

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

**LYNCH 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: Lynch Housing Authority

PHA Number: NE043

PHA Fiscal Year Beginning: 01/2002

PHA Plan Contact Information:

Name: Kristi Cassidy, Executive Director

Phone: 402-569-2910

TDD: 402-569-2910

Email (if available): housing@threeriver.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

Lynch Housing Authority
121 N 2nd Street, Box 114
Lynch, NE 68746

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.

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<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
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<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? \$16,447

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

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:	

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

Deconcentration Policy for Covered Developments
--

Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

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 2001-2004 Consolidated Plan does not quantify housing needs.

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

**LYNCH 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.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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		
Applicable & On Display	Supporting Document	Related Plan Component
✓	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	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 (closed in 2001)	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

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
	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
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	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"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
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

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

CIAP Budget /Progress Report
Part I: Summary

U.S. Department of Housing
and Urban Development

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

Comprehensive Improvement Assistance Program (CIAP) Office of Public and Indian Housing

HA Name: Lynch Housing Authority		Modernization Project Number NE26P043 902-99		FFY of Grant Approval: 1999 Final Submission	
<input type="checkbox"/> Original CIAP Budget <input type="checkbox"/> Revised CIAP Budget/Revision Number <input checked="" type="checkbox"/> Progress Report for Period Ending 6/30/2001 <input type="checkbox"/> 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)	1805.00	1505.00	1326.6	1326.6
3	1408 Management Improvements	0	0	0	0
4	1410 Administration	0	300.00	300	300
5	1415 Liquidated Damages	0	0	0	0
6	1430 Fees and Costs	0	0	0	0
7	1440 Site Acquisition	0	0	0	0
8	1450 Site Improvement	0	0	7195.46	7195.46
9	1460 Dwelling Structures	6100.00	7195.46	5411.4	5411.4
10	1465.1 Dwelling Equipment—Nonexpendable	6340.00	6340.00	1689.6	1689.60
11	1470 Nondwelling Structures	0	0	0	0
12	1475 Nondwelling Equipment	3650.00	2554.54	1971.94	1971.94
13	1485 Demolition	0	0	0	0
14	1495.1 Relocation Cost	0	0	0	0
15	1498 Mod Used for Development	0	0	0	0
16	Amount of CIAP Grant (Sum of lines 2-14)	17895	17895	17895	17895
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			1236.24	1236.24
20	Amount of line 16 related to Energy Conservation Measures				

Signature of Executive Director Date (mm/dd/yyyy)	<p>HUD Certification: 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>Signature of Director, Office of Public Housing / ONAP Administrator _____ Date _____ (mm/dd/yyyy)</p>
form HUD-52825 (10/96) ref Handbook 7485.1	

**CIAP Budget /Progress Report
0044
Part II: Supporting Pages**

U.S. Department of Housing
and Urban Development

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

Office of Public and Indian Housing

Development Number	Description of Work Items	Development Account Number	Funds Approved			Funds Obligated	Funds Expended
			Original	Revised	Difference		
NE043							
	Operations	1406	1805.00	1805.00	-0-	1326.60	1326.60
	Administration of CIAP	1410	-0-	300.00	-0-	300.00	300.00
	Site Improvement	1450	6100.00	7195.46	+1095.46	7195.46	7195.46
	Dwelling Structures	1460	6340.00	6340.00	-0-	5411.4	5411.4
	Non Dwelling Equipment.	1475	3650.00	2554.54	-1095.46	1971.94	1971.94
	Dwelling Equipment	1465.1	0	0		1689.6	1689.60
						0	0
	Total		17895.00	17895.00	-0-	17895	17895
						form HUD-52825 (10/96)	

						ref Handbook 7485.1
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**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
NE043									

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

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Lynch Housing Authority		Grant Type and Number Capital Fund Capital Fund Program Grant No: NE26P043 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input 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: June 30, 2002 <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	1,700.00		1,700.00	1,700.00
3	1408 Management Improvements Soft Costs	900.00		986.76	986.76
	Management Improvements Hard Costs				
4	1410 Administration	850.00		500.00	500.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	4,000.00		1,360.00	1,360.00
10	1460 Dwelling Structures	9,549.00		12,452.24	12,452.24
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

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

PHA Name: Lynch Housing Authority	Grant Type and Number Capital Fund Capital Fund Program Grant No: NE26P043 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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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	
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines 2-19)	16,999.00		16,999.00	
	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: Lynch Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P043 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
NE043	Operations		1406		1,700.00		1,700.00	Complete
	Management Improvements • Training		1408		900.00		986.76	
	Administration		1410		850.00		500.00	
	Site Improvement • Parking lot		1450		4,000.00		1,360.00	
	Dwelling Structure • Renovating roofs • Refinishing Cupboards & Painting Kitchens • Purchase Carpet		1460		7,499.00 1,050.00 1,000.00		10,780.84 1,050.00 621.40	
	Dwelling Equipment							
	TOTAL				16,999.00		16,999	

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

PHA Name: Lynch Housing Authority			Grant Type and Number Capital Fund Program Grant No: NE26P043 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
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		
NE043	03/31/02		03/31/02	9-30-02		09/30/02		

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

PHA Name: Lynch Housing Authority	Grant Type and Number Capital Fund Capital Fund Program Grant No: NE26P043 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:
 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	1,700.00	1,700.00	1,700.00	1,700.00
3	1408 Management Improvements Soft Costs	900.00	900.00	963.46	963.46
	Management Improvements Hard Costs		0	0	0
4	1410 Administration	850.00	200.00	200.00	200.00
5	1411 Audit	500.00	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	0	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	2,000.00	0	0	0
10	1460 Dwelling Structures	11,049.00	14,199.00	14,475.00	13,290.86
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	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: Lynch Housing Authority	Grant Type and Number Capital Fund Capital Fund Program Grant No: NE26P043 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:
 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)	16,999.00	17,275.00	16,154.32	
	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: Lynch Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE043 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	
NE043	Operations		1406		1,700		1,700.00		
	Management Improvements		1408		900		963.46		
	Administration		1410		200		200.00		
	Site Improvement Pavement, Cement, Landscaping		1450		2,000		0		
	Dwelling Structure • Roofing • Carpet & Paint		1460		10,325 1,000		9033.41 4257.45		
	TOTAL				17,275		16,154.32		

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

PHA Name: Lynch Housing Authority		Grant Type and Number Capital Fund Program No: NE043 Replacement Housing Factor No:					Federal FY of Grant: 2001
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	
NE043	6-30-02			9-30-02			

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

LYNCH 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: Lynch Housing Authority	Grant Type and Number Capital Fund Program Grant No: NE043 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 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	872	1,097		
3	1408 Management Improvements Soft Costs	0	800		
	Management Improvements Hard Costs	900	700		
4	1410 Administration	850	850		
5	1411 Audit	0	0		
6	1415 Liquidated Damages	0	0		
7	1430 Fees and Costs	0	0		
8	1440 Site Acquisition	0	0		
9	1450 Site Improvement	4,049	3,000		
10	1460 Dwelling Structures	8,276	7,000		
11	1465.1 Dwelling Equipment—Nonexpendable	0	3,000		
12	1470 Nondwelling Structures	0	0		
13	1475 Nondwelling Equipment	1,500	0		
14	1485 Demolition	0	0		
15	1490 Replacement Reserve	0	0		
16	1492 Moving to Work Demonstration	0	0		
17	1495.1 Relocation Costs	0	0		
18	1499 Development Activities	0	0		
19	1502 Contingency	0	0		
		0	0		

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

PHA Name: Lynch Housing Authority	Grant Type and Number Capital Fund Program Grant No: NE043 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 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	
	Amount of Annual Grant: (sum of lines 2-19)	16,447	16447		
	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: Lynch Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P043 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	
NE043	Operation	1406			1,097			
	Management Improvements	1408						
	Hard cost				700			
	Soft Costs				800			
	Administration	1410			850			
	Site Improvement	1450						
	▪ Pavement, Cement, Landscaping				3,000			
	Dwelling Structures	1460						
	▪ Carpet, Painting & refinish cupboards				7,000			
	Dwelling Equipment	1465.1						
	▪ Install washers/dryers in units				3,000			
	Non-Dwelling Structure	1470						
	Total				16,447			

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

PHA Name: Lynch Housing Authority		Grant Type and Number Capital Fund Program No: NE043 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	
NE043	5-30-04			5-30-05			

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

PHA Name: Lynch Housing Authority	Grant Type and Number Capital Fund Program Grant No: NE043 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 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	1,147			
3	1408 Management Improvements Soft Costs	500			
	Management Improvements Hard Costs	800			
4	1410 Administration	1,000			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	0			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	3,000			
10	1460 Dwelling Structures	5,000			
11	1465.1 Dwelling Equipment—Nonexpendable	0			
12	1470 Nondwelling Structures	0			
13	1475 Nondwelling Equipment	5,000			
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	0			
18	1499 Development Activities	0			
19	1502 Contingency	0			

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

PHA Name: Lynch Housing Authority	Grant Type and Number Capital Fund Program Grant No: NE043 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 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	
	Amount of Annual Grant: (sum of lines 2-19)	16,447			
	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: Lynch Housing Authority		Grant Type and Number			Federal FY of Grant: 2003			
		Capital Fund Program Grant No: NE26P043						
		Replacement Housing Factor Grant No:						
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	
NE043	Operation	1406			1,147			
	Management Improvements	1408						
	Hard cost				800			
	Soft Costs				500			
	Administration	1410			1,000			
	Site Improvement	1450						
	▪ Pavement, Cement, Landscaping				3,000			
	Dwelling Structures	1460						
	▪ Carpet, Painting				5,000			
	Dwelling Equipment	1465.1						
	Non-Dwelling Structure	1470						
	• Purchase new mower				5,000			
	Total				16,447			

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

PHA Name: Lynch Housing Authority		Grant Type and Number Capital Fund Program No: NE043 Replacement Housing Factor No:					Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
NE043	6-30-05			6-30-06				

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

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

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name: Lynch Housing Authority					<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 03				
Development Number/Name/H A-Wide	Year 1 2001 & 2002	Work Statement for Year 4 FFY Grant: 2004 PHA FY:10/2004		Work Statement for Year 5 FFY Grant: 2005 PHA FY: 10/2005		Work Statement for Year 6 FFY Grant: 2006 PHA FY: 10/2006		Work Statement for Year 7 FFY Grant: 2007 PHA FY: 10/2007	
NE 043	Annual statement								
		Operation	447	Operation	322	Operation	322	Operation	1,647
		Management Improvement	1,300	Management Improvement	1,300	Management Improvement	1,300	Management Improvement	1,300
		Administration	1,000	Administration	1,000	Administration	1,000	Administration	1,000
		Fees & Costs/Audit	500	Fees & Costs	0	Fees & Costs	0	Fees & Costs/Audit	500
		Site Improvement	0	Site Improvement	5,000	Site Improvement	0	Site Improvement	1,500
		Dwelling Structure	2,200	Dwelling Structure	2,000	Dwelling Structure	13,825	Dwelling Structure	6,000
		Dwelling Equipment	0	Dwelling Equipment	6,825	Dwelling Equipment	0	Dwelling Equipment	4,500
		Non-Dwelling Structure	0	Non-Dwelling Structure	0	Non-Dwelling Structure	0	Non-Dwelling Structure	0
		Non-Dwelling Equipment	11,000	Non-Dwelling Equipment	0	Non-Dwelling Equipment	0	Non-Dwelling Equipment	0
Total CFP Funds (Est.)		16447		16447		16447		16447	
Total Replacement Housing Factor Funds									

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

Activities for 2000-2003	Activities for Year : 2004 FFY Grant: 2004 PHA FY:10/2004			Activities for Year: 2005 FFY Grant: 2005 PHA FY: 10/2005		
	Operations	# 1406	447	Operations	1406	322
	Management Improvements • Computer Help, Training, Nahro Training & Meetings	1408	1,300	Management Improvements • Computer Help, Training, Nahro Training & Meetings	1408	1,00
	Administration	1410	1,000	Administration	1410	1,000
	Audit	1411	50	Audit	1411	0
	Site Improvement:	1450		Site Improvement: Pavement, Cement and Landscaping	1450	5,000
	Dwelling Structures Carpet & Painting	1460	2,200	Dwelling Structure Carpet & Painting	1460	2,000
	Dwelling Equipment • 10 units – Air Conditioners	1465	0 11,000	Dwelling Equipment • Ranges for units • 10 units – Air Conditioners	1465	3,775 3,050
	Non-Dwelling Structure	1470	0	Non-Dwelling Structure	1470	0
	Non-Dwelling Equip:	1475	0	Non-Dwelling Equip:	1475	0
	Total Amount of Grant		\$16,447			\$16,447

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	322	Operations	1406
Management Improvements • Computer Help, Training,& Meetings, software, hardware	1408	1,00	Management Improvements • Computer Help, Training, Nahro Training & Meetings, software, hardware	1408	1,300
Administration	1410	1,00	Administration	1410	1,000
Audit	1411	0	Audit	1411	500
Site Improvement	1450	0	Site Improvement • Pavement, Cement and Landscaping	1450	1,500
Dwelling Structures • Replace kitchen counter tops • Sinks, faucets & drains	1460	5,00 5,00	Dwelling Structures • Carpet & painting	1460	6,000
Dwelling Equipment • Ranges for Kitchens • Air Conditioner units	1465	0	Dwelling Equipment • Install washer/dryers	1465	4,500
Non dwelling Structure	1470	0	Non Dwelling Structure	1470	0
Non Dwelling Equipment	1475	0	Non Dwelling Equipment	1475	0
Total Annual Grant		16,447	Total Annual Grant		16447
Total estimated cost over next 5 years		65788			

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

**LYNCH 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: 9-30-2003

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

Nola Ducker
Dolores Schmitz
Audre Havranek

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

RAB BOARD RECOMMENDATIONS AND LYNCH HOUSING AUTHORITY RESPONSE:

At the tenant meeting held on 8-15-2002. Recommendations to the housing authority were as follows:

The Resident Advisory Board did not have any further comments pertaining to the Agency Plan.

**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
<p>5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)</p> <p><input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: _____)</p> <p><input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____)</p> <p><input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____)</p> <p><input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent</p> <p><input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units</p> <p><input type="checkbox"/> Other: (describe below)</p>

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

1. How many of the PHA’s developments are subject to the Required Initial Assessment? 1
2. 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
3. How many Assessments were conducted for the PHA’s covered developments? 1
4. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments.

Development Name	Number of Units
Ponca Valley Court	11

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