

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

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nm023v03

Small PHA Plan Update  
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:** LOVINGTON HOUSING AUTHORITY

**PHA Number:** NM023

**PHA Fiscal Year Beginning: (mm/yyyy) 07/2003**

### PHA Plan Contact Information:

Name: NANCY BRIDGFORTH

Phone: (505) 396-5416

TDD:

Email (if available): lovhudnm@leaco.net

### Public Access to Information

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

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

**OTHER**

?? PHA LOCAL OFFICE: 1605 S 4<sup>th</sup> ST., LOVINGTON, NM 88260

### Display Locations For PHA Plans and Supporting Documents

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

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

?? PHA LOCAL OFFICE: 1605 S 4<sup>th</sup> ST., LOVINGTON, NM 88260

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

- Main business office of the PHA  
?? 1605 S 4<sup>th</sup> ST., LOVINGTON, NM 88260
- PHA development management offices
- Other (list below)

### PHA Programs Administered

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Small PHA Plan Update

HUD 50075  
OMB Approval No: 2577-0226  
Expires: 03/31/2002

Public Housing and Section 8

Section 8 Only

Public Housing Only

**Annual PHA Plan  
Fiscal Year 2003**  
[24 CFR Part 903.7]

**i. Table of Contents**

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

<b>Contents</b>	<b><u>Page #</u></b>
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<input checked="" type="checkbox"/> Attachment <b>A</b> : Supporting Documents Available for Review	<b>6-1</b>
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<input type="checkbox"/> Attachment <b>__</b> : Capital Fund Program 2001 Performance and evaluation report	
<input checked="" type="checkbox"/> Attachment <b>D</b> : Capital Fund Program 5-Year Action Plan	<b>13,14,15</b>
<input type="checkbox"/> Attachment <b>__</b> : Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment <b>__</b> : Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment <b>E</b> : Resident Membership on PHA Board or Governing Body	<b>15</b>
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<input type="checkbox"/> Attachment <b>__</b> : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
<b>REQUIRED ATTACHEMT <u>G</u> Brief statement of Progress in meeting the 5-year plan Mission and goals</b>	<b>17</b>

## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

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

?? **EXEMPT**

## **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

?? **UNCHANGED**

## **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A.  Yes  No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ **98,230**

C.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

### **(1) Capital Fund Program 5-Year Action Plan**

The Capital Fund Program 5-Year Action Plan is provided as Attachment **D**

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

The Capital Fund Program Annual Statement is provided as Attachment **B**

## **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

<b>Demolition/Disposition Activity Description</b> <b>(Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/>	
Disposition <input type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	
7. Relocation resources (select all that apply)	
<input type="checkbox"/> Section 8 for        units	
<input type="checkbox"/> Public housing for        units	
<input type="checkbox"/> Preference for admission to other public housing or section 8	
<input type="checkbox"/> Other housing for        units (describe below)	
8. Timeline for activity:	
a. Actual or projected start date of activity:	
b. Actual or projected start date of relocation activities:	
c. Projected end date of activity:	

**4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

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

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

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with

secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

### **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

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

- A.  Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_
- C.  Yes  No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D.  Yes  No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

### **6. Other Information**

[24 CFR Part 903.7 9 (r)]

#### **B. Resident Advisory Board (RAB) Recommendations and PHA Response**

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)
- The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included  
 Yes  No: below or  
 Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_\_.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_\_.
- Other: (list below)

**B. Statement of Consistency with the Consolidated Plan**

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

1. Consolidated Plan jurisdiction: (provide name here) **NEW MEXICO, LEA COUNTY**
  
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
  - Other: (list below)
  
3. PHA Requests for support from the Consolidated Plan Agency
  - Yes  No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
  
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

**C. Criteria for Substantial Deviation and Significant Amendments**

**1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

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

**A. Substantial Deviation from the 5-year Plan:**

**?? SUBSTANTIAL DEVIATION FROM THE 5-YEAR PLAN SHALL BE DEFINED AS ANY CHANGE IN THE MISSION STATEMENT, POLICIES OR PLANS THAT WOULD FUNDAMENTALLY CHANGE THE OBJECTIVES THAT ARE INCONSISTENT WITH THE ACHIEVEMENTS OF THE PHA MISSION OR GOALS AND WOULD REQUIRE FORMAL**

**APPROVAL OF THE BOARD MEMBERS, PUBLIC HEARING AND HUD  
REVIEW.**

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

**?? NON DWELLING UNIT TO HOUSE POLICE OFFICER**

**Attachment A**  
**Supporting Documents Available for Review**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>X</b>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
<b>NA</b>	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
<b>X</b>	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
<b>X</b>	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
<b>X</b>	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
<b>X</b>	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>X</b>	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>NA</b>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>X</b>	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<b>X</b>	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<b>NA</b>	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
<b>X</b>	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
<b>X</b>	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
<b>X</b>	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
<b>NA</b>	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
<b>NA</b>	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>X</b>	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
<b>NA</b>	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<b>X</b>	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
<b>X</b>	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
<b>NA</b>	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
<b>NA</b>	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
<b>NA</b>	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
<b>NA</b>	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
<b>NA</b>	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
<b>NA</b>	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
<b>NA</b>	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
<b>NA</b>	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>NA</b>	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
<b>NA</b>	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
<b>NA</b>	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
<b>NA</b>	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
<b>NA</b>	PHDEP-related documentation: <ul style="list-style-type: none"> <li>·? Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>·? Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>·? Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>·? Coordination with other law enforcement efforts;</li> <li>·? Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>·? All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
<b>X</b>	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>X</b>	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
<b>NA</b>	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
<b>NA</b>	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

**CAPITAL FUND PROGRAM TABLES START HERE**

**ATTACHMENT B**

<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>			
PHA Name: <b>LOVINGTON HOUSING AUTHORITY</b>	Grant Type and Number Capital Fund Program Grant No: <b>NM 02P023501 03</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )			
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report			
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost</b>

		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	<b>500</b>			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	<b>11,728</b>			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	<b>86,002</b>			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>98,230</b>			
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	<b>86,002</b>			
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				





**ATTACHMENT: C**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: LOVINGTON HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: <b>NM02P023501 02</b> Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-2002 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs	1,000		1,000	0
	Management Improvements Hard Costs				
4	1410 Administration	500		500	294.67
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,595		10,595	7,946.25
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	102,291		102,291	691.45
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	5,000		5,000	4,645.09
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				

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

<b>PHA Name:</b> LOVINGTON HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>NM02P023501 02</b> Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2002
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12-31-2002  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	<b>119,386</b>		<b>119,386</b>	<b>13,577.46</b>
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security -Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: <b>LOVINGTON HOUSING AUTHORITY</b>			Grant Type and Number Capital Fund Program Grant No: <b>NM02P023501 02</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2002</b>	
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	
<b>NM023001</b>	<b>ADMINISTRATION</b>		<b>1410</b>		<b>500</b>			
	<b>ADVERTISING</b>							
<b>NM023001</b>	<b>FEEES &amp; COSTS</b>		<b>1430</b>		<b>10,595</b>			
	<b>A&amp;E SERVICES</b>							
<b>NM023001</b>	<b>DWELLING STRUCTURES</b>		<b>1460</b>		<b>102,291</b>			
	<b>REPLACE AC/HEATING DUCTING</b>							
	<b>REPLACE FURNACES</b>							
<b>NM023001</b>	<b>NON DWELLING STRUCTURES</b>		<b>1470</b>		<b>5,000</b>	<b>4,645.09</b>		<b>COMPETE</b>
	<b>OFFICE HEATING/COOLING</b>							



## ATTACHMENT D

### Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name <b>LOVINGTON HOUSING AUTHORITY</b>						<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 3 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 4 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 5 FFY Grant: 2007 PHA FY: 2007	
<b>NM023001</b>	Annual	<b>\$119,386</b>	<b>\$119,386</b>	<b>\$119,386</b>	<b>\$119,386</b>	
CFP Funds Listed for 5-year planning		<b>\$119,386</b>	<b>\$119,386</b>	<b>\$119,386</b>	<b>\$119,386</b>	
Replacement Housing Factor Funds						







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

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

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

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

- Elected
- Appointed

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

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

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

B. Date of next term expiration of a governing board member: **09/2003**

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

**CITY OF LOVINGTON MAYOR: TROY HARRIS**

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

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

**VERONICA CARDENAS**  
**DEBBIE JOHNSTON**  
**HOLLY SURRETT**  
**ROBERT CRUZ**

**REQUIRED ATTACHMENT: G  
BRIEF STATEMENT OF PROGRESS IN MEETING THE 5-YEAR  
PLAN MISSIONS AND GOALS:**

**THE LOVINGTON HOUSING AUTHORITY HAS BEEN:**

**(1) PROMOTING CAPABLE AND EFFICIENT STAFF TO OPERATE A FISCALLY PRUDENT HOUSING DEVELOPMENT BY PARTNERING WITH OUR RESIDENTS. THE RESIDENTS HAVE PROMOTED A NEIGHBORHOOD WATCH PROGRAM AND THEY HAVE SUPPORTED THE PROGRAM WITH THERE RESIDENT PARTICIPATION FUNDS.**

**(2) ENFORCING POLICIES AND PROCEDURES.**

**(3) CAPITAL FUNDING GRANTS USED FOR RENOVATING OR MODERNIZING DWELLING UNITS.**

**(4) PROMOTING ADEQUATE AND AFFORDABLE HOUSING.**

**(5) REQUIRING POLICE REPORTS ON APPLICANTS THROUGH SCREENING AND USING THE LOVINGTON HOUSING AUTHORITY NON-DWELLING TO HOUSE A POLICE OFFICER TO HELP WITH SECURITY, CRIMES AND TRESPASSING IN THE AREA OF THE RESIDENTS.**

**(6) BEING IN FULL COMPLIANCE WITH THE ADMISSIONS AND CONTINUED OCCUPANCY POLICIES AND WITH ALL EQUAL OPPORTUNITY LAWS AND REGULATIONS TO ENSURE EQUAL TREATMENT FOR ALL APPLICANTS BY MIXING PUBLIC HOUSING POPULATIONS AS MUCH AS POSSIBLE WITH RESPECT TO ETHNICITY, RACE AND INCOME.**

**(6) OBTAINING RESOURCES THAT INCREASE THE LIFE EXPERIENCES FOR RESIDENTS OF LOW AND VERY LOW INCOME FAMILIES.**