

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**

**ADOPTED BY THE Board of Commissioners  
of Gallia Metropolitan Housing Authority on  
October 17,2002**

Amended 01-07-03

**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:** GALLIA METROPOLITAN HOUSING AUTHORITY

**PHA Number:** OH047

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

**PHA Plan Contact Information:**

Name: June R. Williams

Phone: 740- 446-0251

TDD: 1-800-750-0750

Email (if available): galliamha@email.com

**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

**Annual PHA Plan  
Fiscal Year 2003**

[24 CFR Part 903.7]

**i. Table of Contents**

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

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## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

At PHA ption, 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.

### **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

A. X 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? \$ UNKNOWN

C. X 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 B

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

The Capital Fund Program Annual Statement is provided as Attachment C

### **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 X 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. X 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? \$ \_\_\_\_\_ 0 \_\_\_\_\_

C.  Yes X 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. X 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 \_\_F\_\_.

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)

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: SEE AMENDMENT M**

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

**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
X	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	
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
X	Any policy governing occupancy of Police Officers in Public Housing X check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	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 X 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>
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies Xcheck 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
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any required policies governing any Section 8 special housing types X check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures X 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
	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

### List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
X	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
X	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
	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
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)



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

<b>PHA Name: GALLIA METROPOLITAN HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program: OH16P04750102 Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2002
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Original Annual Statement     
  Reserve for Disasters/ Emergencies     
  Revised Annual Statement (revision no: 2)  
 Performance and Evaluation Report for Period Ending:     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures (INCLUDED IN SECURITY)				







## 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 type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
<b>Development</b> OH047	<b>Development Name</b> (or indicate PHA wide) GALLIA METROPOLITAN HOUSING AUTHORITY	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>



2005 CFP	OH001	<p>New site lighting  Video security system  Community Building/Office bullet resistant window and doors;new hot water tank; emergency lighting in garage;condensing unit 8 ton; community room kitchen cabinets; modification ADA to community room toilet  New floor tile 100 units</p>	<b>150,000</b>	
<b>Total estimated cost over next 3 years</b>		<b>705,862.</b>		
2006 CFP	OH001	New sanitary lines	?????	

# 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 have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

<b>Fiscal Year of Funding</b>	<b>PHDEP Funding Received</b>	<b>Grant #</b>	<b>Fund Balance as of Date of this Submission</b>	<b>Grant Extensions or Waivers</b>	<b>Grant Start Date</b>	<b>Grant Term End Date</b>
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

**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.

<b>FFY _____ PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
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	
<b>TOTAL PHDEP FUNDING</b>	

## 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 exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

<b>9110 – Reimbursement of Law Enforcement</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

<b>9115 - Special Initiative</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

<b>9116 - Gun Buyback TA Match</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9120 - Security Personnel</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9130 – Employment of Investigators</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9140 – Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$</b>		
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Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9170 - Drug Intervention</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							

2.							
3.							

<b>9180 - Drug Treatment</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9190 - Other Program Costs</b>					<b>Total PHDEP Funds: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							



## Required Attachment D\_\_ : Resident Member on the PHA Governing Board

1. X Yes X 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: Virginia Foglestron

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

- Elected  
 Appointed

C. The term of appointment is (include the date term expires): 01/01/03 thru 01/01/04

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: 01/04

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

Court of Common Pleas Judge D. Dean Evans	2 Members	Next Position
Gallia County Commissioners	1 Member	
The City of Gallipolis - Commissioners	1 member	

**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.)

**Required Attachment \_\_\_\_\_F\_\_\_\_\_ COMMENTS OF Resident Advisory Board or Boards.**

**PHA RESPONSE**

**We have tried again this year to get residents interested in forming Crime Watch, Resident's Council, and Resident's Advisory Board without success. In asking for comments as to what they would like to have done when money was available, we had 11 comments. We got most of those by begging people who came into the office for other matters to write something down.**

**Attachment G**

**Mission**

**The mission of Gallia Metropolitan Housing Authority 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.**

**Goals**

**To continue to have a cooperation agreement with : Ohio Jobs and Family Services  
Gallia County Health Department  
Gallis-Jackson-Meigs Community  
Action Agency**

which allows for sharing of information, providing space and service to and accepting services from these agencies.

To continues to have the Executive Director serve on the CHIS Committees for Gallia County and Gallipolis,; the Family Service Community Partnership Advisory Council of Head Start; the area One Stop committee; or boards of other housing or low income family related groups as asked.

To sell the remaining housing in the 5h Program. We have sold 15 houses as of August 13, 2002. Yearly sales information is as follows:

1997 - 3	2000 - 2
1998 - 2	2001 - 1
1999 - 3	2002 - 4

To continue in the partnership with the City of Gallipolis, Gallia-Jackson-Meigs Community Action Agency and Rural Develoment in the sale of the homes in our 5h Homeownership Program. Our group was one of eight groups to receive the 2002 Governor's Award for Excellence offered by the Office of Housing and Community Partnerships.

To continue to supply, in an expedient manner, any request for reasonable accommodations made by a public housing resident.

To continue to strive for resident participation in Resident Meetings, Crime Watch, and planned children's activities.

## **Attachment H**

### **Housing Needs**

#### **Public Housing**

We always have a wait list for 1, 2 & 3 bedroom units and seldom have a wait list for 4 or 5 bedroom units. This past year our biggest problem was with people not showing up on the date they were to move in and, when they were contacted, saying that they had changed their minds and no longer wanted an apartment. We had four families do this on a one - bedroom handicapped unit. There was nothing wrong with the unit; one family could not get utilities in their name, 2 families decided to wait for rental assistance, and one family did not show up on move-in day and we were never able to make contact with them again.

## **Section 8**

Our numbers were not steady enough for us to think about applying for more units. We are over issuing our vouchers in an attempt to get and maintain 184.

## **Homeownership**

**As of August 13, 2002. we had sold 15 of the 23 homes in our 5h program. Four were sold in 2002. All but three of the homes have been sold with financing through the USDA Rural Development. We advertise in the newspaper and by signs on the homes throughout the year and send letter to area agencies and businesses once or twice a year.**

### **Attachment I**

#### **Grievance Procedure**

**Our grievance procedure as adopted in 1999 and amended in July, 2000 is still in force. There have been no further changes.**

### **Attachment J**

#### **Audit**

**A copy of our 2001 audit was previously submitted to the Columbus Office. There were no findings or recommendations. Another copy of the audit will be sent with the hard copy of the 2002 Annual Plan when it is submitted to the Columbus Office by US Mail.**

### **Attachment K**

#### **Policy and Program Changes**

**We are incorporating the follow changes into our ACOP :**

- 1) Section 11.1(F)(1) – Welfare Assistance payments**
- 2) Definitions – Welfare Assistance**
- 3) Section 13.8 Paying Rent: by the 8<sup>th</sup> of the month without a late charge )previously the 5<sup>th</sup>); add a charge of \$ 25 for checks return for insufficient funds**
- 4) Section 18.3 – Pet policy: added a prior approval policy**
- 5) Section 18.11 – Pet PolicyL ammended visiting pet policy**

**We are incorporating the following changes into our Section 8 Administrative Plan:**

- 1) Section 3.2(F) - Eligibility Criteria: add statement to fingerprinting rules**
- 2) Section 4.8 (E) – Grounds for Denial: ineligible within 5 years of criminal activity**
- 3) Section 4.8 (H) – What defines “eviction”**
- 4) Section 4.8 (J) 4. – Waiver for drug activity**
- 5) Section 7.2 – Procedure Regarding Family Moves: verification by Landlord of his/her agreement that tenant may move**
- 6) Section 7.2 – notification to Landlord of proposed move**

- 7) **Section 14.2.2 Date of Interim or Special Reexaminations: added that changes must be**
- 8) **Made prior to the 25<sup>th</sup> of the month**
- 9) **Section 9.2)B)(6)(a) – Welfare Assistance Payments**
- 10) **Definitions – Welfare Assistance Payments**

## **Attachment L**

### **Consistency with Consolidated Plan**

**We are consistent with the Plan by providing safe, decent and sanitary housing to low income families in Gallia County and by promoting homeownership.**

## **Attachment M**

### GALLIA METROPOLITAN HOUSING AUTHORITY

#### Substantial Deviations Definition

The Housing Quality and Work Responsibility Act of 1998 requires the Housing Authority to notify the Resident Advisory Board, the Board of Commissioners and the U. S. Department of Housing and Urban Development of any "substantial deviation" or "significant amendment" in the Authority's Annual Plan and in the 5-Year Plan proposed modernization and capital improvement activities that have been previously approved and reported to HUD.

The Authority defines a "substantial deviation" as any deletion or addition of any modernization work item, addition or deletion of any new or old program or activity, changes with regard to demolition or disposition, designation, homeownership programs or conversion activities, any changes made to rent ,admission or wait list policies, or changes made to any section of the Annual or 5-Year Plan. \*\*

The Authority defines "significant amendment" as a change in the use of replacement reserves under the Capital Funds program or the addition of non-emergency work items not included in the current Annual Plan.

\*\* An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements.

## **Attachment N**

**DECONCENTRATION The actual average family income of GMHA owned developments was as follows: Authority Wide average \$ 6,799; GME \$ 5,704 and RGE: \$ 9,455. Per PIH 2001-04 we used the bedroom adjustment factor and came up with adjusted averages as follows: Authority Wide Average \$ 5,913; GME average \$4,837 and RGE \$ 8,674. This showed that GME is \$ 189 less than 85% of the**

**adjusted Authority Wide Average and RGE is \$1,875 over 115% of the adjusted Authority Wide Average. Documentation is available in our Office. Our survey was done before our Plan was submitted using August 2002 figures. Before changing the way we take people from the wait list we plan to do another survey using December 2002 figures. A copy of our Deconcentration Policy is attached.**

**The 1999 Median Income for our area was \$ 41,994 which means that the income level for both complexes is less than 30% of the Median Income. The final rule August 6, 2002 ensures that developments in which the average income level is at or below 30 percent of the median income cannot be categorized as having average income "above" the EIR. Therefore we believe RGE should not be considered a higher income development and any move for deconcentration would not be necessary.**

## **DECONCENTRATION POLICY**

**The PHA policies governing eligibility, selection, and admissions required as a part of the Annual Plan must provide for deconcentration of poverty and income-mixing by bringing higher income tenants into lower income projects and lower income tenants into higher income projects.**

**At this time Gallia MHA has two projects. There is no significant difference in the income of the tenants in either project**

**If the income of one project appears to be changing into one with either more lower or higher income tenants, the following policy will be followed:**

**In order to encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments, GMHA will skip families on the waiting list to reach other families with a lower or higher income. We will accomplish this in a uniform and non-discriminating manner.**

**GMHA will affirmatively market our housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.**

**Prior to the beginning of each fiscal year, we will analyze the income levels of families residing in each of our developments, the income levels of census tracts in which our developments are located (if available) and the income levels of the families on the waiting list. Based on this analysis, we will determine the level of**

**marketing strategies and deconcentration incentives to implement.**

**Gallia MHA may consider offering one or more incentive to encourage applicant families whose income classification would help to meet the deconcentration goals of a particular development. Any incentive will be based on the financial situation of the Authority at that time. Various incentives may be used at different time, or under different condition, but will always be provided in a consistent and nondiscriminatory manner.**

**Adopted by Board  
July 15, 1999  
Resolution 99-05**

#### **Attachment O**

**Conversion: GMHA has two developments. GME 100 units and RGE 40 units. Our review indicated that converting to vouchers would be more expensive than operating the units as public housing; would not benefit residents in any way, other than allowing them to transfer the vouchers to other counties or states; and would affect the availability of limited affordable housing in Gallia County -vouchers could be used on property currently rented by residents who do not qualify for vouchers and are paying market rent. Documentation of our figures is available in our Office.**