

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

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

Agency Identification

PHA Name: MAUD HOUSING AUTHORITY

PHA Number: TX188

PHA Fiscal Year Beginning: 01/01/2003

PHA Plan Contact Information:

Name: Betty N. Foster

Phone:903-585-5417

TDD:

Email : MH5417@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]

i. Table of Contents

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

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<input type="checkbox"/> Other (List below, providing each attachment name)	

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

Maud Housing Authority PHA Plan for FY 2003 includes the anticipated completion of new construction. A building to house management offices and the court-mandated community room is scheduled for completion in late January 2003. Policies governing use of these facilities have been developed and made a part of our Policy Handbook.

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

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

There are no significant changes in policies or programs discussed in last year's PHA Plan as defined in Section 6(c) of this Plan.

An initial assessment to determine feasibility of voluntary conversion of public housing to tenant-based assistance was conducted for TX188001/Ash-Runnels Street. TX188002/Main Street is an elderly project and not subject to conversion.

It was determined that conversion would adversely affect the availability of affordable housing in the community.

Maud Housing Authority is not subject to the Deconcentration Rule per PIH Notice 2001-4 as we have less than 100 units.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated Capital Fund Program grant for the upcoming year? \$ 38,200.00

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

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

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

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

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

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

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

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

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

- A. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

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

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

2. If yes, the comments are Attached at Attachment (File name)

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

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: 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)

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

3. PHA Requests for support from the Consolidated Plan Agency

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

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

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan occurs when (1) non-emergency work items in excess of 20% of available funds are added requiring changes in use of funds, and (2) change with regard to demolition or disposition, designation or conversion activities become necessary.

B. Significant Amendment or Modification to the Annual Plan occurs when changes to Rent or Admissions and Continued Occupancy policies affect the affordability and/or suitability of public housing.

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.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	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 checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	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
N/A	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
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	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
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · 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. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Maud Housing Authority		Grant Type and Number Capital Fund Program unknown Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2003	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies			<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<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	3,820.00				
3	1408 Management Improvements					
4	1410 Administration	1,880.00				
5	1411 Audit					
6	1415 liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition	7,000.00				
9	1450 Site Improvement	19,000.00				
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable	3,000.00				
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment	3,500.00				
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2-19)	38,200.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Compliance					

Annual Statement/Performance and Evaluation Report				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: Maud Housing Authority		Grant Type and Number Capital Fund Program unknown Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Maud Housing Authority		Grant Type and Number Capital Fund Program TX21P18850102 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2002 <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	3,820.00	-0-			
3	1408 Management Improvements					
4	1410 Administration		2,320.00			
5	1411 Audit					
6	1415 liquidated Damages					
7	1430 Fees and Costs		1,500.00			
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures	34,380.00	34,380.00			
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2-19)	38,200.00	38,200.00			
21	Amount of line 20 Related to LBP Activities					

Annual Statement/Performance and Evaluation Report				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: Maud Housing Authority		Grant Type and Number Capital Fund Program TX21P18850102 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1)				
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2002 <input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
22	Amount of line 20 Related to Section 504 Compliance			
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Maud Housing Authority		Grant Type and Number Capital Fund Program: TX21P18850101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2002		<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	-0-				
3	1408 Management Improvements					
4	1410 Administration					
5	1411 Audit					
6	1415 liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable	14,650.00	14,661.00	14,661.00	14,661.00	
12	1470 Nondwelling Structures	25,334.00	25,323.00	-0-	-0-	
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2-19)	39,984.00	39,984.00	14,661.00	14,661.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Compliance					

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Maud Housing Authority		Grant Type and Number Capital Fund Program: TX21P18850101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2002		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
23	Amount of line 20 Related to Security					
24	Amount of line 20 Related to Energy Conservation Measures					

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Maud Housing Authority		Grant Type and Number Capital Fund Program:TX21P18850100 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies			<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2)
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2002		<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				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	4,565.00	5,565.00	5,565.00	1,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	34,638.00	33,638.00	-0-	-0-
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	39,203.00	39,203.00	5,565.00	1,000.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Maud Housing Authority		Grant Type and Number Capital Fund Program:TX21P18850100 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2002 <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
23	Amount of line 20 Related to Security					
24	Amount of line 20 Related to Energy Conservation Measures					

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Maud Housing Authority			Grant Type and Number Capital Fund Program # TX21P18850100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX188 HA Wide	Housing Authority needs Architect/engineer to administer contract and make on-site inspections of work in progress.	1430		4,565.00	5,565.00	5,565.00	1,000.00	
TX 188 HA Wide	Construct, Equip and Landscape a new Community Ctr/Office Bldg	1470		34,638.00	33,638.00	-0-	-0-	
Grand Totals				34,638.00	33,638.00	5,565.00	1,000.00	

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Maud Housing Authority		Grant Type and Number CIAP TX21P18890499 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 1999
<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: 6/30/2002		<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	4,000.00		4,000.00	4,000.00
3	1408 Management Improvements				
4	1410 Administration	5,142.50		5,142.50	5,142.50
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	330.00		330.00	330.00
8	1440 Site Acquisition				
9	1450 Site Improvement	19,775.50		1,065.00	1,065.00
10	1460 Dwelling Structures	7,392.00		7,392.00	7,392.00
11	1465.1 Dwelling Equipment—Nonexpendable	3,047.00		3,047.00	3,047.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	650.00		650.00	650.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	40,337		21,626.50	21,626.50
21	Amount of line 20 Related to LBP Activities				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Maud Housing Authority		Grant Type and Number CIAP TX21P18890499 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 1999	
<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: 6/30/2002 <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
22	Amount of line 20 Related to Section 504 Compliance					
23	Amount of line 20 Related to Security					
24	Amount of line 20 Related to Energy Conservation Measures					

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name :Maud Housing Authority		Grant Type and Number CIAP TX21P18890499 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 1999			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX188-001								
TX188-001-1	Replace existing sewer distribution system with new PVC lines at 4 units.	1450		-0-		0	0	
TX188-001-2	Purchase and install 2 rural mail boxes	1450		365		365	365	
TX188-001-3	Paint the interior of 3 units.	1460		3,550		3,550	3,550	
TX188-001-4	Install new heavy duty window screens at 3 units.	1460		273		273	273	
TX188-001-5	Purchase 3 ranges.	1465		348		348	348	
TX188-001-6	Purchase Refrigerators.	1465		995		995	995	
	TX188-001 Total			5,531		5,531	5,531	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name :Maud Housing Authority			Grant Type and Number CIAP TX21P18890499 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX188-002 Tx-188-002-1	Replace existing sewer distribution system with new PVC lines at 4units.	1450		-0-		0	0	
TX188-002-2	Replace existing security yard lanterns with new.	1450		-0-		0	0	
TX188-001-3	Extensive grading is required to correct drainage and eliminate water ponding on parking lot.	1450		700		700	700	
TX188-002-4	Purchase and install 2 picnic tables for resident use.	1450		-0-		0	0	
TX188-002-5	Repair cracks in building.	1460		800		800	800	
TX188-002-6	Paint interior of units as needed and replace tile in one unit.	1460		2,544		2,544	2,544	
TX188-002-7	Replace storm doors and weatherstripping as needed.	1460		225		225	225	
TX188-002-8	Purchase 3 ranges.	1465		698		698	698	
TX188-002-9	Purchase refrigerators.	1465		1,006		1,006	1,006	
	TX188-002 Total			5,973		5,973	5,973	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name :Maud Housing Authority		Grant Type and Number CIAP TX21P18890499 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX188-HA								
TX188-HA-1	Transfer funds into operating budget	1406		4,000.00		4,000.00	4,000.00	
TX188-HA 2	Housing Authority needs part-time help during the CIAP including non-technical help.	1410		5,142.50		5,142.50	5,142.50	
TX188-HA 3	Housing Authority needs sundry planning funds for advertisement and reproduction.	1410		-0-		0	0	
TX188-HA-4	Housing Authority needs on-site inspector to monitor work in progress.	1430		-0-		0	0	
TX188-HA-5	Housing Authority needs Architect/Engineer to develop drawings and specifications, carry out bid procurement, administer contract and make on-site observation of work in progress.	1430		330.00		330.00	330.00	
TX188-HA-6	Site work for new Community Center.	1450		18,710.50		0	0	
TX188-HA-7	Purchase fax machine.	1475		650.00		650.00	650.00	
	PHA Wide Total			28,833.00		10,122.50	10,122.50	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name :Maud Housing Authority			Grant Type and Number CIAP TX21P18890499 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	Total All Pages			40,337.00	40,337.00	21,626.50	21,626.50	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Maud Housing Authority		Grant Type and Number CIAP TX21P18890596 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 1999
<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: 6/30/2002		<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				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	19,102		19,102	18,855
8	1440 Site Acquisition				
9	1450 Site Improvement	1,225		1,225	1,225
10	1460 Dwelling Structures	7,000		671	671
11	1465.1 Dwelling Equipment—Nonexpendable	1,350		1,150	1,150
12	1470 Nondwelling Structures	110,123		0	0
13	1475 Nondwelling Equipment	8,000		6,721	6,721
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	146,800		28,869	28,622
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Maud Housing Authority		Grant Type and Number CIAP TX21P18890596 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 1999	
<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: 6/30/2002 <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
1.	Amount of line 20 Related to Security					
24	Amount of line 20 Related to Energy Conservation Measures					

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Maud Housing Authority			Grant Type and Number CIAP TX21P18890596 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX188 HA								
TX188-HA-1	Housing Authority needs on-site inspector to monitor work in progress.	1430		-0-		0	0	
TX188-HA-2	Housing Authority needs Architect/Engineer to develop drawings and specifications, carry out bid procurement, administer contract and make on-site inspections of work in progress.	1430		17,996.00		17,996.00	17,749.40	
TX188-HA3	Provide funds for closing costs on community center property.	1430		1,106.00		1,106.00	1,106.00	
TX188-HA-4	Site preparation for playgrounds.	1450		1,225.00		1,225.00	1,225.00	
TX188-HA-5	Replace existing windows throughout each unit and install new heavy duty security screens at site AB.	1460		-0-		0	0	
TX188-HA-6	Provide 8 washers and 8 dryers for eight units at site AA.	1465		-0-		0	0	
TX188-HA-7	Provide 2 washers and 2 dryers for two units at Site AB.	1465		1,350.00		1,150.00	1,150.00	
TX188-HA-8	Construct a new community center to include Housing Authority office and a laundry facility at Site AC.	1470		110,123.00		0	0	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Maud Housing Authority		Grant Type and Number CIAP TX21P18890596 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX188-HA-9	Purchase and install new playground equipment at Site AA.	1475		6,446.00		6,446.00	6,446.00	
TX188-HA-10	Purchase and install new playground equipment at Site AB.	1475		0		0	0	
TX188-HA-11	Purchase furniture for new community center.	1475		1,554.00		275.00	275.00	
TX188-HA-12	Relocate Electric Dryers to comply with court order.	1460		7,000.00		671.00	671.00	
	Total			146,800.00		28,869.00	28,622.40	

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.

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
TX188-HA	PHA Wide	
	Estimated Cost	Planned Start Date (HA Fiscal Year)

1.Maintain laundries, air conditioners and sewer lines.	10,000	2004
2.Install French drains at site AC to alleviate ponding on sidewalks.	7,500	2004
3.Replace tile floors in 8 units.	5,000	2004
4.Repair/replace roof on one unit.	4,000	2004
5. Operations	5,000	2004
6. Administration	10,000	2004
7. Replace sewer lines at Site AA.	12,000	2005
8. Replace floor covering in 10 units.	6,000	2005
9. Modify two apartments to add handicap accessible ramps.	800	2005
10.Insure and maintain new community building.	3,000	2005
11.Replace wood door frames at Site AB and AA with steel frames.	5,000	2005
12.Operations	5,000	2005
13. Administration	10,000	2005
14.Acquire lot adjacent to site AA to expand parking and playground.	5,000	2006
15.Paint interior of ten apartments.	2,500	2006
16.Install carbon monoxide detectors in all units.	600	2006
17.Maintain air conditioners/ .furnaces,	5,000	2006
18.Replace commodes, sinks, lavatories and faucets as needed.	8,000	2006
19.Insure and maintain community building.	3,000	2006
20.Operations	5,000	2006
21.Administration	10,000	2006

22.Paint exterior of all buildings.	10,000	2007
23.Install ceiling fans in living rooms and bedrooms.	13,000	2007
24.Replace ranges/refrigerators/hot water heaters as needed.	8,000	2007
25..Insure and maintain community building.	3,000	2007
26. Operations	5,000	2007
27. Administration	10,000	2007
Total	171,400	

PHA Public Housing Drug Elimination Program Plan

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

Section 1: General Information/History

- A. Amount of PHDEP Grant \$ _____
- B. Eligibility type (Indicate with an “x”) N1 _____ N2 _____ R _____
- C. FFY in which funding is requested _____
- D. **Executive Summary of Annual PHDEP Plan**

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

E. Target Areas

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

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

F. Duration of Program

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

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY ____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

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

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

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

9116 - Gun Buyback TA Match				Total PHDEP Funding: \$			
Goal(s)							
Objectives							

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							

2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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: 24 Jul 2003

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

Mayor Robert Wells
City of Maud
Maud, Texas 75567

**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.)

Evelyn Horton
Sandra Hankins