

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

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**Housing Authority of the City of Kyle, Texas**

Small PHA Plan Update

Annual Plan for Fiscal Year: FYE 2003

**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:** Housing Authority of the City of Kyle

**PHANumber:** TX367

**PHA Fiscal Year Beginning:(mm/yyyy)** 1 July 2003

### PHA Plan Contact Information:

Name: Vickie Simpson

Phone: 512-268-7801

TDD: N/A

Email(if available): N/A

### 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

**Housing Authority of the City of Kyle****Annual PHA Plan****Fiscal Year 20 03**

[24CFR 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 filename in parentheses in the space to the right of the title.

**Contents****Page#****Annual Plan**

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ii. Annual Plan Information	
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**Attachments**

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

**ii. Executive Summary**

[24CFR Part 903.79(r)]

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

**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 the current PHA Plan. This section of this  
 Update.

*HA will continue to provide quality subsidized housing to extremely low to low income residents of the City of Kyle. The HA will continue to maintain the property in the highest quality manner in a cost efficient manner. Due to limited resources and needs in the community, the HA will continue in a maintenance mode. Assets will be maintained promptly and adequately to meet the mission of the HA. HA is mixing the use of its Capital Funds adding significant amounts periodically to operations to help ensure the financial viability and health of the HA. When appropriate and necessary, HA will accumulate CFP funds to more adequately address the needs of the Housing Authority. HA will continue to partner with residents addressing, as efficiently and effectively as possible within present and projected financial conditions, identified needs of residents and other stakeholders.*

**2. Capital Improvement Needs**

[24CFR Part 903.79(g)]  
 Exemptions: Section 8 only PHAs are not required to complete this component.

- A.  Yes  No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? **\$34,795**
- 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.D Demolition and Disposition**

[24CFR Part 903.79(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

<b>Demolition/Disposition Activity Description</b> (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: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

**4. Voucher Homeownership Program**

[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 either relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

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

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component. 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**

[24CFR Part 903.79(r)]

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

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

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

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) **Not applicable.**

**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 on 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  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) **Increase and preserve the availability of safe, decent, and affordable housing for very low, low, and moderate income persons and families.**

### 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:

- change to rent or admissions policies or organization of the waiting list;
- addition 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;
- addition of new activities not included in the current PHA DEEP Plan; and
- any change with regard to demolition or disposition, designation, home ownership programs or conversion activities.

In addition, an exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD.

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

See above.

## 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
N/A	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 impediment 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
N/A	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	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
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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any required policies governing any Section 8 special housing types <input checked="" 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
X	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
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
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
N/A	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
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
X	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 residents 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"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
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
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
	Others 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						
PHAName: Housing Authority of the City of Kyle		Grant Type and Number Capital Fund Program: TX59-P367-50101 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 type="checkbox"/> Revised Annual Statement (revision no: )		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: December 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	\$3,648		\$3,648	\$3,648	
3	1408 Management Improvements					
4	1410 Administration	2,500				
5	1411 Audit	500		500	500	
6	1415 Liquidated Damages					
7	1430 Fees and Costs	4,000				
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	26,000		12,000	12,000	
11	1465.1 Dwelling Equipment — Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$36,648		\$16,148	\$16,148	
21	Amount of line 20 Related to LBP Activities					
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					

<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>								
PHAName: Housing Authority of the City of Kyle			<b>Grant Type and Number</b> Capital Fund Program#: TX59-P367-50101 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2001		
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	
HA Wide	Operations	1406	N/A	\$3,648		\$3,648	\$3,648	Completed
HA Wide	Administration	1410	N/A	2,500		-0-	-0-	Completed
HA Wide	Audit	1411	N/A	500		500	500	Completed
HA Wide	Fees & Costs	1430	N/A	4,000				
HA Wide	Utility Rooms	1460	21	26,000		12,000	12,000	In Progress

<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>							
PHAName: Housing Authority of the City of Kyle, Texas			<b>Grant Type and Number</b> Capital Fund Program#: TX59-P367-50101 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2001	
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	
HA Wide	30 Sep 03		30 Jun 03	30 Sep 05		30 Jun 03	

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Housing Authority of the City of Kyle		Grant Type and Number Capital Fund Program: TX59-P367-50102 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 type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: December 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	\$4,295	-0-	-0-	-0-
3	1408 Management Improvements				
4	1410 Administration	2,000	-0-	-0-	-0-
5	1411 Audit	500	-0-	-0-	-0-
6	1415 Liquidated Damages				
7	1430 Fees and Costs	6,000	-0-	-0-	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement	17,000	-0-	-0-	-0-
10	1460 Dwelling Structures	5,000	-0-	-0-	-0-
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$34,795	-0-	-0-	-0-
21	Amount of line 20 Related to LBP Activities				
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				

<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>								
PHAName: Housing Authority of the City of Kyle			Grant Type and Number Capital Fund Program#: TX59-P367-50102 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2002		
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	
HA Wide	Operations	1406	N/A	\$4,295	-0-	-0-	-0-	
HA Wide	Administration	1410	N/A	2,000	-0-	-0-	-0-	
HA Wide	Audit	1411	N/A	500	-0-	-0-	-0-	
HA Wide	Fees & Costs	1430	N/A	6,000	-0-	-0-	-0-	
HA Wide	Parking	1450	W. 2nd	12,000	-0-	-0-	-0-	
HA Wide	Storage Units	1450	21	5,000	-0-	-0-	-0-	
HA Wide	Bathroom Improvements	1460	21	5,000	-0-	-0-	-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 III: Implementation Schedule</b>							
PHAName: Housing Authority of the City of Kyle, Texas		Grant Type and Number Capital Fund Program#: TX59-P367-50102 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	30 Sep 04			30 Sep 06			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>						
<b>PHAName:</b> Housing Authority of the City of Kyle		<b>Grant Type and Number</b> Capital Fund Program: TX59-P367-50103 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  2003	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <span style="margin-left: 200px;"><input type="checkbox"/> Reserve for Disasters/Emergencies</span> <span style="margin-left: 50px;"><input type="checkbox"/> Revised Annual Statement (revision no:     )</span>						
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <span style="margin-left: 200px;"><input type="checkbox"/> Final Performance and Evaluation Report</span>						
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	\$4,000				
8	1440 Site Acquisition					
9	1450 Site Improvement	30,795				
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment — Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$34,795				
21	Amount of line 20 Related to LBP Activities					
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					

<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>								
PHAName: Housing Authority of the City of Kyle			<b>Grant Type and Number</b> Capital Fund Program#: TX59-P367-50103 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2003		
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	
HA Wide	Fees & Costs	1430	N/A	\$4,000				
TX367	Storage Units	1450	21	30,795				

<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>							
PHAName: Housing Authority of the City of Kyle			<b>Grant Type and Number</b> Capital Fund Program#: TX59-P367-50103 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2003	
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	
HA Wide	30 Sep 05			30 Sep 06			



**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.

CFP5 -Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide) PHA Wide	
TX367-002	Housing Authority of the City of Kyle	
Description of Needed Physical Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)

Operations	\$4,795	FYE2005
Administration	2,000	FYE2005
Audit	500	FYE2005
Fees&Costs	2,000	FYE2005
SiteImprovement,landscapingandsidewalks	5,000	FYE2005
Repairandreplaceselectedsoffit/Paint	16,000	FYE2005
Ranges/Refrigerators	4,500	FYE2005
Operations	4,295	FYE2006
Administration	1,000	FYE2006
Audit	500	FYE2006
Fees&Costs	4,000	FYE2006
Replacedoorsincludinghardwarein21units	12,000	FYE2006
Replaceexistingslidingclosetdoors	10,000	FYE2006
Ranges/Refrigerators	3,000	FYE2006
Operations	345	FYE2007
Administration	1,000	FYE2007
Audit	500	FYE2007
Fees&Costs	4,000	FYE2007
OtherSiteimprovements	1,000	FYE2007
Replaceexistinghosebibs	2,000	FYE2007
Replacelighting	5,450	FYE2007
Kitchen/BathroomRepairs	5,000	FYE2007
InteriorRepairs/Painting	5,500	FYE2007
ExteriorPainting	5,000	FYE2007
Replacedoorhardware	2,500	FYE2007
Ranges/Refrigerators	2,500	FYE2007
Operations	34,795	FYE2008
<b>Totalestimatedcostovertnext5years</b>	<b>\$139,180</b>	





**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:

**Sylvia Posoda**

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): **June 30, 2003**

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): **N/A**

B. Date of next term expiration of a governing board member: **June 30, 2003**

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

**Mayor James Adkins**

## **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.)

- 1. Sam Solis**
- 2. Adam Garcia**
- 3. Ema Mata**

## **Attachment F: INITIAL VOLUNTARY CONVERSION ASSESSMENT**

(Not eligible for Conversion)

PHA: **Housing Authority of the City of Kyle**

DEVELOPMENT NAME: Charles Young Homes

We have reviewed the subject development's operation as public housing, considered the implications of converting the public housing to tenant-based assistance, and concluded that the development **does not meet the necessary conditions for voluntary conversion**. Our analysis indicates that conversion of the development:

1. Will be more expensive than continuing to operate the development (or portion of it) as public housing;
2. Would not principally benefit the residents of the public housing development to be converted and the community; and
3. Would adversely affect the availability of affordable housing in the community.

## **Attachment G: FOLLOW UP PLAN TO RESIDENT ASSESSMENT SURVEY**

The following provides a summary of the follow up plan as a result of the most recent and prior year Resident Surveys. The area where the Housing Authority is required to address for the current year is Safety.

The Housing Authority continues to informally consult with residents individually and formally consult with the resident group to gather as much information for the residents as possible to fully understand their concerns. The HA continues to hold resident meetings, encourage and incentivize greater participation and attendance in resident gatherings, conduct Housing Authority administered surveys of the residents, develop and nurture existing relationships with residents, and forging new relationships with other residents.

As it relates to Safety, and since this has been an issue for several years running, we believe further information is necessary as set forth in the second paragraph above. After we are able to gather more information the HA will better know which way to approach this issue. Once this information is gathered, the HA will perform an assessment of the results, review its Capital Funding, and develop an appropriate plan of action with the input of the Resident Advisory Board and other residents, as necessary. The HA will continue to monitor this situation to ensure residents satisfaction.

## **Attachment H: SUMMARY OF COMMUNITY SERVICES REQUIREMENT**

The following provides a summary of the Community Service Policy as set forth in the Admission and Occupancy Policy of the Housing Authority of the City of Kyle:

Each adult resident, except residents (i) 62 years or older, (ii) disabled, (iii) that are the primary caretaker of a disabled resident, or (iv) presently working or in a State funded work or welfare -to-work program, **is required** to contribute 8 hours per month of community service (not including political activities) within the community in which the resident resides, participate in an economic self-sufficiency program for 8 hours per month, or perform 8 hours per month of combined activities.