

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

Small PHA Plan Update
Annual Plan for Fiscal Year: **2003**

SCOTT COUNTY HRA mn184v01

**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: Scott County Housing & Redevelopment Authority

PHA Number: MN184

PHA Fiscal Year Beginning: (mm/yyyy) 01/2003

PHA Plan Contact Information:

Name: William I. Jaffa, Executive Director

Phone: 952-402-9022

TDD:

Email (if available): bjaffa@scotthra.org

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered:

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

Annual PHA Plan Fiscal Year 2003

[24 CFR Part 903.7]

i. Table of Contents

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

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

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.

Minor changes to Chapters 2, 5 and 14 of the Section 8 Administrative Plan reflect Scott County HRA's addition to the existing Admin Plan and/or clarification of definitions in the existing Plan. The major changes to Chapter 15 are at the direction of the U.S. Department of Housing and Urban Development (HUD) and address Screening and Termination for Drug Abuse and Other Criminal Activity, HUD Definitions, Ineligibility if Evicted for Drug-Related Activity, Notice of Termination of Assistance, and Confidentiality of Criminal Records.

No changes to the Statement of Policies for Public Housing are proposed at this time.

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? \$ 136,000

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

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

[24 CFR Part 903.7 9 (k)]

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

using the table below (copy and complete questions for each program identified.)

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

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

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

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

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

[24 CFR Part 903.7 9 (r)]

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

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

2. If yes, the comments are Attached as Attachment (File name) E

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 E.
- 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: (list below)

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)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

When a decision is made by the Board of Commissioners to change the PHA's mission statement, goals or objective that are identified in the 5-year plan. It can also be 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:

Changes in the plans for policies of the PHA that require formal approval by the Board of Commissioners.

Attachment A

Supporting Documents Available for Review

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

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans) 91 MHOP Units	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	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	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Income Analysis of Public Housing Covered Developments	Required by PIH Notice 2001-26 (specify as needed)
X	Voluntary Conversion Required Initial Assessment	Required by PIH Notice 2001-26 (specify as needed)
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report				<i>Attachment B</i>	
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Scott County HRA		Grant Type and Number Capital Fund Program: MN46P18450103 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	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$24,800.00			
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	\$38,200.00			
10	1460 Dwelling Structures	\$73,000.00			
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)	\$136,000.00			
21	Amount of line 20 Related to LBP Activities				

Annual Statement/Performance and Evaluation Report		<i>Attachment B</i>			
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Scott County HRA		Grant Type and Number Capital Fund Program: MN46P18450103 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	
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 B*
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Scott County HRA		Grant Type and Number Capital Fund Program #: MN46P18450103 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	
HA-Wide	Operations	1406	1	\$24,800				
MN46P104001	Resurface stucco at Inglewood	1460	12	\$8,500				
MN46P104001	Replace Front Doors	1460	12	\$10,000				
MN46P104002	Resurface stucco at Jordan	1460	14	\$8,500				
MN46P104002	Rehab 2 units at Jordan- paint, carpet	1460	2	\$20,000				
MN46P104002	Landscaping at Jordan	1450	1	\$8,000				
MN46P104002	Replace sidewalks & driveways at Jordan	1450	14	\$30,200				
MN46P104007	Replace siding at 970 Fuller	1460	1	\$13,000				
MN46P104007	Replace siding at 1530-32 5 th Avenue	1460	1	\$13,000				

Capital Fund Program 5-Year Action Plan

Attachment

C

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MN46P184001	Prior Lake 4-Plex	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Siding	\$20,000	2006
Replace garage doors – 4 units	\$10,000	2006
Landscape property	\$5,640	2006
Total estimated cost over next 5 years	\$35,640	

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MN46P184001	Savage Inglewood	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)

Replace kitchen/bathroom cabinets	\$48,440	2005
Replace garage doors	\$30,000	2008
Install fireproof drywall in garages	\$12,000	2008
Rehab 2 units, including paint, carpet, etc	\$20,000	2008
Total estimated cost over next 5 years	\$110,440	

Attachment C

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MN46P184002	Jordan	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace cement sidewalks and driveways	\$5,000	2005
Rehab 3 units, including carpet, paint, appliances, repairs	\$31,200	2005
Replace kitchen/bathroom cabinets	\$18,160	2006
Replace kitchen/bathroom cabinets	\$24,800	2007
Rehab 2 units, including carpet, paint, appliances, repairs	\$20,000	2008
Replace windows	\$26,800	2008
Total estimated cost over next 5 years	\$125,960	

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MN46P184002	Prior Manor	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Install sidewalk canopy	\$15,000	2005
Rehab 3 units, including carpet, paint, appliances, repairs	\$12,000	2005
Remove common area wallpaper and paint walls	\$10,000	2006
Rehab 3 units, including carpet, paint, appliances, repairs	\$12,000	2006
Build carports for tenants	\$33,000	2006
Replace washers and dryers	\$12,000	2007
Replace windows – 2 windows in 40 units	\$60,000	2007
Rehab 3 units, including carpet, paint, appliances, repairs	\$12,000	2007

Total estimated cost over next 5 years	\$166,000	
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Required Attachment D: Resident Member on 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: **12/31/03,**
Commissioner James Siekmann, District V

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

Scott County Commissioner Jon Ulrich, District V

Required Attachment E: Membership of Resident Advisory Board(s)

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.)

Resident Advisory Board:

Stephanie Barry
Leeann Lucas-Braziel
Luann Heard
Laura Johnson
Shannon McGauley

Alternates:

Wearne Clayton
Angeliet Kinhead
Judy Richardson
Orlan Zorn

Resident Advisory Board Meeting of September 30, 2002:

The Scott County HRA mailed meeting notifications to its Resident Advisory Board (RAB) members on September 23, 2002, together with a copy of the draft Agency Plan Update for 2003, including the proposed policy changes to the Section 8 Administrative Plan.

Although follow-up telephone calls were made to each RAB member reminding them of the upcoming meeting, no residents attended the meeting.

At the time of this writing, no written comments or feedback has been received from any RAB member.

REQUIRED ATTACHMENT F: Community Service Program Description

Scott County HRA has developed all necessary documentation relative to the Community Service Program. Agency materials include:

- A cover memorandum explaining the requirements of the Community Service Program and criteria utilized in determining whether or not a resident would be exempt from the volunteer service requirement;
- A Volunteer Community Service Summary;
- A Volunteer Community Service Worksheet;
- A Volunteer Community Service or Economic Self-Sufficiency Verification; and
- A listing of “Possible Volunteer Opportunities” and corresponding contacts.

The HRA is prepared to implement the program pursuant to upcoming Congressional action. Documentation is on file at the Scott County HRA’s main administrative office.

ATTACHMENT G: VOLUNTARY CONVERSION OF DEVELOPMENTS FROM PUBLIC HOUSING STOCK REQUIRED INITIAL ASSESSMENTS

Scott County HRA certifies that it has reviewed each of its covered development’s operations as public housing and has considered the implications of converting its public housing to tenant-based assistance. The following developments were evaluated:

<u>Development Name</u>	<u>Number of Units</u>
Savage/Inglewood	12 Townhome Units
Prior Lake 4-Plex	4 Units
Jordan/Hope & Chad	14 Townhome Units
Savage/Evergreen Pointe	5 Townhome Units
Savage/Marshview	6 Townhome Units
Shakopee/EverGreen Heights I	10 Townhome Units
Shakopee/EverGreen Heights II	8 Townhome Units
Shakopee/Fuller & 10 th	2 Units
Shakopee/West 6 th	2 Units
Shakopee/5 th Avenue	3 Units
Shakopee/2 nd Avenue	2 Units

At this time, Scott County HRA has concluded that it would be inappropriate to convert because its covered developments remain more economical to operate as public housing rather than issuing Section 8 vouchers to each of its tenants. Documentation to support this conclusion is on file at Scott County HRA’s main administrative office.

Annual Statement/Performance and Evaluation Report				ATTACHMENT	
<u>H</u>					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Scott County Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program: <u>MN46P18450100</u> Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies			Revised Annual Statement
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6-30-02		<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	\$ 24,000	\$24,000	\$24,000	\$24,000
3	1408 Management Improvements				
4	1410 Administration	\$3,000	\$3,000	\$3,000	\$3,000
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$4,000	\$4,922.02	\$4,922.02	
10	1460 Dwelling Structures	\$ 93,084	\$92,161.98	\$89,217.31	\$89,217.31
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)	\$124,084	\$124,084	\$121,139.33	\$116,217.31

Annual Statement/Performance and Evaluation Report		ATTACHMENT			
<u>H</u>					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Scott County Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program: <u>MN46P18450100</u> Capital Fund Program Replacement Housing Factor Grant No:			
		Federal FY of Grant: 2000			
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6-30-02		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
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					<i>ATTACHMENT H</i>			
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Scott County Housing and Redevelopment Authority			Grant Type and Number Capital Fund Program #: MN46P18450100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MN 184 HA Wide	Operations	1406	Lump Sum	\$ 24,000	\$24,000	\$24,000	\$24,000	
MN 184 HA Wide	Admin Cost – Server replacement	1410	Lump Sum	\$3,000	\$3,000	\$3,000	\$3,000	
MN46P184001	Install HVAC at Inglewood	1460	12	\$0	\$2,944.67	\$0	\$	
MN46P184001	Replace 12 windows at Inglewood	1460	12	\$48,608.23	\$48,608.23	\$48,608.23	\$48,608.23	
MN46P184001	Replace fascia & soffitt at Inglewood	1460	Lump Sum	\$5,000.00	\$2,560.00	\$2,560.00	\$2,560.00	
MN46P184001	Landscaping at Inglewood	1450	Lump Sum	\$4,000.00	\$4,922.02	\$4,922.02	\$0	
MN46P184002	Replace Hallway Lighting-Prior Manor	1460	85	\$5,378.25	\$5,378.25	\$5,378.25	\$5,378.25	
MN46P184002	Replace Common Area Carpet- Prior Manor	1460	Lump Sum	\$16,597.52	\$12,734.50	\$12,734.50	\$12,734.50	
MN46P184002	Replace 14 doors at Jordan	1460	14	\$5,000.00	\$9,100.00	\$9,100.00	\$9,100.00	
MN46P184002	Rehab 2 units at Jordan including paint, carpet, appliances, etc.	1460	2	\$12,500.00	\$10,836.33	\$10,836.33	\$10,836.33	
	TOTALS			\$ 124,084	\$124,084	\$121,139.33	\$116,217.31	

Annual Statement/Performance and Evaluation Report			ATTACHMENT I		
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Scott County Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program: MN46P18450101 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement			<input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6-30-02			<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	\$ 24,800	\$24,800.00	\$24,800.00	\$24,800.00
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	\$ 5,000	\$7,850.00		
10	1460 Dwelling Structures	\$ 77,000	\$57,841.49	\$57,841.49	\$24,706.97
11	1465.1 Dwelling Equipment—Nonexpendable	\$ 19,301	\$5,852.84	\$5,852.84	\$5,852.84
12	1470 Nondwelling Structures		\$29,756.67		
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)	\$126,101	\$126,101.00	\$89,600.81	\$55,359.81
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 J	
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Scott County HRA		Grant Type and Number Capital Fund Program: MN46P18450102 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: 1)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6-30-02		<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	\$24,800.00	\$24,800.00		
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	\$96,000.00	\$91,694.78		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	\$15,731.00	\$20,036.22		
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)	\$136,531.00	\$136,531.00		
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						<i>ATTACHMENT J</i>		
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Scott County HRA		Grant Type and Number Capital Fund Program #: MN46P18450102 Capital Fund Program Replacement Housing Factor #:				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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406	1	\$24,800.00	\$24,800.00	0	0	
HA-Wide	Maintenance Garage	1470	1	\$15,731.00	\$20,036.22	0	0	
MN46P104001	Replace roof & fireproof garage at Prior Lake 4-plex	1460	4	\$9,000.00	\$19,000.00	0	0	
MN46P104001	Rehab 2 units – carpet, paint repairs, appliances at Prior Lake 4-plex	1460	4	\$20,000.00	\$10,000.00			
MN46P184002	Install Handicap Entrance @ Prior Manor	1460	1	\$25,000.00	\$20,581.22	0	0	
MN46P184002	Install HVAC at Jordan	1460	14	\$42,000.00	\$42,113.56	0	0	

Annual Statement/Performance and Evaluation Report							<i>ATTACHMENT J</i>
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implementation Schedule							
PHA Name: Scott County HRA			Grant Type and Number Capital Fund Program #:MN46P18450102 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide Operations	5/31/04			05/31/06			
MN46P184001	5/31/04			05/31/06			
MN46P184002	5/31/04			05/31/06			

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2.0	SCOTT COUNTY HOUSING AUTHORITY, OWNER RESPONSIBILITY, OBLIGATION F THE FAMILY.....5
	<p>2.3 Obligations of the participant.....8-9</p> <p style="padding-left: 40px;">G. Use and Occupancy of the Unit</p> <p style="padding-left: 80px;">1. The family must use the assisted unit for a residence by the family. The unit must be the family’s only residence.</p> <p style="padding-left: 80px;">2. The SCOTT COUNTY Housing Authority must approve the composition of the assisted family residing in the unit. The family must promptly inform the SCOTT COUNTY Housing Authority <i>in writing</i> of the birth, adoption or court-awarded custody of a child. The family must <i>submit a written request for</i> approval from the SCOTT COUNTY Housing Authority to add any other family member as an occupant of the unit. No other person (i.e., no one but members of the assisted family) may reside in the unit (except for a foster child/foster adult or live-in aide as provided in paragraph (4) of this Section <i>and with proper written notice</i>).</p> <p style="padding-left: 80px;">3. <i>The SCOTT COUNTY Housing Authority allows the family to have guests stay on a temporary basis. The SCOTT COUNTY Housing Authority defines Temporary Guest as a guest who stays with the household no more than a total of 10 days in any 30 day period. If the household wishes to have guests stay for more than a total of 10 days in any 30 day period, the family must submit a written request for approval from the SCOTT COUNTY Housing Authority.</i></p> <p style="padding-left: 80px;">3. 4. The family must promptly notify the SCOTT COUNTY Housing Authority if any family member no longer resides in the unit.</p> <p style="padding-left: 80px;">4. 5. If the SCOTT COUNTY Housing Authority has given approval, a foster child/foster adult or a live-in aide may reside in the unit. The SCOTT COUNTY Housing Authority has the discretion to adopt reasonable policies concerning residence by a foster child/foster adult or a live-in aide and defining when the</p>

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*#only	SCOTT COUNTY Housing Authority consent may be given or denied.
*#only	5-6. Members of the household may engage in legal profit making activities in the unit, but only if such activities are incidental to primary use of the unit for residence by members of the family. Any business uses of the unit must comply with zoning requirements and the affected household member must obtain all appropriate licenses.
*#only	6-7. The family must not sublease or let the unit.
*#only	7-8. The family must not assign the lease or transfer the unit.

5.0 SELECTING FAMILIES FROM THE WAITING LIST.....19	
*new	5.2 Preferences.....19-20
*#only	<p>Consistent with the SCOTT COUNTY Housing Authority Agency Plan, the SCOTT COUNTY Housing Authority will select families based on the following preferences based on local housing needs and priorities.</p> <p>A. Applicants with an adult family member who lives or works or has been hired to work in the jurisdiction of the SCOTT COUNTY Housing Authority.</p> <p>B. Displaced person(s): Individuals or families displaced by government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.</p> <p>C. Tenants in the SCOTT COUNTY Housing Authority Public Housing Program who are required to move and who cannot be placed in another public housing unit.</p> <p><i>D. Participants in the Bridges Program who reside in Scott County.</i></p> <p>D- E. All other applicants who do not meet the definitions in the other preference categories.</p> <p>The SCOTT COUNTY Housing Authority will not deny a local preference, nor otherwise exclude or penalize a family in admission to the program, solely because the family</p>

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	resides in public housing.
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14.0	RECERTIFICATION.....7
3	
	14.2 Interim Reexaminations.....74
	During an interim reexamination only the information affected by the changes being reported will be reviewed and verified.
*	Families will not be required to report any increase in income or decreases in allowable expenses between annual reexaminations unless the income increase exceeds \$2,000 <i>\$1,000</i> gross income monthly or the additional income is due to the addition of an adult household member, or the most recent certification was based on a report of zero or unrealistic income. Unrealistic income is defined as 10% of the very low income limit, on a monthly basis, for the household size.
*	Families are required to report, <i>in writing</i> , the following changes to the SCOTT COUNTY Housing Authority between regular reexaminations. These changes will trigger an interim reexamination.
*new	A.. <i>The total household gross income increases by \$1,000 or more per month.</i>
*#only	A. B. A member has been added to the household, including births or adoptions or court-awarded custody.
*#only	B. C. A household member is leaving or has left the family unit.
*#only	C. D. Family break-up

15.0	TERMINATION OF ASSISTANCE TO THE FAMILY BY THE SCOTT COUNTY HOUSING AUTHORITY.....76-77
*new header	15.1 Termination of Program Assistance The Housing Authority may at any time terminate program assistance for a participant because of any of the following actions or inactions by the household:

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*#only	A. If the family violates any family obligations under the program.
	B. If a family member fails to sign and submit consent forms.
	C. If a family fails to establish citizenship or eligible immigrant status and is not eligible for or does not elect continuation of assistance, pro-ration of assistance, or temporary deferral of assistance.
	D. If any member of the family commits drug-related or violent criminal activity.
*#only	G. <i>E.</i> If any member of the family commits fraud, bribery or any other corrupt or criminal act in connection with any Federal housing program.
*#only	H. <i>F.</i> If the family currently owes rent or other amounts to the Housing Authority or to another Housing Authority in connection with Section 8 or public housing assistance under the 1937 Act.
*#only	I. <i>G.</i> If the family has not reimbursed any Housing Authority for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease.
*#only	J. <i>H.</i> If the family breaches an agreement with the Housing Authority to pay amounts owed to a Housing Authority or amounts paid to an owner by a Housing Authority. (The Housing Authority, at its discretion, may offer a family the opportunity to enter an agreement to pay amounts owed to a Housing Authority or amounts paid to an owner by a Housing Authority. The Housing Authority may prescribe the terms of the agreement.)
*#only	K. <i>I.</i> If a family participating in the FSS program fails to comply, without good cause, with the family's FSS contract of participation.
*#only	L. <i>J.</i> If the family has engaged in or threatened abusive or violent behavior toward Housing Authority personnel.
*#only	M. <i>K.</i> If any household member is subject to a lifetime registration requirement under a State sex offender registration program.
*#only	N. <i>L.</i> If a household member's illegal use (or pattern of illegal use) of a controlled substance, or whose abuse (or pattern of abuse) of alcohol, is determined by the SCOTT COUNTY Housing Authority to interfere

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	with the health, safety, or right to peaceful enjoyment of the premises by other residents.
*new	<p>15.2 <i>Screening and Termination for Drug Abuse and Other Criminal Activity</i></p> <p><i>In an effort to prevent future drug related and other criminal activity, as well as other patterns of behavior that pose a threat to the health, safety or right to peaceful enjoyment of the premises by other residents, and as required by 24 CFR 982, Subpart L and CFR Part 5, Subpart J, the Housing Authority will endeavor to screen applicants as thoroughly and fairly as possible for drug-related and violent criminal behavior. Such screening will apply to any member of the household who is 18 years of age or older or who is an emancipated minor.</i></p>
*new	<p>15.6 <i>HUD Definitions</i></p> <p><i>Covered person, for purposes of 24 CFR Part 982 and this chapter, means a tenant, any member of the tenant's household, a guest or another person under the tenant's control.</i></p> <p><i>Drug means a controlled substance as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802).</i></p> <p><i>Drug-related criminal activity means the illegal manufacture, sale, distribution, use or the possession of a drug with intent to manufacture, sell, distribute or use the drug.</i></p> <p><i>Violent criminal activity means any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious injury or property damage.</i></p>
*new	<p>15.4 <i>Ineligibility if Evicted for Drug-Related Activity</i></p> <p><i>Persons evicted from federally assisted housing, because of drug-related criminal activity, are ineligible for admission to the Section 8 Program for a three-year period, beginning on the effective date of such eviction.</i></p> <p><i>However, the household may be admitted if, after considering the individual circumstances of the household, the Housing Authority</i></p>

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*new	<p><i>determines that:</i></p> <ol style="list-style-type: none"> <i>1. The evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program approved by the PHA.</i> <i>2. The circumstances leading to eviction no longer exist because:</i> <ol style="list-style-type: none"> <i>a. The criminal household member has died.</i> <i>b. The criminal household member is imprisoned.</i> <p><i>Applicants will be denied assistance if they have been evicted from a unit assisted under the Housing Act of 1937 due to violent criminal activity within the last five years prior to the date of the certification interview.</i></p> <p><i>In appropriate cases, the Housing Authority may permit the family to continue receiving assistance provided that family members determined to have engaged in the proscribed activities will not reside in the unit. If the violating member is a minor, the Housing Authority may consider individual circumstances with the advice of Juvenile Court Officials.</i></p> <p><i>The Housing Authority may waive the requirement regarding drug-related activity if:</i></p> <ol style="list-style-type: none"> <i>1. The person demonstrates successful completion of a credible rehabilitation program approved by the Housing Authority, or</i> <i>2. The circumstances leading to the violation no longer exist because the person who engaged in drug-related criminal activity or violent criminal activity is no longer in the household due to death or incarceration.</i> <p>15.5 Notice of Termination of Assistance</p> <p><i>In any case where the Housing Authority decides to terminate assistance to the family, the Housing Authority must give the family written notice which states:</i></p> <ol style="list-style-type: none"> <i>1. The reason(s) for the proposed termination</i> <i>2. The effective date of the proposed termination</i> <i>3. The family's right, if the disagree, to request an Informal</i>
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*new	<p align="center"><i>Hearing to be held before termination of assistance</i></p> <p align="center"><i>4. The date by which a request for an informal hearing must be received by the Housing Authority</i></p> <p><i>If the Housing Authority proposes to terminate assistance for criminal activity as shown by a criminal record, the HA will provide the subject of the record and the tenant with a copy of the criminal record.</i></p> <p><i>The HA will simultaneously provide written notice of the contract termination to the owner so that it will coincide with the Termination of Assistance. The notice to the owner will not include any details regarding the reason for termination of assistance.</i></p> <p><i>Credible evidence may be obtained from police and/or court records. Testimony from neighbors, when combined with other factual evidence can be considered credible evidence. Other credible evidence includes documentation of drug raids or arrest warrants.</i></p> <p>15.6 Confidentiality of Criminal Records</p> <p><i>The Housing Authority will ensure that any criminal record received is maintained confidentially, not misused or improperly disseminated, and destroyed once the purpose for which it was requested is accomplished.</i></p>
END	