

TownofOysterBay HousingAuthorityPlans

5YearPlanforFiscalYears2003 -200 8
AnnualPlanforFiscalYear2003

**NOTE:THISPHAPLANST EMLATE(HUD50075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan
Agency Identification**

PHAName: Town of Oyster Bay Housing Authority

PHANumber: NY055

PHAFiscalYearBeginning: 10/2003

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
PHAF ISCAL YEARS 2000 -2004
[24CFRPart903.5]

A.Mission

State the PHA's mission for serving the needs of low -income, very low income, a nd 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)

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 EN COURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS .** (Quantifiable measures would include target sets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the space 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: (as they become available)
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other (list below)
 - The PHA will work with Town Government to further promote Decent, safe and affordable housing
- PHA Goal: Improve the quality of assisted housing
Objectives:
- Improve public housing management: (PHAS score)
 - yearly, over next 5 yrs.

- Improve voucher management: (SEMAP score)
 - Yearly, over next 5 years.
- 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:
 - Yearly, over next 5 years.
 - 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 effort 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)
 - Coordinate efforts with local council of realtors and property management groups.

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)

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

PHAGoal:Promoteself -sufficiencyandassetdevelopmentofassisted households

Objectives:

- Increasethenumberandpercenta geofemployedpersonsinassisted families:
- Provideorattractsupportiveservicestoimproveassistancerecipients' employability:
- Provideorattractsupportiveservicestoincreaseindependenceforthe elderlyorfami lieswithdisabilities.
- Other:(listbelow)

HUDStrategicGoal:EnsureEqualOpportunityinHousingforallAmericans

PHAGoal:Ensureequalopportunityandaffirmativelyfurtherfairhousing

Objectives:

- Undertakeaffirmativemeasurestoensureaccesstoassistedhousing regardlessofrace,color,religionnationalorigin,sex,familialstatus,and disability:
- Undertakeaffirmativemeasurestoprovideasuitablelivingenvironment forfamilieslivinginassistedhousing,regardlessfpace,color,religion nationalorigin,sex,familialstatus,anddisability:
- Undertakeaffirmativemeasurestoensureaccessiblehousingtopersons withallvarietiesofdisabilities regardlessofunitsizerequired:
- Other:(listbelow)

OtherPHAGoalsandObjectives:(listbelow)

AnnualPHAPlan
PHAFiscalYear2000
[24CFRPart903.7]

i. AnnualPlanType:

SelectwhichtypeofAnnualPlanthePHAwillsubmit.

StandardPlan

StreamlinedPlan:

- HighPerformingPHA**
- SmallAgency(<250PublicHousingUnits)**
- AdministeringSection8Only**

TroubledAgencyPlan

ii. ExecutiveSummaryoftheAnnualPHAPlan

[24CFRPart903.79(r)]

ProvideabriefoverviewoftheinformationintheAnnualPlan,includinghighlightsofmajorinitiatives anddiscretionarypolicies,thePHAhasincludedintheAnnualPlan.

TheTownofOysterBayHousing AuthorityhaspreparedthisAnnual PHAPlanincompliancewithSection511oftheQualityHousingand Work andWorkResponsibilityActof1998andtheensuingHUD requirements.

ThepurposeofthisAnnualPlanistoprovideaframeworkforlocal accountabilityandeasilyidentifiablesourcebywhichhousingresidents, participantsinthe tenant -basedassistanceprogramandothermembersof thepublicmaylocatebasicPHApolicies,rulesandrequirementsrelated totheoperations,programsandservicesof theagency.

TheMissionStatementandtheGoalsandObjectiveswerebasedon informationcontainedinourjurisdiction'sConsolidatedPlanandwill ensurethatourresidentswillreceivethebestcustomerservice.

ExcellentcustomerserviceandfulfillmentoftheMissionStatementand GoalsandObjectivesisensuredbyimplementationofaseriesofpolicies thatareondisplaywiththisPlan.TheAdmissionsandOccupancyPolicy andSection8AdministrativePlanarethetwoprimarypolicieson display.Thes eimportantdocumentscoverthepublichousingtenant

selection and assignment plan, outreach services, PHA's responsibility to Section 8 owners/landlords, grievance procedures, etc.

The most important challenges to be met by the Town of Oyster Bay Housing Authority during FY2003 include:

- Improvement of the physical conditions of the housing developments through the Capital Funds activities.
- Involve the public housing residents and the Section 8 participants through the Annual Plan Resident Advisory Board .
- Identify, develop and leverage services to enable low -income families to become self -sufficient.

iii. Annual Plan Table of Contents

[24CFR Part 903.79(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 a 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 filename in parentheses in the space to the right of the title.

Required Attachments:

- Admissions Policy for Deconcentration
- FY2003 Capital Fund Program Annual Statement
- 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
- Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)

Other(Listbelow,providingeachattachmentname)

- Ny055a01 AnnualStatement
- Ny055b01FiveYearActionPlan
- Ny055c01P&EReportFY2000
- Ny055d01P&EReportFY2001
- Ny055e01P&EReportFY2002
- Ny055f01StatementofProgress
- Ny055g01ResidentAdvisoryBoard
- Ny055h01Resident'sComments

SupportingDocumentsAvailableforReview

Indicatewhichdocumentsareavailableforpublicreviewbyplacingamarkinthe“Applicable&On Display”columnintheappropriaterows.Alllisteddocumentsmustbeondisplayifapplicabletothe programactivitiesconductedbythePHA.

| ListofSupportingDocumentsAvailableforReview | | |
|---|---|--|
| Applicable & On Display | Supporting Document | Applicable Plan Component |
| X | PHAPlanCertificationsofCompliancewiththePHAPlans andRelatedRegulations | 5YearandAnnualPlans |
| X | State/LocalGovernmentCertificationofConsistencywith the ConsolidatedPlan | 5YearandAnnualPlans |
| X | FairHousingDocumentation: RecordsreflectingthatthePHAhasexamineditsprograms orproposedprograms,identifiedanyimpedimentstofair housingchoiceinthoseprograms,addressedoris addressingthoseimpedimentsinareasonablefashioninview oftheresourcesavailable,andworkedorisworkingwith localjurisdictionstoimplementanyofthejurisdictions' initiativestoaffirmativelyfurtherfairhousingthatrequire thePHA'sinvolvement. | 5YearandAnnualPlans |
| X | ConsolidatedPlanforthejurisdiction/sinwhichthePHAis located(whichincludestheAnalysisofImpedimentstoFair HousingChoice(AI))andanyadditionalbackupdatato supportstatementofhousingneedsinthejurisdiction | AnnualPlan: HousingNeeds |
| X | Mostrecentboard -approvedoperatingbudgetforthe public housingprogram | AnnualPlan: FinancialResources; |
| X | PublicHousingAdmissionsand(Continued)Occupancy Policy(A&O),whichincludestheTenantSelectionand AssignmentPlan[TSAP] | AnnualPlan:Eligibility, Selection,andAdmissions Policies |
| X | Section8AdministrativePlan | AnnualPlan:Eligibility, Selection,andAdmissions Policies |
| X | PublicHousingDeconcentrationandIncomeMixing Documentation: 1. PHAboardcertificationsofcompliancewith deconcentrationrequirements(section16(a)oftheUS HousingActof1937,asimplementedinthe2/18/ 99 | AnnualPlan:Eligibility, Selection,andAdmissions Policies |

| List of Supporting Documents Available for Review | | |
|--|---|--|
| Applicable & On Display | Supporting Document | Applicable Plan Component |
| | <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice and any further HUD guidance</i>) 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 type="checkbox"/> check here if included in the public housing A&O Policy | Annual Plan: Rent Determination |
| | Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy | Annual Plan: Rent Determination |
| 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 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 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 |
| X | 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 HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans or any other approved proposal for redevelopment 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 home ownership programs/plans | Annual Plan: Homeownership |
| | Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 | Annual Plan: Homeownership |

| List of Supporting Documents Available for Review | | |
|--|---|---|
| Applicable & On Display | Supporting Document | Applicable Plan Component |
| | Administrative Plan | |
| | 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 |
| | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports | Annual Plan: Community Service & Self-Sufficiency |
| | The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report 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 903.79(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 his assessment.

| Housing Needs of Families in the Jurisdiction by Family Type | | | | | | | |
|---|----------------|----------------------------|---------------|----------------|----------------------------|-------------|-----------------------|
| Family Type | Overall | Afford- ability | Supply | Quality | Access- ibility | Size | Loca- tion |
| Income <= 30% of AMI | 1337 | 5 | 5 | 4 | 3 | 3 | 3 |
| Income > 30% but <= 50% of AMI | 657 | 5 | 5 | 4 | 3 | 3 | 3 |
| Income > 50% but < 80% of AMI | 341 | 5 | 5 | 4 | 3 | 3 | 3 |
| Elderly | 548 | 5 | 5 | 4 | 3 | 3 | 3 |
| Families with Disabilities | N/A | | | | | | |

| Housing Need of Families in the Jurisdiction by Family Type | | | | | | | |
|--|---------|----------------|--------|---------|----------------|------|-----------|
| Family Type | Overall | Afford-ability | Supply | Quality | Access-ibility | Size | Loca-tion |
| Race/Ethnicity Afro Americans | 565 | 5 | 5 | 4 | 3 | 3 | 3 |
| Race/Ethnicity Hispanic | 814 | 5 | 5 | 4 | 3 | 3 | 3 |
| Race/Ethnicity | | | | | | | |
| 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: 1994/Revised 1995
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)

**B. Housing Need 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.

| Housing Needs of Families on the Waiting List | | | |
|---|---------------|---------------------|-----------------|
| Waiting list type: (select one) | | | |
| <input checked="" type="checkbox"/> Section 8 tenant -based assistance | | | |
| <input type="checkbox"/> Public Housing | | | |
| <input type="checkbox"/> Combined Section 8 and Public Housing | | | |
| <input type="checkbox"/> Public Housing Site -Based or sub-jurisdictional waiting list (optional) | | | |
| If used, identify which development/subjurisdiction: | | | |
| | # of families | % of total families | Annual Turnover |
| Waiting list total | 645 | | |
| Extremely low income <=30% AMI | 175 | 27% | |
| Very low income (>30% but <=50% AMI) | 385 | 59% | |
| Low income (>50% but <80% AMI) | 85 | 13% | |
| Families with children | 563 | 87% | |
| Elderly families | 42 | 7% | |
| Families with Disabilities | 36 | 6% | |
| African Americans | 28 | 4% | |
| Hispanic | 29 | 4% | |
| Other | 8 | 1% | |
| White | 544 | 84% | |
| Characteristics by Bedroom Size (Public Housing Only) | | | |
| 1BR | 220 | 34% | |
| 2BR | 223 | 35% | |
| 3BR | 202 | 31% | |
| 4BR | | | |
| 5BR | | | |
| 5+BR | | | |

| Housing Needsof Familiesonthe WaitingList | |
|--|--|
| Isthewaitinglistclosed(selectone)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Ifyes: | |
| Howlonghasitbeenclosed(#ofmonths)?12months | |
| DoesthePHAexpectreopenthelistinthePHAPlanyear? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| DoesthePHApermitspecificcategoriesoffamiliesontothewaitinglist,evenifgenerallyclosed? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

| Housing Needsof Familiesonthe WaitingList | | | |
|---|-------------|------------------|----------------|
| Waitinglisttype:(selectone) | | | |
| <input type="checkbox"/> Section8tenant -basedassistance | | | |
| <input checked="" type="checkbox"/> PublicHousing | | | |
| <input type="checkbox"/> CombinedSection8andPublicHousing | | | |
| <input type="checkbox"/> PublicHousingSite -Basedorsub -jurisdictionalwaitinglist(optional) | | | |
| Ifused,identifywhichdevelopment/subjurisdiction: | | | |
| | #offamilies | %oftotalfamilies | AnnualTurnover |
| Waitinglisttotal | 1,390 | 85 | |
| Extremelylow income<=30%AMI | 834 | 60% | |
| Verylowincome (>30%but<=50%AMI) | 348 | 25% | |
| Lowincome (>50%but<80%AMI) | 209 | 15% | |
| Familieswith children | 184 | 13% | |
| Elderlyfamilies | 1206 | 87% | |
| Familieswith Disabilities | 29 | 2% | |
| AfricanAmericans | 111 | 8% | |
| Hispanic | 97 | 7% | |
| White | 1168 | 84% | |
| Other | 28 | 2% | |
| Characteristicsby BedroomSize (PublicHousing Only) | | | |
| 1BR | 1206 | 87% | |
| 2BR | 104 | 7% | |

| Housing Needs of Families on the Waiting List | | | |
|---|----|-----|--|
| 3BR | 63 | 5% | |
| 4BR | 14 | 1% | |
| 5BR | 3 | <1% | |
| 5+BR | | | |
| Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes: | | | |
| How long has it been closed (# of months)? 12 months | | | |
| Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> 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 with 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 financed development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease -uprates 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 -uprates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease -uprates 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 the economic hardship
- 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 voucher targeted to the elderly, should they become available
- Other: (list below)

The Housing Authority's greatest percentage of units are dedicated to the elderly.

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 voucher targeted to families with disabilities, should they become available
- Affirmatively market to local non -profit agencies that assist families with disabilities
- Other: (list below)

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)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- Counsel section 8 tenants to relocation 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)

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

[24CFR Part 903.79(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

g the Plan

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 support services, Section 8 tenant-based assistance, Section 8 support services or other.

| Financial Resources: Planned Sources and Uses | | |
|---|--------------------|---------------------|
| Sources | Planned \$ | Planned Uses |
| 1. Federal Grants (FY 2002 grants) | | |
| a) Public Housing Operating Fund | 363,536 | |
| b) Public Housing Capital Fund | 1,203,345 | |
| c) HOPEVI Revitalization | | |
| d) HOPEVI Demolition | | |
| e) Annual Contributions for Section 8 Tenant -Based Assistance | 521,088 | |
| 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) | | |
| | | |
| 2. Prior Year Federal Grants (unobligated funds only) (list below) | | |
| CFP 2001 | 835,512 | |
| CFP 2002 shown above (b) | | |
| | | |
| 3. Public Housing Dwelling Rental Income | | |
| | 3,539,760 | |
| | | |
| 4. Other income (list below) | | |
| Interest | 61,000 | |
| Other income (misc) | 284,600 | |
| 4. Non -federal sources (list below) | | |
| | | |
| | | |
| | | |
| Total resources | \$6,808,841 | |
| | | |
| | | |

3.PHAPoliciesGoverningEligibility,Selection,andAdmissions

[24CFRPart903.79(c)]

A.PublicHousing

Exemptions:PHAsth atdonotadministerpublichousingarenotrequiredto completesubcomponent 3A.

(1)Eligibility

a. WhendoesthePHAverifyeligibilityforadmissiontopublichousing?(selectall thatapply)

- Whenfamiliesarewithinacertainnumber ofbeingofferedaunit:(state number)(*Within5,perunitsize*)
- Whenfamiliesarewithinacertaintimeofbeingofferedaunit:(statetime)
- Other:(describe)

b. Whichnon -income(screening)factorsdoesthePHAus etoestablisheligibilityfor admissiontopublichousing(selectallthatapply)?

- CriminalorDrug -relatedactivity
- Rentalhistory
- Housekeeping
- Other(describe)

c. Yes No:DoesthePHArequestcriminalrecordsfromlocallaw enforcementagenciesforscreeningpurposes?

d. Yes No:DoesthePHArequestcriminalrecordsfromStatelaw enforcementagenciesfor screeningpurposes?

e. Yes No:DoesthePHAaccessFBIcriminalrecordsfromtheFBIfor screeningpurposes?(eitherdirectlyorthroughanNCIC - authorizedsource)

(2)WaitingListOrganization

a. Whichmethodsdo esthePHAplantouseitoorganizeitspublichousingwaitinglist (selectallthatapply)

- Community-widelist
- Sub-jurisdictionallists
- Site-basedwaitinglists
- 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 plan 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?

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?

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
- 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 admission to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfer 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, Act of God, Eviction 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)

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 points 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:

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1 Victims of domestic violence
- 1 Substandard housing
- 1 Homelessness
- 1 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

(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
- Anytime family composition changes
- At family request for revision
- Within 10 days of occurrence

(6) Deconcentration and Income Mixing

a. Yes No: Did the PHA's analysis of its family (general occupancy) development 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?

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 development 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 NCI authorized source) C-

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- Resident mailing address
- Current and Prior landlords name and mailing address.

(2) Waiting List Organization

a. With which of the following program waiting lists is the section 8 tenant assistance waiting list merged? (select all that apply) -based

- 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 assistance? (select all that apply) -based

- 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:

Proof that the participant has attempted to locate housing in the area and was unsuccessful.

(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?

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
- Household that contributes to meeting income goals (broad range of incomes)
- Household that contributes 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 points 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

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

1 Highr entburden

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 the 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 preference to income targeting requirements: (select one)

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensure 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 admission 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 program to the public?

- Through published notices
- Other (list below)

4.PHA Rent Determination Policies

[24CFR Part 903.79(d)]

A. Public Housing

Exemptions: PHA 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 un adjusted 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

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

3. If yes to question 2, list these policies below :

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?

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

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 increases in earned income
- Fixed amount (other than general rent -setting policy)
If yes, state amount/s and circumstances below:
- 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
- The Town of Oyster Bay Housing Authority does not plan to implement any deductions and/or exclusions

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)
- 95th 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 review 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
- Anytime the family experiences an income increase
- Anytime a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) _____
- Within 10 days of occurrence

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

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)

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

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

5. Operations and Management

[24CFR Part 903.79(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.
- 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.)

| Program Name | Units or Families Served at Year Beginning | Expected Turnover |
|---|--|-------------------|
| Public Housing | 910 | 8% |
| Section 8 Vouchers | 50 | 5% |
| Section 8 Certificates | | |
| Section 8 Mod Rehab | | |
| Special Purpose Section 8 Certificates/Vouchers (list individually) | | |
| Public Housing Drug Elimination Program | | |

| | | |
|--|--|--|
| (PHDEP) | | |
| | | |
| | | |
| Other Federal Programs (list individually) | | |
| | | |
| | | |

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)

- *ACOPS*
- *Maintenance Policy*
- *Pet Policy*

(2) Section 8 Management: (list below)

- *Administration Policy*

6. PHA Grievance Procedures

[24CFR Part 903.79(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 24CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA offices 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 24CFR982?

If yes, list additions to federal requirements below:

2. Which PHA offices 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

[24CFR Part 903.79(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: PHA 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) **ny055a01**

-or-

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

(2)Optional5 -YearActionPlan

Agenciesareencouragedtoincludea5 -YearActionPlancoveringcapitalworkitems.Thisstatement canbecompletedbyusingthe5YearActionPlantableprovidedinthetablelibraryattheendofthe PHAPlantemplate **OR**bycompletinga ndattachingaproperlyupdatedHUD -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)

b.If yestoquestiona,selectone:

The Capital Fund Program 5 -Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name)ny055b01

-or-

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

B.HOPEVI and Public Housing Development and Replacement Activities(Non -Capital Fund)

Applicability of sub -component 7B: All PHAs administering public housing. Identify any approved HOPEVI 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 HOPEVI 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 HOPEVI revitalization grant (complete one set of questions for each grant)

1.Development name:

2.Development (project) number:

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

- Revitalization Plan under development
- Revitalization Plans 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 HOPEVI Revitalization grant in the Plan year?

If yes, list development name/s below:

Yes No: d) Will the PHA be engaging in any mixed -financed 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

[24CFR Part 903.79(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.)

| Demolition/Disposition Activity Description | |
|---|--------------------------|
| 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.T imelineforactivity:
 a.Actualorprojectedstartdateofactivity:
 b.Projectendeddateofactivity:

**9. DesignationofPublicHousingforOccupancybyElderlyFamilies
 orFamilieswithDisabilitiesorElderlyFamiliesandFamilieswith
 Disabilities**

[24 CFRPart903.79(i)]

ExemptionsfromComponent9;Section8onlyPHAsarenotrequiredto completethissection.

1. Yes No: HasthePHA designatedorappliedforapproval todesignateor doesthePHAplantoapp lytodesignateanypublichousingfor occupancyonlybytheelderlyfamiliesoronlybyfamilieswith disabilities,orbyelderlyfamiliesandfamilieswithdisabilities orwillapplyfordesignationforoccupancybyonlyelderly familiesoronlyfamilies withdisabilities,orbyelderlyfamilies andfamilieswithdisabilitiesasprovidedbysection7ofthe U.S.HousingActof1937(42U.S.C.1437e)intheupcoming fiscalyear? (If“No”,skiptocomponent10.If“yes”,complete oneactivitydescription foreachdevelopment,unlessthePHAis eligibletocompleteastreamlinedsubmission;PHAs completestreamlinedsubmissionsmayskiptocomponent 10.)

2.ActivityDescription

Yes No: HasthePHAprovidedallre quiredactivitydescription informationforthiscomponentinthe **optional**PublicHousing AssetManagementTable?If“yes”,skiptocomponent10.If “No”,completetheActivityDescriptiontablebelow .

| DesignationofPublicHousingActivityDescription | |
|---|--------------------------|
| 1a.Developmentname: | |
| 1b.Development(project)number: | |
| 2.Designationtype: | |
| Occupancybyonlytheelderly | <input type="checkbox"/> |
| Occupancybyfamilieswithdisabilities | <input type="checkbox"/> |
| Occupancybyonlyelderlyfamiliesandfamilieswithdisabilities | <input type="checkbox"/> |
| 3.Applicationstatus(selectone) | |
| Approved;includedinthePHA’sDesignationPlan | <input type="checkbox"/> |
| Submitted,pendingapproval | <input type="checkbox"/> |
| Plannedapplication | <input type="checkbox"/> |
| 4.Datethisdesignationapproved,submitted, orplannedforsubmission: (DD/MM/YY) | |

| |
|--|
| <p>5. If approved, will this designation constitute a (select one)</p> <p><input type="checkbox"/> New Designation Plan</p> <p><input type="checkbox"/> Revision of a previously -approved Designation Plan?</p> |
| <p>6. Number of units affected:</p> <p>7. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input type="checkbox"/> Total development</p> |

10. Conversion of Public Housing to Tenant -Based Assistance

[24CFR Part 903.79(j)]

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

A. Assessment of Reasonable Revitalization Pursuant to section 202 of the HUD FY1996 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 FY1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

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

| Conversion of Public Housing Activity Description |
|---|
| <p>1a. Development name:</p> <p>1b. Development (project) number :</p> |
| <p>2. What is the status of the required assessment?</p> <p><input type="checkbox"/> Assessment underway</p> <p><input type="checkbox"/> Assessment results submitted to HUD</p> <p><input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question)</p> <p><input type="checkbox"/> Other (explain below)</p> |
| <p>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.)</p> |

4. Status of Conversion Plan (select the statement that best describes the current status)

Conversion Plan in development

Conversion Plan submitted to HUD on: (DD/MM/YYYY)

Conversion Plan approved by HUD on: (DD/MM/YYYY)

Activities pursuant to HUD - approved Conversion Plan under way

5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)

Units addressed in a pending or approved demolition application (date submitted or approved: _____)

Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____)

Units addressed in a pending or approved HOPE VI revitalization Plan (date submitted or approved: _____)

Requirements no longer applicable: vacancy rates are less than 10 percent

Requirements no longer applicable: site now has less than 300 units

Other: (describe below)

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

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

11. Homeownership Programs Administered by the PHA

[24CFR Part 903.79(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.)

| Public Housing Homeownership Activity Description (Complete one for each development affected) |
|--|
| 1a. Development name: 1b. Development (project) number: |
| 2. Federal Program authority: <input type="checkbox"/> HOPEI <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) <input type="checkbox"/> Part of the development <input type="checkbox"/> 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:

12. PHA Community Service and Self -sufficiency Programs

[24CFR Part 903.79(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.

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 assigned? DD/MM/YY

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 programsto 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 home ownership option participation
- Preference/eligibility for section 8 home ownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

Yes No: Does the PHA coordinate, promote or provide any program 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.)

| Services and Programs | | | | |
|---|----------------|---|---|--|
| 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) |
| | | | | |

13.PHASafetyandCrimePreventionMeasures

[24CFRPart903.79(m)]

ExemptionsfromComponent13:HighperformingandsmallPHAsnotparticipatinginPHDEPand Section8OnlyPHAsmay skiptocomponent15.HighPerformingandsmallPHAsthatare participatinginPHDEPandaresentsubmittingaPHDEPPlanwiththisPHAPlanmayskiptosub componentD.

A.Needformeasurestoensurethesafetyofpublichousingresidents

1.Describethe needformeasurestoensurethesafetyofpublichousingresidents

(selectallthatapply)

- Highincidenceofviolentand/or drug -relatedcrimeinsomeorallofthePHA's developments
- Highincidenceofviolentand/or drug-relatedcrimeintheareassurroundingor adjacenttothePHA'sdevelopments
- Residentsfearfulfortheirsafetyand/orthesafetyoftheirchildren
- Observedlower -levelcrime,vandalismand/orgraffiti
- Peopleonwaitinglistunwillingtomoveintooneormoredevelopmentsdueto perceivedand/oractuallevelsofviolentand/or drug -relatedcrime
- Other(describellow)
 - 95%ofourunitsareSeniorUnitsandlocatedinlowcrimeareas .Our SeniorCitizensfeelsecureintheirenvironment.

2.WhatinformationordatadidthePHAusedtodeterminetheneedforPHAactions toimprovesafetyofresidents(selectallthatapply).

- Safetyandsecuritysurveyofresidents
- Analysisofcrimestatisticsovertimeforcrimescommitted“inandaround” publichousingauthority
- Analysisofcosttrendsovertimeforrepairofvandalismandremovalofgraffiti
- Residentreports
- PHAemployeereports
- Policereports
- Demonstrable,quantifiablesuccesswithpreviousorongoinganticrime/anti drugprograms
- Other(describellow)

3.Whichdevelopmentsaremostaff ected?(listbelow)

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

1. List the crime prevention activities the PHA has undertaken or plan 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 -risky youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

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

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)

D. Additional information as required by PHDEP/PHDEP Plan

PHA eligible for FY2000 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 FY2001 in this PHA Plan?

Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: NY050d01)

14. RESERVED FOR PET POLICY

[24CFRPart903.79(n)]

15. Civil Rights Certifications

[24CFRPart903.79(o)]

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

16. Fiscal Audit

[24CFRPart903.79(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

[24CFRPart903.79(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:(listbelow)

3. Yes No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24CFR Part 903.79 (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 (Filename) ny055g01

Provided below:

3. In what manner did the PHA address those comments? (select all that apply)

Considered comments, but determined that no change to the PHA Plan were necessary.

The PHA changed portions of the PHA Plan in response to comments
List changes below:

Other:(listbelow)

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.)

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.Eligiblecandidates:(selectone)

- AnyrecipientofPHAassistance
- AnyheadofhouseholdreceivingPHAassistance
- AnyadultrecipientofPHAassistance
- Anyadultmemberofaresidentorassistedfamilyorganization
- Other(list)

c.Eligiblevoters:(selectallthatapply)

- AlladultrecipientsofPHAassistance(publichousingandsection8tenant-basedassistance)
- RepresentativesofallPHAresidentandassistedfamilyorganizations
- Other(list)
 - ResidentsofPublicHousing,18yearsorolder

C.StatementofConsistencywiththeConsolidatedPlan

ForeachapplicableConsolidatedPlan,makethefollowingstatement(copyquestionsasmanytimesas necessary).

1.ConsolidatedPlanjurisdiction: **NassauCounty**

2.ThePHAhastakenthefollowingstepstoensureconsistencyofthisPHA Planwith theConsolidatedPlanforthejurisdiction:(selectallthatapply)

- ThePHAhasbaseditsstatementofneedsoffamiliesinthejurisdictiononthe needsexpressedintheConsolidatedPlan/s.
- ThePHAhasparticipatedinanyconsultationprocessorganizedandofferedby theConsolidatedPlanagencyinthedevelopmentoftheConsolidatedPlan.
- ThePHAhasconsultedwiththeConsolidatedPlanagencyduringthe developmentofthisPHAPlan.
- ActivitiestobeundertakenbythePHAinthecomingyearareconsistentwith theinitiativescontainedintheConsolidatedPlan.(listbelow)

Other:(listbelow)

4.TheConsolidatedPlanofthejurisdictionsupportsthe PHAPlanwiththefollowing actionsandcommitments:(describebelow)

D.OtherInformationRequiredbyHUD

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

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 III

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

Capital Fund Grant Number NY36P05070800FFY of Grant Approval: (04/2000)

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 | Amount of Annual Grant (Sum of lines 2 -19) | |
| 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 | |

**AnnualStatement
CapitalFundProgram(CFP)PartII:SupportingTable**

| Development Number/Name HA-WideActivities | GeneralDescriptionofMajorWork Categories | Development Account Number | Total Estimated Cost |
|---|---|----------------------------------|----------------------------|
| | | | |

**AnnualStatement
CapitalFundProgram(CFP)PartIII:ImplementationSchedule**

| Development Number/Name HA-WideActivities | AllFundsObligated (QuarterEndingDate) | AllFundsExpended (QuarterEndingDate) |
|---|--|---|
| | | |

| | | |
|--|--|--|
| | | |
|--|--|--|

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) |
| | | | | | |
| Total estimated cost over next 5 years | | | | | |

CAPITAL FUND PROGRAM
TOWN OF FOYSTER BAY HOUSING AUTHORITY (attachment ny055a01)

| Annual Statement/Performance and Evaluation Report | | | | | |
|--|---|--|---------|-------------------|-------------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary | | | | | |
| PHAName: TOWN OF FOYSTER BAY HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2003 |
| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total Non -CFP Funds | | | | |
| 2 | 1406 Operations | \$240,000.00 | | | |
| 3 | 1408 Management Improvements | \$10,000.00 | | | |
| 4 | 1410 Administration | \$120,300.00 | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | \$12,500.00 | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | \$170,000.00 | | | |
| 10 | 1460 Dwelling Structures | \$512,045.00 | | | |
| 11 | 1465.1 Dwelling Equipment — Nonexpendable | \$6,000.00 | | | |
| 12 | 1470 Nondwelling Structures | | | | |
| 13 | 1475 Nondwelling Equipment | \$20,000.00 | | | |
| 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) | \$1,203,345.00 | | | |
| 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 and Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

| PHAName: TOWN OF OYSTER BAY HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2003 | | | |
|---|--|---|----------|--|----------------------------------|--------------------|-------------------|-------------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| PHA-Wide | OPERATIONS | 1406 | | | | | | |
| | Operations Total Account #1406 | | | \$240,000.00 \$240,000.00 | | | | |
| PHA-Wide | MANAGEMENT IMPROVEMENTS | 1408 | | | | | | |
| | Staff Training Total Account #1408 | | | \$10,000.00 \$10,000.00 | | | | |
| PHA-Wide | ADMINISTRATION | 1410 | | | | | | |
| | Staff Time Total Account #1410 | | | \$120,300.00 \$120,300.00 | | | | |
| PHA-Wide | FEES AND COSTS | 1430 | | | | | | |
| | A/E Services Mod. Coordination Services Apt. Inspection Services Total Account #1430 | | | \$55,000.00 \$50,000.00 \$20,000.00 \$125,000.00 | | | | |
| | SITE IMPROVEMENTS | 1450 | | | | | | |
| NY55-9 | Landscaping Improvements Total Account #1450 | | | \$170,000.00 \$170,000.00 | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

| PHAName: TOWN OF OYSTER BAY HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2003 | | | |
|---|---|---|----------|------------------------------|----------------------------------|--------------------|-------------------|-------------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| | <i>Dwelling Structures</i> | 1460 | | | | | | |
| NY55-9,10,11 NY55-5/6 | Roof Replacement Bathroom Renovations | | | \$192,000.00 \$320,045.00 | | | | |
| | Total Account #1460 | | | \$512,045.00 | | | | |
| PHA-Wide | <i>Dwelling Equipment</i> | 1465 | | | | | | |
| | Stoves & Refrigerators | | | \$6,000.00 | | | | |
| | Total Account #1465 | | | \$6,000.00 | | | | |
| PHA-Wide | <i>Non-Dwelling Equipment</i> | 1475 | | | | | | |
| | Computers Tools/Equipment | | | \$5,000.00 \$15,000.00 | | | | |
| | Total Account #1475 | | | \$20,000.00 | | | | |
| | GRAND TOTAL | | | \$1,203,345.00 | | | | |

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

| | | |
|---|---|----------------------------------|
| PHAN Name: TOWN OF OYSTER BAY HOUSING AUTHORITY | Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: | Federal FY of Grant: 2003 |
|---|---|----------------------------------|

| Development Number Name/HA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | | All Funds Expended (Quarter Ending Date) | | | Reasons for Revised Target Dates |
|---|---|---------|--------|---|---------|--------|----------------------------------|
| | Original | Revised | Actual | Original | Revised | Actual | |
| Operations | 11/30/04 | | | 5/31/06 | | | |
| Management Improvements | 11/30/04 | | | 5/31/06 | | | |
| Administration | 11/30/04 | | | 5/31/06 | | | |
| Fees & Costs | 11/30/04 | | | 5/31/06 | | | |
| Dwelling Structures | 11/30/04 | | | 5/31/06 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

TOWN OF FOYSTER BAY HOUSING AUTHORITY
Attachment ny055b01

Capital Fund Program Five - Year Action Plan
Part I: Summary

| PHAName TOWN OF FOYSTER BAY HOUSING AUTHORITY | | <input checked="" type="checkbox"/> Original 5 - Year Plan <input type="checkbox"/> Revision No: | | | |
|--|-----------------------|---|---|---|---|
| Development Number/Name/HA- Wide | Year 1 2003 | Work Statement for Year 2 FFY Grant: PHAFY: 2004 | Work Statement for Year 3 FFY Grant: PHAFY: 2005 | Work Statement for Year 4 FFY Grant: PHAFY: 2006 | Work Statement for Year 5 FFY Grant: PHAFY: 2007 |
| | Annual Statement | | | | |
| Operations | | \$240,000.00 | \$240,000.00 | \$240,000.00 | \$240,000.00 |
| Management Improv. | | \$10,000.00 | \$10,000.00 | \$10,000.00 | \$10,000.00 |
| Administration | | \$120,300.00 | \$120,300.00 | \$120,300.00 | \$120,300.00 |
| Fees and Costs | | \$125,000.00 | \$125,000.00 | \$125,000.00 | \$125,000.00 |
| Site Improvements | | \$170,000.00 | \$170,000.00 | \$410,045.00 | \$170,000.00 |
| Dwelling Structures | | \$463,045.00 | \$463,045.00 | \$70,000.00 | \$444,700.00 |
| Dwelling Equipment | | \$45,000.00 | \$45,000.00 | \$168,000.00 | \$45,000.00 |
| NonDwelling Equipment | | \$30,000.00 | \$30,000.00 | \$60,000.00 | \$48,345.00 |
| | | | | | |
| CFP Funds Listed for 5-year planning | | \$1,203,345.00 | \$1,203,345.00 | \$1,203,345.00 | \$1,203,345.00 |
| Replacement Housing Factor Funds | | | | | |

CapitalFundProgramFive -YearActionPlan
PartII:SupportingPages —WorkActivities

| Activitiesfor Year1 | ActivitiesforYear: <u>2</u> <u> </u> FFYGrant: PHAFY:2004 | | | Activitiesfor Year: <u>3</u> <u> </u> FFYGrant: PHAFY:2005 | | |
|------------------------|--|---|---|---|---|--|
| | Development Name/Number | MajorWorkCategories | EstimatedCost | Development Name/Number | MajorWorkCategories | EstimatedCost |
| See | PHA-Wide | <i>OPERATIONS</i> Operations TotalAccount#1406 | \$240,000.00 \$240,000.00 | PHA-Wide | <i>OPERATIONS</i> Operations TotalAccount#1406 | \$240,000.00 \$240,000.00 |
| Annual | PHA-Wide | <i>MANAGEMENTIMPROVEMENTS</i> StaffTraining TotalAccount#1408 | \$10,000.00 \$10,000.00 | PHA-Wide | <i>MANAGEMENTIMPROVEMENTS</i> StaffTraining TotalAccount#1408 | \$10,000.00 \$1 0,000.00 |
| Statement | PHA-Wide | <i>ADMINISTRATION</i> StaffTime TotalAccount#1410 | \$120,300.00 \$120,300.00 | PHA-Wide | <i>ADMINISTRATION</i> StaffTime TotalAccount#1410 | \$120,300.00 \$120,300.00 |
| | PHA-Wide | <i>FEESANDCOSTS</i> A/EServices ModernizationCoordinationServices AnnualInspectionServices TotalAccount#1430 | \$55,000.00 \$50,000.00 \$20,000.00 \$1 25,000.00 | PHA-Wide | <i>FEESANDCOSTS</i> A/EServices ModernizationCoordinationServices AnnualInspectionServices TotalAccount#1430 | \$55,000.00 \$50,000.00 \$20,000.00 \$125,000.00 |
| | NY55-10/11 | <i>SITEIMPROVEMENTS</i> LandscapingImprovement TotalAccount#1450 | \$170,000.00 \$170,000.00 | NY55-8 | <i>SITEIMPROVEMENTS</i> LandscapingImprovement TotalAccount#1450 | \$170,000.00 \$170,000.00 |
| | NY55-9 | <i>DWELLINGSTRUCTURES</i> ReplaceBathrooms TotalAccount#1460 | \$463,045.00 \$463,045.00 | NY55-10 NY55-11 | <i>DWELLINGSTRUCTURES</i> AtticFans KitchenCabinets TotalAccount#1460 | \$300,000.00 \$163,045.00 \$463,045.00 |
| | PHA-Wide | <i>DWELLINGEQUIPMENT</i> StovesandRefrigerators TotalAccount #1465 | \$45,000.00 \$45 ,000.00 | PHA-Wide | <i>DWELLINGEQUIPMENT</i> Stovesandrefrigerators TotalAccount#1465 | \$45,000.00 \$45 ,000.00 |
| | PHA-Wide | <i>NONDWELLINGEQUIPMENT</i> Computers Tools/Equipment TotalAccount#1475 | \$15,000.00 \$15,000.00 \$30,000.00 | PHA-Wide | <i>NONDWELLINGEQUIPMENT</i> Computers Tools/Equipment TotalAccount#1475 | \$15,000.00 \$15,000.00 \$30,000.00 |
| | | | | | | |
| | | TotalCFPEstimatedCost | \$1,203,345.00 | | | \$1,203,345.00 |

CapitalFundProgramFive -YearActionPlan
PartII:SupportingPages —WorkActivities

| Activitiesfor Year1 | ActivitiesforYear: <u>4</u> ___ FFYGrant: PHAFY:2006 | | | ActivitiesforYear: <u>5</u> ___ FFYGrant: PHAFY:2007 | | |
|------------------------|--|--|--|--|--|--|
| | Development Name/Number | MajorWorkCategories | EstimatedCost | Development Name/Number | MajorWorkCategories | EstimatedCost |
| See | PHA-Wide | <i>OPERATIONS</i> Operations TotalAccount#1406 | \$240,000.00 \$240,000.00 | PHA-Wide | <i>OPERATIONS</i> Operations TotalAccount#1406 | \$240,000.00 \$240,000.00 |
| Annual | PHA-Wide | <i>MANAGEMENTIMPROVEMENTS</i> StaffTraining TotalAccount#1408 | \$10,000.00 \$10,000.00 | PHA-Wide | <i>MANAGEMENTIMPROVEMENTS</i> StaffTraining TotalAccount#1408 | \$10,000.00 \$10,000.00 |
| Statement | PHA-Wide | <i>ADMINISTRATION</i> StaffTime TotalAccount#1410 | \$120,300.00 \$120,300.00 | PHA-Wide | <i>ADMINISTRATION</i> StaffTime TotalAccount#1410 | \$120,300.00 \$120,300.00 |
| | PHA-Wide | <i>FEESANDCOSTS</i> A/EServices ModernizationCoordinationServices ApartmentInspectionServices TotalAccount#1430 | \$55,000.00 \$50,000.00 \$20,000.00 \$125,000.00 | PHA-Wide | <i>FEESANDCOSTS</i> A/EServices ModernizationCoordinationServices ApartmentInspectionServices TotalAccount#1430 | \$55,000.00 \$50,000.00 \$20,000.00 \$125,000.00 |
| | NY55-5/6 PHA-Wide | <i>SITEIMPROVEMENTS</i> LandscapingImprovement ParkingLotImprovement TotalAccount#14 50 | \$170,045.00 \$240,000.00 \$ 410,045.00 | PHA-Wide | <i>SITEIMPROVEMENTS</i> ParkingLotImprovement LandscapingImprovement TotalAccount#1450 | \$120,000.00 \$50,000.00 \$170,000.00 |
| | PHA-Wide | <i>DWELLINGSTRUCTURES</i> TermiteControl TotalAccount#1460 | \$70 ,000.00 \$70 ,000.00 | NY55-1,5,6,9 NY55-10,11 NY55-3,6,8,9 NY55-4,7,8 | <i>DWELLINGSTRUCTURES</i> AtticFans Cabinets LaundryRooms Sprinklers TotalAccount#1460 | \$150,000.00 \$110,000.00 \$100,000.00 \$84,700.00 \$444,700.00 |
| | PHA-Wide | <i>DWELLINGEQUIPMENT</i> Stovesa ndRefrigerators TotalAccount#1465 | \$168 ,000.00 \$168 ,000.00 | PHA-Wide | <i>DWELLINGEQUIPMENT</i> StovesandRefrigerators TotalAccount#1465 | \$45,000.00 \$45,000.00 |
| | PHA-Wide | <i>NONDWELLINGEQUIPMENT</i> Computers Tools Newtruck TotalAccount#1475 | \$15,000. 00 \$15,000.00 \$30,000.00 \$60,000.00 | PHA-Wide | <i>NONDWELLINGEQUIPMENT</i> NewTruck Tools \$48,345.00 | \$33,345.00 \$15,000.00 \$48,345.00 |
| | | TotalCFPEstimatedCost | \$1,203,345.00 | | | \$1,203,345.00 |

CAPITAL FUND PROGRAM
TOWN OF FOYSTER BAY HOUSING AUTHORITY (attachment ny 055c01)

| Annual Statement/Performance and Evaluation Report | | | | | |
|---|---|---|-----------------------|-----------------------|------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary | | | | | |
| PHAName: TOWN OF FOYSTER BAY HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No: NY36P055501 -00 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2000 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03 <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 | 126,000.00 | 126,000.00 | 126,000.00 | 119,182.00 |
| 3 | 1408 Management Improvements | 6,818.00 | 13,636.00 | 13,636.00 | 13,636.00 |
| 4 | 1410 Administration | 126,000.00 | 126,000.00 | 126,000.00 | 120,000.00 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 120,787.00 | 137,603.00 | 137,603.00 | 137,603.00 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 834,791.00 | 811,157.00 | 811,157.00 | 766,271.06 |
| 11 | 1465.1 Dwelling Equipment — Nonexpendable | | | | |
| 12 | 1470 Non Dwelling Structures | | | | |
| 13 | 1475 Non Dwelling Equipment | 50,000.00 | 50,000.00 | 50,000.00 | 50,000.00 |
| 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) | \$1,264,396.00 | \$1,264,396.00 | \$1,264,396.00 | \$1,206,692.06 |
| 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 I: Supporting Pages

| PHAName: TOWN OF OYSTER BAY HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2000 | | | |
|---|---|---|----------|-----------------------|----------------------------------|---------------------|---------------------|----------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| | OPERATIONS | 1406 | | \$0.00 | \$126,000.00 | \$126,000.00 | \$119,182.00 | 86% Completed |
| | Total Account #1406 | | | \$0.00 | \$126,000.00 | \$126,000.00 | \$119,182.00 | |
| PHA-Wide | MANAGEMENT IMPROVEMENTS | 1408 | | | | | | |
| | New Software | | | \$0.00 | \$13,636.00 | \$13,636.00 | \$13,636.00 | Completed |
| | Total Account #1408 | | | \$0.00 | \$13,636.00 | \$13,636.00 | \$13,636.00 | |
| PHA-Wide | ADMINISTRATION | 1410 | | | | | | |
| | Staff Time | | | \$126,000.00 | \$126,000.00 | \$126,000.00 | \$120,000.00 | 90% Completed |
| | Total Account #1410 | | | \$126,000.00 | \$126,000.00 | \$126,000.00 | \$120,000.00 | |
| PHA-Wide | FEESA NDCOSTS | 1430 | | | | | | |
| | A/E Services | | | \$70,787.00 | \$112,603.00 | \$112,603.00 | \$112,603.00 | Completed |
| | Mod. Coordination Services | | | \$50,000.00 | \$25,000.00 | \$25,000.00 | \$25,000.00 | Completed |
| | Total Account #1430 | | | \$120,787.00 | \$137,603.00 | \$137,603.00 | \$137,603.00 | |
| | DWELLING STRUCTURES | 1460 | | | | | | |
| PHA-Wide | Change Door Hardware | | | \$50,000.00 | 0.00 | \$0.00 | \$0.00 | No Activity |
| PHA-Wide | Vinyl Flooring | | | \$390,000.00 | \$390,000.00 | \$390,000.00 | \$390,000.00 | Completed |
| NY55-1 | Exterior Painting | | | \$50,000.00 | 0.00 | \$0.00 | \$0.00 | No Activity |
| NY55-1 | Upgrade Common Area Flooring | | | \$75,000.00 | 0.00 | \$0.00 | \$0.00 | No Activity |
| NY55-2 | Upgrading Hall Lighting | | | \$10,000.00 | 0.00 | \$0.00 | \$0.00 | No Activity |
| NY55-3 | Repair Windows Frames | | | \$95,000.00 | 0.00 | \$0.00 | \$0.00 | No Activity |
| NY55-6 | Repair Roof Shingles | | | \$30,099.00 | 0.00 | \$0.00 | \$0.00 | No Activity |
| NY55-8 | Repair Sliding Glass Doors | | | \$15,000.00 | 0.00 | \$0.00 | \$0.00 | No Activity |
| NY55-9 | Kitchen replacement | | | \$291,213.00 | \$421,157.00 | \$421,157.00 | \$376,271.06 | 90% Completed |
| | Total Account #1460 | | | \$1,006,312.00 | \$811,157.00 | \$811,157.00 | \$766,271.06 | |
| | NONDWELLING EQUIPMENT | 1475 | | | | | | |
| | Repair maintenance Doors | | | \$5,000.00 | \$25,000.00 | \$25,000.00 | \$25,000.00 | Completed |
| | Upgrade Laundry Rooms | | | \$6,297.00 | \$25,000.00 | \$25,000.00 | \$25,000.00 | Completed |
| | Total Account #1475 | | | \$11,297.00 | \$50,000.00 | \$50,000.00 | \$50,000.00 | |

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

| PHAName: TOWN OF FOYSTER BAY HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2000 | | | |
|--|---|---|----------|-----------------------|----------------------------------|-----------------------|-----------------------|----------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| | | | | | | | | |
| | GRAND TOTAL | | | \$1,264,396.00 | \$1,264,396.00 | \$1,264,396.00 | \$1,206,692.06 | |

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

| PHAName: TOWN OF FOYSTER BAY HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: | | | | | Federal FY of Grant: 2000 | |
|--|---|---|--------|---|---------|--------|----------------------------------|--|
| Development Number Name/HA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | | All Funds Expended (Quarter Ending Date) | | | Reasons for Revised Target Dates | |
| | Original | Revised | Actual | Original | Revised | Actual | | |
| Administration | 9/30/02 | | | 9/30/03 | | | | |
| Fees and Costs | 9/30/02 | | | 9/30/03 | | | | |
| Dwelling Structures | 9/30/02 | | | 9/30/03 | | | | |
| NonDwelling Equipment | 9/30/02 | | | 9/30/03 | | | | |
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CAPITAL FUND PROGRAM
TOWN OF FOYSTER BAY HOUSING AUTHORITY (attachment ny 055d01)

| Annual Statement/Performance and Evaluation Report | | | | | |
|---|---|--|-----------------------|---------------------|-------------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary | | | | | |
| PHAName: TOWN OF FOYSTER BAY HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No: NY36P055501 -01 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2001 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) | | | | | |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending 3/31/03 <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 | \$200,000.00 | \$200,00.00 | \$200,000.00 | \$0.00 |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration | \$125,000.00 | \$125,000.00 | \$125,000.00 | \$100,000.00 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | \$125,000.00 | \$125,000.00 | \$125,000.00 | \$43,432.00 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | \$842,687.00 | \$842,687.00 | \$5,175.00 | \$5,175.00 |
| 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) | \$1,292,687.00 | \$1,292,687.00 | \$455,175.00 | \$148,607.00 |
| 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

| PHAName: TOWN OF OYSTER BAY HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No: 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 | |
| PHA-Wide | OPERATIONS | 1406 | | | | | | |
| | Operations | | | \$200,000.00 | \$200,000.00 | \$200,000.00 | \$0.00 | No Activity |
| | Total Account #1408 | | | \$200,000.00 | \$200,000.00 | \$200,000.00 | \$0.00 | |
| PHA-Wide | ADMINISTRATION | 1410 | | | | | | |
| | Staff Time | | | \$125,000.00 | \$125,000.00 | \$125,000.00 | \$100,000.00 | 80% Compl. |
| | Total Account #1410 | | | \$125,000.00 | \$125,000.00 | \$125,000.00 | \$100,000.00 | |
| PHA-Wide | FEES AND COSTS | 1430 | | | | | | |
| | A/E Services | | | \$75,000.00 | \$75,000.00 | \$75,000.00 | \$20,000.00 | 25% Comp. |
| | Mod. Coordination Services | | | \$50,000.00 | \$50,000.00 | \$50,000.00 | \$23,432.00 | 45% Comp. |
| | Total Account #1430 | | | \$125,000.00 | \$125,000.00 | \$125,000.00 | \$43,432.00 | |
| | DWELLING STRUCTURES | 1460 | | | | | | |
| NY55-5 | Replace Bathrooms | | | \$480,000.00 | \$480,000.00 | \$5,175.00 | \$5,175.00 | 2% Comp. |
| NY55-6 | Replace Bathrooms | | | \$362,687.00 | \$362,687.00 | \$0.00 | \$0.00 | No Activity |
| | Total Account #1460 | | | \$842,687.00 | \$842,687.00 | \$5,175.00 | \$5,175.00 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | GRAND TOTAL | | | \$1,292,687.00 | \$1,292,687.00 | \$455,175.00 | \$148,607.00 | |

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

| | | |
|---|---|----------------------------------|
| PHAName: TOWN OF OYSTER BAY HOUSING AUTHORITY | Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: | Federal FY of Grant: 2001 |
|---|---|----------------------------------|

| Development Number Name/HA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | | All Funds Expended (Quarter Ending Date) | | | Reasons for Revised Target Dates |
|---|---|---------|--------|---|---------|--------|----------------------------------|
| | Original | Revised | Actual | Original | Revised | Actual | |
| Management Improvement | 9/30/03 | | | 9/30/04 | | | |
| Administration | 9/30/03 | | | 9/30/04 | | | |
| Fees and Costs | 9/30/03 | | | 9/30/04 | | | |
| Dwelling Structures | 9/30/03 | | | 9/30/04 | | | |
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CAPITAL FUND PROGRAM
TOWN OF FOYSTER BAY HOUSING AUTHORITY (attachment ny055e01)

| Annual Statement/Performance and Evaluation Report | | | | | |
|---|---|--|--------------------|-------------------|-------------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary | | | | | |
| PHAName: TOWN OF FOYSTER BAY HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No: 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: 3/31/03 <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 | \$240,000.00 | \$240,000.00 | 0.00 | 0.00 |
| 3 | 1408 Management Improvements | \$200,000.00 | \$200,000.00 | 0.00 | 0.00 |
| 4 | 1410 Administration | \$120,300.00 | \$120,300.00 | 0.00 | 0.00 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | \$105,000.00 | \$105,000.00 | 0.00 | 0.00 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | \$538,045.00 | \$538,045.00 | 0.00 | 0.00 |
| 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) | \$1,203,345.00 | \$1,203,345 | 0.00 | 0.00 |
| 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

| PHAName: TOWN OF OYSTER BAY HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2002 | | | |
|---|---|---|----------|-----------------------|----------------------------------|--------------------|-------------------|-------------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| PHA-Wide | OPERATIONS | 1406 | | | | | | |
| | Operations | | | \$240,000.00 | \$240,000 | 0.00 | 0.00 | No Activity |
| | Total Account #1406 | | | \$240,000.00 | \$240,000 | 0.00 | 0.00 | |
| PHA-Wide | MANAGEMENT IMPROVEMENTS | 1408 | | | | | | |
| | Computer Upgrading | | | \$50,000.00 | \$50,000.00 | 0.00 | 0.00 | No Activity |
| | Security Improvements | | | \$150,000.00 | \$150,000.00 | 0.00 | 0.00 | No Activity |
| | Total Account #1408 | | | \$200,000.00 | \$200,000.00 | 0.00 | 0.00 | |
| PHA-Wide | ADMINISTRATION | 1410 | | | | | | |
| | Staff Time | | | \$120,300.00 | \$120,300.00 | 0.00 | 0.00 | No Activity |
| | Total Account #1410 | | | \$120,300.00 | \$120,300.00 | 0.00 | 0.00 | |
| PHA-Wide | FEES AND COSTS | 1430 | | | | | | |
| | A/E Services | | | \$55,000.00 | \$55,000.00 | 0.00 | 0.00 | No Activity |
| | Mod. Coordination Services | | | \$50,000.00 | \$50,000.00 | 0.00 | 0.00 | No Activity |
| | Total Account #1430 | | | \$105,000.00 | \$105,000.00 | 0.00 | 0.00 | |
| | DWELLING STRUCTURES | 1460 | | | | | | |
| NY55-9 | Roof replacement | | | \$200,000.00 | \$200,000.00 | 0.00 | 0.00 | No Activity |
| NY55-10/11 | Roof Replacement | | | \$207,000.00 | \$207,000.00 | 0.00 | 0.00 | No Activity |
| NY55-5/6 | Bathroom Renovations | | | \$131,045.00 | \$131,045.00 | 0.00 | 0.00 | No Activity |
| | Total Account #1460 | | | \$538,045.00 | \$538,045.00 | 0.00 | 0.00 | |
| | GRAND TOTAL | | | \$1,203,345.00 | \$1,203,345.00 | 0.00 | 0.00 | |

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

| | | |
|---|---|----------------------------------|
| PHAName: TOWN OF OYSTER BAY HOUSING AUTHORITY | Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: | Federal FY of Grant: 2002 |
|---|---|----------------------------------|

| Development Number Name/HA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | | All Funds Expended (Quarter Ending Date) | | | Reasons for Revised Target Dates |
|---|---|---------|--------|---|---------|--------|----------------------------------|
| | Original | Revised | Actual | Original | Revised | Actual | |
| Operations | 9/30/2004 | | | 9/30/05 | | | |
| Management Improvements | 9/30/2004 | | | 9/30/05 | | | |
| Administration | 9/30/2004 | | | 9/30/05 | | | |
| Fees and Costs | 9/30/2004 | | | 9/30/05 | | | |
| Dwelling Structures | 9/30/2004 | | | 9/30/05 | | | |
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**• OYSTERBAYHOUSINGAUTHORITY
NY055f01**

**Required Attachment :ny055f01 :MembershipoftheResidentAdvisory
BoardorBoards**

ListmembersoftheResidentAdvisoryBoardorBoards:(Ifthelistwouldbeunreasonablylong,
listorganizationsrepresentedor otherwiseprovideadescriptionsufficienttoidentifyhow
membersarechosen.)

- IrmaLowe
- WalterDeMuth
- EdwardRomaine
- ConradBaron
- TheresaWolters
- JohnMoore

Town of Oyster Bay Housing Authority
Section 8 Program

Attachment NY 055g01

STATEMENT OF PROGRESS
5-YEAR PLAN MISSION AND GOALS

The following describes the actions and activities which the Town of Oyster Bay Housing Authority – Section 8 Program engaged in during the past year in order to pursue the housing agency's stated mission and goals.

A. Expand the supply of assisted housing.

Town of Oyster Bay Housing Authority continues to work with the Town of Oyster Bay officials in promoting affordable housing and will apply for additional vouchers when they become available.

B. Increase assisted housing choices :

1. The Town of Oyster Bay Housing Authority continues to provide mobility, counseling to program participants, including personal counseling and written instruction and explanations in areas such as portability, searching for new units, housekeeping, etc.

2. The Town of Oyster Bay Housing Authority continues to conduct outreach efforts to potential landlords, including personal meetings, and providing written materials regarding the program rules and regulations.

C. Promote self-sufficiency and asset development of assisted households. The Town of Oyster Bay Housing Authority continues to provide support information for assisted families to further employability, education and increased independence.

Summary of Progress :

Authorized Voucher Budget :
50 Vouchers

Turnover Vouchers Issued :
3 New vouchers issued

Current Vouchers :
3 Active Vouchers
47 Active HAPs

Waiting List :
Application period has been open since 1999

TOWN OF OYSTER BAY HOUSING AUTHORITY
Attachment ny05501

Minutes from Public Hearing held by the
Town of Oyster Bay Housing Authority
at 115 Central Park Rd.
Plainview, New York 11803

The meeting was held on July 8th, 2003 at 2 P.M. and called to order by the Executive Director, James T. Bell.

Mr. Bell introduced Juan Roskell, TOBHAM Modernization Coordinator, to present the 2003-5 year plan to the tenants.

Mr. Roskell explained the Comprehensive Fund Program and reported to the tenants the items the funds are being requested for. Mr. Roskell informed the tenants that in the 2004 funding will be allocated for the following:

- Landscaping Improvements
- Installation of Lawn Sprinklers
- Roof Repairs in projects NY 55 -9, 10 & 11
- Bathroom Renovations in NY 55 -7, 9, 10 & 11
- Stove and Refrigeration equipments

In 2004 -5 funding will be allocated for:

- Installation of Lawn Sprinklers
- Bathroom Renovations
- Stove and Refrigerator replacements
- Attic Fan Installation and Repair
- Kitchen Cabinet Replacement
- Additional Parking
- Termite Control

Additional Long -Term Plans:

- Laundry Room Renovations
- Kitchen Cabinet Replacement
- Lawn Sprinkler Installation

Mr. Roskell continued to explain to the tenants present that because we have 11 projects, improvements will take place over the next several years once funding is approved. Mr. Roskell also stated that some funds are allocated for operational expenses such as utility costs.

TENANTS COMMENTS:

- Will the landscaping improvements affect all developments?.
- The laundry room improvements are needed and the H.A. should give this item priority.
- Oakly Ave and Clocks Blvd. Need to have the fences repaired.
- The air ventilation in, particularly in Hicksville, Syosset and Plainedge are sorely needed.