

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2004

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

PHA Plan Agency Identification

PHA Name: New Canaan Housing Authority

PHA Number: CT054

PHA Fiscal Year Beginning: (mm/yyyy) 1/2004

PHA Plan Contact Information:

Name: Margaret J. O'Connell

Phone: 203.324.2154 ext 16

TDD: N/A

Email (if available): moconnell@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
New Canaan Housing Authority
c/o Phoenix Management Corp.
101 Tresser Blvd., Stamford, CT 06904
- PHA development management offices
New Canaan Housing Authority
57 Millport Avenue, New Canaan, CT 06840

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 2004

[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"/> Attachment <u> </u> : Capital Fund Program Replacement Housing Factor Annual Statement	
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<input type="checkbox"/> Attachment <u> </u> : 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)	
<input type="checkbox"/> 2003 Board approved budget for the public housing program (ct054a01)	

- 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. **(ct054b01 and ct054c01)**
 - See attached CHAS data set and data from Connecticut Department of Economic and Community Development
- Troubled PHAs: MOA/Recovery Plan
- Pet Policy **(ct054e01)**
- Voluntary Conversion of Developments from Public Housing Stock **(ct054j01)**
- Plan on Income Analysis of Public Housing Covered Developments **(ct054k01)**
- Rule Deconcentrate Poverty and Promote Integration in Public Housing **(ct054l01)**

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

Not Included

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.

No Changes Anticipated in 2003

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? \$ 34,000

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 **(ct054h01 and ct054i01)**

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment **(ct054h01 and ct054i01)**

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:
 - i. NOTE: Town of New Canaan – They do not have a consolidated plan because of the small size of the town
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)
While there is no Consolidated Plan for the local jurisdiction, the NCHA has consulted with the Town of New Canaan during the development of the 2003 PHA plan
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)
N/A

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.

N/A

A. Substantial Deviation from the 5-year Plan:

N/A

B. Significant Amendment or Modification to the Annual Plan:

N/A

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
N/A	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
	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 <ul style="list-style-type: none"> • See attached CHAS data set and data from Connecticut Department of Economic and Community Development 	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
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
N/A	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
N/A	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
	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: CT054 - New Canaan Housing Authority		Grant Type and Number Capital Fund Program: CT26P054501-04 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2004	
<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	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 (new heaters, water heaters, and replace window trim)	\$25, 345			
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)	\$25, 345			
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: CT054 - New Canaan Housing Authority		Grant Type and Number Capital Fund Program: CT26P054501-04 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2004	
<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	0				
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: CT054 - New Canaan Housing Authority		Grant Type and Number Capital Fund Program: CT26P054501-03 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	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 (new heaters, water heaters, and replace window trim)	\$25, 345				
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)	\$25, 345				
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: CT054 - New Canaan Housing Authority		Grant Type and Number Capital Fund Program: CT26P054501-03 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		
22	Amount of line 20 Related to Section 504 Compliance					
23	Amount of line 20 Related to Security	0				
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: CT054 - New Canaan Housing Authority		Grant Type and Number Capital Fund Program: CT26P054501-02 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<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	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 (new heaters, water heaters, and replace window trim)	32,645			
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)	32,645			
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: CT054 - New Canaan Housing Authority		Grant Type and Number Capital Fund Program: CT26P054501-02 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002	
<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		
22	Amount of line 20 Related to Section 504 Compliance					
23	Amount of line 20 Related to Security	0				
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: CT054 - New Canaan Housing Authority		Grant Type and Number Capital Fund Program: CT26P054501-01 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001	
<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	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 (new heaters, water heaters, and replace window trim)	34,072				
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)	34,072				
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: CT054 - New Canaan Housing Authority		Grant Type and Number Capital Fund Program: CT26P054501-01 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001	
<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		
22	Amount of line 20 Related to Section 504 Compliance					
23	Amount of line 20 Related to Security	0				
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: CT054 - New Canaan Housing Authority			Grant Type and Number Capital Fund Program #: CT26P0545-01 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	
54-1	New electric Heater	1460	3	2,876.36		2,876.36		Completed
54-1	New hot water Heater	1460	1	840.10		840.10		Completed
54-1	Replace roof on four buildings	1460	4	23,340.00		23,340.00		Completed
54-1	Install new railroad ties	1460		1,620.00		1,620.00		Completed
54-1	Replace stove	1460	1	285.00		285.00		Completed
54-1	Replace fridge	1460	2	892.00		892.00		Completed

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: CT054 - New Canaan Housing Authority			Grant Type and Number Capital Fund Program #: CT26P0545-02 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	
54-1	New electric Heater	1460	2	4,592.27		4,592.27		Completed
54-1	New living room window for unit 1	1460	1	950.00		950.00		Completed
54-1	Brick pointing under unit 1 window	1460	1	560.00		560.00		Completed
54-1	Partial carpet and tile for unit 1	1460	1	3,224.00		3,224.00		
54-1	Replace locks for front and back of each unit	1460	18	4,375.10		4,375.10		Completed
54-1	Repair stone wall on exterior of property	1460		2,500.00		2,500.00		Completed
54-1	Replace stove	1460	1	300.00		300.00		Completed
54-1	Replace fridge	1460	1	475.00		475.00		Completed

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: CT054 - New Canaan Housing Authority			Grant Type and Number Capital Fund Program #: CT26P0545-03 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	
54-1	New electric Heater	1460	6	\$7,048.76		\$7,048.76		Completed
54-1	Replace carpeting (11) and tile (14) for most units	1460	11	\$51,500.00		\$51,500.00		Completed
54-1	Carpeting of vacant unit	1460	1	4200.00		4200.00		Completed
54-1	Replace locks	1460	2	224.00		224.00		Completed
54-1	Replace stove	1460	4	1200.00		1200.00		Completed
54-1	Replace fridge	1460	1	475.00		475.00		Completed

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: CT054 - New Canaan Housing Authority			Grant Type and Number Capital Fund Program #: CT26P0545-04 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2004		
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	
54-1	New electric Heater	1460	6	\$7,000.00				
54-1	Replace windows and install siding	1460		25,700.00				
54-1	Tile kitchens and bathrooms	1460	11	12000.00				
54-1	Replace stoves	1460	6	1800.00				
54-1	Replace fridges	1460	6	2850.00				

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name New Canaan Housing Authority					<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1
Development Number/Name/HA-Wide	Year 1 2004	Work Statement for Year 2 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 3 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 4 FFY Grant: 2007 PHA FY: 2007	Work Statement for Year 5 FFY Grant: 2008 PHA FY: 2008
54-1 – Millport Apartments	Annual Statement	\$ 25,345.00	\$ 25,345.00	\$ 25,345.00	\$25,345.00
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

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 type="checkbox"/> Revised statement		
Development Number 54-1	Development Name (or indicate PHA wide) Millport Apartments	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
New Windows	\$150,000.00	2005
New Siding	\$80,000.00	2005
New Gutters, downspouts, leaders	\$20,000.00	2005
Repair to sidewalk	\$10,000.00	2005
Replace stoves	\$1800.00	2006
Replace fridges	\$2850.00	2006
Asphalt work	\$10,000.00	2006
Repair stone wall	\$2500.00	2006
Cabinet Replacement	\$14,000.00	2006
Replacement of exhaust fans	\$8000.00	2007
Cabinet Replacement	\$14,000.00	2007
Replacement of faucets in kitchen and bathrooms	\$8000.00	2007
Replace stoves and fridge	4650.00	2008
Asphalt work	8000.00	2008
Exterior lighting	15000.00	2008
Total estimated cost over next 5 years	\$348,800.00	

PHA Public Housing Drug Elimination Program Plan

Note:

NCHA is not requesting any federal funds under the PHDEP Program, and there are no employees working for the Housing Authority.

Attached please see signed certification to this effect. This deficiency response also applies to the 2000 -2003.

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 - New Canaan Housing Authority does not participate in this program currently

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	PHEDE P 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	PHDEP 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	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	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	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 E: 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: Barbara Ayers

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

- Elected
- Appointed

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

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: April 30, 2008

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

Chairman/ Treasurer	Hans Reiss	5/1/99 - 4/30/04
	Henry Rowett	5/1/00 - 4/30/05
Secretary	Margaret J. O'Connell	
Director	Barbara Ayers	5/1/98 - 4/30/08
Director	Lyn Farrell	5/1/01- 4/30/06

Required Attachment F: 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.)

PHYLLIS JORDAN
63 Millport Avenue
Unit 18
New Canaan, CT 06840

Louise Simpson
57 Millport Avenue
Unit 3
New Canaan, CT 06840

	A	B	C	D	E
1	Millport Apartments				
2	Year 2004 - DRAFT Budget				
3		2003YTD	2004		Notes
4		Actual	Budget	Variance	
5		Projected			
6	INCOME				
7					
8	UNIT INCOME				
9	rent	104,068	105,000	932	This amount may fluctuate depending on the annual recerts.
10	NET UNIT INCOME	104,068	105,000	932	
11					
12	OTHER INCOME				
13	late charges	180	300	120	
14	vacancy loss	0	0	0	
15	maintenance charge	0	500	500	
16	legal charge	3,000	1,000	(2,000)	
17	interest income	19,888	21,000	1,112	
18	TOTAL OTHER INCOME	23,068	22,800	(268)	
19					
20	TOTAL INCOME	127,136	127,800	664	
21					
22	EXPENSES				
23					
24	ADMINISTRATIVE EXPENSE				
25	advertising/brochures	0	0	0	Move expenses to office expense as of 2003
26	misc renting expense	0	0	0	Move expenses to office expense as of 2003
27	office expense	719	2,600	(1,881)	Represents advertising, renting, admin. Expenses
28	management fee	16,344	24,840	(8,496)	
29	legal expense	7,768	4,000	3,768	
30	audit / tax prep expense	8,805	4,500	4,305	
31	misc administrative expense	15,354	2,000	13,354	YTD represents Phoenix and Insurance Expenses - 2003 budget represents consulting
32	TOTAL ADMINISTRATIVE EXPENSE	48,990	37,940	11,050	
33					
34	OPERATING EXPENSE				
35	heating	0	0	0	To be removed
36	custodial supplies	0	0	0	moved expense to repairs material as of 2003 - To be removed in 2003
37	electricity	763	800	(37)	
38	water	2,590	2,800	(210)	
39	exterminating	3,780	3,850	(70)	
40	trash removal	3,600	3,900	(300)	
41	telephone	537	600	(63)	
42	misc operating expense	0	0	0	Move expenses to office expense as of 2003
43	TOTAL OPERATING EXPENSE	11,270	11,950	(680)	
44					
45	MAINTENANCE EXPENSE				
46	boiler maintenance	0	0	0	moved expense to repairs contract as of 2003
47	snow plowing	1,591	5,000	(3,409)	
48	grounds supplies	0	0	0	moved expense to repairs material as of 2003
49	grounds contract	14,848	15,000	(152)	YTD - represents 1064*12, plus gutter cleaning and improvements
50	landscape improvements	0	0	0	moved expense to grounds contract as of 2003
51	cleaning services	1,440	1,500	(60)	office and garbage cleaning
52	temp labor	760	500	260	YTDA 2002 represents file organization
53	repairs plumbing	2,199	2,000	199	YTDA - \$800 represents new water heater in unit 16
54	repairs material	2,123	2,500	(377)	
55	repairs contract	23,879	17,500	6,379	YTDA represents wall, speed bumps, TARC repairs, new locks -combined plumbing, repairs, repairs electrical, sewer and drain
56	repairs extraordinary	48,474	120,000	(71,526)	new windows, siding, gutters, downspouts, and leaders to be completed in 2004
57	repairs sewer & drain	0	0	0	moved expense to repairs contract as of 2003
58	appliance purchases	1,632	3,000	(1,368)	
59	repairs electrical	12,191	5,000	7,191	YTDA - represents new heaters in new units -moved expenses to repairs contract as of 2003
60	maintenance supplies	0	500	(500)	moved expense to repairs material as of 2003
61	TOTAL MAINTENANCE EXPENSE	109,137	172,500	(63,623)	
62					
63	TAXES AND INSURANCE				
64	property insurance	3,705	4,000	(295)	
65	TOTAL TAXES AND INSURANCE	3,705	4,000	(295)	
66					
67	CAPITAL EXP / REPL. RESERVE				
68	Replacement Reserve Deposits	0	0	0	
69	Appliances	0	0	0	moved expenses to appliance purchases
70	TOTAL CI / RR	0	0	0	
71					
72	TOTAL EXPENSES	173,102	226,390	(53,548)	
73					
74	NET INCOME	(45,966)	(98,590)	(52,624)	

CHAS Table 1C - All Households

The following estimates are derived from 2002 projection data. The data project the following:

The change in the number of households in this jurisdiction from 1990 to 2002 is estimated at -1.94%.

The renter occupied households in 2002 is estimated at 36.40% of all occupied units. The owner occupied households in 2002 is estimated at 63.60% of all occupied units.

The change in elderly is estimated to be +1.02% from 1990 to 2002.

Name of Jurisdiction: New Canaan Town, CT		Source of Data CHAS Data Book				Data is Adjusted per Community 2020 Projections for the Year: 2002			
Household by Type, Income, & Housing Problem	Renters					Owners			Total Households
	Elderly 1 & 2 member households (A)	Small Related (2 to 4) (B)	Large Related (5 or more) (C)	All Other Households (D)	Total Renters (E)	Elderly (F)	All Other Owners (G)	Total Owners (H)	
1. Very Low Income (0 to 50% MFI)	169	132	28	143	472	242	174	416	888
2. 0 to 30% MFI	111	52	23	29	215	135	96	231	446
6. 31 to 50% MFI	58	80	5	114	257	107	78	185	442
10. Other Low-Income (51 to 80% MFI)	0	0	0	0	0	0	0	0	0
14. Moderate Income (81 to 95% MFI)	35	73	30	62	200	31	59	90	290
18. Total Households**	366	994	185	788	2,333	1,150	2,926	4,076	6,409

** Includes all income groups -- including those above 95% MFI

Housing problems and cost burden data is not available for the year 2002

New Canaan Housing Authority

Annual Plan FY 2004

Attachment D

Connecticut DECD Data

This data is not in electronic format. It is included in the bound hard copy of the Plan which is on display at the New Canaan Housing Authority.

MILLPORT APARTMENTS C/O THE HOUSING AUTHORITY OF THE TOWN OF NEW CANAAN

PET POLICY

1.0 PET POLICY

1.1 EXCLUSIONS

This policy does not apply to animals that are used to assist persons with disabilities. Assistive animals are allowed in all public housing facilities with no restrictions other than those imposed on all tenants to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing their neighbors.

1.2 PETS IN PUBLIC HOUSING

The MILLPORT APARTMENTS C/O NCHA allows for pet ownership in its developments with the written pre-approval of the MILLPORT APARTMENTS C/O NCHA. Residents are responsible for any damage caused by their pets, including the cost of fumigating or cleaning their units. In exchange for this right, resident assumes full responsibility and liability for the pet and agrees to hold the MILLPORT APARTMENTS C/O NCHA harmless from any claims caused by an action or inaction of the pet.

1.3 APPROVAL

Residents must have the prior written approval of the MILLPORT APARTMENTS C/O NCHA before moving a pet into their unit. Residents must request approval from the MILLPORT APARTMENTS C/O NCHA in writing before the Housing Authority will approve the request. At this time, residents must provide the Housing Authority with a copy of a certification of the pet's inoculations as well as a picture of the pet so it can be identified if it is running loose.

1.4 TYPES AND NUMBER OF PETS

The MILLPORT APARTMENTS C/O NCHA will allow only common household pets. This means only domesticated animals such as a cat, bird, rodent (including a rabbit), fish in aquariums or a turtle will be allowed in units. Common household pets do not include reptiles. If this definition conflicts with a state or local law or regulation, the state or local law or regulation shall govern.

All dogs must be spayed or neutered before they become six months old. A licensed veterinarian must verify this fact and documentation must be provided to MILLPORT APARTMENTS C/O NCHA prior to approval of pet ownership.

All cats must be spayed or neutered before they become six months old. A licensed veterinarian must verify this fact and documentation must be provided to MILLPORT APARTMENTS C/O NCHA prior to approval of pet ownership.

The following schedule details the number of pets permitted per unit size:

Unit Size	Pets
Two Bedrooms	2
Three Bedrooms	2
Four or More Bedrooms	2

Any animal deemed to be potentially harmful to the health or safety of others will not be allowed.

No animal may exceed 20 pounds in weight projected to full adult size.

1.5 INOCULATIONS

In order to be permitted at the MILLPORT APARTMENTS C/O NCHA, pets must be appropriately inoculated against rabies, distemper and other conditions prescribed by state and/or local ordinances. They must comply with all other state and local public health, animal control, and anti-cruelty laws including any licensing requirements. A certification signed by a licensed veterinarian or state or local official shall be annually filed with the MILLPORT APARTMENTS C/O NCHA to attest to the inoculations.

1.6 PET DEPOSIT

A pet deposit equal to \$150/pet or the Total Tenant Payment, whichever is the lesser of the two, is required at the time of registering a pet. The deposit is refundable when the pet or the family vacates the unit, less any amounts owed due to damage beyond normal wear and tear.

1.7 FINANCIAL OBLIGATION OF RESIDENTS

Any resident who owns or keeps a pet in their dwelling unit will be required to pay for any damages caused by the pet. Also, any pet-related insect infestation in the pet owner's unit will be the financial responsibility of the pet owner and the MILLPORT APARTMENTS C/O NCHA reserves the right to exterminate and charge the resident.

1.8 NUISANCE OR THREAT TO HEALTH OR SAFETY

The pet and its living quarters must be maintained in a manner to prevent odors and any other unsanitary conditions in the owner's unit and surrounding areas.

Repeated substantiated complaints by neighbors or MILLPORT APARTMENTS C/O NCHA personnel regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisance may result in the owner having to remove the pet or move him/herself.

Pets who make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one half hour or more to the disturbance of any person at any time of day or night shall be considered a nuisance.

1.9 DESIGNATION OF PET AREAS

All pets must be kept in the owner's apartment at all times. Pet owners must clean up after their pets and are responsible for disposing of pet waste.

With the exception of assistive animals no pets shall be allowed in the community room, public bathrooms, or office of the MILLPORT APARTMENTS.

1.10 MISCELLANEOUS RULES

Pets may not be left unattended in a dwelling unit for over 12 hours. If the pet is left unattended and no arrangements have been made for its care, the MILLPORT APARTMENTS C/O NCHA will have the right to enter the premises and take the uncared for pet to be boarded at a local animal care facility at the total expense of the resident.

Pet bedding shall not be washed in any common laundry facilities.

Residents must take appropriate actions to protect their pets from fleas and ticks.

Pets cannot be kept, bred or used for any commercial purpose.

Residents owning cats shall maintain waterproof litter boxes for cat waste. Refuse from litter boxes shall not accumulate or become unsightly or unsanitary. Litter shall be disposed of in an appropriate manner.

A pet owner shall physically control or confine his/her pet during the times when Housing Authority employees, agents of the Housing Authority or others must enter the pet owner's apartment to conduct business, provide services, enforce lease terms, etc.

If a pet causes harm to any person, the pet's owner shall be required to permanently remove the pet from the Housing Authority's property within 24 hours of written notice

from the Housing Authority. The pet owner may also be subject to termination of his/her dwelling lease.

A pet owner who violated any other conditions of this policy may be required to remove his/her pet from the development within 10 days of written notice from the Housing Authority. The pet owner may also be subject to termination of his/her dwelling lease.

The MILLPORT APARTMENTS C/O NCHA's grievance procedures shall be applicable to all individual grievances or disputes arising out of violations or alleged violations of this policy.

1.11 REMOVAL OF PETS

The MILLPORT APARTMENTS C/O NCHA, or an appropriate community authority, shall require the removal of any pet if the pet's conduct or condition is determined to be a nuisance or threat to the health or safety of other occupants of the site or of other persons in the community where the development is located.

In the event of illness or death of pet owner, or in the case of an emergency which would prevent the pet owner from properly caring for the pet, the MILLPORT APARTMENTS C/O NCHA has permission to call the emergency caregiver designated by the resident or the local Pet Law Enforcement Agency to take the pet and care for it until family or friends would claim the pet and assume responsibility for it. Any expenses incurred will be the responsibility of the pet owner.

**MILLPORT APARTMENTS C/O THE HOUSING AUTHORITY
OF THE TOWN OF NEW CANAAN**

RESIDENT ADVISORY BOARD LIST

Phyllis Jordan
63 Millport Avenue
Unit 18
New Canaan, CT 06840

Louise Simpson
57 Millport Avenue
Unit 3
New Canaan, CT 06840

Certification for a Drug-Free Workplace –

NCHA is not requesting any federal funds under the PHDEP Program but will be requesting money under the Capital Fund Program, and there are no employees working for the Housing Authority.

Attached please see signed certification to this effect. This deficiency response also applies to the 2000 - 2003.

Certification of Payments to Influence Transactions

NCHA is not requesting any federal funds under the PHDEP Program but will be requesting money under the Capital Fund Program. Attached please see signed certification to this effect.

Disclosure of Lobbying Activities

NCHA is not requesting any federal funds under the PHDEP Program but will be requesting money under the Capital Fund Program. Attached please see signed certification to this effect.

Voluntary Conversion of Developments from Public Housing Stock

New Canaan Housing Authority with regard to Millport Apartments conducted an initial assessment to address the Voluntary Conversion of Developments from Public Housing Stock. Because there is a less than one percent rate and only 18 units of Public Housing, NCHA believes that a conversion from Public Housing would have an adverse impact on the availability of affordable housing in the New Canaan area.

Plan on Income Analysis of Public Housing Covered Developments

New Canaan Housing Authority with regard to Millport Apartments is not subject to the Plan on Income Analysis of Public Housing Covered Developments because it operates less than 100 units.

Rule Deconcentrate Poverty and Promote Integration in Public Housing

New Canaan Housing Authority with regard to Millport Apartments is not subject to the Rule Deconcentrate Poverty and Promote Integration in Public Housing because it operates less than 100 units.