

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2003

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

## PHA Plan Agency Identification

**PHAName:** Housing Authority of the City of Henrietta, Texas

**PHANumber:** TX082

**PHAFiscalYearBeginning:(mm/yyyy)** 04/2002

### PHA Plan Contact Information:

Name: June Griffin

Phone: (940)564 -2423

TDD:

Email(if available): hsingauth1@aol.com

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

### PHA Programs Administered :

Public Housing and Section 8

Section 8 Only

Public Housing Only

**Annual PHA Plan  
Fiscal Year 2003**  
[24 CFR Part 903.7]

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Other (List below, providing each attachment name)	
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X Attachment G: Deconcentration and Income Mixing	

**ii. Executive Summary**

Our tenants who are interested get together once a month for a potluck lunch where we not only give them an opportunity to voice any questions, concerns, and/or requests to us, but also try to keep them informed of any activities that might be coming up. We continually try to incorporate their desires into our planning. The money that is made available through Capital Fund is making it possible to continually upgrade our facilities and to maintain a neat, clean and safe environment for our tenants, and we are grateful for it.

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

**There are no changes to policies or programs that are not covered in other sections of this plan.**

**2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 83,326.00

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

D. Capital Fund Program Grant Submissions

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

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

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

The Capital Fund Program Annual Statement is provided as Attachment B

**3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

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

2. Activity Description

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

**4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

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

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

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

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

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

[24 CFR Part 903.7(m)]

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

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_

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

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

**6. Other Information**

[24 CFR Part 903.79(r)]

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

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

2. If yes, the comments are attached at Attachment \_\_\_\_\_

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

The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

Yes No: below

Yes No: at the end of the RAB Comments in Attachment \_\_\_\_\_.

Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_\_.

Other: (list below)

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

1. Consolidated Plan jurisdiction: (State of Texas)

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)

X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan Agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan Agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (lists such initiatives below)

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

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

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

Promote adequate affordable housing, promote economic opportunity and promote a suitable living environment without discrimination.

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

**1. Amendment and Deviation Definitions**

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

Any Change to Mission Statements such as:

50% deletion from or addition to the goals and objectives of any individual goal or objective

50% or more decrease in the quantifiable measurement of any individual goal or objective

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

50% variance in the funds projected in the Capital Fund Program Annual Statement

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

Any change in a policy or procedure that requires a regulatory 30 -day posting

Any submission to HUD that requires a separate notification to residents such as HOPE VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership programs.

Any change inconsistent with the state approved Consolidated Plan.

## Attachment A Supporting Documents Available for Review

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

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Schedule of flat rents offered each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52(HA).	Annual Plan: Capital Needs
	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)



**Attachment B**

<b>Annual Statement/Performance and Evaluation Report</b>						
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>						
<b>PHAName:</b> <b>HENRIETTA HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TX21P08250102</b> Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2002</b>	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non -CFP Funds	0				
2	1406 Operations	8,333				
3	1408 Management Improvements	500				
4	1410 Administration	5,000				
5	1411 Audit	0				
6	1415 Liquidated Damages	0				
7	1430 Fees and Costs	9,000				
8	1440 Site Acquisition	0				
9	1450 Site Improvement	10,750				
10	1460 Dwelling Structures	26,743				
11	1465.1 Dwelling Equipment — Nonexpendable	7,000				
12	1470 Nondwelling Structures	14,000				
13	1475 Nondwelling Equipment	2,000				
14	1485 Demolition	0				
15	1490 Replacement Reserve	0				
16	1492 Moving to Work Demonstration	0				
17	1495.1 Relocation Costs	0				
18	1499 Development Activities	0				
19	1501 Collateralization or Debt Service	0				
20	1502 Contingency	0				
21	Amount of Annual Grant: (sum of lines 2 – 20)	83,326				
22	Amount of line 21 Related to LBP Activities	0				
23	Amount of line 21 Related to Section 504 compliance	0				
24	Amount of line 21 Related to Security – Soft Costs	0				
25	Amount of Line 21 Related to Security – Hard Costs	0				
26	Amount of line 21 Related to Energy Conservation Measures	0				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: <b>HENRIETTA HOUSING AUTHORITY</b>			Grant Type and Number Capital Fund Program Grant No: <b>TX21P08250102</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2002</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHAWIDE	OPERATIONS	1406	1	8,333				
	MANAGEMENT IMPROVEMENTS							
	a) Training office personnel	1408	1	500				
	ADMINISTRATION							
	a) Clerk of the Works	1410	1	4,000				
	b) Computer upgrade	1410	1	1,000				
	FEES AND COSTS							
	a) Architectural and Engineering	1430	1	5,000				
	b) Inspection	1430	1	3,000				
	c) Sundry	1430	1	1,000				
	NONDWELLING EQUIPMENT							
	a) Misc. yard equipment	1475	1	2,000				
	Sub-Total			\$24,833				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: <b>HENRIETTA HOUSING AUTHORITY</b>			Grant Type and Number Capital Fund Program Grant No: <b>TX21P08250102</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2002</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
TX082 -001	SITE IMPROVEMENT							
PARKVIEW	a) Trim trees	1450	1	2,000				
	b) Retaining wall	1450	100 l.f.	2,250				
	DWELLING STRUCTURES							
	a) Kitchen cabinet replacement	1460	4	9,650				
	b) Upgrade electrical outlets	1460	6	3,600				
	c) Replace interior doors	1460	8	2,993				
	d) Interior painting	1460	2	1,500				
	DWELLING EQUIPMENT							
	a) Ranges	1465.1	5	1,150				
	b) Refrigerators	1465.1	5	1,650				
	c) Water heaters	1465.1	9	2,700				
	NONDWELLING STRUCTURES							
	a) Storage addition to Activity Bldg.	1470	1	14,000				
	Sub-Total			\$41,493				



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: <b>HENRIETTA HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program No: <b>TX21P08250102</b> Replacement Housing Factor No:				Federal FY of Grant: <b>2002</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TX082 -001 PARKVIEW	09-30-04			09-30-05			
TX082 -002 PRIGMORECT.	09-30-04			09-30-05			
PHAWIDE	09-30-04			09-30-05			



**Attachment C**

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

Part I: Summary

PHAName <b>HENRIETTA HOUSING AUTHORITY</b>					<input checked="" type="checkbox"/> Original 5 - Year <input type="checkbox"/> Revision No:
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: <b>2003</b> PHAFY: <b>2003</b>	Work Statement for Year 3 FFY Grant: <b>2004</b> PHAFY: <b>2004</b>	Work Statement for Year 4 FFY Grant: <b>2005</b> PHAFY: <b>2005</b>	
	Annual Statement	30,300	30,592	24,300	
<b>PHAWIDE</b>					
082-001 <b>PARKVIEW</b>		43,796	41,726	44,500	
082-002 PRIGMORE CT.		9,230	11,008	14,400	
CFP Funds Listed for 5-year planning		\$ 83,326	\$ 83,326	\$ 83,326	
Replacement Housing Factor Funds					

Capital Fund Program Five - Year Action Plan

**Part II: Supporting Pages — Work Activities**

Activities for Year 1	Activities for Year: <u>2</u> FFY Grant: 2003 PHAFY: 2003			Activities for Year: <u>2</u> FFY Grant: 2003 PHAFY: 2003	
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories
<b>See Annual Statement</b>	<b>PHAWIDE</b>	<b>OPERATIONS</b>	8,332	<b>PHAWIDE</b>	<b>OPERATIONS</b>
		<b>MGT.IMPROVEMENTS</b>			<b>MGT.IMPROVEMENTS</b>
		Training -Office	500		Training -Office
		<b>ADMINISTRATION</b>			Software
		Clerk of the Works	2,600		<b>ADMINISTRATION</b>
		Travel	250		Clerk of the Works
		<b>FEES AND COSTS</b>			Travel
		A&E	7,650		<b>FEES AND COSTS</b>
		Inspection	2,200		A&E
		Sundry	1,268		Inspection
		<b>NONDWELL.STRUCT.</b>			Sundry
		Interior remodel -Office	5,000		<b>NONDWELL.STRUCT.</b>
		<b>NONDWELL.EQUIP.</b>	2,500		a) Computer
					b) Printer
					c) Maintenance
	Sub-Total		\$30,300	Sub-Total	
Total CFPE Estimated Cost			\$ continued		

Capital Fund Program Five - Year Action Plan

**Part II: Supporting Pages — Work Activities**

Activities for Year 1	Activities for Year: <u>2</u> FFY Grant: 2003 PHAFY: 2003			Activities for Year: <u>2</u> FFY Grant: 2003 PHAFY: 2003		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	
<b>See Annual Statement</b>	<b>082-001</b>	<b>Landscaping &amp; sprinklers</b>	8,586	<b>082-001</b>	<b>Resurfacing</b>	
	PARKVIEW	<b>VCT flooring(8)</b>	8,000	PARKVIEW	<b>Foundation</b>	
		Kitchen cabinets(8)	12,000		<b>Kitchen</b>	
		Water heaters(8)	3,080		Interior paint	
		Foundation repair	10,000		<b>DWELLINGEQUIP.</b>	
		<b>DWELLINGEQUIP.</b>			a) Range	
		a) Ranges(3)	855		b) Refrigerators	
		b) Refrigerators(3)	1,275			
		Sub-Total		\$43,796	Sub-Total	

	082-002	Landscaping&sprinklers	2,750	082-002	Resurface
	PRIGMORECT.	VCTflooring(2)	2,000	PRIGMORECT.	Kitchencab
		Kitchencabinets(2)	3,000		Interiorpai
		Waterheater(2)	770		<b>DWELL</b>
		<b>DWELLINGEQUIP.</b>			a)Range
		a)Range(1)	285		b)Refrig
		b)Refrigerator(1)	425		
	Sub-Total		\$9,230	Sub-Total	
TotalCFPEstimatedCost			\$83,326		

CapitalFundProgramFive -YearActionPlan

**PartII:SupportingPages —WorkActivities**

ActivitiesforYear: <u>4</u> FFYGrant: <b>2005</b> PHAFY: <b>2005</b>			ActivitiesforYear: <u>5</u> FFYGrant: <b>2006</b> PHAFY: <b>2006</b>		
Development Name/Number	MajorWork Categories	Estimated Cost	Development Name/Number	MajorWork Categories	
<b>PHAWIDE</b>	<i>OPERATIONS</i>	8,332	<b>PHAWIDE</b>	<i>OPERATIONS</i>	
	<i>MGT.IMPROVEMENTS</i>			<i>MGT.IMPROVEMENTS</i>	
	Training -Office	500		Training -Office	
	<b>ADMINISTRATION</b>			<b>ADMINISTRATION</b>	
	ClerkoftheWorks	2,600		ClerkoftheWorks	
	Travel	250		Travel	
	<b>FEESANDCOSTS</b>			<b>FEESANDCOSTS</b>	
	A&E	7,650		A&E	
	Inspection	2,200		Inspection	
	Sundry	1,268		Sundry	
	<b>NONDWELL.STRUCT.</b>			<b>NONDWELL.EQUIP.</b>	
	Interiorremodel -Office	1,000		a)Maintenance	
	<b>NONDWELL.EQUIP.</b>	500		b)Truck	
Sub-Total		\$24,300	Sub-Total		
TotalCFPEstimatedCost		\$ <i>continued</i>			

## Capital Fund Program Five - Year Action Plan

**Part II: Supporting Pages — Work Activities**

Activities for Year: <u>4</u> FFY Grant: <b>2005</b> PHAFY: <b>2005</b>			Activities for Year: <u>5</u> FFY Grant: <b>2006</b> PHAFY: <b>2006</b>	
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories
<i>082-001</i>	<i>Waterdist.system repl.</i>	13,200	<i>082-001</i>	<i>Playground equipment</i>
PARKVIEW	<i>Sewerline replacement</i>	16,250	PARKVIEW	<i>Plumbing trim and fixtures</i>
	Gasline replacement	12,450		Exterior painting
	Foundation repair	1,000		<b>DWELLINGEQUIP.</b>
	Interior painting	1,684		a) Ranges(6)
				b) Refrigerators(6)
Sub-Total		\$44,584	Sub-Total	
082-002	Waterdist.s ystem repl.	4,300	082-002	Plumbing trim and fixtures
PRIGMORECT.	Sewerline replacement	5,250	PRIGMORECT.	<b>DWELLINGEQUIP.</b>
	Gasline replacement	4,050		a) Ranges(2)
	Interior painting	842		b) Refrigerators(2)
Sub-Total		\$14,442	Sub-Total	
Total CFPEstimated Cost		\$83,326		

**Capital Fund Program 5 - Year Action Plan**

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

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

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

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

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

- Elected
- Appointed

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

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

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

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Mayor Rick Langford, City of Henrietta

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

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

Margie Gilbert  
Pat McAnear

**Required Attachment \_\_F\_\_\_\_: Voluntary Conversion Required Initial Assessment**

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

2 Developments TX082 -001 Parkview  
TX082 -002 Prigmore Ct.

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

None

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

One

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

None

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

**Required Attachment G: Deconcentration and Income Mixing**

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

<b>Housing Need of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	47						
Income > 30% but <= 50% of AMI	45						
Income > 50% but < 80% of AMI	20						
Elderly	24						
Families with Disabilities	N/A						
African American	1						
Hispanic	0						
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:
- X U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)