

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2003

**COLERIDGE HOUSING  
AUTHORITY AGENCY PLAN**

**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:** Coleridge Housing Authority

**PHA Number:** NE039

**PHA Fiscal Year Beginning:** 01/2003

### PHA Plan Contact Information:

Name: Virginia Fox, Executive Director

Phone: 402-283-4222

TDD: 402-283-4222

Email (if available): rvmanor@nntc.net

### 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

Coleridge Housing Authority  
106 E Douglas  
Coleridge, NE 68727

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 2002**  
 [24 CFR Part 903.7]

**i. Table of Contents**

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

<b>Contents</b>	<u>Page #</u>
<b>Annual Plan</b>	
i. Executive Summary (optional)	
ii. Annual Plan Information	
iii. Table of Contents	
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	2
2. Capital Improvement Needs	2
3. Demolition and Disposition	2
4. Homeownership: Voucher Homeownership Program	4
5. Crime and Safety: PHDEP Plan	4
6. Other Information:	
A. Resident Advisory Board Consultation Process	5
B. Statement of Consistency with Consolidated Plan	5
C. Criteria for Substantial Deviations and Significant Amendments	6
 <b>Attachments</b>	
<input checked="" type="checkbox"/> Attachment A : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment B : Performance and Evaluation Report (1999 CIAP & 2000-02 Capital Fund)	
<input checked="" type="checkbox"/> Attachment C : Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment D : 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 E : Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment F : Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/> Attachment G: 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"/> Attachment H: Voluntary Conversion of Developments from Public Housing Stock	

## **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.

None

### **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? \$32,898

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 D

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

The Capital Fund Program Annual Statement is provided as Attachment B & C

### **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

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

**Component 3, (6) Deconcentration and Income Mixing** (Insert from PIH 2001-4decon)

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

If yes, list these developments as follows

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

#### **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 at Attachment (File name)
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.
  - Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment.
  - Other: (list below) – Moved to approve the agency plan as presented.

### **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 Nebraska Non-Entitlement Areas
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:  
The needs assessment portion of the 2001-2004 Consolidated Plan has not yet been published.

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: The 2001-2004 State of Nebraska Consolidated Plan does not quantify housing needs.

### 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:

A Substantial Deviation from the 5-year Plan is any changes in the mission statement and/or strategies to implement the mission of the authority. This includes but not limited to the reallocation of funds or the redefinition of clients. Changes that result from HUD mandates are excluded.

##### b. Significant Amendment or Modification to the Annual Plan:

A Significant Amendment or Modification to the Annual Plan includes: changes in budget items and capital fund projects due to emergencies, adjustment in policies to address issues such as vacancies; and initiate development projects that will affect the use of capital funds. Changes that result from changes in regulations and other HUD mandates that are excluded.

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2002

**COLERIDGE HOUSING  
AUTHORITY  
ATTACHMENT A**

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

**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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
4	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
✓	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
	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
✓	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
✓	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
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
✓	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
✓	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
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
✓	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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
✓	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
4	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	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
✓	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
✓	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
	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
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
4	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
4	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
4	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
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Small PHA Plan Update  
Annual Plan for Fiscal Year: 2003

**COLERIDGE HOUSING  
AUTHORITY  
ATTACHMENT B  
Performance and Evaluation Report**

## Comprehensive Improvement Assistance Program (CIAP)

**CIAP Budget /Progress Report  
Part I: Summary**

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2577-0044  
(exp. 04/30/2004)

**Office of Public and Indian Housing**

HA Name: Coleridge Housing Authority	Modernization Project Number NE26P039 908-99	FFY of Grant Approval: 1999
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Original CIAP Budget     Revised CIAP Budget/Revision Number     Progress Report for Period Ending     **Final Progress Report**

Line No.	Summary by Development Account	Total Funds Approved		Total Funds	
		Original	Revised	Obligated	Expended
1	Total Non-CIAP Funds				
2	1406 Operations (may not exceed 10% of line 16)				
3	1408 Management Improvements				
4	1410 Administration	1,000		1,000	1,000
5	1415 Liquidated Damages				
6	1430 Fees and Costs				
7	1440 Site Acquisition				
8	1450 Site Improvement	21,738		21,738	21,738
9	1460 Dwelling Structures	9,763		9,763	9,763
10	1465.1 Dwelling Equipment—Nonexpendable				
11	1470 Nondwelling Structures				
12	1475 Nondwelling Equipment				
13	1485 Demolition				
14	1495.1 Relocation Cost				
15	1498 Mod Used for Development				
16	<b>Amount of CIAP Grant</b> (Sum of lines 2-14)	32,501		32,501	32,501
17	Amount of line 16 Related to LBP Activities				
18	Amount of line 16 Related to Security				
19	Amount of line 16 Related to Section 504 Compliance			10,321.16	10,321.16
20	Amount of line 16 related to Energy Conservation Measures				

Signature of Executive Director Date (mm/dd/yyyy)	<p><b>HUD Certification:</b> In approving this budget and providing assistance to a specific housing development(s), I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (24 CFR 12.50).</p> <p style="text-align: center;">Signature of Director, Office of Public Housing / ONAP Administrator <span style="float: right;">Date (mm/dd/yyyy)</span></p>
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form HUD-52825 (10/96) ref  
Handbook 7485.1

**CIAP Budget /Progress Report  
Part II: Supporting Pages**

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

**OMB Approval No. 2577-0044  
(exp. 04/30/2004)**

Development Number	Description of Work Items	Development Account Number	Funds Approved			Funds Obligated	Funds Expended
			Original	Revised	Difference		
NE26P039 001 & 002							
	Operations						
	Administration of CIAP	1410	1,000			1,000	1,000
	Site Improvement	1450					
	Underground Sprinklers		13,797			13,797	13,797
	Ramp entrance to 10 units, hand rails		7,941			7,941	7,941
	Dwelling Structures	1460	9,763			9,763	9,763
	Lights over kitchen stoves 14 units						
	Ceiling fan lights in kitchen area						
	Electrical outlets on outside of units						
	Ceiling fans in bedrooms						
	Carpeting						
	High rise toilet stools						
	Grab bars in bathrooms						
	Non Dwelling Equipment.						
	<b>Total</b>		<b>32,501</b>			<b>32,501</b>	<b>32,501</b>

form HUD-52825 (10/96)  
ref Handbook 7485.1

**CIAP Budget /Progress Report  
Part III: Implementation Schedule**

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

**OMB Approval No. 2577-0044  
(exp. 04/30/2004)**

Development Number	Architect/Engineer Contract Awarded			All Funds Obligated			All Funds Expended		
	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual
NE26P039 001 & 002				6-30-01		6-30-01	9-30-02		2-12-02

form **HUD-52825** (10/96)  
ref Handbook 7485.1

## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part 1: Summary</b>						
PHA Name: Coleridge Housing Authority		Grant Type and Number Capital Fund Capital Fund Program Grant No: NE26P039 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2000</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 02 <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: June 30, 2002 <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	3,390	3,390.00	3,390.00	3,390.00	
3	1408 Management Improvements Soft Costs					
	Management Improvements Hard Costs	1,000	318.33	318.33	318.33	
4	1410 Administration	1,000	1,000.00	1,000.00	1,000.00	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	3,000	3,230.00	3,230.00	3,230.00	
8	1440 Site Acquisition					
9	1450 Site Improvement	3,400	3,400.00	3,400.00	1262.10	
10	1460 Dwelling Structures	19,962	20,413.56	20,413.56	20,413.56	
11	1465.1 Dwelling Equipment—Nonexpendable	1,500	1,500.00	1,500.00	0	
12	1470 Nondwelling Structures	717	717.11	717.11	717.11	
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					

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

PHA Name: Coleridge Housing Authority	Grant Type and Number Capital Fund Capital Fund Program Grant No: NE26P039 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2000</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 02  
 Performance and Evaluation Report for Period Ending: June 30, 2002  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines 2-19)	33,969	33,969.00	33,969.00	30,331.10
	Amount of line XX Related to LBP Activities	2,000	3,230.00	3,230.00	3,230.00
	Amount of line XX Related to Section 504 compliance	4,017.83	4,017.83	4,017.83	4,017.83
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures	5,000	8,302.36	8,302.36	8,302.36
	Collateralization Expenses or Debt Service				

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

PHA Name: Coleridge Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P039 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
NE039	Operations		1406		3,390.00		3,390.00		100%
	Management Improvements		1408		318.33		318.33		
	Administration		1410		1,000.00		1,000.00		
	Fees & Costs		1430		3,230.00		3,230.00		
	Site Improvement Sidewalk & concrete work; Rock for driveway; Yard improvements		1450		3,400.00		1,262.10		37%
	Dwelling Structure Grab bars bathrooms; Lights & ceiling fans in kitchens- (cont'd from 1999); Range hoods; carpet & lino; Water heaters; plumbing; water softeners for all dwelling bldgs.		1460		20,413.56		20,413.56		100%
	Dwelling Equipment Replace refrigerators		1465.1		1,500.00				
	Non-Dwelling Structures Water softener community bldg		1470		717.11		717.11		100%
	TOTAL								

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

PHA Name: Coleridge Housing Authority		Grant Type and Number Capital Fund Program No: NE039 Replacement Housing Factor No:				Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date) 06/30/01			All Funds Expended (Quarter Ending Date) 06/30/01			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NE039	03/31/02		03/31/02	9-30-02		09/30/02	Will be spent by 9-30-02

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

PHA Name: Coleridge Housing Authority	Grant Type and Number Capital Fund Capital Fund Program Grant No: NE26P039 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2001</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no:  
 Performance and Evaluation Report for Period Ending: June 30, 2002  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	3,460.00		3,460.00	3,460.00
3	1408 Management Improvements Soft Costs	1,000.00			
	Management Improvements Hard Costs				
4	1410 Administration	1,569.00		591.04	591.04
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	3,000.00			
10	1460 Dwelling Structures	11,920.97		11,920.97	11,920.97
11	1465.1 Dwelling Equipment—Nonexpendable	7,896.03			
12	1470 Nondwelling Structures	3,000.00			
13	1475 Nondwelling Equipment	2,800.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

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

PHA Name: Coleridge Housing Authority	Grant Type and Number Capital Fund Capital Fund Program Grant No: NE26P039 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2001</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no:  
 Performance and Evaluation Report for Period Ending: June 30, 2002  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines 2-19)	34,646		15,972.01	15,972.01
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures	1,530		1,530.52	1,530.52
	Collateralization Expenses or Debt Service				

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

PHA Name: Coleridge Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NE039 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				ORIGINAL	REVISED	ORIGINAL	REVISED	
NE039	Operations	1406		3,460.00		3,460.00		
	Management Improvements	1408		1,000.00				
	Administration	1410		1,569.00		591.04		
	Audit	1430		0				
	Site Improvement Concrete, Landscaping Grounds	1450		3,000.00				
	Dwelling Structure Carpet & Flooring; Exterior Doors; Continue water softeners, heater	1460		11,920.97		11,920.97		
	Dwelling Equipment Refrigerators and Air Conditioning	1465		7,896.03				
	Non Dwelling Structure Carpeting Comm. Building	1470		3,000.00				
	Non Dwelling Equipment Washer & Dryers; Comm & Office equipment	1475		2,800.00				
	<b>TOTAL</b>			<b>34,646.00</b>		<b>15,972.01</b>		

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

PHA Name: Coleridge Housing Authority		Grant Type and Number Capital Fund Program No: NE039 Replacement Housing Factor No:					Federal FY of Grant: 2001
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date) 12/31/00			All Funds Expended (Quarter Ending Date) 12/31/00			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NE039 001 & 002	12-31-02	03/03/03		06-30-04			

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

<b>PHA Name:</b> Coleridge Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: NE039 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2002</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 02)  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	5,000			
3	1408 Management Improvements Soft Costs	1,000			
	Management Improvements Hard Costs				
4	1410 Administration	1,500			
5	1411 Audit	2,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	7,898			
11	1465.1 Dwelling Equipment—Nonexpendable	6,000			
12	1470 Nondwelling Structures	3,000			
13	1475 Nondwelling Equipment	6,500			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

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

<b>PHA Name:</b> Coleridge Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: NE039 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2002</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 02)  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
	Amount of Annual Grant: (sum of lines 2-19)	32,898			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Coleridge Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P039 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Original	Revised	
NE039	<u>Operation</u>	1406		<u>5,000</u>				
	<u>Management Improvements</u> Hard & Soft Costs	1408		<u>1,000</u>				
	<u>Administration</u>	1410		<u>1,500</u>				
	<u>Audit</u>	1411		<u>2,000</u>				
	<u>Fees &amp; Costs</u>	1430						
	<u>Site Improvement</u>	1450						
	<u>Dwelling Structures</u> Insulation, carpet & flooring; Water heater, kitchen cabinet & sinks, countertops.	1460		<u>7,898</u>				
	<u>Dwelling Equipment</u> (1/2 units) Refrigerators, Air Conditioners cont'd	1465.1		<u>6,000</u>				
	<u>Non-Dwelling Structure</u> Insulation, 2 doors community bldg/electric eye.	1470		<u>3,000</u>				
	<u>Non-Dwelling Equipment</u> Community & Office equipment Tractor mower, snow blower, Maint. Equip	1475		<u>6,500</u> (1,000) (5,500)				
	<b>Total</b>			<b>32,898</b>				

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

PHA Name: Coleridge Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: NE039 Replacement Housing Factor No:					Federal FY of Grant: 2002
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NE039	03/31/04			12/31/04			

Small PHA Plan Update  
Annual Plan for Fiscal Year: 2003

**COLERIDGE HOUSING AUTHORITY**  
**ATTACHMENT C**  
**Capital Fund Annual Plan**

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

PHA Name: Coleridge Housing Authority	Grant Type and Number Capital Fund Program Grant No: NE039 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 01)  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	6,500			
3	1408 Management Improvements Soft Costs	1,500			
	Management Improvements Hard Costs				
4	1410 Administration	1,500			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	2,000			
10	1460 Dwelling Structures	17,500			
11	1465.1 Dwelling Equipment—Nonexpendable	3,898			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines 2-19)	32,898			

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

PHA Name: Coleridge Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE039 Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2003</b>	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 01) <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	
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Coleridge Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P039 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Original	Revised	
NE039	Operation	1406		6,500				
	Management Improvements	1408		1,500				
	Hard & Soft Costs							
	Administration	1410		1,500				
	Audit	1411						
	Fees & Costs	1430						
	Site Improvement	1450		2,000				
	<u>Dwelling Structures:</u>	1460		<u>17,500</u>				
	Carpet			(1500)				
	Kitchen cabinets, sinks, countertops			(8000)				
	Shingles (2 bldgs)			(8000)				
	<u>Dwelling Equipment:</u>	1465.1		<u>3,898</u>				
	Water heaters, Refrigerators, Air Conditioners							
	Non-Dwelling Structure	1470						
	Non-Dwelling Equipment	1475						
	<b>Total</b>			<b>32,898</b>				

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

PHA Name: Coleridge Housing Authority	<b>Grant Type and Number</b> Capital Fund Program No: NE039 Replacement Housing Factor No:	<b>Federal FY of Grant: 2003</b>
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NE039	03/31/05			12/31/05			

Small PHA Plan Update  
Annual Plan for Fiscal Year: 2003

**COLERIDGE HOUSING  
AUTHORITY  
ATTACHMENT D  
Five Year Action Plan**

## Capital Fund Program Five-Year Action Plan

### Part I: Summary

PHA Name: Coleridge Housing Authority						<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 03			
Development Number / Name/HA-Wide	Year 1	Work Statement for Year 3 FFY Grant: 2004 PHA FY:10/2004		Work Statement for Year 4 FFY Grant: 2005 PHA FY: 10/2005		Work Statement for Year 5 FFY Grant: 2006 PHA FY: 10/200		Work Statement for Year 6 FFY Grant: 2007 PHA FY: 10/2007	
		Annual tatermer							
NE 039		Operation	6,500	Operation	6,500	Operation	6,500	Operation	9,500
		Management Improvement	1,000	Management Improvement	1,000	Management Improvement	1,000	Management Improvement	1,000
		Administration	1,500	Administration	1,500	Administration	1,500	Administration	1,500
		Audit	2,000	Audit	0	Audit	2,000	Audit	0
		Site Improvement	0	Site Improvement	0	Site Improvement	1,000	Site Improvement	2,000
		Dwelling Structure	18,500	Dwelling Structure	22,398	Dwelling Structure	10,000	Dwelling Structure	18,898
		Dwelling Equipment	1,500	Dwelling Equipment	1,500	Dwelling Equipment	0	Dwelling Equipment	0
		Non-Dwelling Structure	0	Non-Dwelling Structure	0	Non-Dwelling Structure	4,398	Non-Dwelling Structure	0
		Non-Dwelling Equipment	1,898	Non-Dwelling Equipment	0	Non-Dwelling Equipment	6,500	Non-Dwelling Equipment	0
<b>Total CFP Funds (Est.)</b>			<b>32,898</b>		<b>32,898</b>		<b>32,898</b>		<b>32,898</b>
Total Replacement Housing Factor Funds									

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

Activities for 2001 & 2002	Activities for Year : 2004 FFY Grant: 2004 PHA FY:10/2004			Activities for Year: 2005 FFY Grant: 2005 PHA FY: 10/2005		
	Operations	# 1406	6,500	Operations	1406	6,500
	Management Improvements • Computer Help, Training, Nahro Training & Meetings	1408	1,000	Management Improvements • Computer Help, Training, NAHRO Training & Meetings	1408	1,000
	Administration	1410	1,500	Administration	1410	1,500
	Audit	1411	2,000	Audit	1411	0
	Site Improvement: Sidewalks	1450		Site Improvement:	1450	0
	Dwelling Structures Cont'd : • Carpet • (1/4 units) Kitchen cabinets, sinks, countertops; • Vinyl Siding (Part 39-1 Dwelling units).	1460	18,500 (500) (10,000) (8,000)	Dwelling Structure Cont'd Projects: • Carpet & Vinyl • Kitchen cabinets, sinks, countertops • Vinyl Siding • Drapes & Blinds	1450	22,398 (1,000) (9,398) (8,000) (4,000)
	Dwelling Equipment • A/C (Cont'd), ranges	1465	1,500	Dwelling Equipment	1465	1,500
	Non-Dwelling Structure	1470	0	Non-Dwelling Structure	1470	0
	Non-Dwelling Equip: • Office equipment (e.g., copier, computer maintenance equipment)	1475	1,898	Non-Dwelling Equip:	1475	0
	<b>Total Amount of Grant</b>		<b>\$ 32,898</b>			<b>\$ 32,898</b>

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

Activities 2001& 2002	Activities for Year : 2006 FFY Grant: 2006 PHA FY: 10/2006			Activities for Year: 2007 FFY Grant: 2007 PHA FY10/2007		
Operations	1406	6,500		Operations	1406	9,500
Management Improvements • Computer Help, Training, Nahro Training & Meetings	1408	1,000		Management Improvements • Training, NAHRO Training & Meetings	1408	1,000
Administration	1410	1,500		Administration	1410	1,500
Audit	1411	2,000		Audit	1411	0
Site Improvement • Continued Replacement of Sidewalks	1450	3,000		Site Improvement • Continued Replacement of Sidewalks	1450	2,000
Dwelling Structures Cont'd Projects: • Shower replacement • Drapes and vertical blinds (cont'd) • New storm windows	1460	8,000 (3,000) (2,000) (3,000)		Dwelling Structures: • Shower Replacement, cabinets, sinks, counter tops cont'd. • Underground plumbing; doors & windows, carpet & flooring, electrical work, remodel to make 2-BR apartment.	1460	18,898
Dwelling Equipment	1465	0		Dwelling Equipment	1465	0
Non dwelling Structure • Replace furnace & A/C comm. Bldg.	1470	4,398		Non Dwelling Structure	1470	0
Non Dwelling Equipment • Maintenance mower & snow blower • Replace computer equipment	1475	6,500 (4,000) (2,500)		Non Dwelling Equipment	1475	0
<b>Total Annual Grant</b>		32,898		<b>Total Annual Grant</b>		32,898
<b>Total estimated cost over next 5 years</b>		<b>\$ 131,592</b>				

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2003

**COLERIDGE HOUSING  
AUTHORITY  
ATTACHMENTS E, F, G, H**

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

**Required Attachment E:  
Resident Member on the PHA Governing Board**

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

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

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

Elected

Appointed

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

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

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

B. Date of next term expiration of a governing board member: 12/31/02

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): George A. Hefner, Mayor

## **Required Attachment F: Membership of the Resident Advisory Board or Boards**

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

### **PUBLIC HOUSING RAB MEMBERS:**

- Patricia Gleason
- Gladys Fleener
- JoAnne Franzen

## **Required Attachment G: Comments of Resident Advisory Board or Boards**

### **RAB BOARD RECOMMENDATIONS AND COLERIDGE HOUSING AUTHORITY RESPONSE:**

Resident Advisory Board met on September 5, 2002

Discussion: Discussion focused on the agency plan and planned work items. Additional items include:

1. A desire of two residents for a hand rail on the walk up to the front of their apartments. Since not all tenants may wish to have a rail, it was recommended that tenants be consulted before a rail will be installed.
2. A desire to leave a spare key with a resident (for safety matter).
3. Residents are satisfied with the condition of the building and noted that visitors are also impressed.

### PHA Response:

1. Hand rail: The housing authority is comfortable with the idea and will act upon it.
2. Key: The housing authority commissioners are familiar with the place where a spare key is available. Since residents cannot be expected to be available 24-7 for emergency, and since commissioners call always be located , it appears that the current situation should be maintained.

## Required Attachment H:

### Component 10, PHA Plans : Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

#### 2. Activity Description

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

Conversion of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)	<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved:

<input type="checkbox"/>	Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____ )
<input type="checkbox"/>	Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____ )
<input type="checkbox"/>	Requirements no longer applicable: vacancy rates are less than 10 percent
<input type="checkbox"/>	Requirements no longer applicable: site now has less than 300 units
<input type="checkbox"/>	Other: (describe below)

**B. Assessments of Conversion Pursuant to section 22 of the U.S. Housing Act of 1937 Act**

- How many of the PHA's developments are subject to the Required Initial Assessment? 1
- How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly, disabled developments not general occupancy projects?) 0
- How many Assessments were conducted for the PHA's covered developments? 1
- Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments.

Development Name	Number of Units
None	

- If the PHA has not completed the Required Initial Assessments, describe the status of these assessments.