

# PHA Plans

5 Year Plan for Fiscal Years 2001 - 200 5  
Annual Plan for Fiscal Year 200 3

**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:** KnoxCountyHousingAuthority

**PHANumber:** TN111

**PHAFiscalYearBeginning:(04200 3)**

**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
- PHA local offices

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

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

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

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

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

**5-YEAR PLAN**  
**PHAF ISCAL YEARS 2001 -200 5**  
[24CFRPart903.5]

**A.Mission**

State the PHA's mission for serving the needs of low -income, very low income, and extremely low -income families in the PHA's jurisdiction. (select one of the choices below)

- X The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)

**B.Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD -suggested objectives or their own, **PHAS ARE STRONGLY EN COURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS .** (Quantifiable measures would include target such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the space to the right of or below the stated objectives.

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- X PHA Goal: Expand the supply of assisted housing  
Objectives:  
X Apply for additional rental vouchers:  
X Reduce public housing vacancies:  
 Leverage private or other public funds to create additional housing opportunities:  
 Acquire or build units or developments  
 Other (list below)
- X PHA Goal: Improve the quality of assisted housing  
Objectives:  
X Improve public housing management: (PHA score)  
X Improve voucher management: (SEMAP score)  
X Increase customer satisfaction:  
X Concentrate one effort to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)

- X Renovate or modernize public housing units:
- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)

- X PHA Goal: Increase assisted housing choices
- Objectives:
  - X Provide voucher mobility counseling:
  - X Conduct outreach effort to potential voucher landlords
  - X Increase voucher payment standards
  - X Implement voucher homeownership program:
  - X Implement public housing or other homeownership programs:
  - Implement public housing site -based waiting lists:
  - Convert public housing to vouchers:
  - Other: (list below)

**HUD Strategic Goal: Improve community quality of life and economic vitality**

- X PHA Goal: Provide an improved living environment
- Objectives:
  - X Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
  - X Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
  - X Implement public housing security improvements:
  - X Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
  - Other: (list below)

**HUD Strategic Goal: Promote self -sufficiency and asset development of families and individuals**

- X PHA Goal: Promote self -sufficiency and asset development of assisted households
- Objectives:
  - X Increase the number and percentage of employed persons in assisted families:
  - X Provide or attract support services to improve assistancerecipients' employability:

- X Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other:(list below)

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- X PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:
  - X Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability:
  - X Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability:
  - X Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
  - Other:(list below)

**Other PHA Goals and Objectives:(list below)**

**AnnualPHAPlan**  
**PHAFiscalYear 2003**  
[24CFRPart903.7]

**i. AnnualPlanType:**

SelectwhichtypeofAnnualPlanthePHAwillsubmit.

**StandardPlan**

**StreamlinedPlan:**

- HighPerformingPHA**  
 **SmallAgency(<250PublicHousingUnits)**  
 **AdministeringSection8Only**

**TroubledAgencyPlan**

**ii. ExecutiveSummaryoftheAnnualPHAPlan**

[24CFRPart903.79(r)]

ProvideabriefoverviewoftheinformationintheAnnualPlan,includinghighlightsofmajorinitiatives anddiscretionarypoliciesofthePHAasinc ludedintheAnnualPlan.

Notrequired

**iii. AnnualPlanTableofContents**

[24CFRPart903.79(r)]

ProvideatableofcontentsfortheAnnualPlan ,includingattachments,andalistofsupporting documentsavailableforpublicinspection .

**TableofContents**

	<u>Page#</u>
<b>AnnualPlan</b>	
i. ExecutiveSummary	1
ii. TableofContents	1
1. HousingNeeds	5
2. FinancialResources	11
3. PoliciesonEligibility,SelectionandAdmissions	12
4. RentDeterminationPolicies	20
5. OperationsandManagementPol icies	25
6. GrievanceProcedures	26
7. CapitalImprovementNeeds	27
8. DemolitionandDisposition	28
9. DesignationofHousing	29
10. ConversionsofPublicHousing	30
11. Homeownership	32
12. CommunityServicePrograms	34

13. Crime and Safety	36
14. Pets (Inactive for January 1 PHAs)	38
15. Civil Rights Certifications (included with PHA Plan Certifications)	39
16. Audit	39
17. Asset Management	39
18. Other Information	40

**Attachments**

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

**Required Attachments:**

- X Admissions Policy for Deconcentration  
TN37P11150101/TN37P11150102 Capital Fund Program Annual Statement

Attachment G & H

Progress Statement of 5 -Year Goals Attachment F

**Optional Attachments:**

- X PHA Management Organizational Chart Attachment A
- X Public Housing Drug Elimination Program (PHDEP) Plan Attachment C  
Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)  
Resident Advisory Board Members Attachment B  
Response to deficiencies noted in *Customer Survey* Attachment D  
Capacity Statement Attachment E  
Progress Statement 5 Year Goals Attachment F  
Capital Fund Program Tables -Ann. Statement/PER Report Part I  
TN37P11150101/TN37P11150102 Attachment G  
Capital Fund Program Annual Statement/PE -Support Pages Part II  
TN37P11150101/TN37P11150102 Attachment H  
Capital Fund Program Five Year Plan Attachment I  
Pet Policy Attachment J  
Deconcentration Policy (Res B.) Attachment K  
Resident Member on KCHA Board Attachment L  
KCHA Assessment on Voluntary Conversion From PH Attachment M

**Supporting Documents Available for Review**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	PHA Plan 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	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local 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	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSA P]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy	Annual Plan: Operations

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	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 the active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs Component 7
	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
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program <input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self -Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self -Sufficiency
	Most recent self -sufficiency (ED/SS, TOP or ROSS or other residents services grant) grant program reports	Annual Plan: Community Service & Self -Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi -annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## 1. Statement of Housing Needs

[24CFR Part 903.79(a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Affordability	Supply	Quality	Accessibility	Size	Location
Income ≤ 30% of AMI	980	2	3	3	3	3	3
Income > 30% but ≤ 50% of AMI	325	2	2	2	2	2	2
Income > 50% but < 80% of AMI	40	2	2	2	2	2	2
Elderly	140	4	4	4	5	4	5
Families with Disabilities	40						
Race/Ethnicity	428	2	3	3	3	3	3
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							

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

- Consolidated Plan of the Jurisdiction/s  
Indicate year: 1999
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset

- AmericanHousingSurveydata  
Indicateyear:
- Otherhousingmarketstudy  
Indicateyear:
- X Othersources:(listandindicateyearofinformation)

2002PHandSection8WaitingLists

### B. HousingNeedsofFamiliesonthePublicHousingandSection8 Tenant-BasedAssistanceWaitingLists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA - wide waiting list administered by the PHA.** PHA may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
X Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	422		120
Extremely low income <= 30% AMI	386	92%	
Very low income (> 30% but <= 50% AMI)	33	7%	
Low income (> 50% but < 80% AMI)	3	1%	
Families with children	380	90%	
Elderly families	4	1%	
Families with Disabilities	33	8%	
Race/ethnicity	White/323	77%	

Housing Needs of Families on the Waiting List			
Race/ethnicity	Black/98	22%	
Race/ethnicity	HISPANIC/1	1%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2BR			
3BR			
4BR			
5BR			
5+BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes y			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
Section 8 tenant -based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site -Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	173		24
Extremely low income <= 30% AMI	152	88%	
Very low income (> 30% but <= 50% AMI)	19	11%	
Low income (> 50% but < 80% AMI)	2	1%	

Housing Needs of Families on the Waiting List			
Families with children	47	28%	
Elderly families	6	4%	
Families with Disabilities	25	15%	
Race/ethnicity	White/121	70%	
Race/ethnicity	Black/52	30%	
Race/ethnicity	0	0%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	69	40%	7
2BR	57	33%	44
3BR	39	23%	16
4BR	8	4%	0
5BR			
5+BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to open the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

### C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

#### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- X     Employ effectivemaintenanceandmanagementpolicies to minimize the number of public housing units off -line
- X     Reduce turnover time for vacated public housing units
- X     Reduce time to renovate public housing units
- Seek replacement of public housing unit lost to the inventory through mixed financed development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- X     Maintain or increase section 8 lease -up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- X     Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- X     Maintain or increase section 8 lease -up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- X     Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- X     Apply for additional section 8 units should they become available
- X     Leverage affordable housing resources in the community through the creation of mixed -finance housing
- X     Pursue housing resources other than public housing or Section 8 tenant -based assistance.
- Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30% of AMI**

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant -based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- X     Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- Employment admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special -purpose voucher targeted to the elderly, should they become available
- Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special -purpose voucher targeted to families with disabilities, should they become available
- Affirmatively market to local non -profit agencies that assist families with disabilities
- Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- Counsel section 8 tenants to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty/minority concentrations
- Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

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

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

**2. Statement of Financial Resources**

[24CFR Part 903.79(b)]

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

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
1. <b>Federal Grants (FY 2003 grants)</b>		

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
a) Public Housing Operating Fund	\$ 528,831	
b) Public Housing Capital Fund	\$ 407,017	
c) HOPEVI Revitalization		
d) HOPEVI Demolition		
e) Annual Contributions for Section 8 Tenant -Based Assistance	\$2,709,013	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	\$48,401	
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>		
<b>3. Public Housing Dwelling Rental Income</b>	\$278,600	operations
<b>4. Other income (list below)</b>		
Excess utilities	\$13,800	operations
Non dwelling rent	\$5,000	operations
<b>4. Non -federal sources (list below)</b>		
Interest	\$ 3,000	operations
Other	\$ 5,100	operations
<b>Total resources</b>	<b>\$3,998,762</b>	

### **3.PHAPoliciesGoverningEligibility,Selection, andAdmissions**

[24CFRPart903.79(c)]

#### **A.PublicHousing**

Exemptions:PHAsthatdonotadministerpublichousingarenotrequiredto completesubcomponent 3A.

##### **(1)Eligibility**

a. WhendoesthePHAverifyeligibilityforadmissiontopublichousing? (selectall thatapply)

- Whenfamiliesarewithinacertainnumberofbeingofferedaunit:(state number)
- Whenfamiliesarewithinacertaintimeofbeingofferedaunit:(statetime)
- X Other:(describe)

Atapplication, updatedpriortoofferifover90days.

b. Whichnon -income(screening)factorsdoesthePHAusetoestablisheligibilityfor admissiontopublichousing(selectallthatapply)?

- X CriminalorDrug -relatedactivity
- X Rentalhistory
- Housekeeping
- Other(describe)

c. XYes  No:DoesthePHArequestcriminalrecordsfromlocallawenforcement agenciesforscreeningpurposes?

d.  YesXNo:DoesthePHArequestcriminalrecordsfromSt atelaw enforcementagenciesforscreeningpurposes?

e.  YesXNo:DoesthePHAaccessFBIcriminalrecordsfromtheFBIfor screeningpurposes?(eitherdirectlyorthroughanNCIC - authorizedsource)

##### **(2)WaitingListOrganization**

a. WhichmethodsdoesthePHAplantousestoorganizeitspublichousingwaitinglist (selectallthatapply)

- X Community-widelist
- Sub-jurisdictionallists
- Site-basedwaitinglists
- Other(describe)

b. W heremayinterestedpersonsapplyforadmissiontopublichousing?

- PHAmainadministrativeoffice

- PHA development site management office
- Other (list below)

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

1. How many site-based waiting lists will the PHA operate in the coming year?
2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously approved site-based waiting list plan)?  
If yes, how many lists?
3.  Yes  No: May families be on more than one list simultaneously?  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
  - PHA main administrative office
  - All PHA development management offices
  - Management offices at developments with site-based waiting lists
  - At the development to which they would like to apply
  - Other (list below)

**(3) Assignment**

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

- One
- Two
- Three or More

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

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

**(4) Admissions Preferences**

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

- Victims of reprisals or hate crimes
- Other preference(s) (list below)

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

2 Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

**(5) Occupancy**

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

- X The PHA - resident lease
- X The PHA's Admissions and (Continued) Occupancy policy

- PHA briefing seminars or written materials
- Other source (list)

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

- At an annual reexamination and lease renewal
- Anytime family composition changes
- At family request for revision
- Other (list)

**(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 X 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©(I)(iv)]	Deconcentration policy (if no explanation) [see step 5 at 903.2©(I)(v)]

**B. Section 8**

Exemptions: PHA that do not administer section 8 are not required to complete sub -component 3B.

Unless otherwise specified, all questions in this section apply only to the tenant -based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

**(1) Eligibility**

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

- X Criminal or drug -related activity only to the extent required by law or regulation
- Criminal and drug -related activity, more extensively than required by law or regulation  
More general screening than criminal and drug -related activity (list factors below)
- X Other (list below)

**Prior subsidized housing history**

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

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

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

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

- Criminal or drug -related activity
- X Other (describe below)

Previous landlord name and address/phone.

**(2) Waiting List Organization**

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

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

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

- X PHA main administrative office
- Other (list below)

**(3) Search Time**

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

If yes, state circumstances below:  
Delays caused by medical reasons, HQS repairs.

**(4) Admissions Preferences**

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

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

- Victims of reprisals or hate crimes
- Other preference(s) (list below)

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

2 Date and Time

Former Federal preferences

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

- 1 Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

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

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

- X Date and time of application
- Drawing (lottery) or other random choice technique

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

- This preference has previously been reviewed and approved by HUD
- The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)
- The PHA applies preferences within income tiers
- X Not applicable: the pool of applicant families ensure that the PHA will meet income targeting requirements

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

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

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

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

- Through published notices
- Other (list below)

**4. PHA Rent Determination Policies**

[24CFR Part 903.79(d)]

**A. Public Housing**

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

**(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

- The PHA will not employ any discretionary rent -setting policies for income based rent in public housing. Income -based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare

rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

X The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

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

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

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

3. If yes to question 2, list these policies below :  
Death of sole income provider

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

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

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

**Ceiling Rents**

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

- For the earned income of a previously unemployed household member
- For increases in earned income
- Fixed amount (other than general rent -setting policy)  
If yes, state amount/s and circumstances below:
- Fixed percentage (other than general rent -setting policy)  
If yes, state percentage/s and circumstances below:
- For household heads
- For other family members

- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

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

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

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

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

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

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

f. Rent redetermination:

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

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

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

**(2) Flat Rents**

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

- This section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- X Other (list/describe below)

Section 8 FMR

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

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

**(1) Payment Standards**

Describe the voucher payment standards and policies .

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

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

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

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

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

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

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

- Annually
- Other (list below)

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

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

## **(2) Minimum Rent**

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

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

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

Death of sole income provider.

## **5. Operations and Management**

[24CFR Part 903.79(e)]

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

**A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:

**B. HUD Programs Under PHA Management**

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	189	24
Section 8 Vouchers	563	120
Section 8 Certificates		
Section 8 Mod Rehab	N/A	
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	
Public Housing Drug Elimination Program (PHDEP)	189	24
Other Federal Programs (list individually)		

**C. Management and Maintenance Policies**

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

- (1) Public Housing Maintenance and Management: (list below)  
ACOP, Lease, Grievance, Preventative Maintenance
- (2) Section 8 Management: (list below)  
Admin Plan

## 6. PHA Grievance Procedures

[24CFR Part 903.79(f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6.  
Section 8 - Only PHAs are exempt from sub -component 6A.

### A. Public Housing

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

If yes, list additions to federal requirements below:

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

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

### B. Section 8 Tenant -Based Assistance

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office
- Other (list below)

## **7. Capital Improvement Needs**

[24CFR Part 903.79(g)]

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

### **A. Capital Fund Activities**

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

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

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

Select one:

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

-or-

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

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

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

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

b. If yes to question a, select one:

The Capital Fund Program 5 -Year Action Plan is provided as an attachment to the PHA Plan as Attachment (state name)

-or-

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

## B. HOPEVI and Public Housing Development and Replacement Activities (Non -Capital Fund)

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

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

1. Development name:

2. Development (project) number:

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

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

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

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

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

## 8. Demolition and Disposition

[24CFR Part 903.79(h)]

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

2. Activity Description

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

<b>Demolition/Disposition Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (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. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:	

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

[24 CFR Part 903.79(i)]

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

1.  Yes  No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities

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

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 10. If "No", complete the Activity Description table below.

<b>Designation of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. Designation type:	
Occupancy by only the elderly	<input type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	<u>(DD/MM/YY)</u>
5. If approved, will this designation constitute a (select one)	
<input type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously approved Designation Plan?	
6. Number of units affected:	
7. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	

**10. Conversion of Public Housing to Tenant -Based Assistance**

[24 CFR Part 903.79(j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

**A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY1996 HUD Appropriations Act**

1.  Yes  No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

<b>Conversion of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	
<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD - approved Conversion Plan underway	
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)	
<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPEVI demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPEVI revitalization plan (date submitted or approved: _____) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent	

Requirements no longer applicable: site now has less than 300 units  
 Other: (describe below)

**B. Voluntary Conversion Initial Assessments**

- a. How many of the PHA's developments are subject to the Required Initial Assessments?  
127 units = 75 Virginia Walker + 52 Bakertown
- 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)?  
70 units = 30 Virginia Walker + 40 Bakertown (All are elderly units both projects)
- c. How many 'c. Assessments were conducted for the PHA's covered developments?  
One Assessment was conducted.
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
Virginia Walker Apts	0
Bakertown Apts	0

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

**11. Homeownership Programs Administered by the PHA**  
 [24 CFR Part 903.79(k)]

Section 8 Homeownership

**A. Public Housing**

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1.  Yes  No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved

HOPE I program(42U.S.C.1437aaa)orhasthePHAappliedor plantoapplytoadministeranyhomeownershipprogramsunder section5(h),theHOPEIprogram,orsection32oftheU.S. HousingActof1937(42U.S.C.1437z -4).(If“No”,skipto component11B;if“yes”,completeoneactivitydescriptionfor eachapplicableprogram/plan,unleseligibletocompletea streamlinedsubmissiondueto **smallPHA** or **highperforming PHA**status.PHAcompletingstreamlinedsubmissionsmay skiptocomponent11B.)

2. Activity Description

Yes  No: HasthePHAprovidedallrequiredactivitydescription informationforthiscomponentinthe **optional**PublicHousing AssetManagementTable?(If“yes”,skiptocomponent12.If “No”,completetheActivityDescriptiontablebelow.)

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPEI <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the U.S.H.A. of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

**B. Section 8 Tenant Based Assistance**

1.  Yes  No: DoesthePHAplantoadministeraSection8Homeownership programpursuanttoSection8(y)oftheU.S.H.A.of1937,as implementedby24CFRpart982?(If“No”,skiptocomponent 12;if“yes”,describeeachprogramusingthetablebelow(copy

and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

## 2. Program Description:

a. Size of Program Upto 5% of total unit allocation.

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

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

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

b. PHA - established eligibility criteria

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

If yes, list criteria below:

1. Must hold a Voucher for one year before being eligible for the program.

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

[24CFR Part 903.79(1)]

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

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

1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? DD/MM/YY

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

Client referrals

- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe)

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

**(1) General**

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

**Services and Programs**

ProgramName&Description (includinglocation,ifappropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (developmentoffice/ PHAmainoffice/ otherprovidername)	Eligibility (publichousingor section8 participantsor both)
CareerQuest	10	Specific	HelenRossMcNabb	Both
GreatStarts	5	Specific	ChildandFamily	Both

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

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM /YY)
Public Housing		
Section 8		

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

**C. Welfare Benefit Reductions**

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

- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.

- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

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

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

[24CFR Part 903.79(m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

**A. Need for measures to ensure the safety of public housing residents**

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

- High incidence of violent and/or drug -related crime in some or all of the PHA's developments
- High incidence of violent and/or drug -related crime in the area surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower -level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug -related crime
- Other (describe below)

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

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

Other(describ below)

3. Which developments are most affected?(list below w)

Virginia Walker Apartments

Bakertown Apartments

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

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

Contracting with outside and/or resident organizations for the provision of crime-and/or drug -prevention activities

Crime Prevention Through Environmental Design

Activities targeted to at -risky youth, adults, or seniors

Volunteer Resident Patrol/Block Watchers Program

Other(describ below)

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

Virginia Walker Apartments

Bakertown Apartments

**C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities:(select all that apply)

Police involvement in development, implementation, and/or ongoing evaluation of drug -elimination plan

Police provide crime data to housing authority staff for analysis and action

Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)

Police regularly testify in a dotherwise support eviction cases

Police regularly meet with the PHA management and residents

Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services

Other activities(list below w)

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

Virginia Walker Apartments

Bakertown Apartments

**D. Additional information as required by PHDEP/PHDEP Plan**

PHA eligible for FY2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

requirements

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY2002 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: **(tn111c03)**)

## **14. RESERVED FOR PET POLICY**

[24CFR Part 903.79(n)]

See Attachment J

## **15. Civil Rights Certifications**

[24CFR Part 903.79(o)]

Civil right certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

## **16. Fiscal Audit**

[24CFR Part 903.79(p)]

1.  Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))? (If no, skip to component 17.)
2.  Yes  No: Was the most recent fiscal audit submitted to HUD?
3. Yes  No: Were there any findings as the result of that audit?
4. Yes  No: If there were any findings, do any remain unresolved? If yes, how many unresolved findings remain? 1
5.  Yes  No: Have responses to any unresolved findings been submitted to HUD? If not, when are they due (state below)?

**Modernization Cost Certified due on a modernization**

**program**

## **17. PHA Asset Management**

[24CFR Part 903.79(q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1.  Yes  No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and

other needs that have **not** been addressed elsewhere in this PHA Plan?

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

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

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

### **18. Other Information**

[24 CFR Part 903.79(r)]

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

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

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

- Attached as Attachment (Filename)
- Provided below: KCHA asked for, and received written comments from the Resident Advisory Board and from individual residents. Most comments concerned plans for physical improvements to the property and proposed lease changes.

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

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments  
List changes below:
- Other: (list below) Delayed lease changes until further study is completed.

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

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

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

### 3. Description of Resident Election Process

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

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

#### b. Eligible candidates: (select one)

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

#### c. Eligible voters: (select all that apply)

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

### C. Statement of Consistency with the Consolidated Plan

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

#### 1. Consolidated Plan jurisdiction: (provide name here)

The Development Corporation of Knox County

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

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

- Increase housing options for Section 8 Voucher holders
- Continue rehab of Public Housing units
- Other: (list below)

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

\*create individual and community wealth and income stability by providing job training programs to extremely low and very low income persons

\*invest resources to revitalize declining communities and improve their visual appearance and livability

**D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.

**19. Definition of “Substantial deviation” and “Significant Amendment or Modification” [903.7@]**

1. Changes to rent or admissions policies or organization of the waiting list.
2. Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund.
3. Additions of new activities not included in the current PHDEP Plan.
4. Any changes with regard to demolition or disposition, designation, home ownership programs or conversion activities

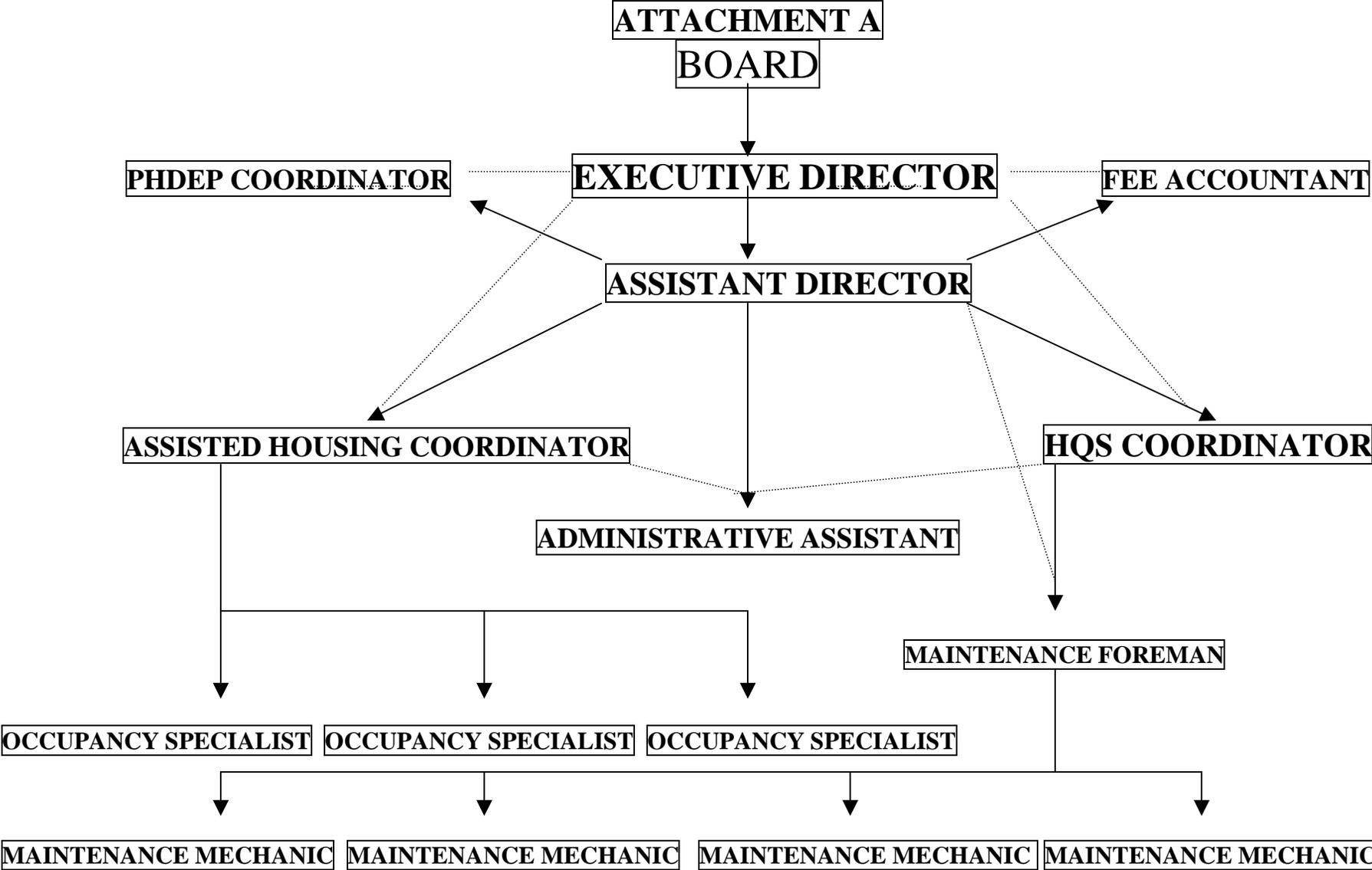
**PHAPlan  
TableLibrary**

**Component7**

**TableLibrary**



# KNOXCOUNTYHOUSINGAUTHORITYSTRUCTURE



LEGEND	
—————	SUPERVISORY RELATIONSHIP
.....	PROVIDES ADMINISTRATIVE SUPPORT



**ATTACHMENT B**

KNOXCOUNTYHOUSINGAUTHORITYRESIDENTADVISORYBOARDS

DEVELOPMENT-TN111-001VIRGINIAWALKERAPARTMENTS

RABMEMBERS

MARTHAHAUN	VIRGINIAWALKERAPARTMENTS
WILLIAMTURNER	VIRGINIAWALKERAPARTMENTS
ARTHURMITCHELL	VIRGINIAWALKERAPRATM ENT S

DEVELOPMENT-TN111-002BAKERTOWNAPARTMENTS

RABMEMBERSBAKERTOWNAPARTMENTS

MICHELLEWILLIS	BAKERTOWNAPARTMENTS
DARLENEHARLESS	BAKERTOWNAPARTMENTS
IRENEPROFFITT	BAKERTOWNAPARTMENTS

Electedbyresidentsforaoneyearterm.

Thisselectionis heldinthemonthofJulyofeachyear.

## **ATTACHMENTD**

### **Responsesto *CustomerServiceandSatisfactionSurvey***

#### ***Safety:***

Withanoverall scoreof70% willtrytoexaminewaystomakeresidentsfeelsafer.KnoxCountyHousing Authoritycontinuestoreceivelowerthanthenationalaverageonsafety. BothVirginiaWalkerandBakertown Apartments havehadnoseriousovioletrimesreportedtotheKnoxCountySheriffsDepartmentduringthepast twelvemonths.We havemadethenotedimprovementsandhopethatsomewerecompletedaftertheCustomer ServiceandSatisfactionSurveywasprepared.

KnoxCountyHousingAuthorityhasinthepasthasputnewoutsideunitlightsbyallentrydoors.Theselights provideaddressinformationandarecontrolledbyaphotosensor.Buildinglightshavealsobeenupgradedatthe endofeachbuildingtoprovideadditionalighting.

Bakertownapartmentswillhaveunitaddresslightswhichutilizesaphotocelltoturnthemonatduskandoffat dawn.Theselightswillilluminateheunitentrancesandmakeunitnumbersasiertoread.

Excessvegetationhasbeenremovedfromthesidesandbehindthebuildingstopreventindividualsfromhiding.

KnoxCountyHousingAuthority hasbeeninstallingnewentrydoorswith“peepholes” Asaresultofresidentinputglasspaned stormdoors arebeinginstalled forbettervisualobservationofthe neighborhoods.Thedoorinstallationwillbefinishedbylatewinterof2003.

IntheintermediatefutureKnoxCountyHousingAuthorityisplanningoninstallingunitsecuritysystemsand potentiallyprovideInternetservicewithabuiltinIntranetabilityfortheresidentsineachcommunitytoaccess. Withthisabilityaresidentcouldcallupindividualsecuritycamerasiftheyfeelthatthereisaprowleroutsideof theirunitor observetheirchildrenintheplaygroundareas.This service will be containedineachdevelopment.

KnoxCountyHousingAuthoritywillcontinueworkingwiththeKnoxCountySheriffsDepartment.

#### ***NeighborhoodAppearance:***

Withscoreof 57.8 %KnoxCountyHousingAuthorityfeelsthat someattentionneedstobedirectedto NeighborhoodAppearance.KnoxCountyHousingAuthorityhashiredanadditionaltwo fulltime maintenance workers.Concentrationonmowing,trimmingandlitterremovalhasbeenincreased.Newdoorsindicatedunderthe safetysections should helpinmakingtheunits/complexlookbetterExcessvegetation,improvementsinwater drainagehavebeenstartedasofthissubmission.Inputfromtheresidentassociationhasindicatedthatmost residentsperceiveNeighborhoodAppearanceasthewayresidentskeepthefrontoftheir dwellingstructuresup - itemsstoredonporches,blanketoverwindowsetc.KnoxCountyHousingAuthorityisstrictlyenforcinglease rulesaboutstoringitemsonandunderporchesandwillbeprovidingblindsforwindows. Litterremainsaproblem workingwiththeapartmentmanagers,maintenancestaffandresidentsateameffortwillbedevelopedtohelpmake theneighborhoodappearanceacceptabletotheresidentswholive there.

ATTACHMENT E

CAPACITY STATEMENT

KNOX COUNTY HOUSING AUTHORITY

As stated in final rule at 982.625, Knox County Housing Authority has demonstrated its capacity to administer the Section 8 Homeownership Program by meeting the following criteria:

Requiring that financing for purchase of a home under its section 8 homeownership program 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

***If a mortgage is not FHA -insured, KCHA will require the lender to comply with generally accepted mortgage underwriting standards consistent with those of HUD/FHA, Ginnie Mae, Fannie Mae, Freddie Mac, Tennessee Housing Development Agency (THDA), USDA Rural Housing Services, the Federal Home Loan Bank, or other private lending institutions.***

Attachment F

Progress Statement of 5 Year Goals  
Year One TN37P111501101

Knox County Housing Authority

As referenced in the 5 year plans submitted the following has occurred:

Goal 1:

Upgrade computer system account 1408 \$10,878.00

Results:

1. An upgraded operating system which will be able to cope with increasing demand on CPU's and hardware.
2. The ability for all employees to be more efficient with their work.

Goal 2:

Landscape and erosion:

1. Not completed but areas of erosion have been seeded and grass is being established.
2. Drain paths for downspout gutters have been redirected to reduce erosion.
3. Bldg. 4 & 3 site 1 still will require extensive work.

Goal 3:

Entry doors

1. New entry doors at site 001 have been installed - this will result in a more weather-tight unit and added security.
2. Entry doors at site 2 were not noted in the original plan, but this item was listed as a systemic deficiency at this particular site.
3. Storm doors were added at site 2 due to it being a systemic deficiency.
4. Storm doors have been added to site 1 at the request of the residents. In the original plan storm doors were supposed to be included for site 1 and site 2.

Goal 4:

Entry decks:

1. Although not included in the original plan for year 1 this item came from year 2.
2. Only decks at site 2 - elderly units which was deemed to be a trip/fall hazard were replaced. This was done at the request of the residents.

Goal 5:

Kitchen cabinets:

1. Only intended for site one.
2. The original plan was to replace 75 kitchen cabinets. After a review from a carpenter only 3 units need complete replacement.
3. Most were deemed to be in good structural order only needing cosmetic work and some drawers.

The overall goal of this funding was to improve basic needs of apartments located at both site 1 and 2. Entry and storm doors were needed to correct a systemic deficiency as noted from REAC.

Decks were pulled from year two to correct a possible safety hazard.

Kitchen cabinets will be less expensive than anticipated to upgrade at this point.

**Attachment G-1**

**CAPITAL FUND PRGRAM TABLES**

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

PHA Name: KNOX COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: <input type="text" value="TN37P11150101"/> Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
<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:	12/31/2002	<input type="checkbox"/> Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	10878.00	10878.00	10878.00	10878.00
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	10000.00	10000.00	10000.00	10000.00
10	1460 Dwelling Structures	312040.00	308040.00	312040.00	233162.17
11	1465.1 Dwelling Equipment - Nonexpendable	8400.00	12400.00	8400.00	8400.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

Attachment G-2

<b>Annual Statement/performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital FundProgram replacement Housing Factor (CFP/CFPRHF) Part 1:</b>					
<b>Summary</b>					
<b>PHA Name:</b> KNOX COUNTY HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P11150101 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2001	
<b>Original Annual Statement</b>			<b>Reserve for Disasters/emergencies</b>	<b>Revised Annual Statement (revision no: )</b>	
<b>X Performance and Evaluation Report for Period Ending:</b> 12/31/2002			<b>Final Performance and Evaluation Report</b>		
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
17	1495.1 Relocation Cost				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				0.00
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 - 20)	341318.00	341318.00	341318.00	262440.17
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security - Soft costs.				
25	Amount of Line 21 Related to Security - Hard Costs	0.00	3325.00	3325.00	0.00
26	Amount of Line 21 Related to Energy Conservation Measures	42000.00	186980.04	186980.04	186980.04

Attachment G-3

**CAPITAL FUND PRGRAM TABLES**

<b>Annual Statement/performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital FundProgram replacement Housing Factor (CFP/CFPRHF) Part 1:</b>					
<b>Summary</b>					
PHA Name: KNOX COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: <input type="text" value="TN37P11150102"/>		Federal FY of Grant: 2002	
		Replacement Housing Factor Grant No:			
<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:		12/31/2002		<input type="checkbox"/> Final Performance and Evaluation Report	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	32745.00	0.00	27499.96	27499.96
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	15000.00	0.00	1650.00	1650.00
10	1460 Dwelling Structures	274345.00	0.00	133395.00	5285.00
11	1465.1 Dwelling Equipment - Nonexpendable	2800.00	0.00	2800.00	2800.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

Attachment G-4

<b>Annual Statement/performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital FundProgram replacement Housing Factor (CFP/CFPRHF) Part 1:</b>					
<b>Summary</b>					
<b>PHA Name:</b> KNOX COUNTY HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P11150102 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2002	
<b>Original Annual Statement</b>			<b>Reserve for Disasters/emergencies</b>	<b>Revised Annual Statement (revision no: )</b>	
<b>X Performance and Evaluation Report for Period Ending:</b> 12/31/2002			<b>Final Performance and Evaluation Report</b>		
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
17	1495.1 Relocation Cost				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				0.00
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 - 20)	324890.00	37621.00	165344.96	37234.96
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security - Soft costs.				
25	Amount of Line 21 Related to Security - Hard Costs				0.00
26	Amount of Line 21 Related to Energy Conservation Measures	250000.00	134000.00	134000.00	0.00

Attachment G-5

**CAPITAL FUND PRGRAM TABLES**

<b>Annual Statement/performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital FundProgram replacement Housing Factor (CFP/CFPRHF) Part 1:</b>					
<b>Summary</b>					
PHA Name: KNOX COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: <input type="text" value="TN37P11150103"/> Replacement Housing Factor Grant No:		Federal FY of Grant: 2003	
X 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				
2	1406 Operations				
3	1408 Management Improvements	7000.00	0.00	0.00	0.00
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	10000.00	0.00	0.00	0.00
10	1460 Dwelling Structures	311104.00	0.00	0.00	0.00
11	1465.1 Dwelling Equipment - Nonexpendable	5000.00	0.00	0.00	0.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

Attachment G-6

<b>Annual Statement/performance and Evaluation Report</b>
<b>Capital Fund Program and Capital FundProgram replacement Housing Factor (CFP/CFPRHF) Part 1:</b>

**Summary**

PHA Name: KNOX COUNTY HOUSING AUTHORITY	Grant Type and Number		Federal FY of Grant:
	Capital Fund Program Grant No:	TN37P11150103	2003
	Replacement Housing Factor Grant No:		

X **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
17	1495.1 Relocation Cost				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				0.00
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 - 20)	333104.00	0.00	0.00	0.00
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security - Soft costs.				
25	Amount of Line 21 Related to Security - Hard Costs				0.00
26	Amount of Line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

**Annual Statement/Performance and Evaluation Report** **Attachment H-1**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: KNOXCOUNTYHOUSINGAUTHORITY	Grant Type and Number	Federal FY of Grant:
	Capital Fund Program Grant No: TN37P11150101	2001
	Replacement Housing Factor Grant No:	

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Costs		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
TN-111-001	COMPUTER UPGRADES	1408	7	5439.00	10878.00	10878.00	10878.00	COMPLETE
TN-111-001/002	PENTOPINSP COMPUTER	1408	1	5439.00	0.00	0.00	0.00	HOLD DUE TO TECH CHG
TN-111-001	LANDSCAPE/EROSION	1450	1	5000.00	5000.00	5000.00	5000.00	COMPLETE 4/03
TN-111-002	LANDSCAPE/EROSION	1450	1	5000.00	5000.00	5000.00	5000.00	COMPLETE 4/03
TN-111-001	ENTRY DOORS	1460	90	31500.00	31500.00	31500.00	21960.00	COMPLETE
TN-111-002	ENTRY DOORS*	1460	95	0.00	33250.00	24700.00	14774.95	ITEM WAS ADDED TO CORRECT A SYSTEMIC DEFICIENCY NOTED FROM REAC INSPECTION.
TN-111-002	STORM DOORS*	1460	95	53340.00	24700.00	24700.00	13673.05	ITEM WAS ADDED TO CORRECT A SYSTEMIC DEFICIENCY NOTED FROM REAC INSPECTION.
TN-111-001	WINDOWS	1460	60	0.00	0.00	0.00	0.00	OP FUNDS FY01
TN-111-002	REPLACEMENT DECKING*	1460	15	0.00	7500.00	7500.00	7434.17	ITEM WAS INCLUDED FROM THE OPT 5 YEAR ACTION PLAN COMPONENT COMPONENT 7- THIS WAS ADDED TO PREVENT A TRIP HAZARD TO ENT. ES
TN-111-001	KITCHEN CABINETS	1460	7	225000.00	215090.00	20000.00	0.00	COMPLETE BY 9/03
TN-111-001	RANGES	1465	36	8400.00	8400.00	8400.00	5799.00	COMPLETE BY 12/02
				339118.00	341318.00	137678.00	84519.17	

\*systemic deficiencies  
PLEASE NOTE SYSTEMIC DEFICIENCIES WERE ADDED TO CORRECT PROBLEM FROM PAST REAC INSPECTIONS  
\*\*THIS ITEM WAS BROUGHT FROM YEAR 2 SCHEDULE TO ELIMATE TRIP HAZARD IN 002 ELDERLY UNITS



Annual Statement/performance and Evaluation Report						Attachment H-3		
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHAName: KNOX COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Gr TN37P11150102			Federal FY of Grant: 2002			
		Replacement Housing Factor Grant No:			Revision#		1	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Costs		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
TN-111-001	LANDSCAPE/EROSION	1450	1	5000.00	7500.00	1650.00	1650.00	COMPLETE BY 4/03
TN-111-002	LANDSCAPE/EROSION	1450	1	5000.00	7500.00	0.00	0.00	PLANNED
TN-111-001	TREE REMOVAL	1450	1	2500.00	2500.00	0.00	0.00	PLANNED
TN-111-002	TREE REMOVAL	1450	1	2500.00	2500.00	0.00	0.00	PLANNED
TN-111-001/002	EQUIPMENT TOOLS	1408	11	17745.00	17745.00	0.00	7686.21	COMPLETE BY 6/03
TN-111-001/002	WORK TRUCK	1408	1	15000.00	19900.00	19813.75	19813.75	COMPLETE
TN-111-001	CARPET	1460	40	18000.00	18000.00	0.00	0.00	COMPLETE BY 6/03
TN-111-002	CARPET	1460	40	18000.00	18000.00	7081.21	5285.00	COMPLETE BY 1/03
TN-111-001	SHEET VINYL	1460	40	4000.00	4000.00	0.00	0.00	PLANNED
TN-111-002	SHEET VINYL	1460	40	4000.00	4000.00	0.00	0.00	PLANNED
TN-111-002	CENTRAL HVAC CONV	1460	50	181845.00	134000.00	134000.00	0.00	COMPLETE BY 3/03
TN-111-002	REPLACEMENT DECKING	1460	15	22500.00	22500.00	0.00	0.00	COMPLETE BY 11/03
TN-111-001	REPLACEMENT DECKING	1460	15	22500.00	22500.00	0.00	0.00	COMPLETE BY 11/03
TN-111-002	Siding*	1460	1	3500.00	3500.00	0.00	0.00	PLANNED
TN-111-001	REFRIGERATORS	1465.1	25	2800.00	8250.00	2800.00	2800.00	COMPLETE BY 6/03
TN-111-001	KITCHEN CABINETS	1460	20	0.00	32495.00	0.00	0.00	COMPLETE BY 4/04
<b>TOTALS</b>				<b>324890</b>	<b>324890.00</b>	<b>165344.96</b>	<b>37234.96</b>	

\*systemic deficiencies



**Annual Statement/performance and Evaluation Report** **Attachment H-5**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: KNOX COUNTY HOUSING AUTHORITY	Grant Type and Number	Federal FY of Grant:
	Capital Fund Program Grant No: TN37P11150103	2003
	Replacement Housing Factor Grant No:	Revision#

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Costs		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
TN-111-001/002	MGTIMP	1408	1	10000.00	0.00	0.00	0.00	PLANNED
TN-111-001	A&E FOR STUDIES	1430	1	15000.00	0.00	0.00	0.00	PLANNED
TN-111-002	A&E FOR STUDIES	1430	1	15000.00	0.00	0.00	0.00	PLANNED
TN-111-001	LANDSCAPE/EROSION	1450	1	3000.00	0.00	0.00	0.00	PLANNED
TN-111-002	LANDSCAPE/EROSION	1450	1	3000.00	0.00	0.00	0.00	PLANNED
TN-111-002	WATER SAVING COMM.ODES	1460	100	20000.00	0.00	0.00	0.00	PLANNED
TN-111-001	WATER SAVING COMM.ODES	1460	175	35000.00	0.00	0.00	0.00	PLANNED
TN-111-002	REPLACEMENT DECKING	1460	15	22500.00	0.00	0.00	0.00	PLANNED
TN-111-001	REPLACEMENT DECKING	1460	15	22500.00	0.00	0.00	0.00	PLANNED
TN-111-001	WASHER/DRYER CONN.	1460	102	25500.00	0.00	0.00	0.00	PLANNED
TN-111-002	WASHER/DRYER CONN.	1460	95	23750.00	0.00	0.00	0.00	PLANNED
TN-111-002	ROOFING	1460	2	12000.00	0.00	0.00	0.00	PLANNED
TN-111-001	KITCHEN CABINETS	1460	75	90000.00	0.00	0.00	0.00	PLANNED
TN-111-001	FOUNDATION LEAKS	1460	3	20000.00	0.00	0.00	0.00	PLANNED
TN-111-001	REFRIGERATORS	1465.1	35	11550.00	0.00	0.00	0.00	PLANNED
TN-111-002	ROOFING	1470	1	5000.00	0.00	0.00	0.00	PLANNED
TN-111-002	LOWE WINDOWS-OFFICE	1470	1	4000.00	0.00	0.00	0.00	PLANNED
<b>TOTALS</b>								
				<b>337800</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

\*systemic deficiencies



CapitalFundProgramFive-YearActionPlan PartI:Summary		<u>ATTACHMENT I</u>			
PHANameKnoxCountyHousingAuthority				Original5-YearPlan RevisionNo:	
Development Number/Name/HAWide	Year1  Annual Statement	Year2  FFYGRANT2003 PHAFY2004	Year3  FFYGrant2004 PHAFY2005	Year4  FFYGrant2005 PHAFY2006	Year5  FFYGrant2006 PHAFY2007
TN-111-001	\$ 274,915.00	\$ 207,550.00	\$ 150,000.00	\$ 340,000.00	\$ 140,000.00
TN-111-002	\$ 66,403.00	\$ 90,250.00	\$ 137,000.00	\$ -	\$ 193,200.00
HAWide	\$ 10,878.00	\$ 40,000.00	\$ 45,000.00		
CFPFundsListedfor5-year planning	\$ 352,196.00	\$ 337,800.00	\$ 332,000.00	\$ 340,000.00	\$ 333,200.00
ReplacementHousing FactorFunds					

Capital Fund Program Five-Year Action Plan  
 Part II: Supporting Pages-Work Activities

Activities for Year 1	Activities for Year 2		Estimated Cost	Activities for Year 3		Estimated Cost
	FFY Grant	2003		FFY Grant	2004	
Annual Statement	Development Name/Number	Major Work Categories		Development Name/Number	Major Work Categories	
	VIRGINIA WALKER APTS TN-111-001	LANDSCAPE/ EROSION CONTROL	\$ 3,000.00	VIRGINIA WALKER APTS TN-111-001	LANDSCAPE/ EROSION CONTROL	\$ 5,000.00
	VIRGINIA WALKER APTS TN-111-001	Refrigerators	\$ 11,550.00	VIRGINIA WALKER APTS TN-111-001	FIRE BREAKUP GRADE	\$ 10,000.00
	VIRGINIA WALKER APTS TN-111-001	WASHER DRYER CONN	\$ 25,500.00	VIRGINIA WALKER APTS TN-111-001	Roof Insulation	\$ 20,000.00
	VIRGINIA WALKER APTS TN-111-001	DECKING	\$ 22,500.00	VIRGINIA WALKER APTS TN-111-001	dumpsters	\$ 9,000.00
	VIRGINIA WALKER APTS TN-111-001	KITCHEN CABINETS TN-111-001	\$ 90,000.00	VIRGINIA WALKER APTS TN-111-001	Undgrade Fire Breaks	\$ 21,000.00
	VIRGINIA WALKER APTS	FOUNDATION LEAKS	\$ 20,000.00	VIRGINIA WALKER APTS	Replaces sliding doors	\$ 25,000.00
	VIRGINIA WALKER APTS	Water Saving Commode	\$ 35,000.00	TN-111-001	townhouse units	
	SUBTOTAL VWAPTS		<b>\$ 207,550.00</b>	VIRGINIA WALKER APTS	OFFICE/MAIN TAMP.	\$ 60,000.00
				SUBTOTAL VWAPTS		<b>\$ 150,000.00</b>
	BAKERTOWN APTS TN-111-002	LANDSCAPE/ EROSION CONTROL	\$ 3,000.00	BAKERTOWN APTS TN-111-002	LANDSCAPE/ EROSION CONTROL	\$ 5,000.00
	BAKERTOWN APTS TN-111-002	WASHER DRYER CONN	\$ 23,750.00	BAKERTOWN APTS TN-111-002	FIRE BREAKUP GRADE	\$ 100,000.00
	BAKERTOWN APTS TN-111-002			BAKERTOWN APTS TN-111-002	Roof Insulation	\$ 20,000.00
	BAKERTOWN APTS TN-111-002	DECKING	\$ 22,500.00	BAKERTOWN APTS TN-111-002	dumpsters	\$ 9,000.00
	BAKERTOWN APTS TN-111-002	Office & 2 bldgs roofing	\$ 17,000.00	BAKERTOWN APTS TN-111-002	water saving commode	\$ 3,000.00
	BAKERTOWN APTS TN-111-002	comm room low E windows security screens	\$ 4,000.00			
	BAKERTOWN APTS	water saving commode	\$ 20,000.00			
			<b>\$ 90,250.00</b>	SUBTOTAL BTAPTS		<b>\$ 137,000.00</b>
	HAWIDE	MOWERS	\$ 4,000.00	HAWIDE	A&E	\$ 30,000.00
	HAWIDE	A&E STUDIES	\$ 30,000.00	HAWIDE	ADA WALKS	\$ 15,000.00
	HAWIDE	ADMINISTRATION	\$ 6,000.00	SUBTOTAL HAWIDE		<b>\$ 45,000.00</b>
	SUBTOTAL HAWIDE		<b>\$ 40,000.00</b>			

Total CFPEstimatedCost

**\$ 337,800.00**

**\$ 332,000.00**



ATTACHMENT J

LEASE ADDENDUM

TO ALLOW FOR PETS

Lessee: \_\_\_\_\_ Account No. \_\_\_\_\_

Co-Lessee: \_\_\_\_\_ Pet Deposit: \_\_\_\_\_

Name and Description of Pet: \_\_\_\_\_

---

I, \_\_\_\_\_, agree to the following rules and statements made in this Lease Addendum as set by the Knox County Housing Authority.

When Knox County Housing Authority refers to pets, that means that only dogs, cats, birds, and fish are included. This Lease Addendum tells me what I am responsible for and what Knox County Housing Authority is responsible for concerning my dog or cat.

Only one pet is allowed per family.

I also understand that my pet cannot be larger than:

- (a) Dog – 15 inch tall when full grown
- (b) Cat – 10 inch tall when full grown

I agree to pay \$100.00 as a pet deposit. I must pay this amount in full before I can have my pet in \_\_\_\_\_ he apartment. The Knox County Housing Authority can use this money to pay for damages “beyond normal wear and tear” caused by my pet, or for other damages to Knox County Housing Authority property caused by my pet while I am a resident. I understand that this pet deposit is paid in addition to my required Security Deposit, and this amount must remain in my account during my tenancy as a resident or as long as I have a pet.

WHAT I MUST DO:

1. I must provide Knox County Housing Authority with all verification of my pet’s inoculations, neutering, etc., before I can have my pet and I must bring verification of inoculation each year at the annual reexamination time.
2. I must make sure my pet receives the medical care necessary for my pet to maintain good health.
3. I must have my dog on a leash and muzzle any time it is out of my own apartment. I must have my cat on a leash any time it is out of my own apartment.
4. I must not walk or exercise my pet anywhere in the building. I will exercise my pet only in the areas on Knox County Housing Authority grounds that are marked as exercise areas.
5. I must accept complete responsibility for any damages to property caused by my pet. This includes other residents’ property as well as all Knox County Housing Authority property.
6. I will hold harmless Knox County Housing Authority for any injuries or damages caused by my pet.
7. I must accept complete responsibility for the behavior and conduct of my pet at all times.
8. In event of my pet’s death, I must dispose of the remains according to \_\_\_\_\_ o local health regulations.

WHAT KNOX COUNTY HOUSING AUTHORITY WILL NOT DO

1. Knox County Housing Authority will not be responsible for my pet at any time regardless of the circumstances.
2. Knox County Housing Authority will not be responsible for any damages \_\_\_\_\_ or injuries caused by my pet.
3. Knox County Housing Authority will not permit my pet to become a nuisance to management or other residents.

WHAT KNOX COUNTY HOUSING AUTHORITY WILL DO

1. When it is necessary for Knox County Housing Authority to spray for fleas and ticks or other insects caused by my pet other than at a regular appointed time, Knox County Housing Authority will charge me for the cost of spraying.
2. Knox County Housing Authority will dispose of my pet in any way necessary, if at any time I leave my pet unattended or abandoned.
3. Knox County Housing Authority will take appropriate actions if my pet is causing the living or working conditions in my building to be unsafe, unsanitary, or indecent.
4. Knox County Housing Authority will give me a Notice to Vacate and will end my Lease if there are repeated or continuous problems with my pet.

DO I UNDERSTAND THIS LEASE ADDENDUM?

By signing this lease Addendum, I am saying that Knox County Housing Authority has gone over it with me. I am also saying that I understand all of it. I understand that this is an agreement between me and the Housing Authority and that it is a legally binding contract between me and Knox County Housing Authority.

We signed this Lease Addendum on \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_  
Lessee

\_\_\_\_\_  
Knox County Housing Authority

\_\_\_\_\_  
By \_\_\_\_\_

Title \_\_\_\_\_

ATTACHMENTK

KnoxCountyHousingAuthority

MinutesofBoardMeeting

June17,1999

TheBoardofCommissionersofKnoxCountyHousingAuthoritymetat10:00AMonFebruary18,1999 at6333PleasantRidgeRoad.ThemeetingwasheldincompliancewithChapter442ofthePublicActs (SunshineLaw).OnRollCallthoseattendingwere:

Present

Mr.EarlJulian

Mr.JosephGuess

Ms.HenriettaGrant\*

Mr.LeonSilvey

Absent

Mr.AubreyJenkins

TheminutesoftheFebruary18,1999meetingwere movedforapprovalbyMr.Julianand secondedbyMr.Silvey.OnRollCalltheVoteswere:

Ayes

Mr.Julian

Mr.Guess

Ms.Grant\*

Mr.Silvey

Nays

None

ResolutionA

5/99PH

WhereasHUDregulationsrequirePHA'stoprepareandsubmitPublic HousingManagement AssessmentProgram(PHMAP)CertificationforFY3/31/99,and

WhereasKCHAstaffhaspreparedthePHMAPcertification:

NowThereforeBeItResolvedThatthePHMAPcertificationbeapprovedandsubmittedto HUD.

Mr.Julianmadesucha motionanditwassecondedbyMr.Guess.OnRollCallTheVotesWere:

Ayes

Mr.Julian

Mr.Guess

Ms.Grant\*

Mr.Silvey

Nays

None

Resolution B  
6/99PH

Whereas HUD has issued regulation that require PHA's to take steps to insure that the tenants  
were not concentrated in developments of one income level, and

Whereas HUD has issued guidance on implementing the Deconcentration Policy,

Now Therefore Be It Resolved That KCHA take the required steps necessary to comply with  
HUD's Deconcentration Policy.

Mr. Julian made such a motion and it was seconded by Mr. Silvey. On Roll Call The Votes  
Were:

Ayes	Nays
Mr. Julian	None
Mr. Guess	
Ms. Grant*	
Mr. Silvey	

There Being No Additional Business, the meeting was adjourned.

- Phone

---

Earl Julian

---

William Pierce

**ATTACHMENTL**

**ResidentBoardMember**

KnoxCountyHousingAuthorityResidentBoardMember:

TinaSwanner  
6331PleasantRidgeRoad #5001  
Knoxville,TN37921  
(VirginiaWalkerApts.)

ThetermwillexpireonMarch31,2003andKnoxCountyCommissionwillre appointthisposition .

TheResidentBoardMemberisselectedfromthecombinedResidentAdvisoryBoard\*fromeachcomplex.

\*SeeAttachmentB

AttachmentM

Following 972.200(b) Knox County Housing Authority certifies that conversion from public housing to tenant assistance would be inappropriate because of the development(s) would not meet the necessary conditions for voluntary conversion described at 972.200(c).

-based