

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

BENSON, MN HRA

mn014v01

**Small PHA Plan Update, Streamlined Plan for High
Performing PHA with fewer than 250 Public Housing Units
Annual Plan for Fiscal Year: 2003**

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

PHA Plan Agency Identification

PHA Name: Housing and Redevelopment Authority of Benson, MN

PHA Number: MN014-01

PHA Fiscal Year Beginning: (mm/yyyy) 04/2003

PHA Plan Contact Information:

Name: Jan Rohne, Executive Director, Benson HRA, 300 13th Street N., Benson, MN

Phone: 320-842-8481

TDD: TDD/voice 1-800-627-3529

Email (if available): pvm7@willmar.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, 300 13th Street North, Benson, MN
- PHA development management offices
- Main administrative office of the local, county or State government CITY HALL
- Public library
- PHA website
- Other - PARK VIEW MANOR AND WESTWOOD MANOR

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

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

PHA Programs Administered

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

**Annual PHA Plan
Fiscal Year 2002**

[24 CFR Part 903.7]

i. Table of Contents

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

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Attachments

- Attachment A : Supporting Documents Available for Review
- Attachment B :Capital Fund Program Annual Statement YR 2002
- Attachment C: Capital Fund Program 5 Year Action Plan
- Attachment N/A: Capital Fund Program Replacement Housing Factor Annual Statement N/A
- Attachment N/A: Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment E: Resident Membership on PHA Board or Governing Body
- Attachment F: Membership of Resident Advisory Board or Boards
- Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text) NOTE IN PHA PLAN TEXT
- Other (List below, providing each attachment name)
- X Attachment D: Annual Statement Capital Fund Program YR 2001
- X Attachment G: Component 3 (6) Deconcentration & Income Mixing
- X Attachment H: Voluntary Conversion
- X Attachment I: Capital Fund Program Annual Statement YR 2003

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

It is the mission of the Benson HRA to ensure that healthy, safe, affordable, and adequately maintained housing free from discrimination is available for the residents of the Benson Community. In order to achieve this we continue to recognize the resident as our customer; seek problem solving partnerships with the residents, community, and government leadership; review and update policies on a regular basis and ensure policies are enforced; act as an agent for positive necessary change, and remain committed to improve housing for the citizens of the City of Benson, while efficiently applying limited resources. The City of Benson and the surrounding area has a proportionately large elderly population. In order to help satisfy the needs of the elderly, the Benson HRA has been and continues to provide housing with elderly preference and also provide services to the elderly. We provide the only seven day a week, twenty-four hour per day assisted living services in Benson. We also provide noon meals, hair care facilities, and social activities enabling the low -income seniors in this community to age in place. There is a very active Resident's Council in both buildings, which on a voluntary basis provide the social activities in the buildings. We have exercise programs, catered dinner parties, cards, bingo, pancake breakfasts, klub dinners, flower gardens, fire drills and other activities organized by the residents. They also volunteer to assist with serving and clean up of the noon meals, which are supplied by Prairie V Community Action. The average age of our residents is 81. We also have a Resident HRA Board member, which has been a positive experience for both the residents and the HRA Board of Commissioners. He was appointed to fill a five - year term, and will be eligible to serve two such terms. The HRA is continually working toward meeting the goal that states: 40% of admissions each year must be at or below 30% of median income. We give first priority to the very low income. The Benson HRA is also continually striving to achieve the High performer status. The capital improvement funds are a necessity in order for us to achieve this goal. The Benson HRA Board's first priority with capital improvement funds is to address the fire and safety issues which are noted in the Program Five Year Action Plan. We continue to move on with our vision for the future by keeping our focus on our customer, and providing decent, safe, and fair housing for the citizens of this community, within the constraint of our funding levels.

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

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

There are no Program changes planned for the coming year.

THE FOLLOWING CHANGES WERE MADE TO THE BENSON HRA LEASE AGREEMENT TO ACCOMMODATE THE REQUIREMENTS BY THE MN DEPT. OF HEALTH CONCERNING NOTIFICATION TO THE RESIDENTS that they may contact the Office of Ombudsman for Older Minnesotan, and Delete reference to Ceiling Rent, since Ceiling Rents have been Obsolete since October 1, 2002. Note the changes

Lease – page 1 section 3 delete “This rent is based on the Ceiling rent and other information reported by the Residents.”

Lease – Elderly Housing with Services Contract, Page 14, Section 13. “ the Benson HRA has established a tenant complaint resolution process which is the grievance procedure as found in Section 22 of the Lease. The residents are encouraged to talk to any of the staff at Park View Manor or at Westwood Manor about any questions or concerns, or they may contact the Office of Ombudsman for Older Minnesotans, the Toll-free complaint Line is 1-800-657-3591, or may call 1-651-296-0382.” CHANGES TO THE BENSON HRA ADMISSION & OCCUPANCY POLICY (ACOP) section 8.2 (C) (1) To be eligible each member of the family must be a citizen, national, or a non-citizen who has eligible immigration status under one of the categories set forth in Section 214 of the Housing and Community Development Act of 1980 (see 42 U.S.C. 1436 a (a); or a citizen of the Republic of Marshall Islands, the Federated States of Micronesia, or the Republic of Palau. However, people in the last category are not entitled to housing assistance in preference to any United States citizen or national resident within Guam.

Also APPENDIX A. NEW INCOME LIMITS FOR OCCUPANCY according to HUD specifications.

# IN FAMILY	LOW INCOME	VERY LOW INCOME	VERY VERY LOW INCOME
1	\$27,150	\$17,000	\$10,200
2	31,050	19,400	11,650

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ _140,000 (ESTIMATE)_ Also in the Public Housing Operating Fund the HRA should be eligible for approximately \$95,000 in PFS funds. All of this is contingent upon what the Federal Government appropriates.

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 & D (2002)

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description N/A

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/>

Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. 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 N/A

[24 CFR Part 903.7 9 (k)]

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

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

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

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

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

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

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

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 ____N/A

6. Other Information

[24 CFR Part 903.7 9 (r)]

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

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

2. If yes, the comments are : The following items were discussed to be added to the future annual plans and also possibly can be funded from the operating budget note the items printed in italics these were additional suggestions: expand community room space to include beauty shop, storage lockers, additional meeting rooms and expand post office area at PVM; replace and move air handling unit in community room space near HRA Office; put tile on floor in mechanical room; new furniture in TV room, add chair for hair dryer and wall accessories for hair care area; whirlpool tub which rotates to allow for handicapped use; garages; *more private parking signs and also post them higher so they are easier to see; T.V. jack in bedroom; have someone wash the windows at no charge to the residents; solve drain backup problems in kitchen sinks at PVM; add lighting in living rooms at PVM; additional water fountains; raised flower beds; install exhaust fans in bathrooms; add telephone jacks in bedrooms at PVM; install ceiling fans in bedrooms; put acrylic cutting boards next to ranges; solve hot water lock problems in some apartments; window coverings for fixed windows by elevators at WWM; install AC on 2nd and 3rd floor halls and also in laundry area at WWM; new furniture for community space areas; at WWM possibly replace roof in five or more years; better or higher signs for reserved parking; ceiling fans in bedrooms; have someone wash the windows at no charge to the residents; in the storage lockers put a rod and shelf; an outlet at entry of apt. for a lamp, new window treatments in community room; replace vanity sinks in bathrooms; at WWM within 10 years replace ranges; install more raise toilets; valve adjustment in showers at WWM.*

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

The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

Yes No: below or

Yes No: at the end of the RAB Comments in Attachment ____.

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

Other: (list below) The Benson HRA plans to address all of the above requests over the next ten year period dependent on what funds are made available to the Benson HRA. We have already addressed some of the items in the operating budget and will include some of these items if the submitted proposals of the items in the current capital funds budget are below budget. The budget will be revised to include the items mentioned in #2 above. NOTE THE FIRST PRIORITY AT THIS TIME IS TO TAKE CARE OF FIRE AND SAFETY NEEDS FOR THE RESIDENTS WITHIN THE BUILDINGS.

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: (source is the "State of Minnesota" consolidated Plan jurisdiction) Comprehensive Housing Affordability Strategy (CHAS) dataset 1990 CHAS table 1C – All Household – This information is countywide, Benson is a city with a pop. Of 3300 in Swift County, attached is the most recent census data for the city of Benson concerning Profile of General Demographic Characteristics: 2000, from U.S. Census Bureau, Census 2000

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

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below) WE HAVE ON FILE A LETTER FROM THE STATE OF MN WHICH STATED THE PLAN WAS CONSISTANT WITH THE LATEST (CHAS) DATA SET.

3. PHA Requests for support from the Consolidated Plan Agency

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

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below) THE ORIGINAL FIVE YEAR PLAN 2000 – 2005 AS CERTIFIED BY THE STATE OF MINNESOTA

C. Criteria for Substantial Deviation and Significant Amendments

FOR ALL ANNUAL PLANS FOLLOWING SUBMISSION OF THE FIRST ANNUAL PLAN THE BENSON HRA WILL INCLUDE A BRIEF STATEMENT OF THE BENSON HRA'S PROGRESS IN MEETING THE MISSION AND GOALS DESCRIBED IN THE 5-YEAR PLAN IF THERE EXISTS A SUBSTANTIAL DEVIATION FROM ITS 5 –YEAR PLAN

1. **Amendment and Deviation Definitions: THIS IS DEFINED BY THE BENSON HRA TO MEAN DISCRETIONARY CHANGES IN THE PLANS OR POLICIES OF THE BENSON HOUSING AUTHORITY THAT FUNDAMENTALLY CHANGES THE MISSION, GOALS, OBJECTIVES, OR PLANS OF THE BENSON HRA AND THIS ALSO REQUIRES FORMAL APPROVAL OF THE BOARD OF COMMISSIONERS. IT IS A DECISION MADE BY THE BOARD OF COMMISSIONERS TO CHANGE THE PHA'S MISSION STATEMENT, GOAL, 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.**

SIGNIFICANT AMENDMENT OR MODIFICATION:

A Significant Amendment or Modification is a change in PHA plans or policies that require formal approval by the Board of Commissioners.

24 CFR Part 903.7(r)

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

- A. Substantial Deviation from the 5-year Plan: The Benson HRA requests approval of an amendment to the changes in the 5-Year Plan concerning some of the expenditures and the order of the work items from year to year. This became necessary because of an unexpected break down of the water softener at Park View Manor. This replacement must be done immediately. These funds must come from the 2001 CFP. The 2001 CFP was again revised to close out the expenditures. The balance was put in the operating budget. This was approved at the 09/11/2002 Regular Board Meeting, and with Board Resolution #2002-10 and also Res. # 2002-14. Since the repair of the roof ventilators and the closing of the garbage drop roof vent there has been an air inversion problem at Westwood Manor, the 2002 CFP Budget was revised to include an additional air handling unit at Westwood Manor. This was approved at the 09/11/2002 Regular Board Meeting with Board Resolution # 2002-11. Therefore the work items for the next five years have been reprioritized. Approved the entire plan on December 30, 2002.**

B. Significant Amendment or Modification to the Annual Plan: THERE ARE NONE, except for the work items as previously mentioned in (A) above.

Attachment A
Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment SCORE IS 99.0	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) No follow up plan was required.	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	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
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA). NOTE ACOP AND LEASE	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	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 - Note the Benson HRA will not do a conversion of its units.	Annual Plan: Conversion of Public Housing - Statement in Plan the Benson HRA will not do a conversion of units.
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8 SEE ACOP	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E This is included in all construction documents.	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 WE have none on going at this time.	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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 NO FINDINGS	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report

ATTACHMENT D

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Housing and Redevelopment Authority of Benson Benson HRA	Grant Type and Number Capital Fund Program: MN46P014501-01 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement
 Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 3)
X 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	8,190	11,895.79	11,895.79	8,190
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				
10	1460 Dwelling Structures	131,185.00	127,479.21	127,479.21	126,859.21
11	1465.1 Dwelling Equipment—Nonexpendable	7,881.00	7,881.00	7,881.00	7,881.00
12	1470 Nondwelling Structures	0	0	0	0
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)	147,256	147,256	147,256	142,930.21
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				

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report ATTACHMENT B					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: BENSON HRA		Grant Type and Number Capital Fund Program Grant No: MN46P01450102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	10,900	10,900		
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	6,200	6,357	6,357	1,600
8	1440 Site Acquisition				
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	52,700	30,468		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	69,000	91,075		
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	1501 Collateralization or Debt Service				

Annual Statement/Performance and Evaluation Report ATTACHMENT B					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: BENSON HRA		Grant Type and Number Capital Fund Program Grant No: MN46P01450102 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency	1,101	1,101		
21	Amount of Annual Grant: (sum of lines 2 – 20)	139,901	139,901	6,357	1,600
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report ATTACHMENT B Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Benson HRA			Grant Type and Number Capital Fund Program Grant No: MN46P01450102 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	Administrative	1406	1	10,900	10,900			
14-01 PVM	Architect Fee	1430	1	6,200	6,357	6,357	1,600	
14-01 PVM	Replace & Relocate Ext. AC Unit	1460	1	18,000	0			
14-01 PVM	Replace carpet 3 halls & 1 st floor	1460	4 halls	19,700	0			
14-01 PVM	Build External Storage with 3 garages	1470	4 units	69,000	91,075			
14-03 WWM	Upgrade exterior of building drainage	1450	1	0	0			
14-03 WWM	Solve air quality inversion, expand air exchanger & modify roof venting	1460	Lump sum	0	30,468			
HA - wide	Contingency	1502	Lump Sum	1,101	1,101			
14-03 WWM	Replace sheet vinyl	1460	18 apartments	15,000	0			

Annual Statement/Performance and Evaluation Report ATTACHMENT I Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: BENSON HRA		Grant Type and Number Capital Fund Program Grant No: MN46P01450103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no.) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	1,300			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	6,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	132,700			
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	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	140,000			
22	Amount of line 21 Related to LBP Activities				

Annual Statement/Performance and Evaluation Report ATTACHMENT I Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: BENSON HRA		Grant Type and Number Capital Fund Program Grant No: MN46P01450103 Replacement Housing Factor Grant No:		Federal FY of Grant: 2003	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no.) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report ATTACHMENT I Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Benson HRA		Grant Type and Number Capital Fund Program Grant No: MN46P01450103 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	

Annual Statement/Performance and Evaluation Report ATTACHMENT I Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Benson HRA		Grant Type and Number Capital Fund Program No: MN46P01450103 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	
MN 14 – 001	05/31/2005			05/31/07			ACCORDING TO MAY20, 2002 NOTICE
							ACCORDING TO MAY 20, 2002 NOTICE
HA- wide	05/31/2005			05/31/07			ACCORDING TO MAY 20, 2002 NOTICE

Capital Fund Program Five-Year Action Plan ATTACHMENT C

Part I: Summary

PHA Name- Benson HRA		MN46P014501		<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 2	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2003 PHA FY: 04/2003	Work Statement for Year 3 FFY Grant: 2004 PHA FY: 04/2004	Work Statement for Year 4 FFY Grant: 2005 PHA FY: 04/2005	Work Statement for Year 5 FFY Grant: 2006 PHA FY: 04/2006
	Annual Statement				
14-01 PVM		132,700			62,780
14-03 WWM			138,700	132,780	70,000
HA-Wide		1,300	1,300	7,220	7,220
14-01 PVM		6,000			
CFP Funds Listed for 5-year planning		140,000	140,000	140,000	140,000
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan ATTACHMENT C

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2003 PHA FY: 04/2003			Activities for Year: <u>3</u> FFY Grant: 2004 PHA FY: 04/2004		
	Development Name/Number	Major Work Categories	Cost Estimated	Development Name/Number	Major Work Categories	Estimated Cost
See	14-01 PVM	<i>Install fire sprinkler system, hall lights, ceiling tile</i>	132,700			
Annual Statement				14-03 WWM	Fire sprinkler system	133,700
	14-01 PVM	Archit. Fee	6,000	14-03 WWM	Archit. Fee	5,000
	Subtotal		138,700	subtotal		138,700
	Subtotal					
	HA-Wide	CFP Admin.	1,300	HA-Wide	CFP Admin .	1,300
	Total CFP Estimated Cost		\$ 140,000			\$ 140,000

PHA Public Housing Drug Elimination Program Plan

N/A

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

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an “x”) N1 _____ N2 _____ R _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

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

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

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History

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

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary

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

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

C. PHDEP Plan Goals and Activities

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

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

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

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

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

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

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

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

1.							
2.							
3.							

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

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

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

Required Attachment __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: GINTER RICE

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): 12/31/2004

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

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

B. Date of next term expiration of a governing board member: 12/31/2003

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): THE MAYOR OF THE CITY OF BENSON, MN, PAUL KITTELSON APPOINTS THE HRA BOARD MEMBER WITH THE RECOMMENDATION OF THE BENSON CITY COUNCIL. OPENINGS ARE ADVERTISED IN THE LOCAL PAPER, CITIZENS OF BENSON ARE INVITED TO APPLY FOR THE VARIOUS BOARDS INCLUDING THE BENSON HRA BOARD. THE APPLICATIONS ARE REVIEWED BY THE CITY COUNCIL.

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.)

THE RESIDENTS ADVISORY BOARDS ARE THE RESIDENTS COUNCILS AT EACH BUILDING (PARK VIEW MANOR AND WESTWOOD MANOR). THE RESIDENT COUNCILS CONSIST OF TWO REPRESENTATIVES FROM EACH FLOOR OF THE BUILDING, PLUS THE ELECTED OFFICERS. AT PARK VIEW MANOR THERE ARE A TOTAL OF 16 ON THE ADVISORY BOARD. THIS BUILDING HAS 70 UNITS, AND AT WESTWOOD MANOR THERE ARE A TOTAL OF 9 RESIDENTS ON THE ADVISORY BOARD. THIS BUILDING HAS 39 UNITS. ALSO ALL RESIDENTS ARE ENCOURAGED TO ATTEND ALL MEETINGS.

THE CHAIRMAN OF THE PARK VIEW MANOR'S RESIDENTS COUNCIL IS WALTER MUNSTERMAN AND THE CHAIRWOMAN OF WESTWOOD'S RESIDENT COUNCIL IS LILLIAN JERGENSON.

ATTACHMENT G
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.

THE AVERAGE INCOME OF ALL UNITS AT THE BENSON HRA IS \$10,022.
 PARK VIEW MANOR'S AVERAGE INCOME IS \$9,627 AND WESTWOOD MANOR'S AVERAGE INCOME IS \$10,417.

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)]
Park View Manor	68 (1bdr)	Ave. income \$9,627, 96% of ave.	
Westwood Manor	38 (1bdr)	Ave. income \$10,417, 104% of Ave.	

Component 10 (B) Voluntary Conversion Initial Assessments

VOLUNTARY CONVERSION

ATTACHMENT H

Park View Manor and Westwood Manor serve primarily elderly residents. We have a very active Assisted Living Program. About 29% of the residents Contract with Central MN Senior Care who provide the Assisted Living Services to our residents. Others contract with Swift County Family Services or Home Health Agency through Swift County Benson Hospital. Eighty-eight percent of our residents fall in the very low - income category. The average age of the residents is 81. If the Benson HRA did a conversion it would adversely affect the availability of much needed low - income senior housing with services in the Benson community. This is to certify it is not appropriate to do a conversion at this time.

- a) **How many of the PHA's developments are subject to the Required Initial Assessments? Zero**
- 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)? Two**

1. How many Assessments were conducted for the PHA's covered developments? **0**
2. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: **N/A**

Development Name	Number of Units
NONE	

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

Income Limits and Deconcentration Worksheet

See ACOP MN014V01 (rev/11/2001) Sec. 10.4

Park Manor View	68 (1 bdrm u.)	68 (1 bdrm u.)	\$9,627	No, 96% of Ave.
Westwood Manor	38 (1 bdrm. u.)	38 (1 bdrm u.)	\$10,417	No, 104% of Ave.