

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**

**FINAL**

**Lafayette Housing Authority**  
**613 Dycus Circle**  
**Lafayette, TN 37083**

**TN090v01**

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

## PHA Plan Agency Identification

**PHAName:** Lafayette Housing Authority

**PHANumber:** TN090

**PHAFiscalYearBeginning:(mm/yyyy)** 10/01/03

### PHA Plan Contact Information:

Name: Jon Wells, Executive Director

Phone: (615) 666-2140

TDD:

Email(if available): lafhouse@nctc.com

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

### PHA Programs Administered :

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

**Annual PHA Plan**  
**Fiscal Year 20 03**  
 [24CFR Part 903.7]

**iii. 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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**Attachments**

- Attachment **A**: Supporting Documents Available for Review
- Attachment **B**: Capital Fund Program Annual Statement
- Attachment **C**: Capital Fund Program 5 - Year Action Plan
- Attachment \_\_: Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment \_\_: Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment **E**: Resident Membership on PHA Board or Governing Body
- Attachment **F**: Membership of Resident Advisory Board or Boards
- Attachment \_\_: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
  - Attachment D - Performance and Evaluation Report-2002 CFP**
  - Attachment G - Voluntary Conversion-Initial Assessment**
  - Attachment H - Deconcentration**
  - Attachment I - Resident Community Service Program**

**ii.ExecutiveSummary**

[24CFRPart903.79(r)]

AtPHAoption,provideabriefoverviewoftheinformationintheAnnualPlan

Not Required

**1.SummaryofPolicyorProgramChangesfortheUpcomingYear**

Inthissection,brieflydescribechangesinpoliciesorprogramsdiscussedinlastyear’sPHAPlanthat are not covered in other sections of this Update.

No significant changes are proposed.

**2.CapitalImprovementNeeds**

[24CFRPart903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredtocompletethiscomponent.

A.  Yes  No: IsthePHAeligibletoparticipateintheCFPinthefiscalyearcoveredbythis PHAPlan?

B. WhatistheamountofthePHA’sestimatedoractual(ifknown)CapitalFundProgramgrant fortheupcomingyear?\$ 188,104.00

C.  Yes  No DoesthePHAplantoparticipateintheCapitalFundPrograminthe upcomingyear?Ifyes,completetherestofComponent7.Ifno,skiptonextcomponent.

D.CapitalFundProgramGrantSubmissions

**(1)CapitalFundProgram5 -YearActionPlan**

TheCapitalFundProgram5 -YearActionPlanisprovidedasAttachment **C**

**(2)CapitalFundProgramAnnualStatement**

TheCapitalFundProgramAnnualStatementisprovidedasAttachment **B**

**3.D emolitionandDisposition**

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenotrequiredtocompletethissection.

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

2. Activity Description

<b>Demolition/Disposition Activity Description</b> <b>(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: (DD/MM/YY)	
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 903.79(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 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 second arm 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**

[24CFR Part 903.7(m)]

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

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

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

D.  Yes  No: The PHDEP Plan is attached at Attachment \_\_\_\_ **Not Applicable**

**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?

I. If yes, the comments are attached at Attachment (Filename) **See Comments below**

**The Resident Advisory Board made the following comments at the June 11, 2003 meeting:**  
**Comment 1). There is a need for toddler playgrounds in both developments.**  
**Comment 2). Also a need for additional street lights on Wells Drive.**

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  
**Comment #1 Response): Toddler playgrounds for both developments have been added to the 5-year Capital Fund Budget.**
  - Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_\_.ed
- 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 \_\_\_\_\_.  
**Comment #2 Response): The PHA discussed with the Resident Board members that the streets are City owned and maintained. Any additional street lights on Wells Street would have to be installed and maintained by the City of Lafayette. The PHA has previously requested additional lights from the City of Lafayette.**
- 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.

#### I. Substantial Deviation from the 5-year Plan:

PHA's definition of "Significant Amendment or Substantial Deviation" from its 5-Year and Annual Plans:

1. 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 Statement or 5-Year Action Plan) or a change in the use of replacement reserve funds under the Capital Fund.
3. Any change with regard to demolition or disposition, designation, or homeownership programs or conversion activities.

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

#### II. Significant Amendment or Modification to the Annual Plan:

PHA's definition of "Significant Amendment or Substantial Deviation" from its 5-Year and Annual Plans:

1. 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 Statement or 5-Year Action Plan) or a change in the use of replacement reserve funds under the Capital Fund.
3. Any change with regard to demolition or disposition, designation, or homeownership programs or conversion activities.

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

## Attachment A

### Supporting Documents Available for Review

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	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
X	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
NA	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 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 type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
NA	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>
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
NA	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
NA	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
NA	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
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
NA	Section 8 informal review and hearing procedures <input 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
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
NA	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, PIH 99 -52 (HA).	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	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
NA	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>
NA	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
NA	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
NA	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
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NA	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 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
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
NA	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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

<b>PHAName:</b> <b>Lafayette Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program: <b>TN43P090050103</b> Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>FY 2003</b>
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**Original Annual Statement**
 **Reserve for Disasters/Emergencies**
 **Revised Annual Statement (revision no: )**  
 **Performance and Evaluation Report for Period Ending:**
 **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			
2	1406 Operations	14,204.00			
3	1408 Management Improvements	0.00			
4	1410 Administration	0.00			
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	40,000.00			
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	65,200.00			
10	1460 Dwelling Structures	68,700.00			
11	1465.1 Dwelling Equipment —Nonexpendable	0.00			
12	1470 Nondwelling Structures	0.00			
13	1475 Nondwelling Equipment	0.00			
14	1485 Demolition	0.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration	0.00			
17	1495.1 Relocation Costs	0.00			
18	1498 Mod Used for Development	0.00			
19	1502 Contingency	0.00			
20	Amount of Annual Grant: (sum of lines 2 - 19)	188,104.00			
21	Amount of line 20 Related to LBP Activities	0.00			
22	Amount of line 20 Related to Section 504 Compliance	2,500.00			
23	Amount of line 20 Related to Security	21,600.00			
24	Amount of line 20 Related to Energy Conservation Measure	0.00			

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

PHAName: <b>Lafayette Housing Authority</b>		Grant Type and Number Capital Fund Program#: <b>TN43P090050103</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	Operations	1406	-	14,204.00				
PHA Wide	Fees and Costs	1430	-	40,000.00				
PHA Wide	Construct LHA Entrance Sign	1450	1	3,000.00				
PHA Wide	Install cabinets in PHA Office	1460	-	2,500.00				
TN90-001	Parking Bays	1450	16	40,000.00				
TN90-001	Bicycle Racks	1450	9	2,700.00				
TN90-001	Commode drains (2 units)/bathroom fixtures/floors/vanities	1460	2	5,600.00				
TN90-003	Handicap Parking (One unit on Dycus Circle)	1450	1	2,500.00				
TN90-003	Bicycle Racks	1450	10	3,000.00				
TN90-003	Cover drainage ditch between Bldgs. 609-611	1450	1	14,000.00				
TN90-003	Install new electrical meter bases	1460	12	3,000.00				
TN90-003	Install new wiring from poles to units	1460	36	18,000.00				
TN90-003	Bathroom Vanities	1460	32	9,600.00				
TN90-003	Replace dining area light fixtures	1460	72	5,400.00				
TN90-003	Replace exterior lock sets (4 per unit)	1460	288	21,600.00				
TN90-003	Heavy-duty dryer vents	1460	40	3,000.00				



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

**Part I: Summary**

PHAName: <b>Lafayette Housing Authority</b>				<input checked="" 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> PHAFY: <b>2004</b>	Work Statement for Year 3 FFY Grant: <b>2005</b> PHAFY: <b>2005</b>	Work Statement for Year 4 FFY Grant: <b>2006</b> PHAFY: <b>2006</b>	Work Statement for Year 5 FFY Grant: <b>2007</b> PHAFY: <b>2007</b>
	Annual Statement				
PHA Wide		<b>\$54,264.00</b>	<b>\$66,104.00</b>	<b>\$51,764.00</b>	<b>\$56,284.00</b>
TN090-01		<b>\$99,000.00</b>	<b>\$40,000.00</b>	<b>\$0.00</b>	<b>\$41,820.00</b>
TN090-03		<b>\$34,840.00</b>	<b>\$82,000.00</b>	<b>\$136,340.00</b>	<b>\$90,000.00</b>
CFP Funds Listed for 5 - year planning		<b>\$188,104.00</b>	<b>\$188,104.00</b>	<b>\$188,104.00</b>	<b>\$188,104.00</b>
Replacement Housing Factor Funds		<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>





**Attachment D**

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: <b>Lafayette Housing Authority</b>		Grant Type and Number Capital Fund Program: <b>TN43P090050102</b> Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: <b>FY 2002</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>03/31/03</b> <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	-0-	-0-	-0-	-0-
2	1406 Operations	11,851.78	8,299.38	-0-	-0-
3	1408 Management Improvements	-0-	-0-	-0-	-0-
4	1410 Administration	-0-	-0-	-0-	-0-
5	1411 Audit	-0-	-0-	-0-	-0-
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	39,586.40	39,586.40	39,586.40	18,113.10
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	34,606.40	38,158.80	38,158.80	20,121.50
10	1460 Dwelling Structures	90,059.42	102,059.42	102,059.42	21,911.89
11	1465.1 Dwelling Equipment — Nonexpendable	-0-	-0-	-0-	-0-
12	1470 Non Dwelling Structures	-0-	-0-	-0-	-0-
13	1475 Non Dwelling Equipment	-0-	-0-	-0-	-0-
14	1485 Demolition	-0-	-0-	-0-	-0-
15	1490 Replacement Reserve	-0-	-0-	-0-	-0-
16	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-
17	1495.1 Relocation Costs	12,000.00	-0-	-0-	-0-
18	1498 Mod Used for Development	-0-	-0-	-0-	-0-
19	1502 Contingency	-0-	-0-	-0-	-0-
20	Amount of Annual Grant: (sum of lines 2 -19)	188,104.00	188,104.00	179,804.62	60,146.49
21	Amount of line 20 Related to LBP Activities	-0-	-0-	-0-	-0-
22	Amount of line 20 Related to Section 504 Compliance	-0-	-0-	-0-	-0-
23	Amount of line 20 Related to Security	-0-	-0-	-0-	-0-
24	Amount of line 20 Related to Energy Conservation Measure	-0-	-0-	-0-	-0-

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

PHA Name: <b>Lafayette Housing Authority</b>		Grant Type and Number Capital Fund Program#: <b>TN43P090050102</b> Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: <b>FY 2002</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	Operations	1406	-	11,851.78	8,299.38	-0-	-0-	
PHA Wide	Fees and Costs	1430	-	39,586.40	39,586.40	39,586.40	18,113.00	N/A
TN90-001	Sidewalk Replacement	1450	-	3,156.40	3,749.20	3,749.20	1,578.00	50
TN90-001	Sewer Line Replacement	1450	-	27,170.00	26,000.00	26,000.00	9,418.50	36
TN90-001	New Roofs	1460	3 Bldg.	12,600.00	12,600.00	12,600.00	-0-	
TN90-001	911 Light Fixtures	1460	30	1,942.50	1,942.50	1,942.50	892.50	46
TN90-001	Dryer Plug Change Out	1460	30	3,450.00	3,450.00	3,450.00	-0-	-0-
TN090-001 & -003	Digital Carbon Monoxide Detectors	1460	62	3,720.00	3,720.00	3,720.00	360.00	10
TN90-001	Drainage swale between Bldgs 13 & 14	1450	-	680.00	680.00	680.00	680.00	100
TN90-001	Heavy Duty Vent Covers	1460	30	897.00	897.00	897.00	-0-	-0-
TN90-003	Site Drainage Bldgs. 605 & 607	1450	-	3,600.00	7,729.60	7,729.60	1,200.00	33
TN90-003	Install 1-foot pads for condensing units	1460	72	7,560.00	7,560.00	7,560.00	7,245.00	96
TN90-003	Floor Tile (1 Bedroom units)	1460	32	35,929.92	35,929.92	35,929.92	15,627.39	43
TN90-003	911 Light Fixtures	1460	32	2,072.00	2,072.00	2,072.00	1,162.00	56
TN90-003	Dryer Plug Change Out	1460	32	3,680.00	3,680.00	3,680.00	690.00	19
TN90-003	Heavy Duty Dryer Vent Covers	1460	32	1,248.00	1,248.00	1,248.00	-0-	-0-
TN90-003	New Shoe Mold	1460	32	4,800.00	4,800.00	4,800.00	900.00	19
TN90-003	Replace Electrical Panel in 1 Bedrooms	1460	32	11,200.00	11,200.00	11,200.00	2,100.00	19
TN90-003	Replace Kit. Receptacles in 1 Bedrooms	1460	64	960.00	960.00	960.00	180.00	19
TN90-003	Replace wire and 100 amp breakers	1460	20	-0-	12,000.00	12,000.00	-0-	-0-
TN90-003	Relocation Cost	1495.1	32	12,000.00	-0-	-0-	-0-	



**Required Attachment E: 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:

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires):

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

- 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: **April, 2004**

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

**Honorable Jimmy Driver, Mayor of Lafayette**

**Required Attachment F: 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.)

**John McIntire-President  
308-B Gann Court, Lafayette Housing Authority**

**Patricia Carlisle-Vice President  
407-B Wells Drive, Lafayette Housing Authority**

**Euna Carver-Secretary Treasurer**  
**301-C Gann Court, Lafayette Housing Authority**

**Ruby Best-Member at Large**  
**610-C Dycus Circle, Lafayette Housing Authority**

**Erica Jackson-Member at Large**  
**410-A Wells Drive, Lafayette Housing Authority**

**Attachment G – Voluntary Conversion Initial Assessments**

**(B) Voluntary Conversion Initial Assessments PHA Completed Assessments in FY 2002 Agency Plan**

- a. How many of the PHA's developments are subject to the Required Initial Assessments? **2**
- 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)?  
**0**
- c. How many Assessments were conducted for the PHA's covered developments? **2**
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
None	

If the PHA has not completed the Required Initial Assessments, describe the status of these assessments. **Not Applicable**

**Attachment H - Admission 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:

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

## **Attachment I – Resident Community Service Program**

The Quality Housing and Work Responsibility Act of 1998, requires that nonexempt residents of public housing perform community service. In order to be eligible for continued occupancy, each adult family member must contribute eight hours of community service per month or participate in an economic self-sufficiency program, or a combination of the two for eight hours per month, unless they are exempt from the requirement.

Eligible activities for completion of your Community Service Requirement will include eight hours per month contributed to any of the following activities or organizations:

1. Resident Organizations
2. Neighborhood Patrols
3. Participation in Adult Education Programs
4. Food Program
5. Youth Activities (sponsored through the local community centers)
6. Participation in any approved job-training program (JTPA or other State Program)
7. Senior Citizens Center (meals on wheels)
8. Adult Learning Center
9. Participation in Community Action Councils or Committees (Drug Task Force)
10. Participation in AA or other substance abuse programs

If you are participating in a program that is not listed, contact the Housing Authority office with the name of the program in which you are participating. This list is not meant to be all inclusive and other programs may be added, as we become aware of them.

You will be required to bring in verification of hours completed each month. The administrator of the program in which you are participating must sign your verification of hours worked. The Housing Authority will maintain a time sheet on each Resident that is required to do community service, and will track the hours completed. You may complete more than eight hours in one month toward your total of 96 hours per year, therefore, completing your requirement earlier than the twelve months allowed. You must only have eight hours for each month in which you do not qualify for an exemption. Exemption request forms are available at the Housing Authority business office.

Anyone who does not complete the required hours in a calendar year, will not be eligible for continued assistance from the Housing Authority, and their lease will be terminated. Residents who have completed their required hours shall have their lease automatically renewed, unless terminated for other good cause.

**COMMUNITY SERVICE – EXEMPTION REQUEST**

All adults (over 18) members of resident families are required to perform eight hours of community service each month, unless they qualify for exempt status with the Housing Authority. To qualify for an exemption, each adult family member must complete and return an exemption request, along with proper documentation, to verify that they are exempt from the community service requirement.

Exempt individuals are those who meet one or more of the following criteria. An adult who:

1. Is 62 years of age or older – **Verification: Birth Certificate**
2. Is a blind or disabled individual, as defined under the Social Security Act, and who certifies that because of this disability he or she is unable to comply with the community service requirements – **Verification: Social Security or SSI award letter**
3. Can provide documentation from a licensed physician that they have a disabling condition, which would prevent them from completing the community service requirement – **Verification: Letter from Physician**
4. Is a family member who is primary caregiver for someone who is blind and disabled as set forth above – **Verification: Award letter from affected person**
5. Is a family member who is employed, either full-time or part-time – **Verification: Check stubs or Income Verification form**
6. Is a full-time student (in high school or college with 12 credit hours or more) – **Verification: Enrollment Form**
7. Is a family member who is exempt from work activity under Part A of Title IV of the Social Security Act or under any other State welfare program – **Verification: Letter or notice from DHS**
8. Is a family member receiving assistance, benefits or services under a State program funded under Part A of Title IV of the Social Security Act or under any other State welfare program, and who is in compliance with that program – **Verification: Families First PRP or benefit letter**
9. Is a single parent of under school age children, or a parent of under school age children, where the other adult members qualify for an exemption from the community service requirement – **Verification: Children’s birth certificates**

In order to qualify for the exemption, you must turn in verification of your exemption with your request form. All new residents are exempt for the partial month when they first move in, after which an exemption must be requested if one is desired. If an exemption is not requested, it will be assumed that you do not desire one and you will be required to perform the required community service hours. Please fill in required information below.

I do hereby request an exemption from performing my eight hours of community service each month, because I qualify for one of the exemptions listed above.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Development

**COMMUNITY SERVICE – INDIVIDUAL TIME SHEET**

Name: \_\_\_\_\_

Move-in Date: \_\_\_\_\_

Address: \_\_\_\_\_

Start Month: \_\_\_\_\_

Month	Hours Required	Hours Comp	Organization	Location	Verified
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
<b>TOTAL</b>					

Annual Requirements Completed      Yes      No

Certified By \_\_\_\_\_

