

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

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# PHA Plans

5 Year Plan for Fiscal Years 2003 - 2007  
Annual Plan for Fiscal Year 2003

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

**PHA Plan  
Agency Identification**

**PHA Name: Housing Authority of the County of Scotts Bluff, NE**  
**89A Woodley Park Road**  
**Gering, NE 69341**  
**308-632-0473 Phone 308-632-0476 Fax**  
[sbha@prairieweb.com](mailto:sbha@prairieweb.com)

**PHA Number: NE078**

**PHA Fiscal Year Beginning: 07/01/2003**

**Public Access to Information**

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

- Main administrative office of the PHA
- PHA development management offices
- PHA local 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
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the 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)



**5-YEAR PLAN**  
**PHA FISCAL YEARS 2000 - 2004**  
[24 CFR Part 903.5]

**A. Mission**

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)

**The mission of the SBHA is to promote adequate and affordable housing, create opportunities for resident's self-sufficiency and economic independence; and assure fiscal integrity by all program participants and administrators.**

**In order to achieve this mission, we will:**

- **Recognize the residents as our ultimate customer**
- **Strive to improve PHA management, communication and service delivery efforts through oversight, assistance, and selective intervention by highly skilled, dedicated and result-oriented personnel**
- **Seek problem-solving partnerships with PHA, resident, community and government leadership**
- **Act as an agent for change when performance improvement is needed**
- **Efficiently apply limited HUD resources by using risk management techniques to focus on our efforts**
- **Utilize a variety of public/private partnerships for financing housing expansion.**

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- PHA Goal: Expand the supply of assisted housing  
Objectives:

- Apply for additional rental vouchers: When information released 2003
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities: Valacia North Estates -Six Units Senior/Disabled Housing
  - Acquire or build units or developments Cont'd. Valacia North
  - Other (list below)
- PHA Goal: Improve the quality of assisted housing
- Objectives:
- Improve public housing management: Continue as High Performer
  - Improve voucher management: Continue as High Performer
  - Increase customer satisfaction:
  - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
  - Renovate or modernize public housing units:
  - Demolish or dispose of obsolete public housing:
  - Provide replacement public housing:
  - Provide replacement vouchers:
  - Other: (list below)
- PHA Goal: Increase assisted housing choices
- Objectives:
- Provide voucher mobility counseling:
  - Conduct outreach efforts to potential voucher landlords
  - Increase voucher payment standards
  - Implement voucher homeownership program:
  - Implement public housing or other homeownership programs:
  - Implement public housing site-based waiting lists:
  - Convert public housing to vouchers:
  - Other: (list below)

**HUD Strategic Goal: Improve community quality of life and economic vitality**

- PHA Goal: Provide an improved living environment
- Objectives:
- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
  - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
  - Implement public housing security improvements:
  - Designate developments or buildings for particular resident groups (elderly, persons with disabilities)

- Other: (list below) SBHA will continue to offer training opportunities in a variety of areas, primarily construction and maintenance through their TQM Program.

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

- PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- Increase the number and percentage of employed persons in assisted families: Assist Resident Council with ROSS grant preparation if desired
- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below) Accomplish through TQM and Senior ROSS Grant

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
- Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
- Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- Other: (list below) Accomplished primarily through advertising and marketing of a variety of units now owned by SBHA

**Other PHA Goals and Objectives: (list below)**

**Annual PHA Plan**  
**PHA Fiscal Year 2000**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Streamlined Plan:**

- High Performing PHA**  
 **Small Agency (<250 Public Housing Units)**  
 **Administering Section 8 Only**

**Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

**The Scotts Bluff County Housing Agency is committed to housing income-qualified families as well as those moving to work above the income limits.**

- **We choose to offer high quality, safe and affordable housing along with supportive services, homeownership and job opportunities for our residents.**
- **We are also committed to providing choice of housing through the administration of our Section 8 Housing Choice Voucher program.**
- **Proudly, we submit that our resident training program (TQM) is one of the best in the nation**

**Most importantly, we believe that self-sufficiency for our residents is not something that is bestowed upon them, but achieved with them through team efforts with other resources, referral agencies, our residents, resident council, housing authority staff and board of Commissioner's dedication. Our team of professionals seeks to offer the very best of themselves and the programs, facilities, and resources they administer.**

### **iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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#### **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. Note: 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.

#### Required Attachments:

- Admissions Policy for Deconcentration Attachment 1
- FY 2003 Capital Fund Program Annual Statement Attachment 5
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

#### Optional Attachments:

- PHA Management Organizational Chart Attachment 6
- FY 2003 Capital Fund Program 5 Year Action Plan (included in Work Plan #5)
- Public Housing Drug Elimination Program (PHDEP) Plan

- Comments of Resident Advisory Board or Boards (included)
- Other (List below, providing each attachment name)
- Attachment 1 Deconcentration Policy
  - Attachment 2 Pet Policy
  - Attachment 3 Progress Report-Modernization
  - Attachment 4 Site-based waiting list
  - Attachment 7 Hardship Exemption Policy
  - Attachment 8 Utility Allowances Kimball 8a,Bridgeport8b.Scotts Bluff County 8c, Cheyenne County 8d, and Bayard 8e
  - Attachment 9 Voluntary Conversion

**Supporting Documents Available for Review**

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>Applicable Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99	Annual Plan: Eligibility, Selection, and Admissions Policies

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	<i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	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
	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	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program <input checked="" type="checkbox"/> check here if included in the Section 8	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Administrative Plan	
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	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)

## **1. Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

### **A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford- ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access- ibility</b>	<b>Size</b>	<b>Loca- tion</b>
Income <= 30% of AMI	1,600	5	5	5	5	1-3 br	area
Income >30% but <=50% of AMI	1,400	5	5	5	5	1-3 br	area
Income >50% but <80% of AMI	3,200	5	5	3	5	1-3 br	area
Elderly	2,000	5	4	3	5	1/2 br	area
Families with Disabilities	1,400	5	4	4	5	1-3 br	area

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Race/Ethnicity HISPANIC	49%	5	4	4	5	1-3 br	area
Race/Ethnicity Black	.5%	5	4	4	5	1-3 br	area
Race/Ethnicity Am. Indian	3%	5	5	5	5	1-3 br	area
Race/Ethnicity							

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s  
Indicate year: State of Nebraska 2000-2005  
Relevant Highlights:  
1) not much speculative building, expansions have not materialized  
2) Highest growth in Hispanic population  
3) Conservative estimate of housing needs would suggest that near-homeless, homeless, and special needs population will grow by 4%
- U.S. Census data: 2000  
 American Housing Survey data  
Indicate year:  
 Other housing market study  
Indicate year:  
 Other sources: (list and indicate year of information)

### **B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists**

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

<b>Housing Needs of Families on the Waiting List</b>
--

### Housing Needs of Families on the Waiting List

Waiting list type: (select one)

- Section 8 tenant-based assistance  
 Public Housing  
 Combined Section 8 and Public Housing  
 Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families		% of total families		Annual Turnover	
	Sec 8	PHA			Sec 8	PHA
Waiting list total	43	43			117	87
Extremely low income <=30% AMI	43	43	100%			
Very low income (>30% but <=50% AMI)						
Low income (>50% but <80% AMI)						
Families with children	24	28	56%	65%		
Elderly families	8	15	19%	35%		
Families with Disabilities	3	0	7%	0%		
Race/ethnicity white	39	37	Hispanic	17		
Race/ethnicity AI	4	4	Non-Hispanic	26		
Race/ethnicity Black	0	1				
Race/ethnicity Asian Pacific Islander	0	1				
Single	8	8				
Characteristics by Bedroom Size (Public Housing Only)						
1BR		12				
2 BR		20				
3 BR		10				
4 BR		1				
5 BR						
5+ BR						

### Housing Needs of Families on the Waiting List

Is the waiting list closed (select one)?  No  Yes

If yes:

How long has it been closed (# of months)?

Does the PHA expect to reopen the list in the PHA Plan year?  No  Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed?  No  Yes

### C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

#### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below) Admission and occupancy policies reflect a preference for elderly and near-elderly in their communities in Colson Manor, Morrill Manor and Bluff View complex.

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below) The admissions and occupancy policies of SBHA reflect first preference for elderly and disabled persons, second preference near-elderly over single adults. Barrier-free homes were completed & 100% occupied by October 31, 2001. They remain 100% occupied.

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below) SBHA affirmatively markets to all races/ethnic groups

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below) SBHA makes available to all Section 8 participants a list of all available housing that landlords have called in with vacancies. Rentals of apartments and houses are all clipped from the local newspaper and presented at briefing as well as posted on our bulletin boards in the lobby.

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA’s selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints

- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

## **2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2002 grants)</b>		
a) Public Housing Operating Fund	\$ 287,053	
b) Public Housing Capital Fund	\$ 267,292	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	1,105,555	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
ROSS	13,064.00	13,064.00
Capitol Fund 2002	169,811.00	169,811.00
<b>3. Public Housing Dwelling Rental Income</b>		
	277,760.00	277,760.00
<b>4. Other income</b> (list below)		
Management BHA	13,000.00	13,000.00
<b>Management Barrier Fee &amp; Valacia</b>	14,400.00	14,400.00
<b>4. Non-federal sources</b> (list below)		
<b>Total resources</b>	\$2,147,935.00	\$2,147,935.00

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

##### **(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe)The verification process begins at the time of application.

Criminal records are checked weekly and SBHA delinquent files are cross-referenced at time of application.

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other (describe)

c.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

## **(2)Waiting List Organization**

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- Community-wide list
- Sub-jurisdictional lists
- Site-based waiting lists
- Other (describe)

b. Where may interested persons apply for admission to public housing?

- PHA main administrative office
- PHA development site management office
- Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year? four

2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?

3.  Yes  No: May families be on more than one list simultaneously  
If yes, how many lists? four

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- PHA main administrative office
- All PHA development management offices
- Management offices at developments with site-based waiting lists
- At the development to which they would like to apply
- Other (list below)

**(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- One Applicants are moved to the bottom of the list if they refuse the unit offered. They are removed from the waiting list after three offers. Failure to respond to two offers results in immediate termination from the waiting list. Failure to update their information which results in return of mail offer, also results in termination from the waiting list.
- Two
- Three or More

b.  Yes  No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

**(4) Admissions Preferences**

a. Income targeting:

- Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

100% of the families on the waiting list are at 30% or less of AMI.

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- Emergencies
- Overhoused
- Underhoused
- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)

Other: (list below)

c. Preferences

1.  Yes  No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below) Elderly, disabled, then near-elderly have preference over single adults in our elderly complexes.

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

1 Date and Time

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence

Substandard housing  
Homelessness  
High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements. With the pool of applicants 100% at 30% or less of AMI, we should meet the income targeting requirements.

### **(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- The PHA-resident lease
- The PHA's Admissions and (Continued) Occupancy policy
- PHA briefing seminars or written materials
- Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- At an annual reexamination and lease renewal
- Any time family composition changes
- At family request for revision
- Other (list)

### **(6) Deconcentration and Income Mixing**

a.  Yes  No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or

income mixing?

b.  Yes  No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing? Our waiting list is comprised of 100% families at or below 30% AMI.

c. If the answer to b was yes, what changes were adopted? (select all that apply)

Adoption of site-based waiting lists  
If selected, list targeted developments below:

Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:

Employing new admission preferences at targeted developments  
If selected, list targeted developments below:

Other (list policies and developments targeted below)

d.  Yes  No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts

- List (any applicable) developments below:

## **B. Section 8**

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### **(1) Eligibility**

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- Criminal or drug-related activity only to the extent required by law or regulation
  - Criminal and drug-related activity, more extensively than required by law or regulation
  - More general screening than criminal and drug-related activity (list factors below)
  - Other (list below)
- b.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- Criminal or drug-related activity
  - Other (describe below) Information is shared only with signed consent form from applicant/tenant.

### **(2) Waiting List Organization**

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- None
  - Federal public housing
  - Federal moderate rehabilitation
  - Federal project-based certificate program

Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

PHA main administrative office

Other (list below)

### **(3) Search Time**

a.  Yes  No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below: Applicant request required

### **(4) Admissions Preferences**

a. Income targeting

Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?  
100% of the families on the Section 8 waiting list are at 30% or below AMI.

b. Preferences

1.  Yes  No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

Victims of domestic violence

Substandard housing

Homelessness

High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

Working families and those unable to work because of age or disability

- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

1      Date and Time

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- Date and time of application
- Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- This preference has previously been reviewed and approved by HUD
- The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

#### **(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- The Section 8 Administrative Plan
- Briefing sessions and written materials
- Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- Through published notices
- Other (list below)

#### **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

##### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

##### **(1) Income Based Rent Policies**

Describe the PHA’s income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- \$0  
 \$1-\$25  
 \$26-\$50

SBHA minimum rent is set at \$50

2.  Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below: **on file in ACOP & Attachment 7**

c. Rents set at less than 30% than adjusted income

1.  Yes  No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

New residents select from flat rent or rent based on 30% of adjusted income upon move-in. At annual re-exam, resident may select flat rent or rent based on 30% of income. If flat rent is selected and a change of income occurs, the resident must complete an interim examination providing the information and can re-select the option best suited to their needs.

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below: See above.

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

For the earned income of a previously unemployed household member  
For all adults in the household, we will not utilize income for one year if the household previously received TANF for 6 months or the person has been in job training program or unemployed for one year. We would utilize 50% income for year two and full income for year three.

For increases in earned income  
 Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

SBHA offers choice of flat rents which are currently set at our Fair Market

Rents for our Region.

Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:

For household heads

- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- Yes for all developments
- Yes but only for some developments
- No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- For all developments
- For all general occupancy developments (not elderly or disabled or elderly only)
- For specified general occupancy developments
- For certain parts of developments; e.g., the high-rise portion
- For certain size units; e.g., larger bedroom sizes
- Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- Market comparability study
- Fair market rents (FMR)
- 95<sup>th</sup> percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The “rental value” of the unit
- Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option

- Any time the family experiences an income increase
  - Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) \$500
  - Other (list below) Changes in family composition must always be reported.
- To add members to a household requires SBHA approval.

g.  Yes  No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

**(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- The section 8 rent reasonableness study of comparable housing
  - Survey of rents listed in local newspaper
  - Survey of similar unassisted units in the neighborhood
  - Other (list/describe below) FMR's for our region
- 1 BR 338      2BR 429      3BR 532      4BR 630

**B. Section 8 Tenant-Based Assistance**

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

**(1) Payment Standards**

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- At or above 90% but below 100% of FMR
- 100% of FMR
- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

PAYMENT STANDARD	1 BR	2 BR	3 BR	4BR
Bayard/Bridgeport	360	457	585	693
Kimball	358	457	586	696
Cheyenne County	358	457	585	685
Scotts bluff County	371	471	585	693

Utility Allowances are shown in Attachment 8

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or submarket
- Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- Annually
- Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- Success rates of assisted families
- Rent burdens of assisted families
- Other (list below)

## **(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

- \$0
- \$1-\$25
- \$26-\$50 \$50 is the minimum rent for SBHA Section 8 program

b.  Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

**A. PHA Management Structure**

Describe the PHA’s management structure and organization.

(select one)

- An organization chart showing the PHA’s management structure and organization is attached. Attachment 6
- A brief description of the management structure and organization of the PHA follows:

**B. HUD Programs Under PHA Management**

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use “NA” to indicate that the PHA does not operate any of the programs listed below.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	162	97
Section 8 Vouchers	410	240
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
2000 & 2001	162	97
Other Federal Programs(list individually)		
ROSS	86	10

**C. Management and Maintenance Policies**

List the PHA’s public housing management and maintenance policy documents, manuals and handbooks that contain the Agency’s rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

- (1) Public Housing Maintenance and Management: (list below)  
ON FILE
- (2) Section 8 Management: (list below)  
ON FILE

**6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

**A. Public Housing**

- 1.  Yes  No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

- 2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)
  - PHA main administrative office
  - PHA development management offices
  - Other (list below)

**B. Section 8 Tenant-Based Assistance**

- 1.  Yes  No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

- 2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)
  - PHA main administrative office
  - Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

### **A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

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

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) Attachment 5

-or-

The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

#### **(2) Optional 5-Year Action Plan**

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a.  Yes  No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

Our five year plan is a part of the 2003 Annual Statement and plan for Work Activities which covers the period 2002 – 2006.

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment

-or-

The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

### **B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- Yes  No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)  
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development  
 Revitalization Plan submitted, pending approval  
 Revitalization Plan approved  
 Activities pursuant to an approved Revitalization Plan underway

- Yes  No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name/s below:

- Yes  No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?  
If yes, list developments or activities below:

- Yes  No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?  
If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: 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 component 9; if “yes”, complete one activity description for each development.)

## 2. Activity Description

- Yes  No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

<b>Demolition/Disposition Activity Description</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. Timeline for activity:	
a. Actual or projected start date of activity:	
b. Projected end date of activity:	

## **9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1.  Yes  No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is

eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

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 10. If “No”, complete the Activity Description table below.

<b>Designation of Public Housing Activity Description</b>
1a. Development name: 1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

**10. 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.

<b>Conversion of Public Housing Activity Description</b>	
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>B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937</b>
---

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

**11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1.  Yes  No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

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 12. If “No”, complete the Activity Description table below.)

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>	
1a. Development name:	
1b. Development (project) number:	
2. Federal Program authority:	
<input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)	
3. Application status: (select one)	
<input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application	
4. Date Homeownership Plan/Program approved, submitted, or planned for submission:	

(DD/MM/YYYY)

5. Number of units affected:  
6. Coverage of action: (select one)  
 Part of the development  
 Total development

## B. Section 8 Tenant Based Assistance

1.  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 component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

### 2. Program Description:

#### a. Size of Program

- Yes  No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- 25 or fewer participants  
 26 - 50 participants  
 51 to 100 participants  
 more than 100 participants

#### b. PHA-established eligibility criteria

- Yes  No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

Applicants may be Section 8 eligible or Public Housing residents who have participated in housing assistance for 1 year and are still eligible for Section 8 participation.

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (1)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

SBHA is exempt from community service requirements for this fiscal year

### **A. PHA Coordination with the Welfare (TANF) Agency**

#### 1. Cooperative agreements:

- Yes  No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? 05/01/2001

#### 2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe)

### **B. Services and programs offered to residents and participants**

#### **(1) General**

##### a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing homeownership option participation
- Preference/eligibility for section 8 homeownership option participation

Other policies (list below)

b. Economic and Social self-sufficiency programs

Yes  No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

The Scotts Bluff County Housing Authority does not have a traditional FSS program. In 1993, the SBHA developed their own resident training program (TQM) through administrative reserves to promote family self-sufficiency. The administrative reserves were paid back and the program is self-supporting.

<b>Services and Programs</b>				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)

**(2) Family Self Sufficiency program/s**

a. Participation Description

<b>Family Self Sufficiency (FSS) Participation</b>		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

- b.  Yes  No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?  
If no, list steps the PHA will take below:

### C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
  - Informing residents of new policy on admission and reexamination
  - Actively notifying residents of new policy at times in addition to admission and reexamination.
  - Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
  - Establishing a protocol for exchange of information with all appropriate TANF agencies
  - Other: (list below)

<b>D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937</b>
--

### **13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

#### **A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)
- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
  - High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
  - Residents fearful for their safety and/or the safety of their children

- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below) Tough screening along with strict lease enforcement and police above baseline contracts have been successful. Crime statistics down in all housing units. Cooperation with WING effective.

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed “in and around” public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

3. Which developments are most affected? (list below)  
Elderly housing is the least affected by crime

**B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below) Above baseline law enforcement contract @ Rebecca Winters & Bluff View

2. Which developments are most affected? (list below)

Family developments are the most affected. Senior ROSS program affects senior developments.

**C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- Other activities (list below)

2. Which developments are most affected? (list below)

Family developments are the most affected.

**D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

Our Pet Policies are included in our ACOP. Pets are allowed in our housing units with \$250 pet deposit. Pets must be spayed or neutered, have current immunizations, current licenses and be properly registered with Housing Authority approval. Common household pets are allowed. Failure by tenant to properly care for their pet or a pet that causes the peaceful enjoyment of other residents, may be cause for removal of pet and/or eviction. Full pet policies are found in the ACOP.

## **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1.  Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
2.  Yes  No: Was the most recent fiscal audit submitted to HUD?
3.  Yes  No: Were there any findings as the result of that audit?
4.  Yes  No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_\_
5.  Yes  No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1.  Yes  No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - Not applicable
  - Private management
  - Development-based accounting
  - Comprehensive stock assessment
  - Other: (list below)
3.  Yes  No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

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: (if comments were received, the PHA **MUST** select one)  
 Attached at Attachment (File name)  
 Provided below:  
Based on RASS & Resident Comments at Resident Council meetings:
  - 1) Want improved neighborhood appearance especially noted at Rebecca Winters
  
  - 2) Enhanced communication with residents via personal contact, newsletters  
Advance notice of maintenance required: changing locks, new appliance Installation, etc. Strict lease enforcement wanted as well as good screening of residents. Continual education about work-order system.
  
  - 3) Safety a concern particularly at Rebecca Winters – enhanced lighting a possible solution
  
  - 4) Questions about lights on timers needing checked.
  
  - 5) Residents supported the use of 2003 Capitol funds for office/community Room remodel.
  
  - 6) Future Capitol fund needs identified include new playground equipment.
  
  - 7) Interest in having senior programs – hired a Senior Coordinator with ROSS funds to implement programs in March.
  
  - 8) Possible gate between Carpenter Center Park and senior Bluff View concern about bikes and skateboards that come through on HA side.
  
  - 9) Concern about West Nile, reminders about supervising children and signage at resident parking spaces.
  
3. In what manner did the PHA address those comments? (select all that apply)  
 Considered comments, but determined that no changes to the PHA Plan were necessary.  
 The PHA changed portions of the PHA Plan in response to comments  
List changes below:  
 Other: (list below)

**B. Description of Election process for Residents on the PHA Board**

1.  Yes  No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

Our Resident Commissioner was appointed by the Scotts Bluff County Commissioners to a five year term that began in 2000. He is currently serving on the Board of Commissioners. Our Resident Commissioner is Thomas Ackerman, Bluff View.

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

- Candidates were nominated by resident and assisted family organizations
- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- Other: (describe)

b. Eligible candidates: (select one)

- Any recipient of PHA assistance
- Any head of household receiving PHA assistance
- Any adult recipient of PHA assistance
- Any adult member of a resident or assisted family organization
- Other (list)

c. Eligible voters: (select all that apply)

- All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- Representatives of all PHA resident and assisted family organizations
- Other (list)

**C. 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

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 the initiatives contained in the Consolidated Plan. (list below)
- Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

#### **D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.

#### **Criteria for Substantial Deviation and Significant Amendments**

##### **A. Substantial Deviation from the 5 year plan:**

**A substantial deviation from the 5 year plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals, or objectives of the 5 year plan.**

##### **B. Significant Amendment or Modification to the Annual Plan:**

**Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the Housing Authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.**

## **Attachments**

Use this section to provide any additional attachments referenced in the Plans.

# PHA Plan Table Library

## Component 7 Capital Fund Program Annual Statement Parts I, II, and II

### Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number                      FFY of Grant Approval: (MM/YYYY)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

**Annual Statement**  
**Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

**Annual Statement**

**Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

## Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Total estimated cost over next 5 years</b>				



**Component 3, (6) Deconcentration and Income Mixing**

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

The average incomes for all developments is below 30% of AMI. Therefore, no deconcentration or income mixing is necessary.

If yes, list these developments as follows:

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

## **PET OWNERSHIP POLICIES**

**Pet Ownership is not new to the SBHA. Family and senior residents have been able to own pets previously. Established procedures for pet ownership policies are found in detail in our Admissions and Occupancy Policies under Part XII, revised July 1, 2001.**

**In summary, pet ownership is permitted with prior approval by the SBHA management staff, proper registration of pet, and payment of a \$250 pet deposit in both our family and senior public housing communities.**

**Pets are restricted to common household pets as defined by our partner, the Humane Society with proof of vaccination and licensure as applicable. Pets are limited to one per household. Pets do have a height and weight size limit as well. All pets are required to be spayed or neutered before entering the premises.**

**Details regarding pet “babysitting”, responsible pet care, abandonment, nuisance, liability, are detailed in our pet policies. Failure to comply with pet policies are also detailed in the Admissions and Occupancy policy with outcomes that may include lease termination.**

**SBHA has found that with appropriate policies in place, we now have few violations and little damage as well from pets.**

**Companion animals are also identified in our pet policies and excluded from the deposit requirement with medical verification they are companion animals.**

## **PROGRESS REPORT IN MEETING 5-YEAR PLAN MISSION & GOALS**

**The SBHA is making progress towards the 5-year plan. Apartment Remodeling has been most appreciated by residents. The Capitol Fund allocation is very important as major renovations to our apartment has been only spot attempts to improve through CIAP funding. Since our apartments are over 30 years old, we are now finding major plumbing, wall repair, floors, etc. needing to be done. Although the extensive nature of the work does involve intense labor, the progress is slow, but on target.**

**New appliances have been installed in the elderly apartments which include refrigerators, stoves, range hoods and window a/c's for those desiring a/c with additional units available for new tenants.**

**We have replaced the family appliances with the elderly units in excellent condition so all have been upgraded. The offline-family units have new appliances in them as well. Used a/c units are available to our family units at an affordable fee. Upon disposal, monies are earned which go back into operations.**

**New storm windows with screens were installed in Bluff View which Greatly enhanced the neighborhood appearance of the complex.**

**Residents have been appreciative of the work done on their behalf. The remainder of 2002 Capitol Funds will go towards remodeling apartments. 2003 Capitol Funds have been approved by residents & board for office addition and remodel. We anticipate that all of 2004 Capitol Funds will be utilized for apartment remodeling and playground renovation.**

## **SITE BASED WAITING LIST ASSESSMENT**

**The 2003 current waiting list is comprised of 92% white and 8% Native Americans with the corresponding Hispanic waiting list at 36% and non-Hispanics on the wait list at 64%.**

**Currently housed at each site including new admissions is as follows:**

	<b>Hispanic</b>	<b>Non-His.</b>	<b>White</b>	<b>Blk</b>	<b>NativeAm</b>	<b>Asian</b>
<b>78-1 Colson Manor</b>	<b>0</b>	<b>17</b>	<b>16</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>78-2 Morrill “</b>	<b>1</b>	<b>20</b>	<b>21</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>78-3 Bluff View</b>	<b>23</b>	<b>38</b>	<b>58</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>78-5 Rebecca Wtrs</b>	<b>25</b>	<b>29</b>	<b>45</b>	<b>0</b>	<b>9</b>	<b>0</b>

**Our report in PIC on new admissions based on Head of Household race is incorrect so it was not helpful to us. Our new admissions have been in only two of the races listed white and Native American which also corresponds with our current waiting list. When data is updated correctly, we will be able to more accurately assess this requirement.**

**From our written application/waiting lists, we have the following New admission breakouts:**

	<b>Hispanic</b>	<b>Non-His</b>	<b>White</b>	<b>Blk</b>	<b>NativeAm</b>	<b>Asian</b>
<b>78-1 Colson</b>	<b>0</b>	<b>4</b>	<b>3</b>		<b>1</b>	
<b>78-2 Morrill</b>	<b>1</b>	<b>5</b>	<b>6</b>			
<b>78-3 Bluff View</b>	<b>9</b>	<b>11</b>	<b>19</b>		<b>1</b>	
<b>78-5 Rbca Wintr</b>	<b>11</b>	<b>17</b>	<b>23</b>		<b>5</b>	

**This reflects that we have new admissions from 36% of the Hispanic and 64% Non-Hispanic as well as good representation from the Native American population at 12% of the new admissions. We believe this to be very representative of the overall population of our service area. The percentages of populations served have not changed from our 2002 Site-based waiting list assessment, even though the numbers served at each development have changed.**

**Fair Housing continues to be of paramount importance to the Scotts Bluff County Housing Authority.**

**CAPITAL FUND PROGRAM TABLES START HERE**

Annual Statement/Performance and Evaluation Report		ATTACHMENT 5			
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: SCOTTS BLUFF COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NE26078501-02 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$ 40,000	\$ 15,000	\$ 0	\$ 0
10	1460 Dwelling Structures	\$ 245,809	\$ 236,292	\$ 22,613.20	\$ 22,613.20
11	1465.1 Dwelling Equipment—Nonexpendable	\$ 16,000	\$ 16,000	\$ 0	\$ 0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				







# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name Scotts Bluff County Housing Authority						<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 2
Development Number/Name/HA- Wide	Year 1 2002	Work Statement for Year 2 FFY Grant: 2003 PHA FY: 7/01/2003	Work Statement for Year 3 FFY Grant: 2004 PHA FY: 7/01/04	Work Statement for Year 4 FFY Grant: 2005 PHA FY: 7/01/05	Work Statement for Year 5 FFY Grant: 2006 PHA FY: 7/01/06	
78005	Annual Statement	Sprinkler Update 54 Family Units 48,000				
78005		Remodel Apartments carpet, tile, cabinets, paint, 205,809 (17)	Remodels Apartments, carpet, tile, Cabinets, paint 41,809 (4)	Remodel Apartments. Carpet, tile, cabinets, paint 252,000 (21)	Remodel Apartments Carpet, tile, paint, cabinets (12) 144,000	
78005		New appliances for remodels 17,000	New appliances for remodels 4,000	New Appliances for remodels 21,000	New appliances for remodels 12,000	
Ha-wide			Office/Community Room remodel 235,000			
Ha-wide		Side Walk Repair 10,000		Sidewalk Repair 7,809		
HA-wide					Carpenter Center Parking Lot, carpet, tile, paint \$74,809	
HA-Wide					Replace laundry equipment Lost sock \$50,000	
CFP Funds Listed for 5-year planning						

Replacement Housing Factor Funds				
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		<b>Total CFP Estimated Cost</b>	\$280,809		280,809





# Capital Fund Program Five-Year Action Plan

## Part I: Summary

*SAMPLE*

PHA Name <i>Anytown Housing Authority</i>						<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005	
	<b>Annual Statement</b>					
<i>10-01/Main Street</i>		<i>\$80,000</i>	<i>\$36,000</i>	<i>\$65,000</i>	<i>\$55,000</i>	
<i>10-02/Broadway</i>		<i>\$90,000</i>	<i>\$40,900</i>	<i>\$40,000</i>	<i>\$43,000</i>	
<i>HA-wide</i>		<i>\$100,000</i>	<i>\$50,000</i>	<i>\$35,000</i>	<i>\$27,000</i>	
CFP Funds Listed for 5-year planning		<i>\$270,000</i>	<i>\$162,900</i>	<i>\$140,000</i>	<i>125,000</i>	
Replacement Housing Factor Funds		<i>\$40,000</i>				





**Scotts Bluff County Housing Authority  
Organizational Chart**

**Scotts Bluff County Commissioners  
Scotts Bluff County Housing Authority Board of Commissioners**

**Executive Director**

**Resource Director**

**Programs**

**TQM/Maintenance\* Section 8\* Public Housing\* Child & Adult Care Food Program**

**Barrier-Free Housing\*Public Housing Drug Elimination Grant\* Resident Council**

**\*Valacia Apartments\*Pathfinder Subdivision\*ROSS Grant\*TQM Resident**

**Training Program**

**HARDSHIP EXEMPTION POLICY**  
**HOUSING AUTHORITY OF THE COUNTY OF SCOTTS BLUFF, NE**

The Scotts Bluff County Housing Authority has set a minimum rent at \$50. However, if the family requests a hardship exemption, the Scotts Bluff County Housing Authority will immediately suspend the minimum rent for the family until the Housing Authority can determine whether the hardship exists and whether the hardship is temporary or long-term in nature.

- A. A hardship exists in the following circumstances:**
- 1. When the family has lost eligibility for or is waiting on eligibility determination for a Federal, State, or local assistance program;**
  - 2. When the family would be evicted as a result of the imposition of the minimum rent requirement;**
  - 3. When the income of the family has decreased because of changed circumstances, including loss of employment;**
  - 4. When a death has occurred in the family.**
- B. No hardship. If the Housing Authority determines there is no qualifying hardship, the minimum rent will be reinstated, including requiring back payment of minimum rent for the time of suspension.**
- C. Temporary hardship. If the Housing Authority reasonably determines that there is a qualifying hardship, but that it is of a temporary nature, the minimum rent will not be imposed for a period of 90 days from the date of the family's request. At the end of the 90-day period, the minimum rent will be imposed retroactively to the time of suspension. The Housing Authority will offer a repayment agreement for any rent not paid during the period of suspension. During the suspension period the Housing Authority will not evict the family for nonpayment of the amount of tenant rent owed for the suspension period.**
- D. Long-Term hardship. If the Housing Authority determines there is a long-term hardship, the family will be exempt from the minimum rent requirement until the hardship no longer exists.**
- E. Appeals. The family may use the grievance procedure to appeal the Housing Authority's determination regarding the hardship. No escrow deposit will be required in order to access the grievance procedure.**

US Department of Housing & Urban Development  
 Section 8 Allowances for Tenant Frunished  
 Utilities and Other Services

Effective Date:

July 2002 UPDATED FOR  
 JULY 2003

Service Area:

Kimball

Locality: The Housing Authority of the County  
 of Scotts Bluff, Nebraska

Unit Type

Detached

Utility of Service	Monthly Dollar Allowance					
	# of Bedrooms	1 BR	2 BR	3 BR	4 BR	5 BR
<b>Heating:</b>						
a. natural gas		43.00	56.00	68.00	87.00	99.00
b. electric		34.00	44.00	54.00	69.00	78.00
c. bottled gas		53.00	68.00	84.00	106.00	122.00
<b>Cooking:</b>						
a. natural gas		5.00	6.00	8.00	10.00	11.00
b. electric		6.00	7.00	9.00	11.00	13.00
c. bottled gas		5.00	6.00	8.00	10.00	11.00
<b>Other Electrical Lighting</b>						
a. electric		19.00	24.00	30.00	38.00	43.00
<b>Water Heating</b>						
a. natural gas		13.00	16.00	20.00	25.00	29.00
b. electric		13.00	17.00	21.00	27.00	30.00
c. bottled gas		13.00	17.00	21.00	27.00	30.00
Water		12.00	15.00	19.00	24.00	27.00
Sewer		8.00	10.00	12.00	15.00	18.00
Trash Collection		12.00	12.00	12.00	12.00	12.00
<b>Appliances:</b>						
a. range		5.00	5.00	5.00	5.00	5.00
b. refrigerator		5.00	5.00	5.00	5.00	5.00

Actual Family Allowances

Utility or Service

Per Month

Name:	Heating	
Address:	Cooking	
	Other Electric	
	Water Heating	
Number of Bedrooms:	Water	
	Sewer	
	Trash Collection	
	Appliance: Range	
	Appliance: Refrigerator	
	Other	
	Other	
	Total	

US Department of Housing & Urban Development  
 Section 8 Allowances for Tenant Furnished  
 Utilities and Other Services

Effective Date:

July 2002 UPDATED FOR  
 JULY 2003

Service Area:

Kimball

Locality: The Housing Authority of the County  
 of Scotts Bluff, Nebraska

Unit Type  
Apartment

Utility of Service	Monthly Dollar Allowance				
# of Bedrooms	1 BR	2 BR	3 BR	4 BR	5 BR
Heating:					
a. natural gas	32.00	42.00	51.00	65.00	74.00
b. electric	26.00	33.00	41.00	52.00	59.00
c. bottled gas	40.00	51.00	63.00	80.00	92.00
Cooking:					
a. natural gas	4.00	5.00	6.00	8.00	8.00
b. electric	5.00	5.00	7.00	8.00	10.00
c. bottled gas	4.00	5.00	6.00	8.00	8.00
Other Electrical Lighting					
a. electric	14.00	18.00	23.00	29.00	32.00
Water Heating					
a. natural gas	10.00	12.00	15.00	19.00	22.00
b. electric	10.00	13.00	16.00	20.00	23.00
c. bottled gas	10.00	13.00	16.00	20.00	23.00
Water	9.00	11.00	14.00	18.00	20.00
Sewer	6.00	8.00	9.00	11.00	14.00
Trash Collection	12.00	12.00	12.00	12.00	12.00
Appliances:					
a. range	5.00	5.00	5.00	5.00	5.00
b. refrigerator	5.00	5.00	5.00	5.00	5.00

Actual Family Allowances

Utility or Service

Per Month

Name:	Heating	
Address:	Cooking	
	Other Electric	
	Water Heating	
Number of Bedrooms:	Water	
	Sewer	
	Trash Collection	
	Appliance: Range	
	Appliance: Refrigerator	
	Other	
	Other	
	Total	

US Department of Housing & Urban Development  
 Section 8 Allowances for Tenant Frunished  
 Utilities and Other Services

Effective Date:

July 2002 UPDATED FOR  
 JULY 2003

Service Area:

Bridgeport

Locality: The Housing Authority of the County  
 of Scotts Bluff, Nebraska

Unit Type

Detached

Utility of Service	Monthly Dollar Allowance					
	# of Bedrooms	1 BR	2 BR	3 BR	4 BR	5 BR
<b>Heating:</b>						
a. natural gas		54.00	69.00	85.00	108.00	123.00
b. electric		29.00	37.00	45.00	57.00	66.00
c. bottled gas						
<b>Cooking:</b>						
a. natural gas		6.00	8.00	10.00	13.00	14.00
b. electric		4.00	5.00	6.00	7.00	8.00
c. bottled gas						
<b>Other Electrical Lighting</b>						
a. electric		17.00	22.00	26.00	34.00	38.00
<b>Water Heating</b>						
a. natural gas		15.00	20.00	24.00	31.00	35.00
b. electric		10.00	13.00	15.00	20.00	22.00
c. bottled gas						
Water		14.00	14.00	14.00	14.00	14.00
Sewer		8.00	8.00	8.00	8.00	8.00
Trash Collection		15.00	15.00	15.00	15.00	15.00
<b>Appliances:</b>						
a. range		5.00	5.00	5.00	5.00	5.00
b. refrigerator		5.00	5.00	5.00	5.00	5.00

Actual Family Allowances

Utility or Service

Per Month

Name:	Heating	
Address:	Cooking	
	Other Electric	
	Water Heating	
Number of Bedrooms:	Water	
	Sewer	
	Trash Collection	
	Appliance: Range	
	Appliance: Refrigerator	
	Other	
	Other	
	Total	

US Department of Housing & Urban Development  
 Section 8 Allowances for Tenant Frurnished  
 Utilities and Other Services

Effective Date:  
 July 2002 UPDATED FOR  
 JULY 2003

Service Area:  
Bridgeport

Locality: The Housing Authority of the County  
 of Scotts Bluff, Nebraska

Unit Type  
Apartment

Utility of Service	Monthly Dollar Allowance				
	1 BR	2 BR	3 BR	4 BR	5 BR
# of Bedrooms					
Heating:					
a. natural gas	41.00	52.00	64.00	81.00	92.00
b. electric	22.00	28.00	34.00	43.00	50.00
c. bottled gas					
Cooking:					
a. natural gas	5.00	6.00	8.00	10.00	11.00
b. electric	3.00	4.00	5.00	5.00	6.00
c. bottled gas					
Other Electrical Lighting					
a. electric	13.00	17.00	20.00	26.00	29.00
Water Heating					
a. natural gas	11.00	15.00	18.00	23.00	26.00
b. electric	8.00	10.00	11.00	15.00	17.00
c. bottled gas					
Water	14.00	14.00	14.00	14.00	14.00
Sewer	8.00	8.00	8.00	8.00	8.00
Trash Collection	15.00	15.00	15.00	15.00	15.00
Appliances:					
a. range	5.00	5.00	5.00	5.00	5.00
b. refrigerator	5.00	5.00	5.00	5.00	5.00

Actual Family Allowances	Utility or Service	Per Month
Name:	Heating	
Address:	Cooking	
	Other Electric	
	Water Heating	
Number of Bedrooms:	Water	
	Sewer	
	Trash Collection	
	Appliance: Range	
	Appliance: Refrigerator	
	Other	
	Other	
	Total	

US Department of Housing & Urban Development  
 Section 8 Allowances for Tenant Furnished  
 Utilities and Other Services

Effective Date:

July 2002 UPDATED FOR  
 JULY 2003

Service Area:

Scotts Bluff

Locality: The Housing Authority of the County  
 of Scotts Bluff, Nebraska

Unit Type  
 Detached

Utility-of Service- # of Bedrooms	Monthly Dollar Allowance				
	1 BR	2 BR	3 BR	4 BR	5 BR
Heating:					
a. natural gas	43.00	56.00	68.00	87.00	99.00
b. electric	42.00	54.00	66.00	84.00	96.00
c. bottled gas	59.00	68.00	84.00	106.00	122.00
Cooking:					
a. natural gas	5.00	6.00	8.00	10.00	11.00
b. electric	5.00	6.00	8.00	10.00	11.00
c. bottled gas	5.00	6.00	8.00	10.00	11.00
Other Electrical Lighting:					
a. electric	20.00	26.00	32.00	41.00	46.00
Water Heating:					
a. natural gas	13.00	16.00	20.00	25.00	29.00
b. electric	15.00	19.00	23.00	29.00	34.00
c. bottled gas	13.00	17.00	21.00	27.00	30.00
Water	13.00	13.00	13.00	13.00	13.00
Sewer	11.00	11.00	11.00	11.00	11.00
Trash Collection	12.00	12.00	12.00	12.00	12.00
Appliances:					
a. range	5.00	5.00	5.00	5.00	5.00
b. refrigerator	5.00	5.00	5.00	5.00	5.00

Actual Family Allowances                      Utility or Service                      Per Month

Name:	Heating	
Address:	Cooking	
	Other Electric	
	Water Heating	
Number of Bedrooms:	Water	
	Sewer	
	Trash Collection	
	Appliance: Range	
	Appliance: Refrigerator	
	Other	
	Other	
	Total	

US Department of Housing & Urban Development  
 Section 8 Allowances for Tenant Frurnished  
 Utilities and Other Services

Effective Date:

July 2002 UPDATED FOR  
 JULY 2003

Service Area:

Scotts Bluff

Locality: The Housing Authority of the County  
 of Scotts Bluff, Nebraska

Unit Type

Apartment

Utility of Service

Monthly Dollar Allowance

# of Bedrooms	1 BR	2 BR	3 BR	4 BR	5 BR
<b>Heating:</b>					
a. natural gas	32.00	42.00	51.00	65.00	74.00
b. electric	32.00	41.00	50.00	63.00	72.00
c. bottled gas	40.00	51.00	63.00	80.00	92.00
<b>Cooking:</b>					
a. natural gas	4.00	5.00	6.00	8.00	8.00
b. electric	4.00	5.00	6.00	8.00	8.00
c. bottled gas	4.00	5.00	6.00	8.00	8.00
<b>Other Electrical Lighting</b>					
a. electric	15.00	20.00	24.00	31.00	35.00
<b>Water Heating</b>					
a. natural gas	10.00	12.00	15.00	19.00	22.00
b. electric	11.00	14.00	17.00	22.00	26.00
c. bottled gas	10.00	13.00	16.00	20.00	23.00
<b>Water</b>					
	13.00	13.00	13.00	13.00	13.00
<b>Sewer</b>					
	11.00	11.00	11.00	11.00	11.00
<b>Trash Collection</b>					
	12.00	12.00	12.00	12.00	12.00
<b>Appliances:</b>					
a. range	5.00	5.00	5.00	5.00	5.00
b. refrigerator	5.00	5.00	5.00	5.00	5.00

Actual Family Allowances

Utility or Service

Per Month

Name:	Heating	
Address:	Cooking	
	Other Electric	
	Water Heating	
Number of Bedrooms:	Water	
	Sewer	
	Trash Collection	
	Appliance: Range	
	Appliance: Refrigerator	
	Other	
	Other	
	Total	

US Department of Housing & Urban Development  
 Section 8 Allowances for Tenant Frunished  
 Utilities and Other Services

Effective Date:

July 2002

Service Area:

CHEYENNE COUNTY

Locality: The Housing Authority of the County  
 of Scotts Bluff, Nebraska

Unit Type

Detached

Utility of Service

Monthly Dollar Allowance

# of Bedrooms	1 BR	2 BR	3 BR	4 BR	5 BR
<b>Heating:</b>					
a. natural gas	43.00	56.00	68.00	87.00	99.00
b. electric	45.00	58.00	70.00	90.00	102.00
c. bottled gas	50.00	65.00	79.00	101.00	115.00
<b>Cooking:</b>					
a. natural gas	5.00	6.00	8.00	10.00	11.00
b. electric	6.00	7.00	9.00	11.00	13.00
c. bottled gas	5.00	6.00	8.00	10.00	11.00
<b>Other Electrical Lighting</b>					
a. electric	24.00	31.00	37.00	48.00	54.00
<b>Water Heating</b>					
a. natural gas	13.00	16.00	20.00	25.00	29.00
b. electric	14.00	18.00	22.00	28.00	32.00
c. bottled gas	13.00	16.00	20.00	25.00	29.00
Water	14.00	18.00	22.00	28.00	32.00
Sewer	4.00	5.00	7.00	8.00	10.00
Trash Collection	14.00	14.00	14.00	14.00	14.00
<b>Appliances:</b>					
a. range	5.00	5.00	5.00	5.00	5.00
b. refrigerator	5.00	5.00	5.00	5.00	5.00

Actual Family Allowances

Utility or Service

Per Month

Name:	Heating	
Address:	Cooking	
	Other Electric	
	Water Heating	
Number of Bedrooms:	Water	
	Sewer	
	Trash Collection	
	Appliance: Range	
	Appliance: Refrigerator	
	Other	
	Other	
	Total	

US Department of Housing & Urban Development  
 Section 8 Allowances for Tenant Frunished  
 Utilities and Other Services

Effective Date:

July 2002/2003 UPDATED

Service Area:

CHEYENNE COUNTY

Locality: The Housing Authority of the County  
 of Scotts Bluff, Nebraska

Unit Type  
Apartment

Utility of Service	Monthly Dollar Allowance				
# of Bedrooms	1 BR	2 BR	3 BR	4 BR	5 BR
Heating:					
a. natural gas	32.00	42.00	51.00	65.00	74.00
b. electric	34.00	44.00	53.00	68.00	77.00
c. bottled gas	38.00	49.00	59.00	76.00	86.00
Cooking:					
a. natural gas	4.00	5.00	6.00	8.00	8.00
b. electric	5.00	5.00	7.00	8.00	10.00
c. bottled gas	4.00	5.00	6.00	8.00	8.00
Other Electrical Lighting					
a. electric	18.00	23.00	28.00	36.00	41.00
Water Heating					
a. natural gas	10.00	12.00	15.00	19.00	22.00
b. electric	11.00	14.00	17.00	21.00	24.00
c. bottled gas	10.00	12.00	15.00	19.00	22.00
Water	11.00	14.00	17.00	21.00	24.00
Sewer	3.00	4.00	5.00	6.00	8.00
Trash Collection	14.00	14.00	14.00	14.00	14.00
Appliances:					
a. range	5.00	5.00	5.00	5.00	5.00
b. refrigerator	5.00	5.00	5.00	5.00	5.00

Actual Family Allowances

Utility or Service

Per Month

Name:	Heating	
Address:	Cooking	
	Other Electric	
	Water Heating	
Number of Bedrooms:	Water	
	Sewer	
	Trash Collection	
	Appliance: Range	
	Appliance: Refrigerator	
	Other	
	Other	
	Total	

US Department of Housing & Urban Development  
 Section 8 Allowances for Tenant Furnished  
 Utilities and Other Services

Effective Date:

July 2002 UPDATED FOR  
 JULY 2003

Service Area:

Bayard

Locality: The Housing Authority of the County  
 of Scotts Bluff, Nebraska

Unit Type  
 Detached

Utility of Service	Monthly Dollar Allowance					
	# of Bedrooms	1 BR	2 BR	3 BR	4 BR	5 BR
<b>Heating:</b>						
a. natural gas		54.00	69.00	85.00	108.00	123.00
b. electric		32.00	41.00	50.00	63.00	72.00
c. bottled gas						
<b>Cooking:</b>						
a. natural gas		6.00	8.00	10.00	13.00	14.00
b. electric		4.00	5.00	7.00	8.00	10.00
c. bottled gas						
<b>Other Electrical Lighting</b>						
a. electric		18.00	23.00	28.00	35.00	40.00
<b>Water Heating</b>						
a. natural gas		15.00	20.00	24.00	31.00	35.00
b. electric		11.00	14.00	18.00	22.00	26.00
c. bottled gas						
Water		7.00	9.00	11.00	14.00	16.00
Sewer		7.00	7.00	7.00	7.00	7.00
Trash Collection		15.00	15.00	15.00	15.00	15.00
<b>Appliances:</b>						
a. range		5.00	5.00	5.00	5.00	5.00
b. refrigerator		5.00	5.00	5.00	5.00	5.00

Actual Family Allowances

Utility or Service

Per Month

Name:	Heating	
Address:	Cooking	
	Other Electric	
	Water Heating	
Number of Bedrooms:	Water	
	Sewer	
	Trash Collection	
	Appliance: Range	
	Appliance: Refrigerator	
	Other	
	Other	
	Total	

US Department of Housing & Urban Development  
 Section 8 Allowances for Tenant Frurnished  
 Utilities and Other Services

Effective Date:

July 2002 UPDATED FOR  
 JULY 2003

Service Area:

Bayard

Locality: The Housing Authority of the County  
 of Scotts Bluff, Nebraska

Unit Type  
 Apartment

Utility of Service

Monthly Dollar Allowance

# of Bedrooms	1 BR	2 BR	3 BR	4 BR	5 BR
<b>Heating:</b>					
a. natural gas	41.00	52.00	64.00	81.00	92.00
b. electric	24.00	31.00	38.00	47.00	54.00
c. bottled gas					
<b>Cooking:</b>					
a. natural gas	5.00	6.00	8.00	10.00	11.00
b. electric	3.00	4.00	5.00	6.00	8.00
c. bottled gas					
<b>Other Electrical Lighting</b>					
a. electric	14.00	17.00	21.00	26.00	30.00
<b>Water Heating</b>					
a. natural gas	11.00	15.00	18.00	23.00	26.00
b. electric	8.00	11.00	14.00	17.00	20.00
c. bottled gas					
Water	7.00	9.00	11.00	14.00	16.00
Sewer	7.00	7.00	7.00	7.00	7.00
Trash Collection	15.00	15.00	15.00	15.00	15.00
<b>Appliances:</b>					
a. range	5.00	5.00	5.00	5.00	5.00
b. refrigerator	5.00	5.00	5.00	5.00	5.00

Actual Family Allowances

Utility or Service

Per Month

Name:	Heating	
Address:	Cooking	
	Other Electric	
	Water Heating	
Number of Bedrooms:	Water	
	Sewer	
	Trash Collection	
	Appliance: Range	
	Appliance: Refrigerator	
	Other	
	Other	
	Total	

**2003 UPDATE\*\*\***

**Component 10 (b) Voluntary Conversion on Initial Assessments**

- a. How many of the PHA development are subject to the Required Initial Assessments? Four (4)**
- b. How many of the PHA developments are not subject to the Required Initial Assessments based on exemptions (i.e. not elderly or disabled and not general occupancy units)? None (0)**
- c. How many assessments were conducted for the PPHA covered developments  
Four (4) One for each of the covered developments**
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments.**

**None**

**At this point in time, the HAP payments would exceed the operating subsidy required. More people are eligible for public housing. If voucherized, some families would be required to find other housing as they would not be income eligible under the Voucher program. In public housing, other resources are available to provide supportive services to residents such as ROSS grants, if vouchers were utilized, this resource would not be available to increase the self-sufficiency and supportive services valued by our residents.**

**\*\*\*A review of the option to voucherize public housing is on file. The same results were found as in the initial assessment.**

**Development Name**

**Number of Units**

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>			<b>Attachment 10</b>		
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> SCOTTS BLUFF COUNTY HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P08901-00 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2003
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	\$ 267,292	267,292		
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				

<b>Annual Statement/Performance and Evaluation Report</b>	<b>Attachment 10</b>
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>	

<b>PHA Name:</b> SCOTTS BLUFF COUNTY HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P08901-00 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2003
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Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no:    )  
  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
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$ 267,292	\$ 267,292		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				







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

Activities for Year 1	Activities for Year :_2004___ FFY Grant: PHA FY:			Activities for Year: _2005___ FFY Grant: PHA FY:		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
See	78002	1450	20,000	78003	1460	60,000
Annual	78003	1460	75,000	78005	1450	50,000
Statement	78005	1450	46,000	78005	1460	152,292
	78005	1460	126,292			
<b>Total CFP Estimated Cost</b>			\$ 267,292			\$ 267,292

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

Activities for Year :_2006__ FFY Grant: PHA FY:			Activities for Year: 2007__ FFY Grant: PHA FY:		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
78003	1450	50,000	78003	1460	30,000
78005	1460	97,292	78005	1460	137,292
HA-Wide	1470	120,000	HA-Wide	1470	100,000
<b>Total CFP Estimated Cost</b>		\$267,292			\$267,292

# Capital Fund Program Five-Year Action Plan

## Part I: Summary

*SAMPLE*

PHA Name <i>Anytown Housing Authority</i>						<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005	
	<b>Annual Statement</b>					
<i>10-01/Main Street</i>		<i>\$80,000</i>	<i>\$36,000</i>	<i>\$65,000</i>	<i>\$55,000</i>	
<i>10-02/Broadway</i>		<i>\$90,000</i>	<i>\$40,900</i>	<i>\$40,000</i>	<i>\$43,000</i>	
<i>HA-wide</i>		<i>\$100,000</i>	<i>\$50,000</i>	<i>\$35,000</i>	<i>\$27,000</i>	
CFP Funds Listed for 5-year planning		<i>\$270,000</i>	<i>\$162,900</i>	<i>\$140,000</i>	<i>125,000</i>	
Replacement Housing Factor Funds		<i>\$40,000</i>				





## 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) Part I: Summary</b>					
<b>PHA Name:</b> SCOTTS BLUFF COUNTY HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P078501-01 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:01) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:12/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$ 66,840	\$ 66,840	\$ 0	\$ 0
10	1460 Dwelling Structures	\$ 144,360	\$ 163,268.20	\$ 144,360.00	\$ 144,360.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$ 37,800	\$ 37,800	\$ 18,891.80	\$ 18,891.80
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$ 31,809	\$ 31,809	\$ 14,789.25	\$ 14,789.25
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

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

<b>PHA Name:</b> SCOTTS BLUFF COUNTY HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P078501-01 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2001
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Original Annual Statement  
 Reserve for Disasters/ Emergencies  
 Revised Annual Statement (revision no:01)  
 Performance and Evaluation Report for Period Ending:12/31/02  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$ 280,809	\$ 280,809	\$ 178,041.05	\$ 178,041.05
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Scotts Bluff County Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P078501-01 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	Funds Obligated	Funds Expended	
78001	Sprinkler System Update	1450	All	\$ 0	\$ 15,000			Change based on resident input
78003	Sprinkler System Update		All	\$ 0	\$ 51,840			Change based on resident input
78003	Apartment remodel, carpet, tile, paint, cabinets	1460	19	\$ 171,360	144,360			Start 6/02
78003	New appliances, stove & refrigerator	1465	19	12,800	12,800			Start 6/02
78001,78002, 78003, 78005	Repair Sidewalks/Cements	1450	All	15,000	\$ 0			Completed with 2000 CFP funds
78003	Replace Storm windows/screens family	1460	32 units	51,840	\$ 0			Completed with 2000 CFP funds
HA- wide	Replace maintenance vehicle	1475	1	14,000	16,000			Bid in 2002
HA-wide	Replace commercial mower	1475	1	15,809	15,809			Bid Feb 02

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

PHA Name: Scotts Bluff County Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P078501-01 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	Funds Obligated	Funds Expended	
78001, 78002, 78003	Complete replacement of window a/c's	1465	44	0	25,000			April- May 2002

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

PHA Name: Scotts Bluff County Housing Authority	Grant Type and Number Capital Fund Program No: NE26P0785012-02 Replacement Housing Factor No:	FY YEAR OF GRANT: 2001
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**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual						
Statement						
	<b>Total CFP Estimated Cost</b>		\$			\$



# Capital Fund Program Five-Year Action Plan

## Part I: Summary

*SAMPLE*

PHA Name <i>Anytown Housing Authority</i>						<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005	
	<b>Annual Statement</b>					
<i>10-01/Main Street</i>		<i>\$80,000</i>	<i>\$36,000</i>	<i>\$65,000</i>	<i>\$55,000</i>	
<i>10-02/Broadway</i>		<i>\$90,000</i>	<i>\$40,900</i>	<i>\$40,000</i>	<i>\$43,000</i>	
<i>HA-wide</i>		<i>\$100,000</i>	<i>\$50,000</i>	<i>\$35,000</i>	<i>\$27,000</i>	
CFP Funds Listed for 5-year planning		<i>\$270,000</i>	<i>\$162,900</i>	<i>\$140,000</i>	<i>125,000</i>	
Replacement Housing Factor Funds		<i>\$40,000</i>				





**Scotts Bluff County Housing Authority  
Section 8 Homeownership Program  
Section 8 Administrative Plan Amendment**

**July 1, 2002**

**As Adopted by the Scotts Bluff  
County Housing Authority  
Board of Commissioners  
Resolution 527  
April 26, 2002**

## **Introduction:**

The Scotts Bluff County Housing Authority (hereinafter referred to as SBHA) hereby establishes a Section 8 Homeownership Program in accordance with US Department of Housing and Urban Development (HUD) final rule dated September 12, 2000. The establishment of this program is consistent with Scotts Bluff Housing Authority's annual and five-year plan. Our goal is to provide income-qualified families with an opportunity to become homeowners by allowing families to use Section 8 voucher assistance to purchase their own homes rather than rental assistance.

Under the Section 8 Homeownership Program, Housing Assistance Payments can be used to supplement the participant's income when calculating their housing ratio for a home mortgage. It is the goal of the Scotts Bluff County Housing Authority to provide this expanded choice of housing assistance that will promote homeownership.

### **Advisory Committee:**

The Section 8 Homeownership Program will be developed with input from local 1) non-profit housing groups 2) homeownership counseling groups 3) lending institutions 4) economic development groups 5) service providers 6) real estate professionals and 7) income-qualified persons working cooperatively with SBHA. The purpose of the Advisory Committee will be to educate, promote and provide annual assessment of the Section 8 Homeownership Program.

## **I. OUTREACH**

Information regarding the Section 8 Homeownership program will be made available to all applicants during the initial interview and at briefing. Annually, at recertification time, families will receive information on the Section 8 Homeownership Program. Information will be posted in the SBHA Office and handouts regarding the program and its guidelines available and distributed to referral partners.

## **II. ELIGIBILITY**

Qualified applicants/participants must meet the following guidelines:

- Must be a Section 8 Participant or Public Housing Resident (who qualifies for Section 8 assistance) for at least one year who is in good standing (i.e. has not violated any Section 8/Public Housing Program requirements) in the SBHA programs.

- Must meet the HUD definition of first-time homeowner (i.e. means that the participant has not had home ownership interest in a home in the past three years except for a displaced homemaker or person with a disability) A right to purchase title to a residence under a lease-purchase agreement is not considered a “ownership interest.” A lease-purchase agreement is not considered a “ownership interest.” A member of a cooperative also qualifies as a first time homeowner.”
- The participant or applicant must not have previously defaulted on a mortgage that was obtained through homeowner assistance program.
- One or more adults must have a gross annual income greater than or equal to at least 2000 hours of work at the federal minimum wage (Not less than 30 hours per week). And has been continuously employed for one year prior to application. The SBHA may allow for interruptions in employment for certain instances such as lay-off’s or illnesses on a case-by –case basis.

An exception to this requirement is granted to families who’s head of household or spouse is elderly or disabled. Families with a disabled member may also request an exception from SBHA to this requirement. This requirement is applicable at the initial qualification for homeownership assistance and is not a requirement for continued assistance.

Public assistance may only be included as income when determining eligibility for a family with an elderly or disabled head of household or spouse. This requirement is applicable at the initial qualification for homeownership assistance and is not a requirement for continued assistance.

- The Participant must attend and successfully complete the pre-assistance homeownership counseling program offered through CDC/USDA Rural Development training partners or HUD-approved counseling agencies designated by SBHA.
- Must have the greater of 1% of the purchase price for down payment or \$ 500 from the participant’s own funds or SBHA approved downpayment assistance programs. Referral to downpayment assistance programs will be provided as availability is announced to SBHA.
- Must sign a “Statement of Homeowner Obligations” with SBHA and agree to use the home as their sole residence.
- Must have fully repaid any outstanding debt owed the SBHA or any other Housing Authority. Nothing in this provision will preclude Section 8 participants that have fully repaid such debt(s) from participating in the Section 8 program.

Eligibility will be determined through the application process. Ineligible applicants may participate in the Homebuyer's Club TBA pursuant to ROSS Homeownership funding. The goal of the HB Club will be to repair the applicant's credit worthiness. Minimum income requirements will be established for eligibility, with a goal of repair of credit in an 18 month period.

### **III. JURISDICTION/EIGIBLE UNIT:**

The initial program will be offered to participants locating a home in Scotts Bluff County, Sidney, Kimball, Bridgeport, Bayard or other communities which are in the Scotts Bluff County Housing Authority Section 8 program jurisdiction. Portability will not be optional in the SBHA Homeownership Program. SBHA may deny a unit if the owner has been debarred or suspended under Section 24 CFR, Part 24.

Eligible units will be considered as the following

- 1) Single family existing unit
- 2) Single family home under construction at eligibility
- 3) Existing home available for purchase/ with qualified rehab of a minimum of \$5,000 with lender approval.
- 4) Manufactured home on a privately owned or leased lot.
- 5) Lease-Purchase home

### **IV. APPLICATION PROCESS:**

Applications for the homeownership program will be given to interested and preliminarily qualified applicants upon request. Completed applications will be reviewed for eligibility status. If the applicant is deemed eligible, they will be processed. If the applicant is deemed ineligible and is denied, they may reapply in the future. When the verification process is completed, a briefing is held, which participants must attend. Once eligible, the participant should begin Homeownership Counseling classes.

### **V. HOMEOWNERSHIP COUNSELING**

Participants in this program must attend and successfully complete the pre-assistance homeownership counseling program (Six hours of classroom plus 1 hour budgeting one on one) approved by the SBHA. The homeownership counseling program will cover topics such as

- a) Home maintenance
- b) Budgeting and money management
- c) Aspects of Financing a Home
- d) Credit Counseling and Credit Repair

- e) Predatory lending prevention
- f) How to find a home and negotiate the price
- g) Fair Housing/Fair lending
- h) Foreclosure Prevention
- i) Real Estate Law

TBA are Post-Homeownership Counseling Classes which are also mandatory based on SBHA funding through ROSS Homeownership funding.

## **VI. TIMELINE**

The participant will have a maximum of six (6) months from the time of their successful completion of pre-homeownership counseling to find a home to purchase and enter into a contract of sale. If the participants are unable to locate a desirable home and enter into a contract of sale before the end of six months, the participants will be allowed to continue their assistance toward a rental unit. Extension of the six month time limit is at SBHA discretion.

## **VII. SALE OF CONTRACT:**

Once the participants select the home they would like to purchase, they must enter into a Sale of Contract with the sellers of the property. The Sale of Contract must include the following:

- 1) The purchase price and terms of the sale.
- 2) State that pre-purchase inspections will be completed to the satisfaction of the participants and the SBHA and that the sale is conditional upon the participants' and SBHA's acceptance of the inspection reports.
- 3) State that the participants are not obligated to pay for repairs that are needed as a result of the findings of the inspection report unless qualifying for a purchase with rehab loan as a part of the sale contract.
- 4) Certification that the seller is not debarred, suspended, or subject to limited denial of participation by HUD.

## **VIII. DOWN PAYMENTS**

The SBHA requires a down-payment of 1% of the purchase price or \$500 (whichever is greater) from the participant's own funds or SBHA approved down-payment assistance programs.

## **IX. INSPECTIONS**

Two inspections must be performed prior to purchase. An independent professional home inspection must be completed by a third party selected by participant and/or lender. Cost of this inspection is the buyers (participants). This inspection must cover major building systems and components. These include, but are not limited to, the structural integrity of the home and its foundation, the age and quality of the roof, the interior and exterior make-up, and an inspection of the plumbing, heating/cooling and electrical systems.

In addition, the Scotts Bluff Housing Authority will conduct a Housing Quality Standards Inspection and review the independent professional home inspection. The SBHA or its designated party may disqualify a home from participating in the Section 8 Homeownership Plan based on either inspection.

## **X. FINANCING AND PURCHASING REQUIREMENTS:**

The participant family has the discretion to choose which lender they use, but the terms of the loan will be subject to approval of the SBHA. SBHA will provide referral assistance to available lenders who are informed about and willing to participate in the Section 8 Homeownership Plan. Housing Assistance Payments funds may not be used for the financing costs of purchasing a home. Pursuant to ROSS Homeownership funding constraints, a Lender's/Real Estate Homeownership Class will be originated and those completing the training will be listed as resources on information provided to the applicant.

The first mortgage lender should be a federally regulated financial institution. Loan fees should not exceed five (5) percent of the purchase price. . Prepayment penalties, balloon payments and/or prepaid life insurance will not be allowed in any financing arrangement.

The family may not re-finance, apply for an equity loan or make any other loans against the home without SBHA approval.

## **XI. HOMEOWNERSHIP ASSISTANCE AMOUNT**

Housing Assistance Payments for participants will be the lesser of 1) current Section 8 Voucher Payment Standard minus the Total Tenant Payment or 2) the participants monthly homeownership expenses minus the Total Tenant Payment. The Total Tenant Payment will be the greatest of 1) thirty (30%) percent of the family's adjusted monthly income, 2) Ten percent (10%) of the families gross monthly income, or 3) the minimum rent established by the Scotts Bluff County Housing Authority.

Monthly homeownership expenses used to calculate the Housing Assistance payments will include: 1) principal and interest on mortgage debt, 2) mortgage insurance, 3) real estate taxes and assessments, 4)home insurance, 5)USDA's allowances for maintenance and major repairs and SBHA's utility allowance.

As the fair market rent payment standard changes, adjustments will be made to the Housing Assistance Payments (HAP) by SBHA. In the event that the participant's income increases enough that HAP is not longer needed, the participant will still remain eligible for such payments for 180 calendar days or annual date, whichever comes first. After a continuous period of 180 days without HAP, the participants eligibility for such assistance will automatically discontinue.

Housing Assistance Payments will be provided only when the participants remain in their home and will be in effect for fifteen (15) years if the initial mortgage is twenty (20) years or longer. In all other cases, the term of the HAP will be provided for ten (10) years. These terms DO NOT apply to elderly and disabled families. However, if an elderly or disabled family ceases to be qualified as such while receiving HAP for homeownership, the maximum term shall be determined from the date of initial commencement of homeownership assistance. The family will receive a minimum of six (6) month of HAP after the maximum term, provided the family continues to be eligible and is complying with family obligations.

The term of the assistance is applied from the time of the initial purchase, regardless if the participants move to a new unit under the Section 8 Homeownership Program. Participants can choose to sell their home and stay in the program by purchasing another home, provided that a default on their mortgage has not occurred and they are in compliance with the "Statement of Homeowner Obligations." If this happens, the initial eligibility requirements apply, with the exception of the first-time homebuyer and the pre-assistance homeownership counseling.

SBHA will provide the lender with the amount of the Housing Assistance Payments prior to closing. Housing Assistance Payments will be made directly to the lender or to an escrow account established by the lender for payments each month.

## **XII LEASE PURCHASE**

Families may enter into lease-purchase agreements while receiving Section 8 Rental assistance. All requirements of the housing choice voucher program apply to lease-purchase agreements, except that families are permitted to pay an extra amount out-of-pocket to the owner for purchase related expenses – a "home ownership premium" Any "home ownership" premium defined as an increment of value attributable to the value of the lease-purchase right or agreement is excluded from SBHA's rent reasonableness determination and subsidy calculation, and must be absorbed by the family. When a Lease-purchase participant is ready to exercise their option, they must notify the Home

Ownership Counselor or Section 8 staff at SBHA and apply for the home ownership option. If determined eligible for home ownership assistance, the family may be admitted to the home ownership program and must meet all the requirements of these policies.

### **XIII CONTINUED PARTICIPATION**

Families participating in the Section 8 Homeownership Program must still abide by the Rules and Regulations of the Section 8 Program. The family is *STILL* a Section 8 participant, being a homeowner rather than a renter. If the family violates any of the rules and regulations of the Section 8 program, they will be terminated and be responsible for the entire mortgage payment.

Annual recertification and HQS inspection will continue to ensure the family is still eligible for assistance. If the family is determined ineligible for Section 8 assistance, they will be terminated and responsible for the entire mortgage. The family must also comply with the Statement of Homeownership Obligations and sign it annually at recertification.

### **XIV DEFAULT**

SBHA will receive copies of late payment/default notices to utilize in post homeownership counseling with the family. The family must notify SBHA immediately if the mortgage goes into default within two days of receipt of default letter.

In the event of a default, the participant is not eligible for future participation in SBHA Homeownership Programs.

It is at the Authority's discretion whether or not to allow the family to revert to Section 8 Housing Choice Voucher Rental Assistance Program after a mortgage default through the SBHA's Homeownership Program.

### **XV MAXIMUM TERM OF ASSISTANCE**

Families can receive homeownership assistance for a maximum of 15 years if using a mortgage with a term of 20 years or more. If the family is elderly or disabled, there is no time limit. If the mortgage term is less than 20 years, participants are eligible for up to 10 years of Housing Assistance Payments based on their continued eligibility.

## **XVI COMPLIANCE LEIN**

Upon purchase of a home, the family must execute documentation as required by HUD and SBHA, consistent with State and local law, securing SBHA's right to recapture the home ownership assistance in accordance with Section XIX . The lien securing the recapture of home ownership subsidy may be subordinated.

## **XVII GROUNDS FOR TERMINATION OF HOME OWNERSHIP ASSISTANCE**

- (1) Failure to Comply with Family Obligations Under Section 8 or SBHA's Home Ownership Policies.

A family's home ownership assistance may be terminated if the family fails to comply with its obligations under the Section 8 Program, SBHA home ownership policies, fails to attend the homeownership counseling classes as required or if the family defaults on the mortgage. The family must comply with the terms of any mortgage incurred to purchase the home. The family must provide SBHA with advance notice of any sale, plans to transfer any interest in the home; any plan to move out of the home prior to the move; the family's household income and home ownership expenses on an annual basis; and any other notices which may be required pursuant to SBHA homeownership policies. The family may not convey or transfer the home to any entity or person other than a member of the assisted family while receiving homeownership assistance.

- (2) Occupancy of Home:

Home ownership assistance will only be provided while the family resides in the home. If the family moves out of the home, SBHA will not continue home ownership assistance commencing with the month after the family moves out. **The initial family purchasing the home is the only family allowed to reside in the unit.**

- (3) Changes in Income Eligibility:

A family's home ownership assistance may be changed at annual recertification of the household income, but participation in the Section 8 Home Ownership program shall continue until such time as the assistance payment amounts to \$0 for a period of six (6) consecutive months or annual date, whichever comes first..

#### (4) Maximum Term of Home Ownership Assistance

Section 8 Home Ownership Assistance Payments will be provided only if the participants remain in their home for a period of fifteen (15) years and the initial mortgage is twenty (20) years or longer. In all other cases, the term of the HAP payments will be provided for ten (10) years. These terms DO NOT apply to elderly and disabled families. However, if an elderly or disabled family ceases to be qualified as such while receiving HAP for homeownership, the maximum term shall be determined from the date of the initial commencement of homeownership assistance. The family will receive a minimum of six (6) month of Housing Assistance payments after the maximum term, provided the family continues to be eligible and is complying with family obligations.

### **XVIII PROCEDURE FOR TERMINATION OF HOMEOWNERSHIP ASSISTANCE**

A participant in the Section 8 Home Ownership program shall be entitled to the same termination notice and informal hearing procedures as set forth in the Administrative Plan of the SBHA for the Section 8 Housing Choice Voucher Program.

### **XIX RECAPTURE OF HOME OWNERSHIP ASSISTANCE**

Prior to the purchase of the home, the participant must execute documentation as required by HUD that secures the SBHA's right to recapture Housing Assistance Payments in some circumstances upon the sale or refinancing of the home prior to the end of the 10 or 15 year compliance period.

The amount that is subject to recapture reduces in annual increments of 10% per year on 10 year notes and respectively on 15 year notes, commencing one year from the initial purchase price. The amount subject to recapture is zero (0) at the end of the 10 year period and (0) at the end of the 15 year period respectively.

If the home is sold and sale proceeds are used by the participant to purchase another home under the Section 8 Homeownership Program, Housing Assistance Payments are not subject to recapture. In addition, if a participant refinances a mortgage to receive better financing terms and no proceeds are realized, a recapture penalty is not applied.

In the event that a home is sold and the participant does not purchase another home under the Section 8 Home ownership Program, the amount of recapture is the lesser of 1) the amount of Housing Assistance Payments subject to recapture, or 2) the difference between the sales price and the purchase price less any capital expenditures, sales costs, amount used toward the purchase of a new home and previous recapture amount. Clients are to remember that any sale of home, refinancing, or collateral pledge required prior approval of the SBHA.

If the mortgage is refinanced and the participant realizes proceeds from the refinancing, The recapture amount is the lesser of 1) the amount of Housing Assistance Payments subject to recapture or 2) the difference between the current mortgage debt and the new mortgage debt less any costs of capital expenditures, refinancing costs, and amounts previously recaptured.

## **XX ADMINISTRATIVE FEE:**

The Scotts Bluff County Housing Authority will receive the same ongoing administrative fee as in the Section 8 rental program as outlines in Section 24 CFR 982.152 (b)

## **XXI FAIR HOUSING:**

In compliance with the Fair Housing Act (title VIII of the Civil Rights Act, 1988) the Section 8 Homeownership program will not discriminate based on race, color, national origin, sex, handicap or familial status.

#### **XIV. STATEMENT OF HOMEOWNER OBLIGATIONS**

The family must:

- \*\* have been receiving Section 8 Assistance or have been a Public Housing Resident in good standing for 1 year without any violation of program requirements.
- \*\* meet the HUD first-time homebuyer definition.
- \*\* meet all eligibility criteria as specified in the SBHA administrative plan.
- \*\* enter into this Statement of Homeowner Obligations as prescribed by HUD and comply with provisions herein.
- \*\* agree to use the home as their sole residence.
- \*\* comply with all lender requirements.
- \*\* attend homeownership counseling prior to purchase and post-purchase as developed and approved by SBHA.
- \*\* secure the family's own financing through a HUD-approved lender.
- \*\* be able to make the monthly payment of the family's portion of the mortgage.
- \*\* sign a release allowing SBHA and other lending, counseling, service providers to exchange information on the family.
- \*\* find and close on a home within 180 days of eligibility.
- \*\* report on progress in locating a unit at such intervals and times determined by SBHA.
- \*\* only enter into a sales contract with the seller subject to SBHA approval.
- \*\* secure an independent, professional home inspector to inspect the home and provide a written report to SBHA.
- \*\* agree to maintain the condition of the home to comply with HQS and to allow annual inspections of the property.
- \*\* acknowledge that termination of assistance for failure to comply will follow termination process as stated in HUD Section 8 rental assistance regulations and SBHA Section 8 administrative and homeownership addendum.
- \*\* acknowledge that termination of Section 8 Home Ownership Assistance obligates the family for the entire mortgage payment.
- \*\* agree that the family may not sell, refinance or pledge as collateral the home without SBHA approval.
- \*\* agree to comply with all aspects of the SBHA Homeownership Addendum and Section 8 rules and regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

