

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

Housing Authority of Itta Bena, MS

October 1, 2003 to September 30, 2004

June 24, 2003 Version 1

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

PHA Plan Agency Identification

PHAName: Itta Bena, MS

PHANumber: MS121

PHAFiscalYearBeginning:(mm/yyyy) 10/2003

PHA Plan Contact Information:

Name: Mrs. Michele Mason, Executive Director

Phone: 662 -254-9330

TDD:

Email (if available):

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
 [24CFR Part 903.7]
i. Table of Contents

Annual Plan	<u>Page#</u>
i. Table of Contents	1
ii. Executive Summary (optional)	2
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	2
2. Capital Improvement Needs	3
3. Demolition and Disposition	4
4. Homeownership: Voucher Homeownership Program	5
5. Crime and Safety: PHDEP Plan	6
6. Other Information:	
A. Resident Advisory Board Consultation Process	7
B. Statement of Consistency with Consolidated Plan	7
C. Criteria for Substantial Deviations and Significant Amendments	8
Attachments	
<input checked="" type="checkbox"/> Attachment A: Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment B: Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment C: Capital Fund Program 5 - Year Action Plan	
<input type="checkbox"/> Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment D: Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment E: Membership of Resident Advisory Board or Boards	
<input type="checkbox"/> Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment F: Results of First, Second and Third Year Activities and Progress Report	
Attachment G: Substantial Deviation Policy	
Attachment H: Pet Policy Excerpts	
Attachment I: Performance and Evaluation Report - Open Mod Programs	
Attachment J: De -concentration	
Attachment K: Voluntary Conversion Initial Assessments	
Attachment L: Implementation of Community Service	
Attachment M: Organizational Chart	
Attachment N: Resident Satisfaction Follow -Up Plan	

ii. Executive Summary

[24 CFR Part 903.79(r)]

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

This Annual Plan is an update of the five -year Plans adopted in 1999. All major components are covered in this Annual Plan for the fiscal year commencing October 1, 2003. Planned modernization work throughout all of the sites is disclosed and the attachments disclose results of the first year activities, major policies that have been adopted in accordance with HUD final rules, and resident board member status has been complied with or disclosed.

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.

The Itta Bena Housing Authority had suspended its enforcement of the 8 -hour community service requirement after a 30 -day notice on 8/30/02. The Housing Authority did not enforce this provision of the Admissions and Continued Occupancy Policy as long as Congress provided for the option to not enforce it. However, in February 2003 Congress reinstated this provision and the Housing Authority will re -implement this provision effective October 1, 2003. No other policies are anticipated to be changed at this time.

2. Capital Improvement Needs

[24CFR Part 903.79(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? \$ 150,870

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.D Demolition and Disposition

[24CFR Part 903.79(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: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for _____ units <input type="checkbox"/> Public housing for _____ units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for _____ units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

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

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

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

- Establishing a minimum home ownership down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire the 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 as Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

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

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

2. If yes, the comments are attached at Attachment (Filename)

3. In what manner did the PHA address those comments? (select all that apply)
 - The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included.
 - Yes No: below
 - Yes No: at the end of the RAB Comments in Attachment ____.
 - Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment ____.
 - Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here) **State of Mississippi**

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) 2000 CHAS

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 Consolidated Plan supports the PHA Plan in that the PHA provides low-income housing, and makes it available, for low income applicants.

C. Criteria for Substantial Deviation and Significant Amendments

EXCERPTS:

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.

The Housing Authority defines a "substantial deviation" as any deletion or addition of any modernization work item that is greater than \$25,000; the addition or deletion of any new or old program or activity; any changes with regard to demolition, disposition, or designation of housing units; any homeownership programs or conversion activities; and any changes to rent or admission policies (except changes made to reflect changes in HUD regulatory requirements).

B. Significant Amendment or Modification to the Annual Plan: occurs when the Housing Authority changes the use of replacement reserves under the Capital Funds program or the addition of non-emergency work items not included in the current Annual Plan, and the amount exceeds \$25,000.

Required 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 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
N/A	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
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
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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 09/30/2002	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
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
N/A	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
N/A	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
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, 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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Approved or submitted public housing home ownership 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
N/A	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
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (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 PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA 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 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
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any P HA-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.

CAPITAL FUND PROGRAM TABLES START ON THE
FOLLOWING PAGES
(pages 5 - 11)

Required Attachment ___ B ___:					
Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PH Name: ITTABENA, MS		Grant Type and Number Capital Fund Program: MS26P12150103 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	18,370			
3	1408 Management Improvements				
4	1410 Administration	7,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	7,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000			
10	1460 Dwelling Structures	77,000			
11	1465.1 Dwelling Equipment — Nonexpendable	1,500			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	30,000			
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)	150,870			
21	Amount of line 20 Related to LBP Activities				

Required Attachment __B__:				
Annual Statement/Performance and Evaluation Report				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHAName: ITTABENA, MS		Grant Type and Number Capital Fund Program: MS26P12150103 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 Capital Fund Program and Capital Fund Program Replacement Housing Factor (C FP/CFPRHF) Part II: Supporting Pages								
PHA Name: ITTABENA, MS			Grant Type and Number Capital Fund Program#: MS26P12150103 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	TRANSFERTO OPERATIONS	1406		18,370				
HA-WIDE	ADMIN-CLERK & INSPECTOR	1410		7,000				
HA-WIDE	A&E/CONSULTANT FEES	1430		7,000				
HA-WIDE	REPLACE OUTSIDE HYDRANTS	1450	10	10,000				
HA-WIDE	STOVES/REFRIGERATORS	1465.1	5	1,500				
MS121-002	DWELLING STRUCTURES:	1460						
MS121-002	NEW UMBRELLA CLOTHES LINES		70	19,800				
MS121-002	INTERIOR PAINTING UNITS		24	19,200				
MS121-002	SANDBLAST OUTSIDE BRICK OF UNITS			2,000				
MS121-002	INSTALL NEW FRONT DOORS AND PEEPHOLES		70	15,000				
MS121-002	REPLACE UNIT MAILBOXES		70	7,000				
MS121-002	NEW 4" VENT CAPS FOR HOT WATER HEATERS		70	14,000				
HA-WIDE	NON DWELLING EQUIPMENT -NEW REPLACEMENT VEHICLE	1475	1	30,000				
	TOTAL			150,870				

Required Attachment ___ C ___:
Capital Fund Program Five - Year Action Plan
Part I: Summary

PHAName: ITTABENA, MS		<input checked="" type="checkbox"/> Original 5 - Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHAFY: 09/30/2005	Work Statement for Year 3 FFY Grant: 2005 PHAFY: 09/30/2006	Work Statement for Year 4 FFY Grant: 2006 PHAFY: 09/30/2007	Work Statement for Year 5 FFY Grant: 2007 PHAFY: 09/30/2008
OPERATIONS	Annual Statement	16,870	20,870		
HA-WIDE WORK ITEMS		15,000	19,000	14,500	61,600
MS121-002		119,000	111,000	136,370	89,270
Total CFP Funds (Est.)		150,870	150,870	150,870	150,870
Total Replacement Housing Factor Funds		N/A	N/A	N/A	N/A
		SEE DETAILED SCHEDULES	ATTACHED HEREINAFTER		

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

Activities for Year 1	Activities for Year: <u>2</u> FFY Grant: 2004 PHAFY: 09/30/2005			Activities for Year: <u>3</u> FFY Grant: 20 05 PHAFY: 09/30/2006		
HA-WIDE	OPERATIONS	1406	16,870	OPERATIONS	1406	20,870
MS121-002	CLERK OF THE WORKS	1430	7,000	CLERK OF THE WORKS	1430	7,000
MS121-002	ARCHITECT/CONSULTANT FEES	1430	5,000	ARCHITECT/CONSULTANT FEES	1430	5,000
HA-WIDE	LEVELING 2 BUILDING FOUNDATIONS	1450	15,000			
MS121-002	BEGIN REPLACING EXTERIOR DOORS, THRESHOLDS AND FRAMES (35)	1460	99,000	COMPLETE REPLACEMENT OF EXTERIOR DOORS, THRESHOLDS AND FRAMES (35)	1460	99,000
MS121-002	PLAYGROUND EQUIPMENT	1475	8,000	REPLACE PICKUP TRUCK	1475	19,000

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

Activities for Year 1	Activities for Year: <u>4</u> FFY Grant: 2006 PHAFY: 09/30/2007			Activities for Year: <u>5</u> FFY Grant: 2007 PHAFY: 09/30/2008		
MS121-002	RENOVATE 20 KITCHENS— CABINETS & FLOORS	1460	29,620	SELECTIVELY REPLACE INTERIOR DOORS AND HARDWARE	1460	21,270
“	ARCHITECT/CONSULTANT FEES	1430	3,000	ARCHITECT/CONSULTANT FEES	1430	4,000
“	CLERK OF THE WORKS	1430	4,000	CLERK OF THE WORKS	1430	7,000
“				ADD SECURITY LIGHTING	1450	36,600
MS121-002	RENOVATE 50 KITCHENS— CABINETS & FLOORS	1460	85,250	SELECTIVELY REPLACE ROOFING	1460	35,000
“	ARCHITECT/CONSULTANT FEES	1430	7,500	ARCHITECT/CONSULTANT FEES	1430	3,000
“	CLERK OF THE WORKS	1430	7,000	CLERK OF THE WORKS	1430	7,000
“				BEGIN SIDEWALK RENOVATIONS FOR 70 UNITS	1450	12,000
HA-WIDE	REPLACE COMPUTERS	1475	6,000	TREE REMOVAL, TRIMMING, STUMP GRINDING	1450	15,000
“	REPLACE RIDING LAWN MOWER	1475	8,500	MAINTENANCE BUILDING IMPROVEMENTS	1475	10,000

PHA Public Housing Drug Elimination Program Plan

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. This summary must not be more than five (5) sentences long.

E. Target Areas

Complete the following table by indicating each PHDEPT target Area (development or site where activities will be conducted), the total number of units in each PHDEPT 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.

PHDEPT Target Areas (Name of development(s) or site)	Total # of Units within the PHDEPT Target Area(s)	Total Population to be Served within the PH DEPT 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 Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates 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
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary

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

FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
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	PHEDEP 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 TAMatch					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	PHDEP 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	PHDEP 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 ___D___: Resident Member on the PHA Governing Board

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

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

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

- Elected
- Appointed

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

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

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain): The PHA is exempt until Oct 1, 2003

B. Date of next term expiration of a governing board member: **June 26, 2004**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Mayor and City Council, Itta Bena, MS. We will keep the Mayor and City informed of the need to appoint a resident when the next opening occurs.

Required Attachment ___E___: 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.)

Eartha Williams

Bertha Bush

Lora Williams

Kathleen Greer

Lillie Moore

Required Attachment ___ F ___ : Results of First Year Activities

PHAGOAL1: We continue to inspect all housing units annually using UPCS standards. We have prioritized our needs for CFP monies. We have tested apartments for LBP and asbestos.

PHAGOAL2: We have counseled various residents on homeownership and pledged our support if they choose to pursue homeownership. We do not believe it is feasible at this time to convert any of our rental units to homeownership.

PHAGOAL3: We have implemented flat and ceiling rents and our policy will allow a choice in rent selection. In our new lease and ACOP, preferences in housing will favor working families, homeless, elderly/handicapped and families with hardships.

PHAGOAL4: We continue to ensure Equal Opportunity in housing for all applicants regardless of their needs.

PHAGOAL5: Improving the physical condition of the units and grounds is a constant process. We are working on the modernization activities to improve the physical condition of four units and air conditioning is being added.

PHAGOAL6: The PHA works closely with the city and county law enforcement agencies and obtains arrest information on any tenant for necessary appropriate action. Management and maintenance attend training seminars to improve related skills. PHA assesses and changes/updates policies as needed.

ATTACHMENT F: RESULTS OF SECOND YEAR ACTIVITIES AND PROGRESS REPORT

This Annual Plan is an update of the Five - Year Plan as adopted in 1999. All major components are covered in this Annual Plan for FYE 2002. Planned modernization work throughout all of the sites is disclosed and the attachments disclose results of the first year activities, major policies that have been adopted in accordance with HUD final rules, and resident board member status. The following policies have been updated: pet, capitalization, flat rents, substantial deviation, and community service. Other policies are under review and appropriate changes are being made based on the latest HUD regulations. The 2002 CFP is being planned.

The changes to policies discussed in last year's PHA Plan are covered in this Update. There have been no changes in the programs of the PHA.

ATTACHMENT F: RESULTS OF THIRD YEAR ACTIVITIES AND PROGRESS REPORT

This Annual Plan is an update of the Five -Year Plan adopted in 1999. All major components are covered in this Annual Plan for FYE 2003. Planned modernization work throughout all of the sites is disclosed and the attachments disclose results of the first and second year activities, major policies that have been adopted in accordance with HUD final rules, and resident board member status. Adopted policies are under review and appropriate changes will be made based on the latest HUD regulations, if necessary and appropriate. Flat rents were adopted and implemented during the year. The 2003 CFPhas been planned and is presented herein.

Required Attachment ___ G ___: Substantial Deviation Policy

Policy Defining A Substantial Deviation and Change in the Agency Plan

The Housing Quality and Work Responsibility Act of 1998 requires the Housing Authority to notify the Resident Advisory Board, the Board of Commissioners and the US Department of Housing and Urban Development of any "substantial deviation" or "significant amendment" in the Agency's Annual Plan and in the 5-Year Plan proposed modernization and capital improvement activities that have been previously approved and reported to HUD.

The Housing Authority recognizes that it has a duty and responsibility to the residents, to the Resident Advisory Board, to the Commissioners and to the public to advise them of any substantial deviation or substantial change in the overall Plan and any preplanned modernization work items.

Therefore, the Housing Authority hereby defines a "substantial deviation" as any deletion or addition of any modernization work item that is greater than \$25,000; the addition or deletion of any new or old program or activity; any changes with regard to demolition, disposition, or designation of housing units; any homeownership programs or conversion activities; and any changes to rent or admission policies (except changes made to reflect changes in HUD regulatory requirements). A "significant amendment" would be changes in the use of replacement reserves under the Capital Funds program or the addition of non-emergency work items not included in the current Annual Plan that is greater than \$25,000.

The Executive Director is assigned the responsibility of making the required notifications to all interested and affected parties as described above of any "substantial deviation" or "significant amendment" to the Annual and Five-Year Plans as well as notification to the public of any material change, that is not defined above, that, in his or her opinion, should be made known to the public as good business practice.

Adopted this 12TH day of October, 2001

Required Attachment <u>I</u> : Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHAName: ITTABENA, MS		Grant Type and Number Capital Fund Program: MS26P12150102 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 checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2003 <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					
3	1408 Management Improvements	0	7,000	---	---	
4	1410 Administration	1,000	0			
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	1,000	5,500	1,000	1,000	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	125,870	111,846	111,846	26,049	
11	1465.1 Dwelling Equipment — Nonexpendable	16,000	16,000	16,000	16,000	
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment	7,000	10,524	7,000	5,771	
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)	150,870	150,870	135,846	48,820	
21	Amount of line 20 Related to LBP Activities					

Required Attachment <u>I</u>:					
Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: ITTABENA, MS		Grant Type and Number Capital Fund Program: MS26P12150102 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 checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2003		<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								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHAName: ITTABENA, MS			Grant Type and Number Capital Fund Program#: MS26P12150102 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	TRANSFER TO OPERATIONS	1406						
HA-WIDE	MANAGEMENT IMPROVEMENTS - WINDOWS VERSION OF TENANT ACCOUNTING SOFTWARE & TRAINING	1408		0	7,000			Ordered from vendor in June 2003
HA-WIDE	ADMINISTRATION	1410		1,000	0			
HA-WIDE	NON DWELLING EQUIP - NON EXPEND—REPLACE STOVES AND REFRIGERATORS	1465.1	53	16,000	16,000	16,000	16,000	Completed
HA-WIDE	NON DWELLING EQUIPMENT - OFFICE EQUIP, COPIER, COMPUTERS, ETC	1475		7,000	10,524	7,000	5,771	In progress
HA-WIDE	ARCHITECT FEES	1430		1,000	5,500	1,000	1,000	In progress
MS121-002	PAINTING OF UNITS - INTERIOR AND EXTERIOR	1460	46 UNITS	35,000	24,001	24,001	15,081	In progress
MS121-002	ATTIC INSULATION	1460	70 UNITS	35,000	32,991	32,991		Under contract
MS121-002	220 DRYER OUTLETS INSTALLED	1460	70 UNITS	30,000	33,886	33,886		****
MS121-002	ADDRESS LIGHTS INSTALLED	1460	70 UNITS	10,870	8,920	8,920	8,920	Completed
MS121-002	FIRE EXTINGUISHERS INSTALLED	1460	70 UNITS	0	2,048	2,048	2,048	Completed
MS121-002	AIR COND DUCTS REPAIRED	1460	70 UNITS	15,000	10,000	10,000		Under contract

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: ITTABENA,MS		Grant Type and Number Capital Fund Program#: MS26P12150102 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	
				150,870	150,870	135,846	48,820	
					150,870			
	TOTAL				150,870			

Required Attachment __ I __:					
Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: ITTABENA, MS		Grant Type and Number Capital Fund Program: MS26P12150101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 09/2001
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/03		<input checked="" 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	94,194		94,194	94,194
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	20,000		20,000	20,000
10	1460 Dwelling Structures	24,000		24,000	24,000
11	1465.1 Dwelling Equipment — Nonexpendable	16,000		16,000	16,000
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	154,194		154,194	154,194

Required Attachment <u>I</u> :					
Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: ITTABENA, MS		Grant Type and Number Capital Fund Program: MS26P12150101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 09/2001
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies			<input type="checkbox"/> Revised Annual Statement (revision no:)
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/03		<input checked="" 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 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: ITTABENA, MS			Grant Type and Number Capital Fund Program #: MS26P12150101 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 09/2001	
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-WIDE ALL ACTIVITIES	03/2003	12/31/2002	12/31/2002	09/2003	12/31/2002	12/31/2002	WORK ITEMS AND PROGRAM WAS COMPLETED OCTOBER 2002
		THIS	PROGRAM	IS NOW	CLOSED		

Required Attachment ___J___: De -concentration

Component 3, (6) De -concentration and Income Mixing

- a. Yes No: Does the PHA have any general occupancy (family) public housing developments covered by the de -concentration rule? If no, this section is complete. If yes, continue to the next question.
- b. Yes No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

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

ATTACHMENT K:

VOLUNTARY CONVERSION INITIAL ASSESSMENT

PUBLIC NOTIFICATION

The PHA Housing Authority has made an initial assessment on a Voluntary Conversion of Developments from Public Housing Stock: Required Initial Assessments as required by the final rule (Federal Register 66 FR 4476) published by the US Department of Housing and Urban Development on June 22, 2001.

Based upon our consideration of such factors as modernization needs, operating costs, ability to occupy the developments, Fair Market Rents levels, availability of local rental housing that meets Housing Quality Standards, the waiting list of applicants for public housing units, and the costs of providing tenant-based vouchers versus costs of providing dwelling units, the Housing Authority has concluded that

- 1) conversion would be more expensive than continuing to operate the developments as public housing;
- 2) conversion would not principally benefit residents of the public housing developments to be converted and the community; and
- 3) conversion would adversely affect the availability of affordable housing in the community.

We made a commonsense review of relevant factors for each covered development taking into account such factors as modernization needs, operating costs, ability to occupy the development, Fair Market Rent levels and workability of vouchers in the community (including the availability of rental housing in the community that meets Housing Quality Standards).

Required Attachment ___K___: Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments? **2**
- 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 development general occupancy projects)? **0**
- c. How many Assessments were conducted for the PHA's covered developments? **2**
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
None	N/A

e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: **Not Applicable**

Required Attachment L: Implementation of Public Housing Resident Community Service Requirements

The Itta Bena Housing Authority had suspended its enforcement of the 8-hour community service requirement after a 30-day notice on 6/30/02. The Housing Authority did not enforce this provision of four Admissions and Continued Occupancy Policy as long as Congress provided for the option to not enforce it. However, in early 2003, Congress reinstated this requirement to be effective commencing in October, 2003. The PHA plans to follow the requirement.

ATTACHMENT_M_: ORGANIZATIONAL CHART



US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

I
I
I
I
I

BOARD OF COMMISSIONERS

I

I

EXECUTIVE DIRECTOR

I

I

MAINTENANCE STAFF

I

I

PUBLIC HOUSING STAFF

Required Attachment N: Resident Satisfaction Follow-Up Plan

The Itta Bena Housing Authority scored 98 out of a possible 100 points on its September 30, 2002 Public Housing Assessment. However, in the RASS [resident assessments satisfaction survey] component the Housing Authority's score was 9 out of 10 possible points.

The low score, for all three areas presented below, are a result of residents scoring lower than the national average for maintenance and repair responsiveness.

A follow-up plan for the low scoring areas is as follows:

Communications: The PHA had a score of 69 where as the national average was 76. The PHA, in the ensuing year, will better communicate with the residents about maintenance and repair through periodic newsletters and resident meetings.

Maintenance and Repair : The PHA had a score of 65 where as the national average was 89. The PHA is having an open meeting with the residents to discuss their concerns in this area. The PHA will attempt to improve this area in the ensuing year by attempting to have the maintenance staff respond more timely to work order requests.

Services: The PHA had a score of 74 where as the national average was 92. The PHA, in the open meeting with the residents, will discuss this apparent problem and determine what a reasonable solution is, as the residents apparently do not think that the Housing Authority is providing the maintenance services at an adequate level. The PHA will attempt to improve this area in the ensuing year.