

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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# PHAPlans

AnnualPlanforFiscalYear2003

**THE HOUSING AUTHORITY OF THE CITY OF MUSKOGEE**

**MUSKOGEE, OKLAHOMA**

**NOTE: THIS PHA PLAN STATE M-PLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHA Name:** Muskogee Housing Authority

**PHA Number:** OK099

**PHA Fiscal Year Beginning:(mm/yyyy) 1/2003**

**Public Access to Information**

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

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

**Display Locations For PHA Plans and Supporting Documents**

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

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

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

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

**AnnualPHAPlan**  
**PHAFiscalYear2002**  
[24CFRPart903.7]

**i. AnnualPlanType:**

SelectwhichtypeofAnnualPlanthePHAwillsubmit.

**StandardPlan**

**StreamlinedPlan:**

- HighPerformi ngPHA**
- SmallAgency(<250PublicHousingUnits)**
- AdministeringSection8Only**

**TroubledAgencyPlan**

**ii. ExecutiveSummaryoftheAnnualPHAPlan**

[24CFRPart903.79(r)]

ProvideabriefoverviewoftheinformationintheAnnualPlan,inclodinghighlightssofarjorinitiativesanddiscretionarypoliciesthePHAhasincludedinthe AnnualPlan.

**TheMuskogeeHousingAuthorityhaspreparedthisAgencyPlanincompliancewithSection511oftheQualityHousi ngandWorkResponsibilityActof 1998andtheensuingHUDrequirements.**

### **iii. Annual Plan Table of Contents**

[24CFR Part 903.79(r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

#### **Table of Contents**

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#### **Annual Plan**

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**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.  
 Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

Required Attachments:

- X Admissions Policy for Deconcentration
- X FY2003 Capital Fund Program Annual Statement
- N/A Most recent board -approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- PHA Management Organizational Chart
- X FY2003 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan

- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

**Supporting Documents Available for Review**

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>Applicable Plan Component</b>
X	PHA Plan Certification 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	5 Year and Annual Plans
X	Fair Housing Documentation: 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	Consolidated Plan for the jurisdiction/s in which the PHA is located (which include the Analysis of Impediments to Fair Housing Choice (AI)) 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), which include the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA Board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology 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
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	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
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
X	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self -Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self -Sufficiency

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	Most recent self-sufficiency (ED/SS, TOP or ROSS) or other resident services grant/program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

**1. Statement of Housing Needs**

[24CFR Part 903.79(a)]

**A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	150	5	4	5	3	3	2
Income > 30% but <= 50% of AMI	45	5	4	5	3	3	2
Income > 50% but < 80% of AMI	7	5	4	5	3	3	2
Elderly	45	5	5	5	5	2	4
Families with Disabilities	45	5	5	5	5	3	4
Race/Ethnicity White	141	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity African American	31	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity American Indian	27	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity Asian/ Multiracial	2	N/A	N/A	N/A	N/A	N/A	N/A

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

Consolidated Plan of the Jurisdiction/s  
Indicate year:

- U.S.Censusdata:theComprehensiveHousingAffordabilityStrategy(“CHAS”)dataset
- AmericanHousingSurveydata  
Indicateyear:
- Otherhousingmarketstudy  
Indicateyear:
- X Othersources:( CurrentHousingAuthorityStatistics)

**B. HousingNeedsofFamiliesonthePublicHousingandSection8Tenant -BasedAssistanceWaiting Lists**

StatethehousingneedsofthefamiliesonthePHA’swaitinglist/s .CompleteonetableforeachtypeofPHA -widewaitinglistadministeredbythePHA.  
 PHA may provide separate tables for site -based or sub -jurisdictional public housing waiting lists at their option.

<b>HousingNeedsofFamiliesontheWaitingList</b>			
Waitinglisttype:(selectone)			
<input type="checkbox"/> Section8tenant -basedassistance			
<input type="checkbox"/> PublicHousing			
X CombinedSection8andPublicHousing			
<input type="checkbox"/> PublicHousingSite -Based or sub -jurisdictional waiting list (optional)			
Ifused,identifywhichdevelopment/subjurisdiction:			
	#offamilies	%oftotalfamilies	AnnualTurnover
Waitinglisttotal	878		
Extremelylow income<=30%AMI	820	93.39	
Verylowincome (>30%but<=50%AMI)	6	.68	
Lowincome (>50%but<80%AMI)	52	5.92	

<b>Housing Needs of Families on the Waiting List</b>			
Families with children	564	64.23	
Elderly families	89	10.13	
Families with Disabilities	115	13.09	
Race/ethnicity(W)	465	52.96	
Race/ethnicity(B)	301	34.28	
Race/ethnicity(I)	90	10.25	
Race/ethnicity(A)	3	.34	
Race/ethnicity(H)	20	2.27	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	46	25.84	
2BR	73	41.01	
3BR	48	26.96	
4BR	11	6.17	
5BR			
5+BR			
Is the waiting list closed (select one)? X No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to open the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families on the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

**C.StrategyforAddressingNeeds**

ProvideabriefdescriptionofthePHA’sstrategyforaddressingthehousingneedsoffamiliesinthejurisdictionandonthewaitinglist  
**YEAR**,andtheAgency’sreasonsforchoosingthisstrategy.

**INTHEUPCOMING**

**(1)Strategies**

**Need:Shortageofaffordablehousingforalleligiblepopulations**

**Strategy1.MaximizethenumberofaffordableunitsavailabletothePHAwithinitscurrentresourcesby:**

Selectallthatapply

- Employeffectivemaintenanceandmanagementpolicies tominimizethenumberofpublichousingunitsoff -line
- X Reduceturnovertimeforvacatedpublichousingunits
- X Reducetimetorenovatepublichousingunits
- Seekreplacementofpublichousingunitslosttotheinventoryt hroughmixedfinancedevelopment
- Seekreplacementofpublichousingunitslosttotheinventorythroughsection8replacementhousingresources
- X Maintainorincreasesection8lease -upratesbyestablishingpaymentstandards thatwillenablefamielstorentthroughoutthe jurisdiction
- UndertakemeasurestoensureaccesstoaffordablehousingamongfamiliesassistedbythePHA,regardless ofunitsizerequired
- X Maintainorincreasesection8lease -upratesbymarketing theprogramtoowners,particularlythoseoutsideofareasofminority andpovertyconcentration
- Maintainorincreasesection8lease -upratesbyeffectivelyscreeningSection8applicantstoincreaseowneracceptanceof program
- ParticipateintheConsolidatedPlandevelopmentprocesstoensurecoordinationwithbroadercommunitystrategies
- Other(listbelow)

**Strategy2:Increasethenumberofaffordablehousingunitsby:**

Selectallthatapply

- X Applyforadditionalsection8unitsshouldtheybecomeavailable
- Leverageaffordablehousingresourcesinthecommunitythroughthecreationofmixed -financehousing
- X PursuehousingresourcesotherthanpublichousingorSection8tenant -basedassistance.

Other:(listbelow)

**Need:SpecificFamilyTypes:Familiesatorbelow30%ofmedian**

**Strategy1:Targetavailableassistancetofamiliesatorbelow30%ofAMI**

Selectallthatapply

- ExceedHUDfederaltargetingrequirementsforfamiliesatorbelow30%ofAMIinpublichousing
- ExceedHUDfederaltargetingrequirementsforfamiliesatorbelow30%ofAMIintenant-basedsection8assistance
- Employadmissionspreferencesaimedatfamilieswiththeeconomichardships
- X Adoptrentpoliciestosupportandencouragework
- Other:(listbelow)

**Need:SpecificFamilyTypes:Familiesatorbelow50%ofmedian**

**Strategy1:Targetavailableassistanceto familiesatorbelow50%ofAMI**

Selectallthatapply

- Employadmissionspreferencesaimedatfamilieswhoareworking
- X Adoptrentpoliciestosupportandencouragework
- Other:(listbelow)

**Need:SpecificFamilyTypes:TheElderly**

**Strategy1: Targetavailableassistancetotheelderly:**

Selectallthatapply

- Seekdesignationofpublichousingfortheelderly
- X Applyforspecial -purposevoucherstargetedtotheelderly,shouldtheybecomeavailable
- Other:(listbelow)

**Need:SpecificFamilyTypes:FamilieswithDisabilities**

**Strategy1: TargetavailableassistancetoFamilieswithDisabilities:**

Selectallthatapply

- Seekdesignationofpublichousingforfamilieswithdisabilities
- Carryoutthomodificationsneededinpublichousingbasedonthesection504NeedsAssessmentforPublicHousing
- X Applyforspecial -purposevoucherstargetedtofamilieswithdisabilities,shouldtheybecomeavailable
- X Affirmativelymarkettoallocalnon -profitagenciesthatassistfamilieswithdisabilities
- Other:(listbelow)

**Need:SpecificFamilyTypes:Racesorethnicitieswithdisproportionatehousingneeds**

**Strategy1:IncreaseawarenessofPHAresourcesamongfamiliesofracesandethnicitieswithdisproportionateneeds:**

Selectifapplicable

- Affirmativelymarkettoraces/ethnicitiesshowntohavedisproportionatehousingneeds
- Other:(listbelow)

**Strategy2:Conductactivitiestoaffirmativelyfurtherfairhousing**

Selectallthatapply

- Counselsection8tenantsastolocationofunitsoutsideofareasofpovertyorminorityconcentrationandassistthemtolocate thoseunits
- X Marketthesection8programtoownersoutsideofareasofpoverty/minorityconcentrations
- Other:(listbelow)

**OtherHousingNeeds&Strategies:(listneedsandstrategiesbelow)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
  
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

**2. Statement of Financial Resources**

[24CFR Part 903.79(b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant-based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing support services, Section 8 tenant-based assistance, Section 8 support services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
1. <b>Federal Grants (FY 2002 grants)</b>		

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
a) Public Housing Operating Fund	803,588	
b) Public Housing Capital Fund	611,141	
c) HOPEVI Revitalization		
d) HOPEVI Demolition		
e) Annual Contributions for Section 8 Tenant -Based Assistance	2,018,272	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	72,588	
g) Resident Opportunity and Self - Sufficiency Grants	100,000	
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
HHTROSS Grant 99	40,000	
HHTROSS Grant 00	26,102	
Family Ross	7,559	
Capital Fund 01	575,670	

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>3. Public Housing Dwelling Rental Income</b>	400,660	
<b>4. Other income</b> (list below)		
Laundry & Vending	9,853	
Community Rental		
<b>4. Non -federal sources</b> (list below)		
Cingular Wireless	6,600	
Voice Stream	7,200	
<b>Total resources</b>	4,679,233	

**3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24CFR Part 903.79(c)]

**A. Public Housing**

Exemptions: PHA that do not administer public housing are not required to complete subcomponent 3A.

**(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

When families are within a certain number of being offered a unit: (Based on # of vacancies)

When families are within a certain time of being offered a unit: (state time)

X Other:(Incomeeligibilityuponreceiptofapplication1 -3monthwait)

b. Which non -income(screening)factorsdoesthePHAusetoestablisheligibilityforadmissiontopublichousing(selectallthat apply)?

X CriminalorDrug -relatedactivity

X Rentalhistory

X Housekeeping

X Other(CreditCheck,andPersonReferences)

c.XYes  No:DoesthePHArequestcriminalrecordsfromlocallawenforcementagenciesforscreeningpurposes?

d.XYes  No:Does thePHArequestcriminalrecordsfromStatelawenforcementagenciesforscreeningpurposes?

e.XYes  No:DoesthePHAaccessFBIcriminalrecordsfromtheFBIforscreeningpurposes?(eitherdirectlyorthroughan NCIC-authorizedsource)

## **(2)WaitingListOrganization**

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

X Community-widelist

Sub-jurisdictionallists

Site-basedwaitinglists

Other(describe)

b. Where may interested persons apply for admission to public housing?

X PHA main administrative office

X PHA development site management office

X Other(Website)

c. If the PHA plan to operate one or more site -based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3)Assignment**

1. How many site -based waiting lists will the PHA operate in the coming year?

2.  Yes  No: Are any or all of the PHA's site -based waiting lists new for the upcoming year (that is, they are not part of a previously HUD-approved site-based waiting list plan)?  
If yes, how many lists?

3.  Yes  No: May families be on more than one list simultaneously?  
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site -based waiting lists (select all that apply)?

- PHA main administrative office
- All PHA development management offices
- Management offices at developments with site -based waiting lists
- At the development to which they would like to apply
- Other (list below)

**(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list?  
(select one)

- X One
- Two
- Three or More

b. X Yes  No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

**(4) Admissions Preferences**

a. Incometargeting:

Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfer take precedence over new admissions? (list below)

- Emergencies
- Overhoused
- Underhoused
- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- Other: (list below)

c. Preferences

1.  Yes  No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a points system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction

- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensure that the PHA will meet income targeting requirements

**(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- X The PHA - resident lease
- X The PHA's Admissions and (Continued) Occupancy policy
- X PHA briefing seminars or written materials
- Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- X At an annual reexamination and lease renewal
- X Any time family composition changes
- X At family request for revision
- X Other (Interim Exam)

**(6) Deconcentration and Income Mixing**

- a. X Yes  No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b.  Yes  No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

Adoption of site-based waiting lists  
If selected, list targeted developments below:

Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:

Employing new admission preferences at targeted developments  
If selected, list targeted developments below:

X Other: The profile of all covered developments are within their Established Income Range.

d.  Yes  No: Did the PHA adopt any changes to **other policies** based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

Additional affirmative marketing

Actions to improve the marketability of certain developments

Adoption or adjustment of ceiling rents for certain developments

Adoption of rent incentives to encourage deconcentration of poverty and income mixing

Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher income families? (select all that apply)

Not applicable: results of analysis did not indicate a need for such efforts

List(anyapplicable)developmentsbelow:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower income families? (select all that apply) -

Not applicable: results of analysis did not indicate a need for such efforts

List(anyapplicable)developmentsbelow:

## B. Section 8

Exemptions: PHA that do not administer section 8 are not required to complete sub-component 3B.  
**Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### (1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

X Criminal or drug-related activity only to the extent required by law or regulation

Criminal and drug-related activity, more extensively than required by law or regulation

More general screening than criminal and drug-related activity (list factors below)

Other (list below)

b. X Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. X Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. X Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

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

- X Criminal or drug -related activity
- X Other (previous landlords)

**(2) Waiting List Organization**

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

- X None
- Federal public housing
- Federal moderate rehabilitation
- Federal project -based certificate program
- Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant -based assistance? (select all that apply)

- X PHA main administrative office
- X Other (Website)

**(3) Search Time**

a. X Yes  No: Does the PHA give extensions on standard 60 -day period to search for a unit?

If yes, state circumstances below: Up to a 120 -day period to all voucher holders who request an extension on standard 60 -day period to search for a unit.

**(4) Admissions Preferences**

a. Income targeting

Yes X No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1.  Yes  No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisal or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admission preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a points system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

Victims of domestic violence

Substandard housing

Homelessness

High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

Date and time of application

Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)

This preference has previously been reviewed and approved by HUD

The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensure that the PHA will meet income targeting requirements

**(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admission to any special purpose section 8 program administered by the PHA contained? (select all that apply) -

- X The Section 8 Administrative Plan
- X Briefing sessions and written materials
- Other (list below)

b. How does the PHA announce the availability of any special -purpose section 8 programs to the public?

- X Through published notices
- Other (list below)

**4. PHA Rent Determination Policies**

[24CFR Part 903.79(d)]

**A. Public Housing**

Exemptions: PHA that do not administer public housing are not required to complete sub -component 4A.

**(1) Income Based Rent Policies**

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

ThePHAwillnotemployanydiscretionaryrent-settingpoliciesforincomebasedrentinpublichousing.Income-basedrents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

X ThePHAemploysdiscretionarypoliciesfordeterminingincomebasedrent(Ifselected,continuetquestionb.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- \$0
- \$1-\$25
- X \$26-\$50

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

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

c. Rents set at less than 30% than adjusted income

1.  Yes X No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

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

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

For the earned income of a previously unemployed household member

- For increases in earned income
- Fixed amount (other than general rent - setting policy)  
If yes, state amount/s and circumstances below:
- Fixed percentage (other than general rent - setting policy)  
If yes, state percentage/s and circumstances below:
- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- Yes for all developments
- Yes but only for some developments
- X No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- For all developments
- For all general occupancy developments (not elderly or disabled or elderly only)
- For specified general occupancy developments
- For certain parts of developments; e.g., the high-rise portion
- For certain size units; e.g., larger bedroom sizes
- Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- Market comparability study
- Fair market rents (FMR)

- 95<sup>th</sup> percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The "rental value" of the unit
- Other (list below)

f. Rentre -determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option
- Anytime the family experiences an income increase
- Anytime a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) \_\_\_\_\_
- Other (list below)

g.  Yes  No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

**(2) Flat Rents**

1. In setting the market -based flat rents, what sources of information did the PHA use to establish compar ability? (select all that apply.)

- The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (The Fair Market Rent for the current year minus the utility allowance for that size unit for the current year)

## B. Section 8 Tenant -Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant -based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant -based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### (1) Payment Standards

Describe the voucher payment standards and policies .

a. What is the PHA's payment standard? (select the category that best describes your standard)

- At or above 90% but below 100% of FMR
- 100% of FMR
- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or submarket
- Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- Annually
- Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- Success rates of assisted families
- Rent burdens of assisted families
- Other (list below)

**(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

- \$0
- \$1-\$25
- X \$26-\$50

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

**5. Operations and Management**

[24CFR Part 903.79(e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

**A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached.
- X A brief description of the management structure and organization of the PHA follows: Board of Directors, Executive Director, Administrative Assistant, Accounting Tech, Modernization Coordinator, Director of Housing Services; supervises: Public Housing Department, Section 8 Department, Whispering Pines Development, Receptionist/Clerk, PHDEPCoordinator/Grant Writer, Family Self-Sufficiency (Section 8 & Public Housing), Resident Initiatives Coordinator, ROSS Grant Coordinator

(HHT), ROSS Grant Coordinator (Port City/Green Country), Lab Tech (Port City/Green Country), Director of Maintenance; supervises: Maintenance I, II, and III staff

aintenance;

**B. HUD Programs Under PHA Management**

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	400	
Section 8 Vouchers	419	
Section 8 Certificates	0	
Section 8 Mod Rehab	N/A	
Special Purpose Section 8 Certificates/Vouchers (list individually)	Family Unification 100	
Public Housing Drug Elimination Program (PHDEP)	400	
Other Federal Programs (list individually)	Family Self - Sufficiency Section 8 (89) Public Housing (50)	

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**C.ManagementandMaintenancePolicies**

ListthePHA’spublichousingmanagementandmaintenancepolicydocuments,manualsandhandbooksthatcontaintheAgency’srules,standards,andpolicies thatgovernmaintenanceandmanagementofpublichousing,includingadescriptionofanymeasuresnecessaryfortheventionoreradicationofpestinfestation (whichincludescockroachinfestation)andthepoliciesgoverningSection8management.

(1) PublicHousingMaintenanceandManagement:

- |                                     |                               |
|-------------------------------------|-------------------------------|
| Admissions&ContinuedOccupancyPolicy | EthicsPolicy                  |
| CapitalizationPolicy                | Drug-FreeWorkplacePolicy      |
| BloodBorneDiseasePolicy             | FundTransferPolicy            |
| CheckSigningPolicy                  | HazardousMaterialsPolicy      |
| CommunitySpacePolicy                | InvestmentPolicy              |
| CriminalRecords ManagementPolicy    | MaintenancePolicy             |
| DispositionPolicy                   | EqualHousingOpportunityPolicy |
| NaturalDisasterPolicy               | One-StrikePolicy              |
| PestControlPolicy                   | PetPolicy                     |
| PersonnelPolicy                     | ProcurementPolicy             |
| TobaccoPolicy                       | RiskManagementPolicy          |

(2) Section8Management:Section8AdministrativePlan

**6. PHAGrievanceProcedures**

[24CFRPart903.79(f)]

Exemptionsfromcomponent6:HighperformingPHAsarenotrequiredtocompletecomponent6.Section8 -OnlyPHAsareexemptfromsub -component6A.

**A. Public Housing**

1.  Yes  No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA offices should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- PHA main administrative office
- PHA development management offices
- Other (list below)

**B. Section 8 Tenant -Based Assistance**

1.  Yes  No: Has the PHA established informal review procedures for applicants to the Section 8 tenant -based assistance program and informal hearing procedures for families assisted by the Section 8 tenant -based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA offices should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- PHA main administrative office
- Other (list below)

**7. Capital Improvement Needs**

[24 CFR Part 903.79(g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

**A. Capital Fund Activities**

Exemptions from sub -component 7A: PHA that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

**(1) Capital Fund Program Annual Statement**

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long -term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD -52837.

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) -or-

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

**(2) Optional 5 -Year Action Plan**

Agencies are encouraged to include a 5 -Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD -52834.

a. X Yes  No: Is the PHA providing an optional 5 -Year Action Plan for the Capital Fund? (if no, skip to sub -component 7B)

b. If yes to question a, select one:

X The Capital Fund Program 5 -Year Action Plan is provided as an attachment to the PHA Plan at Attachment (ok099a01) -or-

The Capital Fund Program 5 -Year Action Plan is provided below: (if selected, copy the CFP Optional 5 Year Action Plan from the Table Library and insert there)

**B. HOPE VI and Public Housing Development and Replacement Activities (Non -Capital Fund)**

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPEVI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

Yes  No: a) Has the PHA received a HOPEVI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)  
b) Status of HOPEVI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

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

- Revitalization Plan under development
- Revitalization Plan submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

Yes  No: c) Does the PHA plan to apply for a HOPEVI revitalization grant in the Plan year?  
If yes, list development name/s below:

Yes  No: d) Will the PHA be engaging in any mixed -financed development activities for public housing in the Plan year?  
If yes, list developments or activities below:

Yes  No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?  
If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24CFRPart903.79(h)]

Applicability of component 8: 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 component 9; if "yes", complete one activity description for each development.)

## 2. Activity Description

Yes  No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.)

<b>Demolition/Disposition Activity Description</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. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:	

**9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24CFR Part 903.79(i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1.  Yes  No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

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 10. If "No", complete the Activity Description table below.

Designation of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Designation type:	
Occupancy by only the elderly	<input type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input type="checkbox"/>

4. Datethisdesignationapproved,submitted,orplannedforsubmission: (DD/MM/YY)
5. Ifapproved,willthisdesignationconstitutea(selectone) <input type="checkbox"/> NewDesignationPlan <input type="checkbox"/> Revisionofapreviously -approvedDesignationPlan?
6. Numberofunitsaffected: 7. Coverageofaction(selectone) <input type="checkbox"/> Partofthedevelopment <input type="checkbox"/> Totaldevelopment

### **10. ConversionofPublicHousingtoTenant -BasedAssistance**

[24CFRPart903.79(j)]

ExemptionsfromComponent10;Section8onlyPHAsarenotrequiredtocom pletethissection.

#### **A. AssessmentsofReasonableRevitalizationPursuanttosection202oftheHUDFY1996HUDAppropriationsAct**

1.  Yes  No: HaveanyofthePHA’sdevelopmentsorportionsofdevelopmentshavebeenidentifiedbyHUDorthePHAas coveredundersection202oftheHUDFY1996HUDAppropriationsAct?(If“No”,skiptocomponent11;if “yes”,completeoneactivitydescriptionforeachidentifieddevelopment,unlesseligibletocompletea streamlinedsubmission.PHAscomple tingstreamlinedsubmissionsmayskiptocomponent11.)

#### 2. ActivityDescription

Yes  No: HasthePHAprovidedallrequiredactivitydescriptioninformationforthiscomponentinthe **optional**Public HousingAssetManagementTable?If“yes”,skiptocomponent11.If“No”,completetheActivityDescription tablebelow.

<b>ConversionofPublicHousingActivityDescription</b>
1a. Developmentname:
1b. Development(project)number:
2. Whatisthestatusoftherequiredasses sment? <input type="checkbox"/> Assessmentunderway

<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 HOPEVI demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPEVI 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. Reserved for Conversions pursuant to Section 220 of the U.S. Housing Act of 1937**

**C.ReservedforConversionspursuanttoSection33oftheU.S.HousingActof1937**

**11.HomeownershipProgramsAdministeredbythePHA**

[24CFRPart903.79(k)]

**A.PublicHousing**

ExemptionsfromComponent11A:Section8onlyPHAsarenorequiredtocomplete11A.

1.  Yes  No: DoesthePHAadministeranyhomeownershipprogramsadministeredbythePHAunderanapprovedsection5(h)homeownershipprogram(42U.S.C.1437c(h)),oranapprovedHOPEIprogram(42U.S.C.1437aaa)orhasthePHAappliedorplantoapplytoadministeranyhomeownershipprogramsundersection5(h),theHOPEIprogram,orsection32oftheU.S.HousingActof1937(42U.S.C.1437z-4).(If“No”,skiptocomponent11B;if“yes”,completeoneactivitydescriptionforeachapplicableprogram/plan,unlesseligibletocompleteastreamlinedsubmissiondueto **smallPHA** or **highperformingPHA** status.PHAscompletingstreamlinedsubmissionsmayskiptocomponent11B.)

2. ActivityDescription

Yes  No: HasthePHAprovidedallrequiredactivitydescriptioninformationforthiscomponentinthe **optional**PublicHousingAssetManagementTable?(If“yes”,skiptocomponent12.If“No”,completetheActivityDescriptiontablebelow.)

<b>PublicHousingHomeownershipActivityDescription (Completeoneforeachdevelopmentaffected)</b>
1a.Developmentname:
1b.Development(project)number:
2.FederalProgramauthority: <input type="checkbox"/> HOPEI

<input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

### B. Section 8 Tenant Based Assistance

1. X Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

1. Program Description:  
The MHA will assist eligible Section 8 Rental Assistance participants in the purchase of a home by offering monthly homeownership assistance payments towards mortgage payments.

a. Size of Program

X Yes  No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- 25 or fewer participants
- 26 - 50 participants
- 51 to 100 participants
- more than 100 participants

b. PHA - established eligibility criteria

X Yes  No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below: Must be a participant of the Section 8 Program, and complete the Housing Counseling Program, FSSP participants will be first choice.

## **12. PHA Community Service and Self -sufficiency Programs**

[24CFR Part 903.79(1)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8 - Only PHAs are not required to complete sub -component C.

### **A. PHA Coordination with the Welfare (TANF) Agency**

1. Cooperative agreements:

X Yes  No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? 04/12/99

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- X Client referrals
- X Information sharing regarding mutual clients (for rent determinations and otherwise)
- X Coordinate the provision of specific social and self -sufficiency services and programs to eligible families
- X Jointly administer programs
- X Partner to administer HUD Welfare -to-Work voucher program

- Joint administration of other demonstration program
- Other (describe)

**B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- Public housing rent determination policies
- X Public housing admissions policies
- X Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing home ownership option participation
- X Preference/eligibility for section 8 home ownership option participation
- Other policies (list below)

b. Economic and Social Self-Sufficiency Programs

X Yes  No: Does the PHA coordinate, promote or provide any program to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following table; if "no" skip to sub-component 2, Family Self-Sufficiency Programs. The position of the table may be altered to facilitate its use.)

<b>Services and Programs</b>				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office/ PHAMain office/ other provider name)	Eligibility (public housing or section 8 participants or both)
Family Self - Sufficiency	89	Application Date	PHAMain Office	Section 8
Family Self - Sufficiency	50	Application Date	PHAMain Office	Public Housing
ROSSRMBD	125	Application Date	PHSite	Site Resident
ROSS Resident Services	200	Resident at HHT	PHSite	Site Resident
Homeownership Counseling Agency	90	Mortgage Approval/App Date	PHAMain Office	Muskogee Community
Homeownership Program	20	Application Date	PHAMain Office	Section 8
Drug Elimination Program	400	PH Resident	PHAMain Office	Public Housing

**(2) Family Self Sufficiency program/s**

a. Participation Description

<b>Family Self Sufficiency (FSS) Participation</b>		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	50	40 (10/15/02)
Section 8	89	66 (10/15/02)

b.  Yes  No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?

If no, list step the PHA will take below:

**C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- X Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- X Informing residents of new policy on admission and reexamination
- X Actively notifying residents of new policy at times in addition to admission and reexamination.
- X Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- X Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

**D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937**

MHA is in compliance with the Community Service Requirements pursuant to section 12© of the US Housing Act of 1937

**13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.79(m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHA Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub	smay skip to component 15. High -component D.
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**A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- X High incidence of violent and/or drug -related crime in some or all of the PHA's developments
- X High incidence of violent and/or drug -related crime in the area surrounding or adjacent to the PHA's developments
- X Residents fearful for their safety and/or the safety of their children
- X Observed lower -level crime, vandalism and/or graffiti

- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

2. What information or data did the PHA use to determine the need for PHA actions to improve safety of residents (select all that apply).

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed “in and around” public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anti-crime/anti-drug programs
- Other (describe below)

3. Which developments are most affected? (list below )  
 Green Country Village, Port City Acres

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

1. List the crime prevention activities the PHA has undertaken or plan to undertake: (select all that apply)

- Contracting with outside and/or resident organizations for the provision of crime -and/or drug -prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at -risky youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

1. Which developments are most affected?(list below)  
 GreenCountryVillage,PortCityAcres

**C.CoordinationbetweenPHAandthepolice**

1.DescribethecoordinationbetweenthePHAandtheappropriatepoliceprecinctsforcarryingoutcrimepreventionmeasuresand activities:(selectallthatapply)

- Policeinvolvementindevelopment,implementation,and/orongoingevaluationof drug-eliminationplan
- X Policeprovidocrimedatatohousingauthoritystaffforanalysisandaction
- X Policehaveestablishedaphysicalpresenceonhousingauthorityproperty(e.g.,communitypolicingoffice,officerinresidence)
- Policeregularlytestifyinandotherwisesupportevictioncases
- X PoliceregularlymeetwiththePHAmangementandresidents
- X AgreementbetweenPHAandlocallawenforcementagencyforprovisionofabove -baselinelawenforcementservices
- Otheractivities(listbelow)

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

**D.AdditionalinformationasrequiredbyPHDEP/PHDEPPlan**

PHAseligibleforFY2002PHDEPfundsmustprovideaPHDEPPlanmeetingspecifiedrequirementspriortoreceiptofPHDEPfund.

- YesXNo:Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- YesXNo:Has the PHA included the PHDEP Plan for FY 2002 in this PHA Plan?
- YesXNo:This PHDEP Plan is an Attachment.(Attachment Filename: \_\_\_)

**14.RESERVEDFORPETPOLICY**

[24CFRPart903.79(n)]

MHAadoptedapetpolicyandislocatedatAdministrationBuilding.

### **15.CivilRightsCertifications**

[24CFRPart903.79(o)]

CivilrightscertificationsareincludedinthePHAPlanCertificationsofCompliancewiththePHAPlansandRelatedRegulations.

### **16.FiscalAudit**

[24CFRPart903.79(p)]

1. X Yes  No: IsthePHArequiredtohaveanauditconductedundersection 5(h)(2)oftheU.S.  
HousingActof1937(42US.C.1437c(h))? (Ifno,skiptocomponent17.)
2. X Yes  No: WasthemostrecentfiscalauditsubmittedtoHUD?
3.  Yes X No: Werethereanyfindingsastheresultofthataudit?
4.  Yes  No: Iftherewereanyfindings,doanyremainunresolved?  
Ifyes,howmanyunresolvedfindingsremain?\_\_\_\_\_
5.  Yes  No: HaveresponsestoanyunresolvedfindingsbeensubmittedtoHUD?  
Ifnot,whentheydue(statebelow)?

### **17.PHAAssetManagement**

[24CFRPart903.79(q)]

Exemptionsfromcomponent17:Section8OnlyPHAsarenotrequiredto completethiscomponent.HighperformingandsmallPHAsarenotrequiredto completethiscomponent.

1.  Yes  No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)

- Not applicable
- Private management
- Development-based accounting
- Comprehensive stock assessment
- Other: (list below)

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

## **18. Other Information**

[24CFR Part 903.79(r)]

### **A. Resident Advisory Board Recommendations**

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

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

- Attached as Attachment (Filename)
- Provided below:  
No comments were received from the advisory board.

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

No comments were made PHA determined that no changes to the PHA Plan were necessary.

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

Other: (list below)

### **B. Description of Election process for Residents on the PHA Board**

1.  Yes  No: Does the PHA meet the exemption criteria provided in section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

#### 3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

- Candidates were nominated by resident and assisted family organizations
- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- Other: (describe)

b. Eligible candidates: (select one)

- Any recipient of PHA assistance
- Any head of household receiving PHA assistance
- Any adult recipient of PHA assistance
- Any adult member of a resident or assisted family organization
- Other (list)

c. Eligible voters: (select all that apply)

- All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- Representatives of all PHA resident and assisted family organizations
- Other (list)

**C. 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: State of Oklahoma

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 the initiatives contained in the Consolidated Plan. (list below)
- Other: (list below)

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

**D. Other Information Required by HUD**

## Capital Fund Program Five - Year Action Plan

### Part I: Summary

PHAName Housing Authority of the City of Muskogee					<b>XOriginal5 -YearPlan</b> <input checked="" type="checkbox"/> RevisionNo:2
Development Number/Name/HA-Wide	Year1	WorkStatementforYear2 FFYGrant:2004 PHAFY:2004	WorkStatementforYear3 FFYGrant:2005 PHAFY:2005	WorkStatementforYear4 FFYGrant:2006 PHAFY:2006	WorkStatementforYear5 FFYGrant:2007 PHAFY:2007
<i>OK099-001/Port City Acres</i>	Annual Statement	86,047	162,000	164,985	149,985
OK099-002/Honor Heights Towers		194,047	47,141	39,000	69,000
OK099-003/Green Country Village		86,047	162,000	164,985	149,985
<i>HA Wide</i>		245,000	240,000	242,171	242,171
CFPFunds Listed for 5-year planning		611,141	611,141	611,141	611,141
Replacement Housing Factor Funds					

CapitalFundProgramFive -YearActionPlan

**PartII:SupportingPages —WorkActivities**

Activitiesfor Year1	ActivitiesforYear:2 FFYGrant:2004 PHAFY:2004			ActivitiesforYear:3 FFYGrant:2005 PHAFY:2005		
	Development Name/Number	MajorWork Categories	Estimated Cost	Development Name/Number	MajorWork Categories	EstimatedCost
See	001-PortCity	Replaceclothes lines	2,500	001-PortCity	ReplaceTubs/Showers	35,000
Annual Statement		AddParkingSpaces	20,000		AddExterior Lighting	20,000
		ReplaceStoves	6,250		AddParking Spaces	30,000
		ReplaceRefrigerators	8,750		PaintApartmentInterior	49,000
		ReplaceWindows	26,047		ReplaceCountertops	28,000
		Remarkparking	10,000			
		Repairbenches	500			
		Replaceroofs	12,000			
		<b>Subtotal</b>	<b>86,047</b>		<b>Subtotal</b>	<b>162,000</b>
	002 -HonorHeights	TileHallways	55,000	002-HonorHeights	PaintApartmentInterior	10,000
		Newbenches	500		ReplaceDomeLights	10,000
		RemodelBathrooms	50,000		landscape	10,000
		Replacepatioconcrete	19,047		SecureBalconyRails	12,141
					Sheetrockrepair,ceiling tiles	5,000
		RepairPlumbing/ ReplaceFixtures	55,000		<b>Subtotal</b>	<b>47,141</b>
		Remove oldholding tank	5,000			
		Removeoldtrashcomp	2,000			
		<b>Subtotal</b>	<b>186,547</b>	003-GreenCountry	ReplaceTubs/Showers	35,000

	003-GreenCountry	<i>Replaceclothes lines</i>	2,500		<i>AddParking Spaces</i>	30,000
		<i>AddParkingSpaces</i>	20,000		PaintApartmentInterior	49,000
		ReplaceStoves	6,250		ReplaceCountertops	28,000
		ReplaceRefrigerators	8,750		Addext.lighting	20,000
		ReplaceWindows	26,047			
		Remarkparking	10,000			
		Repairbenches	500			
		Replaceroofs	12,000			
		<b>Subtotal</b>	<b>86,047</b>		<b>Subtotal</b>	<b>162,000</b>
	HAWide	Operations	120,000	HAWide	Operations	120,000
		Removecarpet,addtile	7,500			41,057
		Management Improvements	41,057		Management Improvements	
		Administration	61,114		Administration	61,114
		Fees&Costs	10,000		Fees&Costs	10,000
		Contingency	12,829		Contingency	7,829
	TotalCFPEstimatedCost		\$611,141			\$611,141

CapitalFundProgramFive -YearActionPlan  
**PartII:SupportingPages —WorkActivities**

ActivitiesforYear:4 FFYGrant:2006 PHAFY: 2006			ActivitiesforYear:5 FFYGrant:2007 PHAFY:2007		
Development Name/Number	MajorWork Categories	Estimated Cost	Development Name/Number	MajorWork Categories	EstimatedCost
<i>001-PortCity</i>	<i>Repair/ReplaceTile</i>	25,000	<i>001-PortCity</i>	<i>Paintexterior</i>	50,000
	<i>ReplaceStoves</i>	6,250		<i>Replaceroofs</i>	50,000
	ReplaceRefrigerators	8,750		<i>Installceilingfans</i>	15,000
	Landscape	14,985		Newofficeequipment	5,000
	Powerwashexterior	5,000		Replace4x4post/porch	4,985
	Replaceroofs	75,000	Replacetile	25,000	
	Replaceplayground equip	10,000			
	Replacebreakers	20,000			
	<b>Subtotal</b>	<b>164,985</b>		<b>Subtotal</b>	<b>149,985</b>
002-HonorHeights	Repair/ReplaceTile	10,000	002-HonorHeights	Landscaping	25,000
	ReplaceStoves	3,750		Newofficeequipment	10,000
	ReplaceRefrigerators	5,250		Remarkparkinglot	25,000
	Upgradesecuritysystem	20,000		Replacestoves	3,750
				Replacerefrigerators	5,250
	<b>Subtotal</b>	<b>39,000</b>		<b>Subtotal</b>	<b>69,000</b>
003-GreenCountry	<i>Repair/ReplaceTile</i>	25,000	003-GreenCountry	<i>Paintexterior</i>	50,000
	<i>ReplaceStoves</i>	6,250		<i>Replaceroofs</i>	50,000
	ReplaceRefrigerators	8,750		Installceilingfans	15,000
	Landscape	14,985		Newofficeequipment	5,000
	Powerwashexterior	5,000		Replace4x4post/porch	4,985

	Replaceroofs	75,000		Replacetile	25,000
	Replaceplayground				
	Equip	10,000			
	Replacebreakers	20,000			
	<b>Subtotal</b>	<b>164,985</b>		<b>Subtotal</b>	<b>149,985</b>
HAWide	Operations	120,000	HAWide	Operations	120,000
	Management	41,057		Management	41,057
	Improvements			Improvements	
	Administration	61,114		Administration	61,114
	Fees&Costs	10,000		Fees&Costs	10,000
	Contingency	10,000		Contingency	10,000
TotalCFPEstimatedCost		\$611,141			\$611,141

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

PHAName:Housing Authority of the City of Muskogee	Grant Type and Number Capital Fund Program Grant No: OK56P099501-03 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement    Reserve for Disasters/Emergencies    Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 6/30/03    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	120,000			
3	1408 Management Improvements	25,000			
4	1410 Administration	61,114			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	4,310			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	166,000			
11	1465.1 Dwelling Equipment — Nonexpendable	225,816			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	8,901			
21	Amount of Annual Grant: (sum of lines 2 – 20)	611,141			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

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

PHAName: Housing Authority of the City of Muskogee	Grant Type and Number Capital Fund Program Grant No: OK56P099501-03 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement    Reserve for Disasters/Emergencies    Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 6/30/03    Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHAName: Housing Authority of the City of Muskogee		Grant Type and Number Capital Fund Program Grant No: OK56P099501-03 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406		120,000				
	Staff Training/Travel	1408		25,000				
	Salary/Benefits	1410		61,114				
	Fees/costs	1430		4,310				
001 –Port City	Replace Tubs & Showers	1465	100	75,000				
	New breaker boxes	1465	20	45,000				
	Replace entry doors	1465	200	20,000				
	Replace refrigerators	1465	25	8,200				
	Replace stoves	1465	25	5,208				
002 –Honor Heights	Repair plumbing/replace faucets	1460	200	76,000				
	Replace Stoves	1465	18	3,750				
	Replace Refrigerators	1465	16	5,250				
003 –Green Country	Replace Tubs & Showers	1465	100	75,000				
	New breaker boxes	1465	20	45,000				
	Replace entry doors	1465	200	20,000				
	Replace refrigerators	1465	25	8,200				
	Replace stoves	1465	25	5,208				
HA Wide	Contingency	1502		8,901				



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

PHAName: Housing Authority of the City of Muskogee		Grant Type and Number OK56PO9950103 Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant: 2003
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
001/Port City	12/31/05			12/31/07			
002/Honor Heights	12/31/05			12/31/07			
003/Green Country	12/31/05			12/31/07			
H.A. Wide	12/31/05			12/31/07			

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

PHA Name: Housing Authority of the City of Muskogee	Grant Type and Number Capital Fund Program Grant No: OK56P099501-02 Replacement Housing Factor Grant No:	Federal FY of Grant: 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: 6/30/02 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	120,000	120,000	1302	1302
3	1408 Management Improvements	41,057	41,057	12,089	12,089
4	1410 Administration	61,114	62,436	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	10,000	10,000	900	900
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	203,810	115,000	5,034.20	5,034.20
10	1460 Dwelling Structures	52,509	85,124	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	113,750	148,623	7,460	7,460
12	1470 Nondwelling Structures	0	20,000	0	0
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	8,901	8,901	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	611,141	611,141	26,785.20	26,785.20
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

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

PHAName: Housing Authority of the City of Muskogee	Grant Type and Number Capital Fund Program Grant No: OK56P099501-02 Replacement Housing Factor Grant No:	Federal FY of Grant: 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: 6/30/02 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHAName: Housing Authority of the City of Muskogee		Grant Type and Number Capital Fund Program Grant No: OK56P099501-02 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406		120,000	120,000		1302	
	Computer System and Phone Upgrade	1408		30,000	30,000		12,089	
	Staff Training/Travel	1408		11,057	11,057			
	Salary/Benefits	1410		61,114	62,436			
	Contingency	1502		8,901	8,901			
001-Port City 003-Green Country Village	Replace tubs	1465	50	503	35,000			
	Replace hot water tanks	1460	200	21,259	30,000			
	Replace screen doors/Replace vent hoods	1460	400	6,126	30,000			
	Replace Refrigerators/stoves	1465	16	15,000	3,750			
002 Honor Heights	Replace pumps/remove old holding tank and equipment	1450	2	20,000	20,000			
	Replace aging generator and overload panel	1450	1	134,684	65,000			
	Re-tube heat exchanger	1465	1	67,500	67,500			
	Engineer study, Boiler replacement	1430	1	10,000	10,000			
	Replace locks	1460	200	25,124	25,124			
	Replace stoves/refrigerators/faucets	1465		30,747	42,373			
HHT	Add new furniture	1475	16	20,000	20,000			

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

PHAName: Housing Authority of the City of Muskogee		Grant Type and Number Capital Fund Program Grant No: OK56P099501-02 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Replace light fixtures	1450	250	29,126	30,000		5,034.20	

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

PHAName: Housing Authority of the City of Muskogee		Grant Type and Number Capital Fund Program No: OK56P099501-02 Replacement Housing Factor No:					Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
OK099-01	12/31/04	12/31/04		12/31/06	12/31/06			
OK099-02	12/31/04	12/31/04		12/31/06	12/31/06			
OK099-03	12/31/04	12/31/04		12/31/06	12/31/06			
H.A. Wide	12/31/04	12/31/04		12/31/06	12/31/06			

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

PHAName: Housing Authority of the City of Muskogee		Grant Type and Number Capital Fund Program Grant No: OK56P099501-01 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001	
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) X Performance and Evaluation Report for Period Ending: 6/31/01 <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	128,000	128,000	33,802	33,802	
3	1408 Management Improvements	30,000	30,000	6,807.61	6,807.61	
4	1410 Administration	62,436	62,436	24,492.50	24,492.50	
5	1411 Audit	0	0	0	0	
6	1415 Liquidated Damages	0	0	0	0	
7	1430 Fees and Costs	7,000	20,743	20,743	20,743	
8	1440 Site Acquisition	0	0	0	0	
9	1450 Site Improvement	184,500	184,500	184,500	184,500	
10	1460 Dwelling Structures	200,000	200,000	191,070	191,070	
11	1465.1 Dwelling Equipment — Nonexpendable	14,000	14,000	11,486	11,486	
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					
19	1501 Collateralization or Debt Service					
	1502 Contingency	16,362	2,619	0	0	
21	Amount of Annual Grant: (sum of lines 2 – 20)	642,298	642,298	472,901.11	472,901.11	
22	Amount of line 21 Related to LBP Activities					
23	Amount of line 21 Related to Section 504 compliance					

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

PHAName: Housing Authority of the City of Muskogee		Grant Type and Number Capital Fund Program Grant No: OK56P099501-01 Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) X Performance and Evaluation Report for Period Ending: 6/31/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHAName: Housing Authority of the City of Muskogee		Grant Type and Number Capital Fund Program Grant No: OK56P099501-01 Replacement Housing Factor Grant No:			Federal FY of Grant: 200 1			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406		128,000	128,000	33,802	33,802	
	Computer System Upgrade	1408		15,000	15,000	0	0	
	Staff Training/Travel	1408		15,000	15,000	6,807.61	6,807.61	
	Salary/Benefits	1410		62,436	62,436	24,492.50	24,492.50	
	A&E Fees	1430		7,000	20,743	20,743	20,743	
001-Port City 003-Green Country Village								
002-Honor Heights Towers	Remodel lobby at HHT	1450		184,500	184,500	184,500	184,500	
001-Port City 003-Green Country Village	Install Central Heat & Air Conditioning Units	1460	200	200,000	200,000	0	0	
001-Port City 003-Green Country Village	Replace Stoves & Refrigerators	1465	30	14,000	14,000	11,486	11,486	

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

PHAName: Housing Authority of the City of Muskogee		Grant Type and Number Capital Fund Program Grant No: OK56P099501-01 Replacement Housing Factor Grant No:				Federal FY of Grant: 200 1		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Contingency	1502		16,362	2,619	0	0	

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

PHAName: Housing Authority of the City of Muskogee		Grant Type and Number Capital Fund Program No: OK56P099501-01 Replacement Housing Factor No:					Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
OK099-01	12/31/03	12/31/03		12/31/05	12/31/05			
OK099-02	12/31/03	12/31/03		12/31/05	12/31/05			
OK099-03	12/31/03	12/31/03		12/31/05	12/31/05			
H.A. Wide	12/31/03	12/31/03		12/31/05	12/31/05			

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

PHAName: Housing Authority of the City of Muskogee	Grant Type and Number Capital Fund Program Grant No: OK56P099501-00 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement (revision no: 2)  
 X Performance and Evaluation Report for Period Ending: 6/31/00  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	120,000	120,000	120,000	120,000
3	1408 Management Improvements	30,000	30,400	30,400	30,400
4	1410 Administration	50,000	54,497.85	54,497.85	54,497.85
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	7,000	7,000	7,000	7,000
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	15,000	15,320	15,320	15,320
10	1460 Dwelling Structures	195,000	210,188	210,188	210,188
11	1465.1 Dwelling Equipment — Nonexpendable	39,900	90,557	90,557	90,557
12	1470 Nondwelling Structures	2,372	6,391	6,391	6,391
13	1475 Nondwelling Equipment	148,587	95,022.15	95,022.15	95,022.15
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	21,517	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	629,376	629,376	629,376	629,376
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				

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

PHAName: Housing Authority of the City of Muskogee	Grant Type and Number Capital Fund Program Grant No: OK56P099501-00 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement (revision no: 2)  
 X Performance and Evaluation Report for Period Ending: 6/31/00  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHAName: Housing Authority of the City of Muskogee		Grant Type and Number Capital Fund Program Grant No: OK56P099501-00 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
H.A. Wide	Operations	1406		120,000	120,000	120,000	120,000	Complete
	Phone Upgrade/oshatrng	1408		30,000	30,400	30,400	30,400	Complete
	Salary/Benefits	1410		50,000	54,497.85	54,497.85	54,497.85	Complete
	A&E Fees	1430		7,000	7,000	7,000	7,000	Complete
	Erosion Control/roof repair	1450		15,000	15,320	15,320	15,320	Complete
001/Port City 002/Green Country	Replace Siding/Install Central Heat & Air	1460	102	195,000	210,188	210,188	210,188	Complete
	Replace Stoves & Refrigerators/siding	1465	53	39,000	90,557	90,557	90,557	Complete
	Replace Overhead Doors	1475	2	14,060	7,000	7,000	7,000	Complete
	Replace Office Entry Doors	1475	4	5,440	2,028	2,028	2,028	Complete
	refrigerators	1475		0	9,890	9,890	9,890	Complete
	Replace cabinets	1475		0	25,375.15	25,375.15	25,375.15	Complete
H.A. Wide	Purchase Vehicles	1475	2	30,000	35,131	35,131	35,131	Complete
	Contingency	1502		20,617	0	0	0	
	Partial to heat/air	1470		0	6,391	6,391	6,391	Complete
	Replace plumbing fixtures at HHT/ <b>deleted</b>	1475		53,564.85	0	0	0	
	Fiber optic cables offsite to HHT	1475		0	3,998	3,998	3,998	Complete
	Voltage surge protector for chiller at HHT	1475		0	11,600	11,600	11,600	Complete

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

PHAName: Housing Authority of the City of Muskogee		<b>Grant Type and Number</b> Capital Fund Program No: OK56P099501-00 Replacement Housing Factor No:					<b>Federal FY of Grant:</b> 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
							Siding had been taken out of 1465 instead of 1460.	
001/Port City	12/31/02	12/31/02		12/31/04	12/31/04			
002/Honor Heights	12/31/02	12/31/02		12/31/04	12/31/04			
003/Green Country	12/31/02	12/31/02		12/31/04	12/31/04			
H.A. Wide	12/31/02	12/31/02		12/31/04	12/31/04			