

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

HOUSING AUTHORITY OF ASOTIN COUNTY

PHA Plan Agency Identification

PHA Name: HOUSING AUTHORITY OF ASOTIN COUNTY

PHA Number: WA017

PHA Fiscal Year Beginning: 01/2003

PHA Plan Contact Information:

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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 2002

[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.

Contents	<u>Page #</u>
Annual Plan	
i. Table of Contents	1
ii. Executive Summary (optional)	2
iii. Annual Plan Information	
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	2
2. Capital Improvement Needs	2
3. Demolition and Disposition	3
4. Homeownership: Voucher Homeownership Program	3
5. Crime and Safety: PHDEP Plan	4
6. Other Information:	
A. Resident Advisory Board Consultation Process	5
B. Statement of Consistency with Consolidated Plan	5
C. Criteria for Substantial Deviations and Significant Amendments	6
Attachments	
<input checked="" type="checkbox"/> Attachment A : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment B : Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment C : Capital Fund Program 5 Year Action Plan	
<input type="checkbox"/> Attachment ___ : Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment ___ : Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment D : Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment E : Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/> Attachment F : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment G : Deconcentration and Income Mixing	
Attachment H : Deconcentration Policy	

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

The Housing Authority of Asotin County has prepared this Annual Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.

This Plan continues the activities outlined in preceding Plans. Improvements and renovations of housing stock and grounds with the use of Capital Funds are moving forward, with some minor changes made in planning for expenditures based on input from residents.

Preparations are beginning for applying for funding to construct a facility with enhanced services for low-income elderly families to enable them to remain in their homes and live with dignity for as long as possible. This goal was set in the first year of our 5-Year 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 other sections of this Update.

The housing authority will continue to modify its programs and policies to be in compliance with HUD rules and regulations. The major change is that implementation of the Community Service requirement has been suspended until further congressional or HUD action.

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 or actual (if known) Capital Fund Program grant for the upcoming year? **\$ 310,094 (estimated based on 2002 amount)**

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 **F**

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 F.**
 - 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 Washington**

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)

The Washington State Consolidated Plan has the goal of “ providing decent housing and expanding economic opportunities for every American, particularly for low-income and very low-income households.” We have adopted Federal Preferences as local preferences and established a Family Self-Sufficiency Program in an effort to accomplish the same objectives. We are in the planning stages of developing a facility with enhanced services to assist low-income elderly families so they can remain in their homes as long as possible.

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:

Any change in the Plan that fundamentally alters the mission, goals, objectives or plans of the Agency will be considered to be a substantial deviation.

B. Significant Amendment or Modification to the Annual Plan:

The following will be considered significant amendments or modifications to the Annual

Plan:

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

After approval of the Agency Plan, any substantial deviation from the 5-Year Plan or significant amendment or modification to the Annual Plan must be:

- 1. Reviewed by the Resident Advisory Board and their recommendations solicited;**
- 2. Reviewed by the public and their comments invited at a public hearing;**
- 3. Adopted at a regular meeting of the Housing Authority Board of Commissioners;**
and
- 4. Submitted to HUD for approval, including notification of the amendment or modification, a copy of the recommendations made by the Resident Advisory Board and a description of the manner in which the Housing Authority addressed the recommendations.**

An exception to this definition will be made only to the extent that the modification is the result of changes in HUD regulatory requirements; such changes will not be considered significant amendments or modification to the plans.

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	PHDEP 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	PHDEP 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	PHDEP 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	PHDEP 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	PHDEP 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	PHDEP 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	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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
	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
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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy 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
	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
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	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
	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
	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	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 homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	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
X	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
X	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"> · 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 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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional) Income Analysis for Deconcentration and Income Mixing	Annual Plan: Deconcentration

Attachment B
Capital Fund Program Annual Statement/Performance and Evaluation Reports

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: HOUSING AUTHORITY OF ASOTIN COUNTY		Grant Type and Number Capital Fund Program: WA19P01750100 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 type="checkbox"/> Revised Annual Statement (revision no:)
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations	0	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration	7,000	7,220.41	7,220.41	7,220.41
5	1411 Audit	0	0	0	0
6	1415 liquidated Damages	0	0	0	0
7	1430 Fees and Costs	32,000	24,367.83	24,367.83	24,367.83
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	50,0000	44,025.52	44,025.52	44,025.52
10	1460 Dwelling Structures	200,000	218,896.26	218,896.26	218,896.26
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Nondwelling Structures	25,418	24,407.98	24,407.98	24,407.98
13	1475 Nondwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	6,000	1,500.00	1,500.00	1,500.00
18	1498 Mod Used for Development	0	0	0	0
19	1502 Contingency	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2-19)	320,418	320,418.00	320,418.00	320,418.00

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: HOUSING AUTHORITY OF ASOTIN COUNTY	Grant Type and Number Capital Fund Program: WA19P01750100 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)

Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Compliance	0	0	0	0
23	Amount of line 20 Related to Security	1,000	1,000	1,000	1,000
24	Amount of line 20 Related to Energy Conservation Measures	5,000	5,000	5,000	5,000

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

PHA Name: HOUSING AUTHORITY OF ASOTIN COUNTY		Grant Type and Number Capital Fund Program #: WA19P01750100 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	
17-4	Rehabilitate interiors of 10 units, including replacing flooring, cabinets, interior doors and woodwork, lighting and bathroom fixtures	1460		200,000	218,896.26	218,896.26	218,896.26	Completed
	Rehabilitate interior of community room	1470		25,418	24,407.98	24,407.98	24,407.98	Completed
	Add playground	1450		25,000	12,379.58	12,379.58	12,379.58	Completed
	Landscape site	1450		25,000	31,645.94	31,645.94	31,645.94	Completed
	Relocation costs	1495.1		6,000	1,500.00	1,500.00	1,500.00	Completed
HA-Wide	Fees and costs	1430		32,000	24,367.83	24,367.83	24,367.83	Completed
	Administration	1410		7,000	7,220.41	7,220.41	7,220.41	Completed

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: HOUSING AUTHORITY OF ASOTIN COUNTY	Grant Type and Number Capital Fund Program: WA19P01750101 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 06-30-2001
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0		0	0
2	1406 Operations	37,829		28,000	27,826.21
3	1408 Management Improvements	0		0	0
4	1410 Administration	7,000		7,000	892.18
5	1411 Audit	0		0	0
6	1415 liquidated Damages	0		0	0
7	1430 Fees and Costs	32,000		32,000	17,341.51
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	44,000		30,000	4,813.93
10	1460 Dwelling Structures	200,000		200,000	36,284.52
11	1465.1 Dwelling Equipment—Nonexpendable	0		0	0
12	1470 Nondwelling Structures	0		0	0
13	1475 Nondwelling Equipment	0		0	0
14	1485 Demolition	0		0	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	6,000		6,000	2,000.00
18	1498 Mod Used for Development	0		0	0
19	1502 Contingency	0		0	0
20	Amount of Annual Grant: (sum of lines 2-19)	326,829		312,829	89,158.35
21	Amount of line 20 Related to LBP Activities	0		0	0
22	Amount of line 20 Related to Section 504 Compliance	0		0	0

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: HOUSING AUTHORITY OF ASOTIN COUNTY	Grant Type and Number Capital Fund Program: WA19P01750101 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 06-30-2001
 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	1,000		1,000	1,000
24	Amount of line 20 Related to Energy Conservation Measures	3,000		3,000	3,000

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

PHA Name: HOUSING AUTHORITY OF ASOTIN COUNTY		Grant Type and Number Capital Fund Program #: WA19P01750101 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	
17-5	Rehabilitate interiors of 10 units, including replacing flooring, cabinets, interior doors and woodwork, lighting and bathroom fixtures-	1460		200,000		200,000	0	
17-5	Relocation costs	1495.1		6,000		6,000	36,284.52	
17-5	Landscape project	1450		34,000		20,000	0	
17-5	Resurface driveways and driving surfaces	1450		5,000		5,000	4,813.93	
17-5	Install additional site lighting for safety	1450		5,000		5,000	0	
HA-Wide (pro-rated to remove	Replace worn-out maintenance vehicle	1406		28,000		16,014.83	16,014.83	
Section 8 benefit	Replace worn-out lawn tractor	1406		6,429		8,090	8,090.00	
	Replace office equipment	1406		3,400		3,815.17	3,721.38	
	Administration	1410		7,000		6,000	892.18	
	Fees and costs	1430		32,000		32,000	17,341.51	

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: HOUSING AUTHORITY OF ASOTIN COUNTY	Grant Type and Number Capital Fund Program: WA19P01750102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 06-30-02
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0		0	0
2	1406 Operations	30,000		0	0
3	1408 Management Improvements	0		0	0
4	1410 Administration	0		0	0
5	1411 Audit	0		0	0
6	1415 liquidated Damages	0		0	0
7	1430 Fees and Costs	31,000		0	0
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	38,394		0	0
10	1460 Dwelling Structures	200,000		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	0		0	0
12	1470 Nondwelling Structures	0		0	0
13	1475 Nondwelling Equipment	5,000		0	0
14	1485 Demolition	0		0	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	6,000		0	0
18	1498 Mod Used for Development	0		0	0
19	1502 Contingency	0		0	0
20	Amount of Annual Grant: (sum of lines 2-19)	310,394		0	0
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Compliance	0			

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: HOUSING AUTHORITY OF ASOTIN COUNTY	Grant Type and Number Capital Fund Program: WA19P01750102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)

Performance and Evaluation Report for Period Ending: 06-30-02
 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	1,000	
24	Amount of line 20 Related to Energy Conservation Measures	3,000	

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

PHA Name: HOUSING AUTHORITY OF ASOTIN COUNTY		Grant Type and Number Capital Fund Program #: WA19P01750102 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	
17-5	Rehabilitate interiors of 10 units, including replacing flooring, cabinets interior doors and woodwork, lighting and bathroom fixtures	1460		200,000		0	0	
17-5	Relocation costs	1495.1		6,000		0	0	
17-5	Landscape project to include fencing around complex, leveling, filling in seeding ground to make more usable area, repairing sidewalks	1450		23,394		0	0	
17-5	Resurface driveways and driving surfaces (culdesac)	1450		10,000		0	0	
17-5	Install additional site lighting for safety	1450		5,000		0	0	

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: HOUSING AUTHORITY OF ASOTIN COUNTY	Grant Type and Number Capital Fund Program: WA19P01750103 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 06-30-02
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0		0	0
2	1406 Operations	0		0	0
3	1408 Management Improvements	0		0	0
4	1410 Administration	0		0	0
5	1411 Audit	0		0	0
6	1415 liquidated Damages	0		0	0
7	1430 Fees and Costs	30,000		0	0
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	36,394		0	0
10	1460 Dwelling Structures	215,000		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	25,000		0	0
12	1470 Nondwelling Structures	0		0	0
13	1475 Nondwelling Equipment	0		0	0
14	1485 Demolition	0		0	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	4,000		0	0
18	1498 Mod Used for Development	0		0	0
19	1502 Contingency	0		0	0
20	Amount of Annual Grant: (sum of lines 2-19)	310,394		0	0
21	Amount of line 20 Related to LBP Activities	0		0	0
22	Amount of line 20 Related to Section 504 Compliance	0		0	0

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: HOUSING AUTHORITY OF ASOTIN COUNTY	Grant Type and Number Capital Fund Program: WA19P01750103 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)

Performance and Evaluation Report for Period Ending: 06-30-02
 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	27,000		27,000	27,000
24	Amount of line 20 Related to Energy Conservation Measures	3,000		3,000	3,000

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

PHA Name: HOUSING AUTHORITY OF ASOTIN COUNTY		Grant Type and Number Capital Fund Program #: WA19P01750102 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	
17-5	Rehabilitate interiors of 10 units, including replacing flooring, cabinets interior doors and woodwork, lighting and bathroom fixtures	1460		215,000		0	0	
17-5	Relocation costs	1495.1		4,000		0	0	
17-5	Landscape project to include fencing around complex, leveling, filling in seeding ground to make more usable area, repairing sidewalks	1450		25,000		0	0	
17-5	Resurface driveways and driving surfaces (culdesac)	1450		9,394		0	0	
17-5	Install additional site lighting for safety	1450		2,000		0	0	

Attachment C
Capital Fund Program 5 Year Action Plan

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name HOUSING AUTHORITY OF ASOTIN COUNTY						<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
Development Number/Name/HA- Wide	Year 1 Year 2 Year 3	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 6 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 7 FFY Grant: 2007 PHA FY: 2007	
	See Annual Statement					
7-5/Marigold Homes		305,394				
7-3/Oakwood Manor			310,394	310,394	310,394	
IA-wide		5,000				
FP Funds Listed for -year planning		310,394	310,394	310,394	310,394	
Replacement Housing Factor Funds						

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Years 1, 2 & 3	Activities for Year : 4 FFY Grant: 2004 PHA FY: 2004			Activities for Year: 5 FFY Grant: 2005 PHA FY: 2005		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	17-5/Marigold Homes	Rehab interiors of 10	235,394	17-3/Oakwood Manor	Rehab interiors of 10	220,000
Annual		units, including re-			units, including replac-	
Statements		placing floors, cabinets			ing floors, cabinets,	
		doors, woodwork,			doors, woodwork,	
		lighting & bathroom			lighting & bathroom	
		fixtures			fixtures and windows;	
					rehab A lobby	
		Relocation costs	5,000			
					Relocation costs	6,000
		Site work, including	40,000			
		fencing, resurfacing			Site work, including	53,394
		driveways and driving			re-vamping & resur-	
		surfaces, repairing			facing parking lot, re-	
		sidewalks, installing			pairing/replacing side-	
		Additional site lighting			walks, covering front	
					entry, installing ad-	
	HA-wide	Replace carpeting in	5,000		ditional lighting for	
	(pro-rated to remove	main office complex			security.	
	Section 8 benefit)					
		Fees & costs	25,000		Fees & costs	31,000
			310,394			310,394

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1, 2, & 3	Activities for Year : 6 FFY Grant: 2006 PHA FY: 2006			Activities for Year: 7 FFY Grant: 2007 PHA FY: 2007		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See Annual Statement	17-3/Oakwood Manor	Rehab interiors of 10 units, including replacing floors, cabinets, doors, woodwork, lighting & bathroom fixtures, windows; rehab B lobby	220,000	17-3/Oakwood Manor	Rehab interiors of 10 units, including replacing floors, cabinets, doors, woodwork, lighting & bathroom fixtures, windows; rehab C lobby	220,000
		Relocation costs	6,000		Relocation costs	6,000
		Site work, including landscaping lawn around building, adding walking track, resurfacing rear patio and adding cover	53,394		Rehab all stairways, including replacing windows	53,394
		Fees & costs	31,000		Fees & costs	31,000
Total CFP Estimated Cost			\$ 310,394			\$310,394

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: **Charles Whittington**

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

Elected

Appointed

C. The term of appointment is: **08-2001 through 04-2006**

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): **Asotin County Board of County Commissioners**

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.)

Patricia Broncheau, Chairperson
Barbara Stamper, Vice-Chairperson
Sharon Dillon, Secretary/Treasurer

Public Housing Resident
Public Housing Resident
Public Housing Resident

Required Attachment F: Comments Received from Resident Advisory Board

2 members of the Resident Advisory Board provided lists of items they feel need to be included in the planning for Capital Fund Program projects at Oakwood Manor, our apartment building that houses elderly and disabled residents:

Need to install additional security lighting outside and a security system;

Need to rehab main lobby areas for each floor and stairways (paint, blinds, windows if needed)

Need to revamp parking lot to provide additional parking and safer access.

Need to landscape yard around building and add a walking path.

Need to cover the front entrance to the building.

Need to cover patio area in back of building & add picnic tables.

Need to insulate between floors (for noise).

Need to add ceiling fans in B & C lobbies.

All recommendations were addressed in the planning for the Capital Fund Program in Attachment C.

Required Attachment G: Deconcentration and Income Mixing

Component 3. (6) Deconcentration and Income Mixing

- a. Yes No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. Yes No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

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

Required Attachment H: Deconcentration Policy

It is the Housing Authority of Asotin County's policy to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments as needed. Toward this end, we will skip families on the waiting list if necessary to reach other families with a lower or higher income. This will be accomplished in a uniform and non-discriminating manner.

The Housing Authority will affirmatively market our housing to all eligible income groups as necessary.

Prior to the beginning of each fiscal year, the income levels of families residing in each of our developments will be analyzed according to HUD regulation. The level of marketing strategies and deconcentration incentives that need to be implemented will be based on these analyses.

The Housing Authority may offer one or more incentives, if necessary, to encourage applicant families whose income classification would help to meet the deconcentration goals of a particular development. Incentive transfers may be offered for families who live in a development where their income category predominates and who wish to move to a development where their income category does not predominate.

Various incentives may be used at different times, or under different conditions, but will always be provided in a consistent and nondiscriminatory manner.