

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate

AnnualPlanforFiscalYear: 2003

TownofHorseheads-NY432

**NOTE:THISPHAPLANSTEMPLATE(HUD-50075SmallPHA)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

PHAPlan AgencyIdentification

PHAName:ElmiraHeightsUrbanRenewalAgency

PHANumber: TownofHorseheads-NY432

PHAFiscalYearBeginning:(mm/yyyy) 07/03

PHAPlanContactInformation:

Name:GeraldS.Ridosh

Phone:(607)734-1531

TDD:

Email(ifavailable):jridosh1@stny.rr.com

PublicAccestoInformation

Informationregardinganyactivitiesoutlinedinthisplancanbeobtainedby contacting:(selectallthatapply)

- X MainadministrativeofficeofthePHA
PHAdevelopmentmanagementoffices

DisplayLocationsForPHAPlansandSupportingDocuments

ThePHAPlans(includingattachments)areavailableforpublicinspectionat:(selectall thatapply)

- X MainadministrativeofficeofthePHA
PHAdevelopmentmanagementoffices
- X Mainadministrativeofficeofthelocal,countyorStategovernment
- X Publiclibrary
- X PHAwebsite
Other(listbelow)

PHAPlanSupportingDocumentsareavailableforinspectionat:(selectallthatapply)

- X MainbusinessofficeofthePHA
PHAdevelopmentmanagementoffices
Other(listbelow)

PHAProgramsAdministered :

PublicHousingandSection8XSection8Only PublicHousingOnly

AnnualPHAPlan

FiscalYear20

[24CFRPart903.7]

i.TableofContents

ProvideatableofcontentsforthePlan ,includingattachments,andalistofsupportingdocumentsavailable forpublicinspection . ForAttachments,indicatewhichattachmentsareprovidedbyselectingallthatapply. Providetheattachment'sname(A,B,etc.)inthespacetotheleftofthenameoftheattachment.Ifthe

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.

Contents	<u>Page#</u>
Annual Plan	
i. Executive Summary (optional)	
ii. Annual Plan Information	
iii. Table of Contents	
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	
2. Capital Improvement Needs	
3. Demolition and Disposition	
4. Homeownership: Voucher Homeownership Program	
5. Crime and Safety: PHDEP Plan	
6. Other Information:	
A Resident Advisory Board Consultation Process	
B Statement of Consistency with Consolidated Plan	
C Criteria for Substantial Deviations and Significant Amendments	

Attachments

- X Attachment A: Supporting Documents Available for Review
 - Attachment__: Capital Fund Program Annual Statement
 - Attachment__: Capital Fund Program 5 Year Action Plan
 - Attachment__: Capital Fund Program Replacement Housing Factor Annual Statement
 - Attachment__: Public Housing Drug Elimination Program (PHDEP) Plan
- X Attachment B: Resident Membership on PHA Board or Governing Body
- X Attachment C: Membership of Resident Advisory Board or Boards
 - Attachment__: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- X Other (List below, providing each attachment name)
- Attachment D: Certification in connection with the operation of a Section 8 program

ii. Executive Summary -

[24 CFR Part 903.79(r)]

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

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

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

Changes to policies and programs are covered in other sections of this update

2.CapitalImprovementNeedsN/A

[24CFRPart903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredtocompletethiscomponent.

A. YesNo: IsthePHAeligibletoparticipateintheCFPinthefiscalyearcoveredby thisPHAPlan?

B. WhatistheamountofthePHA'sestimatedoractual(ifknown)CapitalFund Programgrantfortheupcomingyear? \$ _____

C. YesNo Does the PHA planto participate in the Capital Fund Program in the upcoming year? If yes, completetherestofComponent7.Ifno,skiptonext component.

D. CapitalFundProgramGrantSubmissions

(1)CapitalFundProgram5-YearActionPlan

TheCapitalFundProgram5-YearActionPlanisprovidedasAttachment

(2)CapitalFundProgramAnnualStatement

TheCapitalFundProgramAnnualStatementisprovidedasAttachment

3.DemolitionandDispositionN/A

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenotrequiredtocompletethissection.

1. YesNo: Does the PHA planto conduct any demolition or disposition activities(pursuanttosection18oftheU.S.HousingActof1937 (42U.S.C.1437p))intheplanFiscalYear?(If,,No“,skiptonext component;if,,yes“,completeoneactivitydescriptionforeach development.)

2.ActivityDescription

Demolition/DispositionActivityDescription(NotincludingActivitiesAssociated withHOPEVIorConversionActivities)

1a.Developmentname: 1b.Development(project)number:

2. Activity type: Demolition Disposition
3. Application status (select one) Approved Submitted, pending approval Planned application
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) Part of the development Total development
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 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

[24CFR Part 903.79(k)]

A. Yes X 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 24CFR 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 down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment 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 N/A

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA 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

[24CFR Part 903.79(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 (Filename)

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 end of the RAB Comments in Attachment _____.

Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here)

New York State

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)

X The PHA has based its statement of needs of families in the jurisdiction on the need expressed in the Consolidated Plan/s.

X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

- X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- X 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 X 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:

B. Significant Amendment or Modification to the Annual Plan:

Attachment A

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	PHA Plan Certification of Compliance with the PHA Plans and	5 Year and Annual

	Related Regulations	Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the method for setting public housing flat rents 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 check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations

	AnyrequiredpoliciesgoverninganySection8specialhousing types checkhereifincludedinSection8AdministrativePlan	AnnualPlan: Operationsand Maintenance
	Publichousinggrievanceprocedures checkhereifincludedin thepublichousingA&OPolicy	AnnualPlan:Grievance Procedures
	Section8informalreviewandhearingprocedures checkhereif includedinSection8AdministrativePlan	AnnualPlan: GrievanceProcedures
	TheHUD-approvedCapitalFund/ComprehensiveGrantProgram AnnualStatement(HUD52837)foranyactivegrantyear	AnnualPlan:Capital Needs
	MostrecentCIAPBudget/ProgressReport(HUD52825)forany activeCIAPgrants	AnnualPlan:Capital Needs
	ApprovedHOPEVIapplicationsor,ifmorerecent,approvedor submittedHOPEVIREvitalizationPlans,oranyotherapproved proposalfordevelopmentofpublichousing	AnnualPlan:Capital Needs
	Self-evaluation,NeedsAssessmentandTransitionPlanrequired byregulationsimplementing §§504oftheRehabilitationActand theAmericanswithDisabilitiesAct.See,PIH99-52(HA).	AnnualPlan:Capital Needs
	Approvedorsubmittedapplicationsfordemolitionand/or dispositionofpublichousing	AnnualPlan: Demolitionand Disposition
	Approvedorsubmittedapplicationsfordesignationofpublic housing(DesignatedHousingPlans)	AnnualPlan: DesignationofPublic Housing
	Approvedorsubmittedassessmentsofreasonablevitalizationof publichousingandapprovedorsubmittedconversionplans preparedpursuanttosection202ofthe1996HUDAppropriations Act,Section22oftheUSHousingActof1937,orSection33of theUSHousingActof1937	AnnualPlan: ConversionofPublic Housing
	Approvedorsubmittedpublichousinghomeownership programs/plans	AnnualPlan: Homeownership
	PoliciesgoverninganySection8Homeownershipprogram (section_____oftheSection8AdministrativePlan)	AnnualPlan: Homeownership
	CooperationagreementbetweenthePHAandtheTANFagency andbetweenthePHAandlocalemploymentandtrainingservice agencies	AnnualPlan: CommunityService& Self-Sufficiency
	FSSActionPlan/sforpublichousingand/orSection8	AnnualPlan: CommunityService& Self-Sufficiency
	Section3documentationrequiredby24CFRPart135,SubpartE	AnnualPlan: CommunityService& Self-Sufficiency
	Mostrecentself-sufficiency(ED/SS,TOPorROSSorother residentservicesgrant)grantprogramreports	AnnualPlan: CommunityService& Self-Sufficiency
	The mostrecentPublicHousingDrugEliminationProgram (PHDEP)semi-annualperformancereport	AnnualPlan:Safety andCrimePrevention
	PHDEP-relateddocumentation:· Baseline lawenforcement servicesforpublichousingdevelopmentsassistedunderthe PHDEPplan;· Consortiumagreement/sbetweenthePHAs participatingintheconsortiumandacopyofthepayment agreementbetweentheconsortiumandHUD(applicableonlyto PHAsparticipatinginaconsortiumasspecifiedunder24CFR	AnnualPlan:Safety andCrimePrevention

	761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I lands specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.	
	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A&O Policy	Pet Policy
	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)

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

PHAName:	Grant Type and Number	Capital Fund Program:	Capital Fund Program:
	Replacement Housing Factor Grant No:		

Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Obligation
		Original	Revised	
1	Total Non-CFP Funds			
2	1406 Operations			
3	1408 Management Improvements			
4	1410 Administration			
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs			
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures			
11	1465.1 Dwelling Equipment-Nonexpendable			
12	1470 Non-dwelling Structures			
13	1475 Non-dwelling 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	Amountofline20RelatedtoLBPActivities			
22	Amountofline20RelatedtoSection504Compliance			
23	Amountofline20RelatedtoSecurity			
24	Amountofline20RelatedtoEnergyConservation Measures			

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an „x“) N1 _____ N2 _____

R _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an „x“ to indicate the length of program by # of months. For „Other“, identify the # of months).

12 Months _____ **18 Months** _____ **24 Months** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an „x“ by each applicable Year) and provide amount of funding received. If previously funded programs havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD-approved extensions or waivers. For grant extensions received, place „GE“ in column or „W“ for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date

FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY _____ PHDEP Budget Summary		Original statement
Revised statement dated:		
Budget Line Item	Total Funding	
9110-Reimbursement of Law Enforcement		
9115-Special Initiative		
9116-Gun Buyback TAMatch		
9120-Security Personnel		
9130-Employment of Investigators		
9140-Voluntary Tenant Patrol		
9150-Physical Improvements		
9160-Drug Prevention		
9170-Drug Intervention		
9180-Drug Treatment		
9190-Other Program Costs		
TOTAL PHDEP FUNDING		

C) PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise - not to

	Person Served	Population	Date	CompleteDate	Funding	(Amount /Source)
1.						
2.						
3.						

9170-DrugIntervention						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
ProposedActivities	#of Person Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

9180-DrugTreatment						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
ProposedActivities	#of Person Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

9190-OtherProgramCosts						TotalPHDEPFunds:\$	
Goal(s)							
Objectives							
ProposedActivities	#of Person Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

RequiredAttachment____:ResidentMemberonthePHAGoverning Board

1. YesNo: Does thePHAgoverningboardincludeatleastonememberwho isdirectlyassistedbythePHAthisyear?(ifno,skipto#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?

If 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 _____: 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.)