeniedforanapplicantwhoowesrentorotheramountstothe FergusFallsHRAoranyotherowner/agencyourpolicywillbechangedtobemore specificandwillreadasfollows:Assistancewillbedeniedifafamilycurrently owesrentorotheramountstotheFergusFallsHRAoranotherowner/agencyfor amountsinconnectionwiththehousingchoicevoucher,certificate,moderate rehabilitation,publichousingprogramoranyotherfederallysubsidizedhousing program.**

## Section 8 Administrative Plan Changes Continued

- 6.0 ASSIGNMENT OF BEDROOM SIZES (SUBSIDY STANDARDS)**  
Change the table on Page 24 of current Plan to mirror the table provided in the Housing Choice Voucher Program Guidebook, April, 2001, Chapter 5, Page 42 (542)
- 6.2 BRIEFING PACKET**  
Currently, during a briefing, applicants are provided a combination verbal and handwritten example of how we determine if a unit qualifies by cost, when a Request For Lease Approval (RLA) is submitted, and how we then calculate tenant rent based on all of the information provided on the RLA. A form will be developed that can be used for this purpose and will be included in the briefing packet.
- H. in this section will be eliminated. We will not be providing a statement on our policy on providing information to prospective owners in the briefing packet. The Request For Lease Approval form that we used which is signed by the prospective tenant/participant has the notification and "Authorization" talked about in this paragraph and this information does not have to be duplicated in the briefing packet.
- 6.7 INELIGIBLE/ELIGIBLE HOUSING**  
Change on Page 31 of current Plan: The Fergus Falls Housing and Redevelopment Authority will approve leases for the following housing types:
- A. Single family detached (renting entire home)
  - B. Semi-detached (duplex/triplex/fourplex)
  - C. Low-Rise (multi-family/5 or more units & up to 4 stories)
  - D. High-Rise (multifamily/5 or more stories)
  - E. Manufactured Housing
  - F. Space Rent/Lot Rent for Manufactured Housing
  - G. Townhomes
- 7.2 PROCEDURES REGARDING FAMILY MOVES**  
The "Statement of Obligations" which we have all participants sign, 2.3 in HCV Guidebook/"Obligations of the Participant", and language used to explain information regarding family moves will be changed so the language reads the same in all sections.
- 14.2 INTERIM RE EXAMINATIONS/Page 78** – Eliminate 2<sup>nd</sup> & 3<sup>rd</sup> Paragraph and change to read as follows:

Families are required to report all changes in household income and family composition within five (5) working days from when the change occurs. Families may report any increases or decreases in allowable expenses.

## Section 8 Administrative Plan Continued

If a family's rent is based on "zero income" at the time of admission and/or recertification, the family must report within five (5) working days when and if a source of income becomes available to the family. This situation would automatically trigger an interim reexamination and recalculation of household income and rent.

If a family's rent is based on a verifiable source of income at the time of admission and/or recertification, the family must report all changes in household income and family composition within five (5) working days from when the change occurs. If the change reported warrants that the household rent be reduced, an interim review will be conducted and rent reduced. If the change reported is a change that increases the household income, an interim reexamination will not be required and the family portion of rent will not be increased at that time. The family will be advised that we will allow them to continue to pay their current rent amount, even though there is additional income in the household, until their annual recertification.

### 15.0 (Heading of this Section Changed) DENIAL OF PARTICIPATION/TERMINATION OF ASSISTANCE TO THE FAMILY BY THE FERGUS FALLS HOUSING AND REDEVELOPMENT AUTHORITY

Change B (in this section) to read: If a family member has been evicted from public housing within the last three years.

Change C (in this section) to read: If the Fergus Falls Housing and Redevelopment Authority has terminated assistance under the Certificate or Voucher Program for any member of the family within the last three years.

The Fergus Falls Housing and Redevelopment Authority may also terminate or deny participation if:

- A. The family currently owes rent or other amounts to the Fergus Falls Housing and Redevelopment Authority, or any other owner/agency for amounts in connection with the housing choice voucher, certificate, moderate rehabilitation, public housing, or any other federally subsidized housing program.

- B. If a family member is subject to a lifetime registration requirement under a State sex offender registration program, that household member is ineligible for life.

**PUBLIC HOUSING ADMISSIONS AND OCCUPANCY POLICY (ACOP)**

- 2.1 **Change to:** Reasonable accommodation form will be given at time of updating applications instead of sending it with initial applications. Information about requesting a reasonable accommodation will be explained.
- 3.0 **Change to:** Non-English speaking clients will be encouraged to bring along an interpreter, otherwise HRA will make every effort to make arrangements for an interpreter to be present.
- 6.0 **REQUIRED POSTINGS:** Changed to read as follows: The Fergus Falls Housing and Redevelopment Authority will post in each of its offices, the following information:
- A. Fair Housing Poster
  - B. Equal Opportunity in Employment Poster
  - C. A Notice that, upon request, the following information is available:
    - 1. A listing of all the developments by name, address, number of units, units designed with special accommodations, address of all project offices, office hours, telephone numbers, TDD numbers, and Resident Facilities and operation hours.
    - 2. Income Limits for Admission
    - 3. Excess Utility Charges
    - 4. Utility Allowance Schedule
    - 5. Current Schedule of Routine Maintenance Charges
    - 6. Dwelling Lease
    - 7. Grievance Procedure
    - 8. Any current Fergus Falls HRA Notices
- 8.3 C.3. A criminal background check on all adult household members, including live-in aides. This check will be made through State or local law enforcement or court records in each of the jurisdictions where the household member has lived during the last twelve (12) months. The Housing Authority may also seek information from State Bureaus of Criminal Apprehension and FBI.
- 8.4 D. Add after especially rent: "and utilities."
- H. **Change to read:** Assistance/housing will be denied if a family currently owes rent or other amounts to the Fergus Falls HRA or another owner/agency for

amounts in connection with the housing choice voucher, certificate, moderate rehabilitation, public housing program or any other federally subsidized housing program.

#### **Public Housing ACOP Continued**

- M. Add: In accordance with HUD regulations, the Fergus Falls HRA will deny or terminate tenancy if the preponderance of evidence indicates that a family member has engaged in such activity, regardless of whether the family member has been arrested or convicted.**
- N. Change to read: Have a household member who has been evicted from public housing in the last three years.**
- O. Change to read: Have a family member who has been terminated under the certificate or voucher program in the last three years.**

#### **9.3 FAMILIES NEARING THE TOP OF THE WAITING LIST**

**After first sentence insert the following: If the family fails to contact the HRA within the time specified, their application will be filed inactive.**

**(Community Service Requirements – removed from policy altogether.)**

#### **10.2 ASSIGNMENT OF BEDROOM SIZES**

**Add:**

- E. A child who is temporarily away from home because of placement in foster care is considered a member of the household in determining the family unit size.**
- F. Children who are subject to a joint custody agreement, but live with one parent at least 184 days in a calendar year will be included in determining unit size.**
- G. A child who is away at school but who lives with the family during school recesses will be included in determining unit size.**

**10.5 Eliminate DECONCENTRATION INCENTIVES – These incentives are not necessary because all public housing units, except for Riverview Heights Highrise, are scattered site.**

#### **15.6 INTERIM REEXAMINATIONS**

**Eliminate Paragraph 2 of this Section.**

**Add:** If a family's rent is based on "zero income" at the time of admission and/or recertification, the family must report within five (5) working days from when and if a source of income becomes available to the family. This situation would automatically trigger an interim reexamination and recalculation of household income and rent.

**Public Housing ACOP Continued**

**Change Paragraph 3 to:** Families are required to report all changes in income and family composition within five (5) working days. If the family's rent is being determined under the income method, the following changes will trigger an interim reexamination: (A. - B. same)

**17.0** Change first sentence: At the time the lease is signed, an adult family member will be given an inspection form, along with the lease package. The family will be asked to perform a move-in inspection within one week of occupancy and send it back to the HRA.

**20.2 TERMINATION BY THE HOUSING AUTHORITY**

**Eliminate Community Service portion in first paragraph.**

**A. Change to read:** Nonpayment of rent, utilities, or other charges.

**Add:** N. If the family has engaged in or threatened abusive or violent behavior toward Housing Authority personnel.

**OTHER ADDITIONS OR CHANGES:**

**Increase Security Deposits for Family Units to \$400.00**

**Increase Flat Rents and Ceiling Rents as Follows:**

<b>RIVERVIEW HEIGHTS HIGHRISE:</b>	<b>Flat Rent</b>	-	<b>\$335.00</b>
	<b>Ceiling Rent</b>	-	<b>\$365.00</b>
<b>FAMILY UNITS:</b>	<b>Flat Rent</b>	-	<b>\$420.00</b>
	<b>Ceiling Rent</b>	-	<b>\$450.00</b>

**2. Capital Improvement Needs**

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$90,000.00

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

D. Capital Fund Program Grant Submissions

**(1) Capital Fund Program 5 -Year Action Plan**

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

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

The Capital Fund Program Annual Statement is provided as Attachment B.

**3. Demolition and Disposition**

[24CFR Part 903.79(h)]

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

2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for _____ units <input type="checkbox"/> Public housing for _____ units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for _____ units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity:	

b. Actual or projected start date of relocation activities:  
c. Projected end date of activity:

#### **4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

A.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

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

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

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

#### **5. Safety and Crime Prevention: PHDEP Plan**

[24CFR Part 903.7(m)]

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

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_

C.  Yes  No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D.  Yes  No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## **-6. Other Information**

[24CFR Part 903.79(r)]

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

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (Filename)
3. In what manner did the PHA address those comments? (select all that apply)
  - The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included.
    - Yes  No: below
    - Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_.
  - Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_.
  - Other: (list below)

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

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

1. Consolidated Plan jurisdiction: State of Minnesota
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other:(listbelow)

3. PHA Requests for support from the Consolidated Plan Agency

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

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

Improving the Quality of Assisted Housing  
Increasing Assisted Housing Choices  
Homeownership  
Increasing Awareness of Tenant and Landlord Rights  
Language Barriers  
Lack of Services  
Rental Property Taxes  
Meeting the Needs of Extremely Low -Income Households  
Rehabilitation – Owner Occupied Housing/Rental Rehab  
Addressing Homelessness

### C. Criteria for Substantial Deviation and Significant Amendments

#### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

**A. Substantial Deviation from the 5 -year Plan:** A Substantial Deviation is a decision that is made by the Board of Commissioners to change the PHA's admission statement, goals or objectives identified in the 5 -Year Plan. It is also when goals or objectives are changed that affect the residents or have a significant impact to the PHA's financial situation.

**B. Significant Amendment or Modification to the Annual Plan:** A Significant Amendment or Modification is a change in PHA plans or policies that require formal approval by the Board of Commissioners.

**Attachment A**  
**Supporting Documents Available for Review**

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHAPlanCertificationsofCompliancewiththePHAPlansand RelatedRegulations	5YearandAnnual Plans
X	State/LocalGovernmentCertificationofConsistencywiththe ConsolidatedPlan(notrequiredforthisupdate)	5YearandAnnual Plans
X	FairHousingDocumentationSupportingFairHousing Certifications: RecordsreflectingthatthePHAhasexaminedits programsorproposedprograms,identifiedanyimpedimentstofair housingchoiceinthoseprograms,addressedorisaddressing thoseimpedimentsinareasonablefashioninviewoftheresources available,andworkedorisworkingwithlocaljurisdictionsto implementanyofthejurisdiction'sinitiativestoaffirmatively furtherfairhousingthatrequirethePHA'sinvolvement.	5YearandAnnual Plans
X	HousingNeedsStatementoftheConsolidatedPlanforthe jurisdiction/sinwhichthePHAislocatedandanyadditional backupdata tosupportstatementofhousingneedsinthe jurisdiction	AnnualPlan: HousingNeeds
X	Mostrecentboard -approvedoperatingbudgetforthe public housingprogram	AnnualPlan: FinancialResources
X	PublicHousingAdmissionsand(Continued)OccupancyPolicy (A&O/ACOP),whichincludestheTenantSelectionand AssignmentPlan[TSAP]	AnnualPlan: Eligibility,Selection, andAdmissions Policies
	AnypolicygoverningoccupancyofPoliceOfficersinPublic Housing <input type="checkbox"/> checkhereifincludedin thepublichousing A&OPolicy	AnnualPlan: Eligibility,Selection, andAdmissions Policies
X	Section8AdministrativePlan	AnnualPlan: Eligibility,Selection, andAdmissions Policies

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any required policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI revitalization plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99-52(HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSSA Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Others supporting documents (optional)	(specify as needed)

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

PHA Name: Fergus Falls HRA	Grant Type and Number Capital Fund Program: MN46P00850102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement     
 Reserve for Disasters/Emergencies     
 Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/02     
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	\$3,000.00		0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$87,393.00		\$48,800.00	\$48,800.00
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	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$90,393.00		\$48,800.00	\$48,800.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				





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

PHAName: Fergus Falls HRA	Grant Type and Number Capital Fund Program: MN46P00850103 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending:     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$47,500.00			
10	1460 Dwelling Structures	\$38,000.00			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$4,500.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	\$90,000.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report "ATTACHMENT C"						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHAName: Fergus Falls HRA		Grant Type and Number Capital Fund Program: MN46P00850103 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2003	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
24	Amount of line 20 Related to Energy Conservation Measures					

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

PHAName: Fergus Falls HRA		Grant Type and Number Capital Fund Program #: MN46P00850103 Capital Fund Program Replacement Housing Factor #:			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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MN008002	Cement Repairs	1450	4 Bldgs.	\$8,000.00				
"	Replace Shrubs & Landscaping	1450	4 Bldgs.	\$8,000.00				
"	Replace Retaining Wall	1450	1 Bldg.	\$15,000.00				
MN008001	Add Electric Heat to Lobby	1460	1	\$2,500.00				
"	Replace Deck Boards on Patio	1450	1	\$5,500.00				
"	Paint Community Room & Office	1460	1	\$2,500.00				
"	Add Fire Sprinkler Head	1460	1	\$1,000.00				
"	Add Magnetic Door Closure	1460	1	\$1,500.00				
"	Add Wind Break at North Door	1460		\$2,500.00				
"	Replace Common Area Furniture	1475	1 Bldg.	\$4,500.00				
"	Replace All Switches & Outlets	1460	1 Bldg.	\$6,000.00				
"	Add A/C to Laundry & Beauty Shop Area	1460	1	\$12,000.00				
"	Replace Carpet	1460	1 Bldg.	\$10,000.00				
"	Cement Repairs	1450	1 Bldg.	\$4,000.00				
"	Replace Shrubs & Landscaping	1450	1 Bldg.	\$7,000.00				



**CapitalFundProgram5 -YearActionPlan**  
**“ATTACHMENTD”**

<b>CFP5 -YearActionPlan</b>		
<input checked="" type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement		
<b>Development Number</b>	<b>DevelopmentName:</b> (orindicatePHAwide)RiverviewHeightsHighrise	
MN008001		
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDate (HAFiscalYear)
AddElectricHeattoLobby	\$2,500.00	2003
ReplaceDeckBoardsonPatio	\$5,500.00	2003
PaintCommunityRoom&Office	\$2,500.00	2003
AddFireSprinklerHead	\$1,000.00	2003
AddMagneticDoorClosure	\$1,500.00	2003
AddwindBreakatNorthDoor	\$2,500.00	2003
ReplaceCommonAreaFurniture	\$4,500.00	2003
ReplaceAllSwitches& Outlets	\$6,000.00	2003
AddA/CtoLaundryAreaandBeautyShop	\$12,000.00	2003
ReplaceCarpet	\$10,000.00	2003
CementRepairs	\$4,000.00	2003
ReplaceSchrubs&Landscaping	\$7,000.00	2003
CleaningMaintenanceEquipment	\$8,000.00	2004
CarpetReplacement	\$15,000.00	2004
ReplaceRefrigerators	\$30,000.00	2004
InstallNewSecurityCameras	\$19,000.00	2004
InstallNewWindowsin4Hallways	\$18,000.00	2004
ReplaceGa rdenTractor	\$15,000.00	2005
ReplaceGasRangeswithElectricandRewireforElectricRanges	\$70,000.00	2005
CarpetReplacementatHighrise	\$15,000.00	2006
ComputerEquipment	\$5,000.00	2006
ElevatorRepair/Maintenance	\$20,000.00	2006
UpgradeAirHandlingSystem	\$15,000.00	2006
UpdateSmokeDetectorsandHeatSensors	\$20,000.00	2006
RepairShowerStalls	\$15,000.00	2007
InstallN ewBeautyShopEquipment	\$7,000.00	2007
BuildBathroominLaundry/BeautyShopArea	\$10,000.00	2007
LawnSprinklerSystem	\$23,000.00	2007
CarpetReplacement	\$10,000.00	2007
ReplaceFluorescentLights&Ballasts	\$25,000.00	2007
<b>Totalestimatedcostovernext5years</b>		

<b>CFP5 -YearActionPlan</b>		
<input checked="" type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement		
<b>Development Number</b>	<b>DevelopmentName:</b> (orindicatePHAwide)FamilyPublicHousing	
MN008002		
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDate (HAFiscalYea r)
CementRepairs	<b>\$8,000.00</b>	<b>2003</b>
ReplaceShrubs&Landscaping	<b>\$8,000.00</b>	<b>2003</b>
ReplaceRetainingWall	<b>\$15,000.00</b>	<b>2003</b>
ComputerEquipment	<b>\$5,000.00</b>	<b>2005</b>
CarpetReplacement	<b>\$15,000.00</b>	<b>2006</b>
<b>Totalestimatedcostovernext5years</b>		



**Section 2: PHDEP Plan Goals and Budget**

**A. PHDEP Plan Summary**

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

**B. PHDEP Budget Summary**

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

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

**C. PHDEP Plan Goals and Activities**

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 - Reimbursement of Law Enforcement		Total PHDEP Funding :\$
Goal(s)		
Objectives		

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/Source)
1.						
2.						
3.						

<b>9115 -SpecialInitiative</b>						<b>TotalPHDEPFunding:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

<b>9116 -GunB uybackTAMatch</b>						<b>TotalPHDEPFunding:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

<b>9120 -SecurityPersonnel</b>						<b>TotalPHDEPFunding:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

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

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

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

<b>9160 - Drug Prevention</b>						<b>Total PHEDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	
1.							
2.							
3.							

<b>9170 -DrugIntervention</b>						<b>TotalPHDEPFunding:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

<b>9180 -DrugTreatment</b>						<b>TotalPHDEPFunding:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

<b>9190 -OtherProgramCosts</b>						<b>TotalPHDEPFunds:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

**Required Attachment E :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:

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

Elected

Appointed

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

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

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

B. Date of next term expiration of a governing board member: May 1, 2003

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Russell Anderson, Mayor, City of Fergus Falls

## **Required Attachment F: 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.)

All tenants (public housing and Section 8) are part of four Resident Advisory Boards (RAB).

As declared previously, the Fergus Falls HRA has not been notified by any participant/tenant of their interest to participate and serve on either the Board of Commissioners or the RAB. We will notify participants and residents of the opportunity to serve on an annual basis. Between now and the time that an actual RAB is established all participants and residents have been appointed as members of the RAB and they have been notified that all plans and policies are available for review at our main HRA Office during regular business hours. Comments will be received in writing and will be given the full consideration of the HRA staff involved in developing program policies.