

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2003

**Manchester Housing Authority**  
**710 Butler Circle**  
**Manchester, TN 37335**

**TN028v03**

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

## PHA Plan Agency Identification

**PHA Name:** [Manchester Housing Authority](#)

**PHA Number:** [TN0028](#)

**PHA Fiscal Year Beginning:** (mm/yyyy) [4/2003](#)

### PHA Plan Contact Information:

Name: [Nancy Huddleston, Executive Director](#)

Phone: [931-728-2596](#)

TDD:

Email (if available): [mha@cafes.net](mailto:mha@cafes.net)

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

### PHA Programs Administered:

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

## Annual PHA Plan Fiscal Year 2003

[24 CFR Part 903.7]

### i. Table of Contents

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

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## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

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

### **Not Required**

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

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

### **Not Applicable**

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

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ \_\_\_\_\_\$127,862\_\_\_\_\_

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

D. Capital Fund Program Grant Submissions

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

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

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

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

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

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description **Not Applicable**

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for     units <input type="checkbox"/> Public housing for     units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for     units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

**4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

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

**B. Capacity of the PHA to Administer a Section 8 Homeownership Program**  
**Not Applicable**

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

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

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

[24 CFR Part 903.7 (m)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ Not Applicable

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

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

**6. Other Information**

[24 CFR Part 903.7 9 (r)]

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

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

2. If yes, the comments are Attached at Attachment (File name) **Not Applicable**

3. In what manner did the PHA address those comments? (select all that apply) **Not Applicable**

- The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included  
 Yes  No: below or  
 Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_.
- Other: (list below)

**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)

**Tennessee Housing and Development Agency**

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

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

3. PHA Requests for support from the Consolidated Plan Agency

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

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below) **Not Applicable**

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

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

24 CFR Part 903.7(r)

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

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

1. Significant changes to rent or admissions policies or organization of the waiting list.
2. Addition of non-emergency work, items (items not included in the 5-Year Action Plan) exceeding 10% of the total grant or a change in the use of replacement reserve funds under the Capital Fund.
3. Any change with regard to demolition, disposition, designation, homeownership programs or conversion to voucher activities.

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

1. Significant changes to rent or admissions policies or organization of the waiting list.
2. Addition of non-emergency work, items (items not included in the Annual Plan or 5-Year Action Plan) exceeding 10% of the total grant or a change in the use of replacement reserve funds under the Capital Fund.
3. Any change with regard to demolition, disposition, designation, homeownership programs or conversion to voucher activities.

## 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>
<b>X</b>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
<b>X</b>	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
<b>X</b>	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
<b>X</b>	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
<b>X</b>	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
<b>X</b>	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
<b>X</b>	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>NA</b>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>X</b>	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<b>X</b>	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<b>NA</b>	Section 8 rent determination (payment standard) policies <input 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>
<b>X</b>	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
<b>X</b>	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
<b>NA</b>	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
<b>NA</b>	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
<b>NA</b>	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
<b>X</b>	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
<b>NA</b>	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<b>X</b>	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
<b>NA</b>	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
<b>NA</b>	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
<b>X</b>	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
<b>NA</b>	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
<b>NA</b>	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
<b>NA</b>	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
<b>NA</b>	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>
<b>NA</b>	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
<b>NA</b>	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
<b>NA</b>	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
<b>X</b>	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
<b>NA</b>	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
<b>NA</b>	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
<b>NA</b>	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
<b>X</b>	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
<b>X</b>	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
<b>NA</b>	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
<b>NA</b>	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

<b>Attachment</b>					
<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>PHA Name:</b> <b>Manchester Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program: <b>TN37P02850103</b> Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>FY 2003</b>
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b>	<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>		
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$2,216.00			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	\$10,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$1,000.00			
10	1460 Dwelling Structures	\$113646.00			
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	\$1,000.00			
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	127,862			
21	Amount of line 20 Related to LBP Activities				

<b>Attachment</b> <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>PHA Name:</b> <b>Manchester Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program: <b>TN37P02850103</b> Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>FY 2003</b>	
<input checked="" 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: 20px;"><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		
22	Amount of line 20 Related to Section 504 Compliance					
23	Amount of line 20 Related to Security					
24	Amount of line 20 Related to Energy Conservation Measures	600				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: <b>Manchester Housing Authority</b>		Grant Type and Number Capital Fund Program #: <b>TN37P02850103</b> Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: <b>FY 2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Transfer funds to operating budget	1406	1	\$2,216				
	A/E Design fees	1430	1					
	A/E inspection fee	1460	1	\$10,000				
	Cost of relocation of residents for comprehensive modernization	1495	1	\$1,000				
TN028-003	Repair or replace damaged or deteriorated concrete sidewalks, parking, curbs, gutters and pads	1450	1	\$500				
	Grade, fill, seed and mulch bare and eroding areas	1450	1	\$500				
	Install new vanity cabinet in bathroom	1460	4	\$620				
	Remove existing and install new ceramic tile floor in bathroom	1460	4	\$1,200				
	Install lavatory	1460	4	\$400				
	Install new lavatory drain lines to tee in wall	1460	4	\$200				
	Install new lavatory faucet	1460	4	\$400				
	Install new lavatory supplies and stops	1460	4	\$140				
	Replace existing bathtub	1460	4	\$2,000				
	Replace water closet and seat with water saving type	1460	4	\$700				
	Remove existing and install new cementitious backer board and ceramic tile at tub	1460	44	\$900				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: <b>Manchester Housing Authority</b>		Grant Type and Number Capital Fund Program #: <b>TN37P02850103</b> Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: <b>FY 2003</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TN028-003	Remove existing and install new asphalt shingle roof shingles and felt	1460	4	\$8,000				
	Install attic access doors	1460	4	\$600				
	Install new interior doors and hardware	1460	4	\$1,200				
	Change existing living room AC outlet to 110v duplex outlet	1460	4	\$400				
	Replace all interior light fixtures	1460	4	\$1,400				
	Replace exterior light fixtures	1460	4	\$600				
	Install new hard wired smoke detector with battery back up	1460	4	\$1,800				
	Remove popcorn texture from ceiling and paint drywall	1460	4	\$6,000				
	Install new rubber base molding in all units	1460	4	\$2,000				
	Remove existing asbestos floor tile and install new vinyl composition floor tile	1460	4	\$10,000				
	Replace backsplash at range	1460	4	\$200				
	Replace base cabinets	1460	4	\$4,000				
	Replace countertops	1460	4	\$800				
	Replace ducted range hood	1460	4	\$600				
	Replace wall cabinets	1460	4	\$4,000				
	Install new kitchen sink drain lines to tee in wall	1460	4	\$300				
TN028-003	Install new kitchen sink faucet	1460	4	\$600				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: <b>Manchester Housing Authority</b>			Grant Type and Number Capital Fund Program #: <b>TN37P02850103</b> Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: <b>FY 2003</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	Install new kitchen sink stops and supply lines	1460	4	\$140				
	Install new double-bowl kitchen sink	1460	4	\$760				
	Install new furr down above kitchen cabinets	1460	4	\$1,000				
	Replace washing machine box, supplies and drain line to stack	1460	4	\$1,400				
	Remove existing baseboard heaters and install new central heating and air conditioning	1460	4	\$18,000				
	Relocate electric water heater to closet and add door and frame	1460	4	\$1,600				
	Replace interior water lines and drain lines	1460	4	\$4,400				
	Scrape patch and paint all walls and ceilings	1460	4	\$4,800				
	Replace windows with new double hung insulated windows and insect screens	1460	4	\$14,000				
	Remove LBP wood trim at windows and install new trim	1460	4	\$5,200				
	Remove existing drywall and replace plus add insulation to outside walls only.	1460	4	\$13,286				



**Attachment C**

**Capital Fund Program Five-Year Action Plan**

Part I: Summary

PHA Name: <b>Manchester Housing Authority</b>				<input type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: <b>2004</b> PHA FY: <b>2004</b>	Work Statement for Year 3 FFY Grant: <b>2005</b> PHA FY: <b>2005</b>	Work Statement for Year 4 FFY Grant: <b>2006</b> PHA FY: <b>2006</b>	Work Statement for Year 5 FFY Grant: <b>2007</b> PHA FY: <b>2007</b>
	Annual Statement				
PHA Wide					
TN028-001 Highland Homes				\$114,646	
TN028-002 Highland Homes					\$114,646
TN028-003 Highland Homes		\$114,646	\$114,646		
CFP Funds Listed for 5-year planning		\$114,646	\$114,646	\$114,646	\$114,646
Replacement Housing Factor Funds					





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

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

A. Name of resident member(s) on the governing board: **Mr. Doug Shrum**

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): **October 2000 to October 2005**

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

- 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: **October 24, 2002**

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

**Honorable Coy Nobitt, Mayor, City of Manchester**

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

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

- Peggy Blankenship – Apartment C4 – Shout St.**
- Robin Cannon – 216 Coffee Street**
- Vicki Reed – 720 Oak Street**
- Tracey Anderson – 212 Coffee Street**

### **Required Attachment F: Voluntary Conversion Initial Assessments:**

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

**All three developments**

- 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)?

**None**

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

**Three**

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

<b>Development Name</b>	<b>Number of Units</b>
None	N/A

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

**Not Applicable**

**Required Attachment G: Admissions Policy for Deconcentration**

- 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 above or below 85% to 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>
TN028-003	20	A small number of higher income residents skew the average for this development. However, we do not consider this to be concentration	Where required, we will implement our deconcentration policy

**Attachment H: Resident Assessment Follow-Up Plan**

**COMMUNICATIONS** – We scored low on informing our residents about meetings and activities. We plan to start issuing a monthly newsletter rather than quarterly to keep our residents more informed.

**SAFETY** – We scored low on safety at Development TN028-003 due to limited site lighting. We will coordinate with the City to install security lighting at TN028-003.

**SAFETY, COMMUNITY WATCH, POLICY TENANT PATROL** – We have a neighborhood watch program. We will include information in our planned monthly newsletter.

**NEIGHBORHOOD APPEARANCE**

*Sidewalks* – We recently completed a major sidewalk repair project. All other sidewalks are owned by the City. We will coordinate with the City to have them repaired or replaced.

*Parking* – We have installed new parking spaces in all areas where space is available.

*Noise* – We will encourage tenants through our newsletter to report noise problems to the PHA office and local police.



**ATTACHMENT I – FY 2001 REPORT**  
**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHA Name:</b>  <b>Manchester Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program: <b>TN37P02850101</b> Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  <b>FY 2001</b>
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Original Annual Statement       Reserve for Disasters/ Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 09/30/01       Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	\$0.00		\$0.00	\$0.00
2	1406 Operations	\$134,576.00		\$134,576.00	\$134,576.00
3	1408 Management Improvements	\$0.00		\$0.00	\$0.00
4	1410 Administration	\$0.00		\$0.00	\$0.00
5	1411 Audit	\$0.00		\$0.00	\$0.00
6	1415 liquidated Damages	\$0.00		\$0.00	\$0.00
7	1430 Fees and Costs	\$0.00		\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00		\$0.00	\$0.00
9	1450 Site Improvement	\$0.00		\$0.00	\$0.00
10	1460 Dwelling Structures	\$0.00		\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$0.00		\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00		\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00		\$0.00	\$0.00
14	1485 Demolition	\$0.00		\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00		\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00		\$0.00	\$0.00
17	1495.1 Relocation Costs	\$0.00		\$0.00	\$0.00
18	1498 Mod Used for Development	\$0.00		\$0.00	\$0.00
19	1502 Contingency	\$0.00		\$0.00	\$0.00
20	Amount of Annual Grant: (sum of lines 2-19)	\$134,576.00		\$134,576.00	\$134,576.00
21	Amount of line 20 Related to LBP Activities	\$0.00		\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Compliance	\$0.00		\$0.00	\$0.00
23	Amount of line 20 Related to Security	\$0.00		\$0.00	\$0.00
24	Amount of line 20 Related to Energy Conservation Measures	\$0.00		\$0.00	\$0.00



