

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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*SmallPHAPlanUpdateforthe  
PortsmouthHousingAuthority  
AnnualPlanforFiscalYear: 2003*

**NOTE:THISPHAPLANSTEMPLATE( HUD50075)ISTOBECOMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHAPlan  
AgencyIdentification**

**PHAName:** *PortsmouthHousingAuthority*

**PHANumber:** *RI013*

**PHAFiscalYearBeginning:(mm/yyyy)** *01/2003*

**PHAPlanContactInformation:**

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**PublicAccessToInformation**

**Informationregardinganyactivitiesoutlinedinthisplancanbeobtainedbycontacting:  
(selectallthatapply)**

- Mainadministrativeofficeofth ePHA
- PHAdevelopmentmanagementoffices

**DisplayLocationsforPHAPlansandSupportingDocuments**

ThePHAPlans(includingattachments)areavailableforpublicinspectionat:(selectallthat  
apply)

- Mainadministrative officeofthePHA
- PHAdevelopmentmanagementoffices
- Mainadministrativeofficeofthelocal,countyorStategovernment
- Publiclibrary
- PHAwebsite
- Other(listbelow)

PHAPlanSupportingDocumentsareavailableforinspectionat:(selectallthatapply)

- MainbusinessofficeofthePHA
- PHAdevelopmentmanagementoffices
- Other(listbelow)

**PHAProgramsAdministered :**

- PublicHousingandSection8      Section8Only      PublicHousingOnly

**AnnualPHAPlan**  
**FiscalYear20 03**  
 [24CFRPart903.7]

**i. Table of Contents**

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

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<input checked="" type="checkbox"/> Attachment B_: Capital Fund Program Annual Statement	
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<input type="checkbox"/> Attachment__: Capital Fund Program Replacement Housing Factor Annual Statement	
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<input checked="" type="checkbox"/> Attachment D_: Resident Membership on PHA Board or Governing Body	
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<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
<i>Progress Statement -ri013f01</i>	
<i>Section 8 Project -based assistance program -ri013g0 2</i>	
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## ii. Executive Summary (changed)

[24CFR Part 903.79(r)]

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

*Portsmouth Housing Authority will work with Coastal Housing Corporation, a statewide non-profit development entity, in leveraging private and other public funds to expand the stock of decent, safe and affordable housing in the community. The quality of existing public housing will be improved with the continued phased replacement of dwelling unit windows and the upgrading of dwelling structures heating and plumbing systems. The Authority will work to increase assisted housing choices in the community by marketing the Section 8 Housing Choice Voucher Program to landlords and by increasing Section 8 Payments Standards, as required, to reflect market conditions. The Community Partnering program will be expanded to provide additional supportive services for both public housing residents and participants in the Section 8 Program. Equal opportunity in housing will be emphasized through a proactive testing program conducted in conjunction with the Rhode Island Commission for Human Rights.*

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

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

*Agencies performance designation is Standard.*

*Revision of Executive Summary*

*Revision of Substantial Deviation and Significant Amendment or Modification statement*

*Revision of the Section 8 Administrative Plan to include removing remaining language to pertain to conversion from Certificate to Housing Choice Voucher program and changing the terms from Request for Lease Approval to Request for Tenancy Approval.*

*Revision of Admissions and Continued Occupancy Policy, Dwelling Lease, Termination and Eviction Policy. Changes were made to Record of Applications and Waiting list, Type of Developments and Requirements, Dwelling Lease, and Inspections and Re-determinations.*

## **2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$53,329.00

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

D. Capital Fund Program Grant Submissions

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

The Capital Fund Program 5 - Year Action Plan is provided as Attachment *ri013c02*

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

The Capital Fund Program Annual Statement is provided as Attachment *ri013b02*

*FY2003 Financial Resources ri013j01*

### **3.D emolitionandDisposition**

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenorequiredtocompletethissection.

1.  Yes  No: DoesthePHApplanttoconductanydemolitionordispositionactivities (pursuanttosection18oftheU.S.HousingActof1937(42 U.S.C. 1437p))intheplanFiscalYear?(If“No”,skiptonextcomponent;if “yes”,completeoneactivitydescriptionforeachdevelopment.)

#### 2.ActivityDescription

<b>Demolition/DispositionActivityDescription (NotincludingActivitiesAssociatedwith HOPEVIorConversionActivities)</b>	
1a.Developmentname:	
1b.Development(project)number:	
2.Activitytype:Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3.Applicationstatus(selectone) Approved <input type="checkbox"/> Submitted,pendingapproval <input type="checkbox"/> Plannedapplication <input type="checkbox"/>	
4.Dateapplicationapproved,submitted,orplannedforsubmission: (DD/MM/YY)	
5.Numberofunitsaffected:	
6.Coverageofaction(selectone) <input type="checkbox"/> Partofth edevelopment <input type="checkbox"/> Totaldevelopment	
7.Relocationresources(selectallthatapply) <input type="checkbox"/> Section8for units <input type="checkbox"/> Publichousingfor units <input type="checkbox"/> Preferenceforadmissiontootherpublichousingorsection8 <input type="checkbox"/> Otherhousingfor units(describebelow)	
8.Timelineforactivity: a. Actualorprojectedstartdateofactivity: b. Actualorprojectedstartdateofrelocationactivities: c. Projectedenddateofactivity:	

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

[24CFRPart903.79(k)]

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

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

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

- Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):
  - *Coastal Housing Corporation, a private non-profit development corporation created by the public housing authorities of Rhode Island, develops affordable housing and provides management support services to public housing authorities.*
    - *Coastal Housing Corporation owns and manages two rental properties in Portsmouth, RI. One is a multifamily property containing five two-bedroom units at 2243 West Main Road. The second is located at 2334 East Main Road, adjacent to Quaker Manor Housing for the Elderly. It includes a two-bedroom house with a one-bedroom in-law apartment in the basement that is reserved for a developmentally disabled family. There also is a separate garage with an attached workshop and a one-bedroom apartment above it on the second floor. The lot has approximately four acres of developable land that is reserved for elderly housing in conjunction with Quaker Manor.*
    - *Coastal Housing also owns a three-bedroom single family home in Warwick, RI, that is occupied by a disabled family.*
    - *Coastal Housing has been awarded Low Income Housing Tax Credits for development of a 30-acre parcel in Portsmouth, RI. The development will be mixed in income with both affordable and market rate units.*
    - *Coastal Housing manages three mobile home parks located throughout Rhode Island. The three parks contain approximately 290 lots.*

**5.SafetyandCrimePrevention:PHDEPPlan** *Nolongerrequired*

[24CFRPart903.7(m)]

ExemptionsSection8OnlyPHAsmay skiptothenextcomponentPHAseligibleforPHDEPfundsmust providea PHDEPPlanmeetingspecifiedrequirementspriortoreceiptofPHDEPfund.

A. Yes No: IsthePHAeligibletoparticipateinthePHDEPinthefiscalyearcoveredby thisPHAPlan?

B. WhatistheamountofthePHA'sestimatedoractual(ifknown)PHDEPgrantforthe upcomingyear? \$\_\_\_\_\_

C. Yes No DoesthePHAplantoparticipateinthePHDEPintheupcomingyear? If yes,answerquestionD.Ifno,skiptone xtcomponent.

D. Yes No: ThePHDEPPlanisattachedatAttachment\_ \_\_\_\_\_

## **6. Other Information**

[24CFR Part 903.79(r)]

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

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are attached at Attachment (Filename) *N/A*
3. In what manner did the PHA address those comments? (select all that apply)
- The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included  Yes  No: below
- Considered comments but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_.
- Other: (list below) *The PHA did not receive any comments from the Resident Advisory Board. They did express their appreciation, however, for being briefed on the Agency Plan.*

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

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

1. Consolidated Plan jurisdiction: (provide name here) *State of Rhode Island*
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 a public consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)
- The Authority has received a Certification of Consistency with the State's Consolidated Plan for Fiscal Year 2001 and the Five-Year Period 2000 -2004.*
3. PHA Requests for support from the Consolidated Plan Agency

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

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

<u>Commitment</u>	<u>Action</u>
1. Maintain a mix of housing at current levels	1. Establish a plan to maintain a review of all housing needs, including housing opportunities for low and moderate income families, the elderly, the handicapped and other special-needs groups.
2. Address Need of First-Time Buyers, Elderly and Handicapped.	2. Provide information on available programs and housing in a central location. Cooperate actively with State, Federal and local non-profit organizations.

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

#### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

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

- Any change to the Mission Statement;
- 50% deletion from or addition to the goals and objectives as a whole; and
- 50% or more decrease in the quantifiable measurement of any individual goal and objective.

#### B. Significant Amendment or Modification to the Annual Plan: (changed)

- Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement;

- ***Any change in policy or procedure that requires a regulatory 30 day posting, such as changes in the Admission's policy, changes affecting rent or the organization of the Waiting List;***
- ***Any submission to HUD that requires a separate notification to residents, such as HOPEVI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership programs; and***
- ***Any change in policy or operation that is inconsistent with the applicable Consolidated Plan.***

**Attachment A**  
**Supporting Documents Available for Review**

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

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any required policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	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
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 any active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99-52(HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	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, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other residents services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHAName:</b>  <i>See attachment RI013b01</i>	<b>Grant Type and Number</b> Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>	
<input type="checkbox"/> <b>Original Annual Statement</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b></span> <span style="margin-left: 50px;"><input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b></span>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <span style="margin-left: 150px;"><input type="checkbox"/> <b>Final Performance and Evaluation Report</b></span>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				







## Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 - Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 - Year Action Plan		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
<i>RI013c01</i>		
<b>Total estimated cost over next 5 years</b>		

# PHA Public Housing Drug Elimination Program Plan

*No longer required*

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

**Section 1: General Information/History**

**A. Amount of PHDEP Grant \$** \_\_\_\_\_

**B. Eligibility type (Indicate with an "x")**      **N1** \_\_\_\_\_ **N2** \_\_\_\_\_      **R** \_\_\_\_\_

**C. FFY in which funding is requested** \_\_\_\_\_

**D. Executive Summary of Annual PHDEP Plan**

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

**E. Target Areas**

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

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

**F. Duration of Program**

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

**12 Months** \_\_\_\_\_ **18 Months** \_\_\_\_\_ **24 Months** \_\_\_\_\_

**G. PHDEP Program History**

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

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

**Section 2: PHDEP Plan Goals and Budget**

**A. PHDEP Plan Summary**

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

**B.PHDEPBudgetSummary**

EnterthetotalamountofPHDEPFundingallocatedtoeachlineitem.

<b>FFY ____ PHDEPBudgetSummary</b>	
<b>Originalstatement</b>	
<b>Revisedstatementdated:</b>	
<b>BudgetLineItem</b>	<b>TotalFunding</b>
9110 –ReimbursementofLawEnforcement	
9115 -SpecialInitiative	
9116 -GunBuybackTAMatch	
9120 -SecurityPersonnel	
9130 -EmploymentofInvestigators	
9140 -VoluntaryTenantPatrol	
9150 -PhysicalImprovements	
9160 -DrugPrevention	
9170 -DrugIntervention	
9180 -DrugTreatment	
9190 -OtherProgramCosts	
<b>TOTALPHDEPFUNDING</b>	

**C. PHDEP Plan Goals and Activities**

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

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

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

<b>9116 -GunBuybackTAMatch</b>					<b>Total PHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9120 -SecurityP ersonnel</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9130 –EmploymentofInvestigators</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

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

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

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

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

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

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



**CAPITAL FUND PROGRAM TABLES START HERE**

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

PHAName: <b>Town of Portsmouth Housing Authority</b>	Grant Type and Number: Capital Fund Program No: <b>R1143-P013-50103</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>
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<input checked="" type="checkbox"/> Original Annual Statement	<input checked="" type="checkbox"/> Reserved for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement/Revision Number _____
<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending <b>6/30</b>	<input checked="" type="checkbox"/> Final Performance and Evaluation Report for Program Year Ending _____	

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operating Expenses	12,329.00			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	2,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	30,000.00			
10	1460 Dwelling Structures	5,000.00			
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	4,000.00			
21	Amount of Annual Grant (sum of lines 2-20)	<b>\$53,329.00</b>			
22	Amount of line 21 Related to LBP Activities				
23	Amount of Line 21 Related to Section 504 Compliance				
24	Amount of Line 21 Related to Security-Soft Costs				
25	Amount of Line 21 Related to Security-Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures				

xls/nclrod















## Portsmouth Housing Authority

### Required Attachment RI013d02: Resident Member on the PHA Governing Board

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

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

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

- Elected  
 Appointed

C. The term of appointment is (include the date term expires): *1/23/2001 thru 10/7/2003*

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

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain):

B. Date of next term expiration of a governing board member: *10/7/2003*

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

*Town Council President*

*Town Council President is Stephen P. Pappas*

## **Portsmouth Housing Authority**

### **Required Attachment RI013e02: Membership of the Resident Advisory Board or Boards**

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

*EmilyBelmore*

*JosephineConneres*

*VioletKing*

*RitaMorre,*

*ElizabethOrso*

*WandaSeveney*

*CeceliaWarren*

Portsmouth Housing Authority  
PHA Plan Update for FYB 2003

Statement of Progress  
Attachment: RI013f02

Portsmouth Housing Authority is meeting the mission and goals of the 2003 – 2007 Five-Year Plan with one exception that is the Section 8 Homeownership Program. As discussed above in Section 1, Portsmouth Housing Authority lacks the organizational capacity to implement the homeownership program. There may be an opportunity for the Authority to partner with a statewide non-profit development corporation in implementing the program or to participate in a demonstration program conducted by the state housing finance agency. If either opportunity materializes, the Authority will participate in the program.

To ensure compliance with the Public Housing Reform Act of 1998, every policy was reviewed and updated as needed. Most significant was the update to the Admissions and Occupancy Policy and the Section 8 Administrative Plan.

Concerning ensuring equal opportunity outreach efforts have been made by making renewed partnerships with community groups and medical facilities.

# Portsmouth Housing Authority

## Section 8 Project Based Assistance Program

Attachment: RI013g02

The Authority will implement a Section 8 Project-Based Assistance Program to expand housing opportunities in the community. Project-based assistance rather than tenant-based assistance is appropriate to stabilize the availability of affordable housing for the life of the contract. In addition, the supply of units is very limited. The program will comply with revised HUD regulations promulgated in the Federal Register on January 16, 2001, as follows:

- Portsmouth Housing Authority plans to enter into the joint venture with Coastal Housing Corporation, a statewide non-profit development corporation, to develop affordable housing in the Town of Portsmouth. Project basing will enhance the viability and attractiveness of any funding proposal, thus facilitating the leveraging of money's needed to accomplish the proposed development.
- **Eligible Properties.** Properties eligible for project-based funding include newly constructed units, rehabilitated units and existing units requiring a maximum expenditure of less than \$1,000 per assisted units (including the unit's prorated share of any work to be accomplished on common area's or systems) to comply with Housing Quality Standards.
- **Program Size.** The number of units eligible for project-based funding would one or two to begin.
- **Partially Assisted Buildings.** No more than 25% of the dwelling units in any one building may have project-based voucher assistance with the following exceptions:
  - Project-based dwelling units in single families properties.
  - Dwelling units specifically for elderly families, disabled families or families receiving supportive services.
- **Family Choice Move with Continued Assistance.** Families occupying project -based units may move after 12 months with continued assistance, either with tenant-based rental assistance provided by Portsmouth Housing Authority or a comparable form of tenant-based assistance as defined in HUD regulations. Such alternative tenant-based assistance will be comparable to assistance under the voucher program in terms of income, assistance, rent contribution, affordability and other requirements.
- **Contact Rent.** HAP contracts between the PHA and an owner may be for a tem of up to 10 years and may be extended for such period as the Authority determines appropriate to achieve long-term affordability of the housing or to expand housing opportunities. Payments under HAP contracts are subject to the future availability of funding under the Annual Contributions Contracts.

- **Maximum Initial Gross Rent, Rent to Owner and Rent Adjustments.**
  - HAP contracts shall establish gross rents that do not exceed 110 percent of the established Fair Market Rent, or any HUD-approved exception payment standard for Portsmouth, RI. If a unit has been allocated a low-income housing tax credit under the Internal Revenue Code of 1986 at 26 U.S.C. 42, but is not located in a “qualified census tract” under that law, the rent to owner may be established at any level that does not exceed the rent charged for comparable units in the same building that receive the tax credit but do not have additional rental assistance.
  - HAP contracts between the PHA and an owner must provide for adjustments of rent to owner during the contract term, and the adjusted rents must be reasonable in comparison with rents charged for comparable units in the private, unassisted local market. The statutory maximum rent limits apply both to the establishment of initial rent to owner at the beginning of the HAP contract term, and to adjustments of rent to owner during the HAP contract term.
  - Within the limitations mentioned above, the initial gross rent to owner may differ from payment standard amounts for the PHA’s tenant-based voucher program. However, just as in the regular tenant-based program, the initial and adjusted rent to owner must be reasonable in relation to rents charged in the private market for comparable unassisted units.
  
- **Tenant Selection.**
  - The Authority will use a single common list for admission to the tenant-based and project-based programs.
  - Portsmouth Housing Authority will place applicants referred by owners on the Section 8 Waiting List in accordance with the Authority’s local waiting list policies and selection preferences.
  - The Authority will not penalize applicants who reject an offer of a project-based unit or who are rejected by the owner of the housing. The PHA will maintain such applicant in the same position on the tenant-based waiting list as if an offer had not been made.
  - Admission to the project-based program is subject to the same statutory income-targeting requirement as the tenant-based program. The income-targeting requirement provides, in general, that in any PHA fiscal year, at least 75% of the families admitted to the PHA’s voucher program (which should include project-based voucher assistance) must be families whose annual income does not exceed 30% of median income for the area.

- **Unit Inspection and Housing Quality Standards.** Units assisted with tenant-based voucher assistance must meet or exceed housing quality standards. In the project-based voucher program, however, a PHA is not required to inspect each assisted unit annually, thus allowing annual inspection of a representative sample of the project-based voucher units in a project.
- **Vacant Units.** Portsmouth Housing Authority, at its discretion, may continue providing assistance for a unit that becomes vacant (after commencement of assisted occupancy by a family) for up to a maximum of 60 days. Such payment may only be made if the vacant unit is not the fault of the owner, and the owner takes “every reasonable action” to minimize the likelihood and extent of vacancies.
- **Unit Selection Policy, Advertising, and Owner Application Requirements for Existing Housing with Assistance Attached to 25% or fewer of the Units in a Building.**
  - For existing housing developments in the project-based voucher program, which have assistance attachment to no more than 25% of the development’s units, the Authority will advertise the availability of project-based assistance. Such advertisements will meet standards comparable to those in 24 CFR 983.52(b). PHA will advertise in a newspaper of general circulation that the Authority will accept applications for assistance for existing housing projects. The advertisement will be published once a week for three consecutive weeks, specify an application deadline of at least 30 days after the date of the advertisement is last published; specify the number of units the PHA estimates that it will be able to assist under the funding the PHA is making available for this purpose; and state that only applications submitted in response to the advertisement will be considered. The advertisement will also state the PHA’s selection policies. In all cases, the Authority will maintain documentation of responses to advertisements or competitive proposals received in response to the notice.
  - For existing housing developments with more than 25% project-based units, and for newly constructed or rehabilitated units, the Authority will establish policies for public advertisement and competitive selection of units to be assisted with project-based voucher assistance.

**Portsmouth Housing Authority**

Attachment: RI013h02

**Component 3, (6) Deconcentration and Income Mixing**

a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b.  Yes  No: Do any of these covered developments have average incomes below 85% or higher than 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

<b>Deconcentration Policy for Covered Developments</b>			
<b>Development Name:</b>	<b>Number of Units</b>	<b>Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]</b>	<b>Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]</b>

**Portsmouth Housing Authority**

Attachment: RI013i02

**Agency Plan Component 10 (B) Voluntary Conversion Initial Assessments**

A. How many of the PHA's developments are subject to the Required Initial Assessments?

- No public housing development is subject to the required initial assessment.

B. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?

- The Portsmouth Housing Authority operates one development which is designated elderly and exempt.

C. How many Assessments were conducted for the PHA's covered developments?

- None

D. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

- The PHA has determined that conversion is not appropriate for any developments at this time

E. If the PHA has not completed the Required Initial Assessment, describe the status of these assessments.

N/A

# Portsmouth Housing Authority

## 2. Statement of Financial Resources (WORKSHEET)

[24CFR Part 903.79(b)]

**Draft  
2003 PHAPLAN**

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>
<b>1. Federal Grants (FY 2003 grants)</b>		
a) Public Housing Operating Fund	18,030.00	
b) Public Housing Capital Fund	53,329.00	
c) HOPEVI Revitalization		
d) HOPEVI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	588,845.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
As of 9/30/02		
Grant # RI43-PO1350102 (Capital Fund Program)	17,861.56	Public housing capital improvements
<b>Sub-total</b>	<b>678,065.56</b>	
<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>		
	134,942.00	Public housing operations
<b>4. Other income (list below)</b>		
Interest on General Funds Investments:	1,290.00	4,050.00
Other income: Laundry & community room rental	1,500.00	Public housing operations
Excess utilities	0.00	
	1,260.00	
<b>5. Non-federal sources (list below)</b>		
<b>Sub-total</b>	<b>138,992.00</b>	
<b>Total Resources</b>	<b>\$817,057.56</b>	