

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: **2003**

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

## PHA Plan Agency Identification

**PHA Name:** Port Jervis Housing Authority

**PHA Number:** NY99

**PHA Fiscal Year Beginning:** (mm/yyyy) 01/2003

### PHA Plan Contact Information:

Name: Susan Dath

Phone: (845) 856-8621

TDD:

Email (if available): pjha@citlink.net

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

- Main business office of the PHA
- PHA development management offices
- Other (list below)

### PHA Programs Administered:

- Public Housing and Section 8       Section 8 Only       Public Housing Only

# Annual PHA Plan Fiscal Year 2002

[24 CFR Part 903.7]

## i. Table of Contents

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

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#### Annual Plan

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## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

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

***Intentionally left blank – Not Required.***

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

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

The Port Jervis Housing Authority has not instituted policy or program changes outside of last year's plan or this year's update.

## **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 112,707 (Based on 2002 CFP Award)

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

D. Capital Fund Program Grant Submissions

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

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

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

The Capital Fund Program Annual Statement is provided as Attachment B

### **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

#### 2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for      units

<input type="checkbox"/> Public housing for      units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for      units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

#### **4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

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

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

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

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

[24 CFR Part 903.7 (m)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_

C.  Yes  No Does the PHA plan to participate in the PHDEP in the upcoming year?  
If yes, answer question D. If no, skip to next component.

D.  Yes  No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## **6. Other Information**

[24 CFR Part 903.7 9 (r)]

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

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (File name) F

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

The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

Yes  No: below or

Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_.

Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_.

Other: (list below)

*The residents were instrumental in choosing capital program items.*

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

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

1. Consolidated Plan jurisdiction: (provide name here)

*Orange County*

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

- Yes  No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

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

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

#### **1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

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

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

A substantial deviation from the Five-Year Plan is defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

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

A substantial amendment or modification to the Annual Plan from is defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

**Attachment A:**

**Supporting Documents Available for Review**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Section 8 rent determination (payment standard) policies <input 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	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

**List of Supporting Documents Available for Review**

Applicable & On Display	Supporting Document	Related Plan Component
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy

**List of Supporting Documents Available for Review**

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

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

<b>PHA Name:</b> Port Jervis Housing Authority		<b>Grant Type and Number</b> Capital Fund Program: NY36P099-501-03 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 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	5,000			
3	1408 Management Improvements	5,000			
4	1410 Administration	10,000			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	18,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	69,707			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	5,000			
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)	112,707			

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

<b>PHA Name:</b> Port Jervis Housing Authority		<b>Grant Type and Number</b> Capital Fund Program: NY36P099-501-03 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 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	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

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

PHA Name: <b>Port Jervis Housing Authority</b>		Grant Type and Number Capital Fund Program #: NY36P099-501-03 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: <b>2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operation	1406		5,000				
HA Wide	Personnel Training	1408		5,000				
HA Wide	Administrative Salaries	1410		10,000				
HA Wide	A/E Fees	1430.1		8,000				
HA Wide	Consultant Fees	1430.2		10,000				
HA Wide	Office Equipment	1475.1		2,500				
HA Wide	Maintenance Equipment	1475.2		2,500				
			Subtotal	<b>43,000</b>				
NY99-1	Site Improvement (Parking Lot, Retaining Wall, Fencing and Lighting)	1450		69,707				
			Subtotal	<b>69,707</b>				
			<b>Total</b>	<b>112,707</b>				



**Attachment C:**  
**Capital Fund Program 5-Year Action Plan**

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.

<b>CFP 5-Year Action Plan</b>		
<input checked="" type="checkbox"/> <b>Original statement</b> <input type="checkbox"/> <b>Revised statement</b>		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
N/A	PHA Wide	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b><u>Management Improvement</u></b>		
Personnel Training	5,000	01/01/2004
Personnel Training	5,000	01/01/2005
Personnel Training	5,000	01/01/2006
Personnel Training	5,000	01/01/2007
<b>Total estimated cost over next 5 years</b>	<b>20,000</b>	

**CFP 5-Year Action Plan**

Original statement     Revised statement

Development Number	Development Name (or indicate PHA wide)	Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
NY99-1 NY99-2	Hillside Terrace Apartments Minisink Apartments			
NY99-2	Floors (50%)		75,000	01/01/2004
NY99-2	Floors (50%)		75,000	01/01/2005
NY99-1	Kitchen Upgrade (25 Units)		75,000	01/01/2006
NY99-2	Kitchen Upgrade (25 Units)		75,000	01/01/2007
<b>Total estimated cost over next 5 years</b>			<b>300,000</b>	

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

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

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

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

Elected

Appointed

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

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

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

B. Date of next term expiration of a governing board member:

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

**Required Attachment E:**

**Membership of the Resident Advisory Board or Boards**

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

The resident advisory board members for the Port Jervis Housing Authority are as follows:

Hillside Terrace (NY99-1)

Joan Warnock  
Marilyn Hinkley  
Irvin Weber  
Betty Graziano

Minisink Park (NY99-2)

JoAnn Bonker  
Sharon Makrell

**Attachment F:**  
**Comments of Resident Advisory Board & Explanation of PHA Response**

- Residents complained about the lack of parking at the senior site. They wondered if HUD would make more money available to expand the lot to the next property.

The Housing Authority responded that it gets a formula amount, which is substantially less than those amounts awarded through the old CIAP. Lack of funds prevent the purchase of the property. The Housing Authority will enforce resident only parking.

- One resident wanted to know if laundry facilities could be relocated to more convenient locations.

The Housing Authority responded that, due to funding constraints, this could not be done in the near future (meaning inclusion in the Five-Year Plan).

Overall, everyone was satisfied with the proposed submission.

**Attachment G:**  
**Resident Assessment Follow Up Plan**

No Follow-up plan was required.

**Attachment H:**  
**Implementation of Public Housing Resident Community Service Requirements**

No residents are required to perform community service.



**Attachment I: P/E Report (2000 CFP)**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part I: Summary</b>					
PHA Name: <b>Port Jervis Housing Authority</b>		Grant Type and Number: Capital Fund Program Grant No: <b>NY36P099-501-00</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2000</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: #2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2001 <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	0	0	0	0
2	1406 Operations	10,000	10,000	10,000	10,000
3	1408 Management Improvements Soft Costs	0	0	0	0
	Management Improvements Hard Costs	0	0	0	0
4	1410 Administration	10,000	10,000	10,000	5,000
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	23,000	23,090	23,090	23,090
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	64,144	64,144	64,144	64,144
10	1460 Dwelling Structures	6,075	6,075	6,075	6,075
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	3,283	3,193	3,193	593
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0

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

PHA Name: <b>Port Jervis Housing Authority</b>	Grant Type and Number: Capital Fund Program Grant No: <b>NY36P099-501-00</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2000</b>
---------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------	----------------------------------------

Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: #2)  
 Performance and Evaluation Report for Period Ending: 06/30/2001  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency	0	0	0	0
	Amount of Annual Grant: (sum of lines.....)	<b>116,502</b>	<b>116,502</b>	<b>116,502</b>	<b>108,902</b>
	Amount of line XX Related to LBP Activities	0	0	0	0
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs	0	0	0	0
	Amount of Line XX related to Security-- Hard Costs	0	0	0	0
	Amount of line XX Related to Energy Conservation Measures	0	0	0	0
	Collateralization Expenses or Debt Service	0	0	0	0

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

PHA Name: <b>Port Jervis Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>NY36P099-501-00</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2000</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
HA Wide	Operations	1406		10,000	10,000	10,000	10,000	Completed	
HA Wide	Administration – Personnel Salaries	1410		10,000	10,000	10,000	5,000	Work In Process	
HA Wide	A/E Fees	1430.1		10,500	10,590	10,590	10,590	Completed	
HA Wide	Consultant Fees	1430.2		12,500	12,500	12,500	12,500	Completed	
HA Wide	Non-dwelling Equipment	1475.2		3,283	3,193	3,193	593	Work In Process	
NY99-2	00/01: Site Improvement	1450		62,000	62,000	62,000	62,000	Completed	
NY99-2	Gutters & Leaders	1450		2,144	2,144	2,144	2,144	Completed	
NY99-1	Apt. Painting (Hallways, Doors)	1460		6,075	6,075	6,075	6,075	Completed	
				<b>Total</b>	<b>116,502</b>	<b>116,502</b>	<b>116,502</b>	<b>108,902</b>	



**Attachment J: P/E Report (2001 CFP)**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>					
<b>Part 1: Summary</b>					
PHA Name: <b>Port Jervis Housing Authority</b>		Grant Type and Number Capital Fund Program: <b>NY36P099-501-01</b> Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2001</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: #1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2001 <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	0	0	0	0
2	1406 Operations	10,000	10,000	10,000	0
3	1408 Management Improvements	5,395	5,395	990	990
4	1410 Administration	10,000	10,000	10,000	0
5	1411 Audit	0	0	0	0
6	1415 liquidated Damages	0	0	0	0
7	1430 Fees and Costs	18,000	18,000	15,000	4,160
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	65,000	53,000	48,000	42,500
10	1460 Dwelling Structures	0	12,000	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	5,000	5,000	2,409	2,409
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	5,000	5,000	349	349
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0

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

PHA Name: <b>Port Jervis Housing Authority</b>	Grant Type and Number Capital Fund Program: <b>NY36P099-501-01</b> Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2001</b>
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Original Annual Statement     
  Reserve for Disasters/ Emergencies     
  Revised Annual Statement (revision no: #1)  
 Performance and Evaluation Report for Period Ending: 06/30/2001     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
17	1495.1 Relocation Costs	0	0	0	0
18	1498 Mod Used for Development	0	0	0	0
19	1502 Contingency	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2-19)	<b>118,395</b>	<b>118,395</b>	<b>86,748</b>	<b>50,408</b>
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Compliance	0	0	0	0
23	Amount of line 20 Related to Security	0	0	0	0
24	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0

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

PHA Name: <b>Port Jervis Housing Authority</b>		Grant Type and Number Capital Fund Program #: <b>NY36P099-501-01</b> Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: <b>2001</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operation	1406		0	10,000	10,000	0	Work in Process
HA Wide	Personnel Training	1408		10,395	5,395	990	990	Work in Process
HA Wide	Administration – Personnel Salaries	1410		10,000	10,000	10,000	0	Work in Process
HA Wide	A/E Fees	1430.1		8,000	3,000	0	0	Planning Phase
HA Wide	Consultant Fees	1430.2		15,000	15,000	15,000	4,160	Work in Process
HA Wide	Appliance	1465.1		0	5,000	2,409	2,409	Work in Process
HA Wide	Office Equipment	1475.1		5,000	2,500	0	0	Planning Phase
HA Wide	Maintenance Equipment	1475.2		5,000	2,500	349	349	Work in Process
			Subtotal	<b>53,395</b>	<b>53,395</b>	<b>38,748</b>	<b>7,908</b>	
NY99-2	01: Re-coating Parking Lot	1450		20,000	5,000	0	0	Planning Phase
NY99-2	01: Storm Doors	1460		0	12,000			Planning Phase
NY99-1	Fencing & Landscaping	1450		25,000	0	0	0	Priority Changed
NY99-2	00/01: Site Improvement	1450		0	48,000	48,000	42,500	Working In Process
NY99-1	Roof Deicer	1460		10,000	0	0	0	Priority Changed
NY99-2	Roof Deicer	1460		10,000	0	0	0	Priority Changed
			Subtotal	<b>65,000</b>	<b>65,000</b>	<b>48,000</b>	<b>42,500</b>	
			<b>Total</b>	<b>118,395</b>	<b>118,395</b>	<b>86,748</b>	<b>50,408</b>	





**Attachment K:**

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

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

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

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

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

**B. Voluntary Conversion Initial Assessments**

- a) How many of the PHA’s developments are subject to the Required Initial Assessments?  
*One NY99-2 – Minisink Park Apartments*
- b) How many of the PHA’s developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?  
*One*
- c) How many Assessments were conducted for the PHA’s covered developments?  
*One*
- d) Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:  
*None*

Development Name	Number of Units

- e) If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:  
*Completed.*

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