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(exp. 02/28/2006)

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

PHA Plans

5 Year Plan for Fiscal Years 2000 - 2004
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: Housing Authority of Covington

PHA Number: KY002

PHA Fiscal Year Beginning: (mm/yyyy) 04/ 2004

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
☐ PHA local 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
☐ PHA local offices
☒ Main administrative office of the local government
☐ Main administrative office of the County government
☐ Main administrative office of the State government
☒ Public library
☐ PHA website
☒ Other (list below)
Legal Aid of Northern Kentucky

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)

5-YEAR PLAN
PHA FISCAL YEARS 2000 - 2004
[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

☐ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

☒ The PHA's mission is: (state mission here)

The Housing Authority of Covington is committed to efficiently building better neighborhoods by providing diverse housing opportunities for individuals and families through innovative and professional services in partnership with the greater community. Our properties shall be service-enriched communities that provide an environment for residents to flourish.

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS**. (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

☐ PHAGoal: Expand the supply of assisted housing
Objectives:
- ☐ Apply for additional rental vouchers:
- ☐ Reduce public housing vacancies:
- ☐ Leverage private or other public funds to create additional housing opportunities:
- ☐ Acquire or build units or developments
- ☐ Other (list below)

☐ PHA Goal: Improve the quality of assisted housing
Objectives:
- ☐ Improve public housing management: (PHAS score)
- ☐ Improve voucher management: (SEMAP score)
- ☐ Increase customer satisfaction:

- ☐ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
- ☐ Renovate or modernize public housing units:
- ☐ Demolish or dispose of obsolete public housing:
- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☐ Other: (list below)

☐ PHA Goal: Increase assisted housing choices

Objectives:

- ☐ Provide voucher mobility counseling:
- ☐ Conduct outreach efforts to potential voucher landlords
- ☐ Increase voucher payment standards
- ☐ Implement voucher homeownership program:
- ☐ Implement public housing or other homeownership programs:
- ☐ Implement public housing site-based waiting lists:
- ☐ Convert public housing to vouchers:
- ☐ Other: (list below)

HUD Strategic Goal: Improve community quality of life and economic vitality

☐ PHA Goal: Provide an improved living environment

Objectives:

- ☐ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- ☐ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- ☐ Implement public housing security improvements:
- ☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- ☐ Other: (list below)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

☐ PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- ☐ Increase the number and percentage of employed persons in assisted families:

- ☐ Provide or attract supportive services to improve assistance recipients' employability:
- ☐ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

☐ PHA Goal: Ensure equal opportunity and affirmatively further fair housing
Objectives:

- ☐ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
- ☐ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
- ☐ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- ☒ Other: (list below)

Other PHA Goals and Objectives: (list below)

The Housing Authority of Covington will create or cause to be created 45 new affordable housing opportunities by March 31, 2005.

The Housing Authority of Covington shall continue to foster a closer relationship with the City of Covington's housing program and economic development department.

The Housing Authority of Covington shall work with the community's employers to create employer-sponsored homeownership programs. Two employer programs shall be created by March 31, 2005.

The Housing Authority of Covington shall build effective partnerships with the Kentucky Housing Corporation and other funding sources by March 31, 2005.

The public image of the Housing Authority of Covington shall be improved.

The local media shall publish or air 12 positive stories about the Housing Authority of Covington a year.

A spokesperson for the Housing Authority of Covington shall speak before 6 public groups a year.

The rejection rate by applicants for housing shall be reduced by one fourth by March 31, 2005.

The Housing Authority of Covington shall leverage its resources by creating 15 new partnerships by March 31, 2005.

Partnerships shall be created with both social service entities and potential development and financing partners.

The Housing Authority of Covington shall strengthen its relationship with its Resident Councils.

Annual PHA Plan
PHA Fiscal Year 2004
[24 CFR Part 903.7]

i. Annual Plan Type:
Select which type of Annual Plan the PHA will submit.

☐ **Standard Plan**

Streamlined Plan:
- ☒ **High Performing PHA**
- ☐ **Small Agency (<250 Public Housing Units)**
- ☐ **Administering Section 8 Only**

☐ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan
[24 CFR Part 903.7 9 (r)]
Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

This is optional and we do not want to include this.

iii. Annual Plan Table of Contents
[24 CFR Part 903.7 9 (r)]
Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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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. Note: 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.

Required Attachments:

☒ Admissions Policy for Deconcentration – Attachment A
☒ FY 2004 Capital Fund Program Annual Statement - Attachment B
☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
☒ Pet Policy – Attachment C

Optional Attachments:

☐ PHA Management Organizational Chart
☒ FY 2004 Capital Fund Program 5 Year Action Plan – Attachment D
☐ Public Housing Drug Elimination Program (PHDEP) Plan
☒ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) – Attachment E
☒ Other (List below, providing each attachment name)
Statement of Progress on Meeting Goals and Objectives – Attachment F
RAB Composition – Attachment G
Resident Member of the Board – Attachment H
Definition – Attachment I
Community Service Requirements – Attachment J
2001 P&E Report – Attachment K
2002 P&E Report – Attachment L
2003 P&E Report – Attachment M
Resident Survey Action Plan – Attachment N
2000 P&E Report – Attachment O

Supporting Documents Available for Review

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**	**Applicable Plan Component**
XX	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
XX	State/Local Government Certification of Consistency with	5 Year and Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	the Consolidated Plan	
XX	Fair Housing Documentation: 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
XX	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
XX	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
XX	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
XX	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/*99 Quality Housing and Work Responsibility Act Initial Guidance; Notice* and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
XX	Public housing rent determination policies, including the methodology for setting public housing flat rents ☒ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
XX	Schedule of flat rents offered at each public housing development ☐ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
XX	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
XX	Public housing grievance procedures	Annual Plan: Grievance

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	☐ check here if included in the public housing A & O Policy	Procedures
	Section 8 informal review and hearing procedures ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
XX	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	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
XX	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
XX	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	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	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program ☐ check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
XX	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
XX	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
XX	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
XX	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
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
XX	Policy Book	Annual Plan: Operations
XX	Pet Policy	Annual Plan: Pet Policy

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	2060	4	3	5	3	4	4
Income >30% but <=50% of AMI	605	3	2	4	3	3	3
Income >50% but <80% of AMI	378	2	1	3	3	3	3
Elderly	782	3	3	4	3	3	3
Families with Disabilities	Not Known						
Hispanic	20	5	5	4	3	3	4
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							

Information is for the City of Covington

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

☐ Consolidated Plan of the Jurisdiction/s
Indicate year:

☒ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset

☐ American Housing Survey data
Indicate year:

☐ Other housing market study
Indicate year:

☐ Other sources: (list and indicate year of information)

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s**. Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) ☐ Section 8 tenant-based assistance ☒ Public Housing ☐ Combined Section 8 and Public Housing ☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	226		425
Extremely low income <=30% AMI	211	93	
Very low income (>30% but <=50% AMI)	12	5	
Low income (>50% but <80% AMI)	3	1	
Families with children	118	52	
Elderly families	10	4	
Families with Disabilities	8	4	
Black	96	42	
White	126	56	
Multi-Racial	4	2	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	108	48	38
2 BR	78	35	292
3 BR	35	15	86
4 BR	5	2	9

Housing Needs of Families on the Waiting List
Is the waiting list closed (select one)? ☒ No ☐ Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes

C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☒ Reduce time to renovate public housing units
- ☒ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☐ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☒ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☐ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☐ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☒ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- ☐ Apply for additional section 8 units should they become available

☒ Leverage affordable housing resources in the community through the creation of mixed - finance housing
☒ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
☐ Other: (list below)

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI
Select all that apply

☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
☐ Employ admissions preferences aimed at families with economic hardships
☒ Adopt rent policies to support and encourage work
☐ Other: (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI
Select all that apply

☒ Employ admissions preferences aimed at families who are working
☒ Adopt rent policies to support and encourage work
☐ Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:
Select all that apply

☒ Seek designation of public housing for the elderly
☐ Apply for special-purpose vouchers targeted to the elderly, should they become available
☐ Other: (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:
Select all that apply

☐ Seek designation of public housing for families with disabilities
☐ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
☐ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
☐ Affirmatively market to local non-profit agencies that assist families with disabilities
☐ Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

☐ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
☐ Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

☐ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
☐ Market the section 8 program to owners outside of areas of poverty /minority concentrations
☐ Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

☒ Funding constraints
☒ Staffing constraints
☒ Limited availability of sites for assisted housing
☐ Extent to which particular housing needs are met by other organizations in the community
☐ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
☐ Influence of the housing market on PHA programs
☒ Community priorities regarding housing assistance

☐ Results of consultation with local or state government
☐ Results of consultation with residents and the Resident Advisory Board
☐ Results of consultation with advocacy groups
☐ Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
1. **Federal Grants (FY 2004 grants)**		
a) Public Housing Operating Fund	3,026,000	
b) Public Housing Capital Fund	1,816,000	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	0	
f) Resident Opportunity and Self-Sufficiency Grants	0	
g) Community Development Block Grant	76,000	Anti-Drug Activities & After School Program
h) HOME	0	
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
CFP- 02	230,000	Physical Improvements
CFP - 03	661,000	Physical Improvements
3. Public Housing Dwelling Rental Income	1,469,900	PH Operations
4. Other income (list below)		
Interest Income	40,000	PH Operations

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
Resident Service Charges/Late Charges	185,000	PH Operations
Withdrawal from PH Reserves	750,000	Replacement Housing
4. Non-federal sources (list below)		
Rooftop Rental	36,000	PH Operations
Juvenile Justice Funds	35,000	Anti-Drug Activities
United Way	15,000	Resident Services
Total resources	10,979,150	

* We intend to participate in a joint bonding program during our FY 2004 and have reflected repayment funds in our CFP 5-Yr Plan by category of activity that the bonds will finance.

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

☐ When families are within a certain number of being offered a unit: (state number)
☐ When families are within a certain time of being offered a unit: (state time)
☒ Other: (describe)
Upon the making of the application.

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

☒ Criminal or Drug-related activity
☒ Rental history
☐ Housekeeping
☒ Other (describe)
A credit check

c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2)Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

☒ Community-wide list
☐ Sub-jurisdictional lists
☐ Site-based waiting lists
☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

☒ PHA main administrative office
☐ PHA development site management office
☐ Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year? 0

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?

3. ☐ Yes ☐ No: May families be on more than one list simultaneously
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

☐ PHA main administrative office
☐ All PHA development management offices
☐ Management offices at developments with site-based waiting lists
☐ At the development to which they would like to apply
☐ Other (list below)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

☒ One
☐ Two
☐ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

a. Income targeting:

☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

☒ Emergencies
☐ Overhoused
☐ Underhoused
☒ Medical justification
☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
☐ Resident choice: (state circumstances below)
☒ Other: (list below)

A victim of a hate crime
The safety of witnesses to a crime
A law enforcement matter particular to the neighborhood

c. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

☒ Victims of domestic violence
☐ Substandard housing
☐ Homelessness
☒ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)
☒ Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☒ Residents who live and/or work in the jurisdiction
☒ Those enrolled currently in educational, training, or upward mobility programs
☐ Households that contribute to meeting income goals (broad range of incomes)
☐ Households that contribute to meeting income requirements (targeting)
☐ Those previously enrolled in educational, training, or upward mobility programs
☒ Victims of reprisals or hate crimes
☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences:
6 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
4 Victims of domestic violence
Substandard housing
Homelessness
7 High rent burden

Other preferences (select all that apply)
2 Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
1 Residents who live and/or work in the jurisdiction
3 Those enrolled currently in educational, training, or upward mobility programs
☐ Households that contribute to meeting income goals (broad range of incomes)
☐ Households that contribute to meeting income requirements (targeting)
☐ Those previously enrolled in educational, training, or upward mobility programs
5 Victims of reprisals or hate crimes
☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

☐ The PHA applies preferences within income tiers

☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

☒ The PHA-resident lease

☒ The PHA's Admissions and (Continued) Occupancy policy

☒ PHA briefing seminars or written materials

☒ Other source (list)

House Rules

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

☐ At an annual reexamination and lease renewal

☒ Any time family composition changes

☐ At family request for revision

☐ Other (list)

(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)]**
Not applicable			

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

We do not have a Section 8 program.

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

☐ Criminal or drug-related activity only to the extent required by law or regulation
☐ Criminal and drug-related activity, more extensively than required by law or regulation
☐ More general screening than criminal and drug-related activity (list factors below)
☐ Other (list below)

b. ☐ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. ☐ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. ☐ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

☐ Criminal or drug-related activity
☐ Other (describe below)

(2) Waiting List Organization

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

☐ None
☐ Federal public housing
☐ Federal moderate rehabilitation
☐ Federal project-based certificate program
☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

☐ PHA main administrative office
☐ Other (list below)

(3) Search Time

a. ☐ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

(4) Admissions Preferences

a. Income targeting

☐ Yes ☐ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☐ Yes ☐ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
☐ Victims of domestic violence
☐ Substandard housing
☐ Homelessness
☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

☐ Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☐ Residents who live and/or work in your jurisdiction
☐ Those enrolled currently in educational, training, or upward mobility programs
☐ Households that contribute to meeting income goals (broad range of incomes)

☐ Households that contribute to meeting income requirements (targeting)
☐ Those previously enrolled in educational, training, or upward mobility programs
☐ Victims of reprisals or hate crimes
☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
Victims of domestic violence
Substandard housing
Homelessness
High rent burden

Other preferences (select all that apply)

☐ Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☐ Residents who live and/or work in your jurisdiction
☐ Those enrolled currently in educational, training, or upward mobility programs
☐ Households that contribute to meeting income goals (broad range of incomes)
☐ Households that contribute to meeting income requirements (targeting)
☐ Those previously enrolled in educational, training, or upward mobility programs
☐ Victims of reprisals or hate crimes
☐ Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

☐ Date and time of application
☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)

☐ This preference has previously been reviewed and approved by HUD
☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

☐ The PHA applies preferences within income tiers

☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

☐ The Section 8 Administrative Plan

☐ Briefing sessions and written materials

☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

☐ Through published notices

☐ Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

☐ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

☒ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

☐ $0
☒ $1-$25
☐ $26-$50

2. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below**:**

c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

☐ For the earned income of a previously unemployed household member
☐ For increases in earned income
☐ Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:

☒ Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:
There is a 15% allowance for working families.
☐ For household heads
☐ For other family members
☐ For transportation expenses
☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
☒ Other (describe below)
Child Support payments are excluded from income calculation.
Increases in income from a constant source between regular exams.

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

☐ Yes for all developments
☐ Yes but only for some developments
☒ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

☐ For all developments
☐ For all general occupancy developments (not elderly or disabled or elderly only)
☐ For specified general occupancy developments
☐ For certain parts of developments; e.g., the high-rise portion
☐ For certain size units; e.g., larger bedroom sizes
☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

☐ Market comparability study
☐ Fair market rents (FMR)
☐ 95th percentile rents
☐ 75 percent of operating costs
☐ 100 percent of operating costs for general occupancy (family) developments
☐ Operating costs plus debt service
☐ The "rental value" of the unit
☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income to the PHA such that the changes result in an adjustment to rent? (select all that apply)

☐ Never
☒ At family option
☐ Any time the family experiences an income increase
☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
☒ Other (list below)
If the family has a new source of income.

g. ☐ Yes ☒ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

☐ The section 8 rent reasonableness study of comparable housing
☐ Survey of rents listed in local newspaper
☒ Survey of similar unassisted units in the neighborhood
☐ Other (list/describe below)

B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

We do not operate a Section 8 program.

(1) Payment Standards

Describe the voucher payment standards and policies**.**

a. What is the PHA's payment standard? (select the category that best describes your standard)

☐ At or above 90% but below100% of FMR
☐ 100% of FMR
☐ Above 100% but at or below 110% of FMR
☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
☐ The PHA has chosen to serve additional families by lowering the payment standard
☐ Reflects market or submarket
☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
☐ Reflects market or submarket
☐ To increase housing options for families
☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)
☐ Annually
☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)
☐ Success rates of assisted families
☐ Rent burdens of assisted families
☐ Other (list below)

(2) Minimum Rent

a. What amount best reflects the PHA's minimum rent? (select one)
☐ $0
☐ $1-$25
☐ $26-$50

b. ☐ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

This Section is not necessary because the agency is High Performer.

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)
☐ An organization chart showing the PHA's management structure and organization is attached.

☐ A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	**Units or Families Served at Year Beginning**	**Expected Turnover**
Public Housing		
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		
ROSS Grant		

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

(2) Section 8 Management: (list below)

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

This Section is not necessary because the agency is High Performer.

A. Public Housing

1. ☐ Yes ☐ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

   If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

☐ PHA main administrative office
☐ PHA development management offices
☐ Other (list below)

B. Section 8 Tenant-Based Assistance

1. ☐ Yes ☐ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

   If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

☐ PHA main administrative office
☐ Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

A. Capital Fund Activities

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

(1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment B

-or-

☐ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

(2) Optional 5-Year Action Plan

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. ☒ Yes ☐ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

☒ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment D

-or-

☐ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)

b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
   - ☐ Revitalization Plan under development
   - ☐ Revitalization Plan submitted, pending approval
   - ☐ Revitalization Plan approved
   - ☐ Activities pursuant to an approved Revitalization Plan underway

☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name/s below:

☒ Yes ☐ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
If yes, list developments or activities below:
Bond-financed replacement housing activities

☐ Yes ☒ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]
Applicability of component 8: 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 component 9; if "yes", complete one activity description for each development.)

2. Activity Description

☐ Yes ☒ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.)

Demolition/Disposition Activity Description
1a. Development name: **Jacob Price**

1b. Development (project) number: **KY-002-002**
2. Activity type: Demolition ☒ Disposition ☐
3. Application status (select one) Approved ☐ Submitted, pending approval ☐ Planned application ☒
4. Date application approved, submitted, or planned for submission: **(3/31/05)**
5. Number of units affected: **26** 6. Coverage of action (select one) ☒ Part of the development ☐ Total development
7. Timeline for activity: a. Actual or projected start date of activity: **unknown** b. Projected end date of activity: **unknown**

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☒ Yes ☐ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

☐ Yes ☒ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 10. If "No", complete the Activity Description table below.

Designation of Public Housing Activity Description

1a. Development name: **Golden Tower** 1b. Development (project) number: **KY002-005**
2. Designation type: Occupancy by only the elderly ☒ Occupancy by families with disabilities ☐ Occupancy by only elderly families and families with disabilities ☐
3. Application status (select one) Approved; included in the PHA's Designation Plan ☐ Submitted, pending approval ☒ Planned application ☐
4. Date this designation approved, submitted, or planned for submission: (11/7/2003)
5. If approved, will this designation constitute a (select one) ☒ New Designation Plan ☐ Revision of a previously-approved Designation Plan?
6. Number of units affected: **200** 7. Coverage of action (select one) ☐ Part of the development ☒ Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

Conversion of Public Housing Activity Description
1a. Development name:

1b. Development (project) number:
2. What is the status of the required assessment? ☐ Assessment underway ☐ Assessment results submitted to HUD ☐ Assessment results approved by HUD (if marked, proceed to next question) ☐ Other (explain below)
3. ☐ Yes ☐ No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) ☐ Conversion Plan in development ☐ Conversion Plan submitted to HUD on: (DD/MM/YYYY) ☐ Conversion Plan approved by HUD on: (DD/MM/YYYY) ☐ Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) ☐ Units addressed in a pending or approved demolition application (date submitted or approved: ☐ Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:) ☐ Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:) ☐ Requirements no longer applicable: vacancy rates are less than 10 percent ☐ Requirements no longer applicable: site now has less than 300 units ☐ Other: (describe below)

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

a. How many of the PHA's developments are subject to the Required Initial Assessments? **3**

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? **1**

c. How many Assessments were conducted for the PHA's covered developments? **3**

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
None	

d. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to component 11B; if "yes", complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 12. If "No", complete the Activity Description table below.)

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: 1b. Development (project) number:
2. Federal Program authority:

☐ HOPE I ☐ 5(h) ☐ Turnkey III ☐ Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) ☐ Approved; included in the PHA's Homeownership Plan/Program ☐ Submitted, pending approval ☐ Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) ☐ Part of the development ☐ Total development

B. Section 8 Tenant Based Assistance

1. ☐ 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 component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

☐ 25 or fewer participants
☐ 26 - 50 participants
☐ 51 to 100 participants
☐ more than 100 participants

b. PHA-established eligibility criteria

☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

This Section is not necessary because the agency is High Performer.

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

☐ Yes ☐ No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? **March 1, 2000**

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

☐ Client referrals
☐ Information sharing regarding mutual clients (for rent determinations and otherwise)
☐ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
☐ Jointly administer programs
☐ Partner to administer a HUD Welfare-to-Work voucher program
☐ Joint administration of other demonstration program
☐ Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

☐ Public housing rent determination policies
☐ Public housing admissions policies
☐ Section 8 admissions policies
☐ Preference in admission to section 8 for certain public housing families
☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA

☐ Preference/eligibility for public housing homeownership option participation
☐ Preference/eligibility for section 8 homeownership option participation
☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

☐ Yes ☐ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following table; if "no" skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2003 Estimate)	Actual Number of Participants (As of: DD/MM/YY)

b. ☐ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?
If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

☐ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
☐ Informing residents of new policy on admission and reexamination
☐ Actively notifying residents of new policy at times in addition to admission and reexamination.
☐ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
☐ Other: (list below)

D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

This Section is not necessary because the agency is High Performer.

A. Need for measures to ensure the safety of public housing residents

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

☐ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
☐ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
☐ Residents fearful for their safety and/or the safety of their children
☐ Observed lower-level crime, vandalism and/or graffiti
☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

☐ Safety and security survey of residents
☐ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
☐ Resident reports
☐ PHA employee reports
☐ Police reports
☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
☐ Other (describe below)

3. Which developments are most affected? (list below)

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

☐ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
☐ Crime Prevention Through Environmental Design
☐ Activities targeted to at-risk youth, adults, or seniors
☐ Volunteer Resident Patrol/Block Watchers Program
☐ Other (describe below)

2. Which developments are most affected? (list below)

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

☐ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
☐ Police provide crime data to housing authority staff for analysis and action
☐ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
☐ Police regularly testify in and otherwise support eviction cases
☐ Police regularly meet with the PHA management and residents
☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
☐ Other activities (list below)

2. Which developments are most affected? (list below)

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2003 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

No Longer required.

☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
☐ Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2003 in this PHA Plan?
☐ Yes ☐ No: This PHDEP Plan is an Attachment.

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U S.C. 1437c(h))? (If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☒ Yes ☐ No: Were there any findings as the result of that audit?
4. ☐ Yes ☒ No: If there were any findings, do any remain unresolved? If yes, how many unresolved findings remain?____
5. ☐ Yes ☐ No: H ave responses to any unresolved findings been submitted to HUD? If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

This Section is not necessary because the agency is High Performer.

1. ☐ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)

☐ Not applicable
☐ Private management
☐ Development-based accounting
☐ Comprehensive stock assessment
☐ Other: (list below)

3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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: (if comments were received, the PHA **MUST** select one)

☒ Attached at Attachment E
☐ Provided below:

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

☒ Considered comments, but determined that no changes to the PHA Plan were necessary.
☐ The PHA changed portions of the PHA Plan in response to comments
List changes below:

☐ Other: (list below)

B. Description of Election process for Residents on the PHA Board

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2. ☐ Yes ☒ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

☐ Candidates were nominated by resident and assisted family organizations
☐ Candidates could be nominated by any adult recipient of PHA assistance
☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
☐ Other: (describe)

b. Eligible candidates: (select one)

☐ Any recipient of PHA assistance
☐ Any head of household receiving PHA assistance
☐ Any adult recipient of PHA assistance
☐ Any adult member of a resident or assisted family organization
☐ Other (list)

c. Eligible voters: (select all that apply)

☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
☐ Representatives of all PHA resident and assisted family organizations
☐ Other (list)

C. 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: **(City of Covington)**

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 the initiatives contained in the Consolidated Plan. (list below)

☐ Other: (list below)

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

The Consolidated Plan of the City of Covington supports HAC by giving us $70,000 for police protection and $6000 for an after-school program.

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

Attachments

Use this section to provide any additional attachments referenced in the Plans.

HOUSING AUTHORITY OF COVINGTON

ADMISSIONS AND CONTINUED OCCUPANCY PLAN

April 1, 2004

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ADMISSIONS AND CONTINUED OCCUPANCY POLICY

This Admissions and Continued Occupancy Policy defines the Housing Authority of Covington's policies for the operation of the Public Housing Program, incorporating Federal, State and local law. If there is any conflict between this policy and laws or regulations, the laws and regulations will prevail.

1.0 FAIR HOUSING

It is the policy of the Housing Authority of Covington to fully comply with all Federal, State and local nondiscrimination laws; the Americans with Disabilities Act; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity. The Housing Authority of Covington shall affirmatively further fair housing in the administration of its public housing program.

No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Housing Authority of Covington's programs.

To further its commitment to full compliance with applicable Civil Rights laws, the Housing Authority of Covington will provide Federal/State/local information to applicants/residents of the Public Housing Program regarding discrimination and any recourse available to them if they believe they may be victims of discrimination. Such information will be made available with the application, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made available at the Housing Authority of Covington office. In addition, all written information and advertisements will contain the appropriate Equal Opportunity language and logo.

The Housing Authority of Covington will assist any family that believes they have suffered illegal discrimination by providing the family with copies of the appropriate housing discrimination forms. The Housing Authority of Covington will also assist them in completing the forms if requested, and will provide them with the address of the nearest HUD office of Fair Housing and Equal Opportunity.

2.0 REASONABLE ACCOMMODATION

Sometimes people with disabilities may need a reasonable accommodation in order to take full advantage of the Housing Authority of Covington housing programs and related services. When such accommodations are granted, they do not confer special treatment or advantage for the person with a disability; rather, they make the program accessible to

them in a way that would otherwise not be possible due to their disability. This policy clarifies how people can request accommodations and the guidelines the Housing Authority of Covington will follow in determining whether it is reasonable to provide a requested accommodation. Because disabilities are not always apparent, the Housing Authority of Covington will ensure that all applicants/residents are aware of the opportunity to request reasonable accommodations.

2.1 COMMUNICATION

Anyone coming to the top of the Waiting List will receive the opportunity to get a Request for Reasonable Accommodation form.

Notifications of reexamination, inspection, an appointment, or eviction will include information about requesting a reasonable accommodation. Any notification requesting action by the resident will include information about requesting a reasonable accommodation.

All decisions granting or denying requests for reasonable accommodations will be in writing.

2.2 QUESTIONS TO ASK IN GRANTING THE ACCOMMODATION

A. Is the requestor a person with disabilities? For this purpose the definition of person with disabilities is different than the definition used for admission. The Fair Housing definition used for this purpose is:

> A person with a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. (The disability may not be apparent to others, i.e., a heart condition).

If the disability is apparent or already documented, the answer to this question is yes. It is possible that the disability for which the accommodation is being requested is a disability other than the apparent disability. If the disability is not apparent or documented, the Housing Authority of Covington will obtain verification that the person requesting the accommodation is a person with a disability.

B. Is the requested accommodation related to the disability? If it is apparent that the request is related to the apparent or documented disability, the answer to this question is yes. If it is not apparent, the Housing Authority of Covington will obtain documentation that the requested accommodation is needed due to the

disability. The Housing Authority of Covington will not inquire as to the nature of the disability.

C. Is the requested accommodation reasonable? In order to be determined reasonable, the accommodation must meet two criteria:

1. Would the accommodation constitute a fundamental alteration? The Housing Authority of Covington's business is housing. If the request would alter the fundamental business that the Housing Authority of Covington conducts, that would not be reasonable. For instance, the Housing Authority of Covington would deny a request to have the Housing Authority of Covington do grocery shopping for a person with disabilities.

2. Would the requested accommodation create an undue hardship ? Frequently the requested accommodation costs little or nothing. If the cost would be an undue burden, the Housing Authority of Covington may request a meeting with the individual to investigate and consider equally effective alternatives.

D. Generally the individual knows best what it is he or she needs; however, the Housing Authority of Covington retains the right to be shown how the requested accommodation enables the individual to access or use the Housing Authority of Covington's programs or services.

If more than one accommodation is equally effective in providing access to the Housing Authority of Covington’s programs and services, the Housing Authority of Covington retains the right to select the most efficient or economic choice.

The cost necessary to carry out approved requests, including requests for physical modifications, will be borne by the Housing Authority of Covington if there is no one else willing to pay for the modifications. If another party pays for the modification, the Housing Authority of Covington will seek to have the same entity pay for any restoration costs.

If the resident requests as a reasonable accommodation that they be permitted to make physical modifications at their own expense, the Housing Authority of Covington will generally approve such request if it does not violate codes or affect the structural integrity of the unit.

Any request for an accommodation that would enable a resident to materially violate essential lease terms will not be approved, i.e. allowing nonpayment of rent, destruction of property, disturbing the peaceful enjoyment of others, etc.

3.0 SERVICES FOR NON-ENGLISH SPEAKING APPLICANTS AND RESIDENTS

All applicants that appear to be experiencing difficulties communicating in English will be asked if they need to communicate in a language other than English (including sign language or Braille). Their needs will be accommodated as much as possible. If another family member or a friend can translate, this option will be utilized to the maximum degree possible. The Housing Authority of Covington will endeavor to have bilingual staff or access to people who speak languages other than English in order to assist non-English speaking families.

4.0 FAMILY OUTREACH

The Housing Authority of Covington will publicize the availability and nature of the Public Housing Program for extremely low-income, very low and low-income families in a newspaper of general circulation, minority media, and by other suitable means.

To reach people who cannot or do not read the newspapers, the Housing Authority of Covington will distribute fact sheets to the broadcasting media and initiate personal contacts with members of the news media and community service personnel. The Housing Authority of Covington will also try to utilize public service announcements.

The Housing Authority of Covington will communicate the status of housing availability to other service providers in the community and inform them of housing eligibility factors and guidelines so they can make proper referrals for the Public Housing Program.

The objective of this effort is to develop a waiting list that is representative of our low-income community. A particular emphasis will be placed on attracting eligible individuals and families least likely to apply for public housing.

5.0 RIGHT TO PRIVACY

All adult members of both applicant and resident households are required to annually sign HUD Form 9886, Authorization for Release of Information and Privacy Act Notice. The Authorization for Release of Information and Privacy Act Notice states how family information will be released and includes the Federal Privacy Act Statement.

Any request for applicant or resident information will not be released unless there is a signed release of information request from the applicant or resident.

6.0 REQUIRED POSTINGS

In each of its offices, the Housing Authority of Covington will post, in a conspicuous place and at a height easily read by all persons including persons with mobility disabilities, the following information:

A. Statement of Policies and Procedures governing Admission and Continued Occupancy

B. Notice of the status of the waiting list (opened or closed)

C. A listing of all the developments by name, address, number of units, units designed with special accommodations, address of all project offices, office hours, telephone numbers, TDD numbers, and Resident Facilities and operation hours

D. Income Limits for Admission

E. Excess Utility Charges

F. Utility Allowance Schedule

G. Current Schedule of Routine Maintenance Charges

H. Dwelling Lease

I. Grievance Procedure

J. Fair Housing Poster

K. Equal Opportunity in Employment Poster

L. Any current Housing Authority of Covington Notices

7.0 TAKING APPLICATIONS

Families wishing to apply for the Public Housing Program will be required to complete an application for housing assistance. Applications will be accepted during regular business hours at:

2300 Madison Avenue, Covington, KY 41014

Applications are taken to compile a waiting list. Due to the demand for housing in the Housing Authority of Covington jurisdiction, the Housing Authority of Covington may take applications on an open enrollment basis, depending on the length of the waiting list.

Completed applications will be accepted for all applicants and the Housing Authority of Covington will verify the information.

Applications may be made in person at 2300 Madison Avenue on Mondays, Tuesdays, Thursdays, and Fridays from 8:00 AM to 3:00 PM. On Wednesday applications will be taken from 8:00 AM to 11:00 AM. Applications will be mailed to interested families upon request.

The completed application will be dated and time stamped upon its completion.

Persons with disabilities who require a reasonable accommodation in completing an application may call the Housing Authority of Covington to make special arrangements. A Telecommunication Device for the Deaf (TDD) is available for the deaf. The TDD telephone number is 491-5311.

The application process is the determination of eligibility, referred to as the full application. The full application takes place when the family applies for public housing. The Housing Authority of Covington will ensure that verification of all preferences, eligibility, suitability and selection factors are current in order to determine the family's eligibility for admission into the Public Housing Program.

8.0 ELIGIBILITY FOR ADMISSION

8.1 INTRODUCTION

There are five eligibility requirements for admission to public housing: qualifies as a family, has an income within the income limits, meets citizenship/eligible immigrant criteria, provides documentation of Social Security numbers, and signs consent authorization documents. In addition to the eligibility criteria, families must also meet the Housing Authority of Covington screening criteria in order to be admitted to public housing.

8.2 ELIGIBILITY CRITERIA

A. Family Status

1. A **family with or without children**. Such a family is defined as a group of people related by blood, marriage, adoption or affinity that live together in a stable family relationship.

a. Children temporarily absent from the home due to placement in foster care are considered family members.

b. Unborn children and children in the process of being adopted are considered family members for the purpose of determining bedroom size but are not considered family members for determining income limit.

2. An **elderly family**, which is:

a. A family whose head, spouse, or sole member is a person who is at least 62 years of age;

b. Two or more persons who are at least 62 years of age living together; or

c. One or more persons who are at least 62 years of age living with one or more live-in aides.

3. A **near elderly family**, which is:

a. A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62;

b. Two or more persons, who are at least 50 years of age but below the age of 62, living together; or

c. One or more persons, who are at least 50 years of age but below the age of 62, living with one or more live-in aides.

4. A **disabled family**, which is:

a. A family whose head, spouse, or sole member is a person with disabilities;

b. Two or more persons with disabilities living together; or

c. One or more persons with disabilities living with one or more live-in aides.

d. For purposes of qualifying for low-income housing, does not include a person whose disability is based solely on any drug or alcohol dependence.

5. A **displaced family**, which is a family in which each member, or whose sole member, has been displaced by governmental action, or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.

6. A **remaining member of a resident family**.

7. A **single person** who is not an elderly or displaced person, a person with disabilities, or the remaining member of a resident family.

B. Income Eligibility

1. To be eligible for admission to our developments, the family's annual income must be within the low-income limit set by HUD. This means the family income cannot exceed 80 percent of the median income for the area or a citizen of the Republic of Marshall Islands, the Federated States of Micronesia, or the Republic of Palau. However, people in the last category are not entitled to housing assistance in preference to any United States citizen or national resident within Guam. If the property has Low Income Housing Tax Credits on it, a lower income cap will apply.

2. Income limits apply only at admission and are not applicable for continued occupancy.

3. A family may not be admitted to the public housing program from another assisted housing program (e.g., resident-based Section 8) or from a public housing program operated by another housing authority without meeting the income requirements of the Housing Authority of Covington.

4. If the Housing Authority of Covington acquires a property for federal public housing purposes, the families living there must have incomes within the low-income limit in order to be eligible to remain as public housing residentresidents.

5. Income limit restrictions do not apply to families transferring within our Public Housing Program.

6. The Housing Authority of Covington may allow police officers who

would not otherwise be eligible for occupancy in public housing to reside in a public housing dwelling unit. Such occupancy must be needed to increase security for public housing residents. Their rent shall at least equal the cost of operating the public housing unit.

C. Citizenship/Eligibility Status

1. To be eligible for public housing each member of the family must be a citizen, national, or a noncitizen who has eligible immigration status under one of the categories set forth in Section 214 of the Housing and Community Development Act of 1980 (see 42 U.S.C. 1436a(a)).

2. Family eligibility for assistance.

a. A family shall not be eligible for assistance unless at least one member of the family residing in the unit is determined to have eligible status, with the exception noted below.

b. Despite the ineligibility of one or more family members, a mixed family may be eligible for one of three types of assistance (See Section 13.6 for calculating rents under the noncitizen rule).

c. A family without any eligible members and receiving assistance on June 19, 1995 may be eligible for temporary deferral of termination of assistance.

D. Social Security Number Documentation

To be eligible, all family members 6 years of age and older must provide a Social Security number or certify that they do not have one. Adults must certify for minors.

E. Signing Consent Forms

1. In order to be eligible, each member of the family who is at least 18 years of age, and each family head and spouse regardless of age, shall sign one or more consent forms.

2. The consent form must contain, at a minimum, the following:

a. A provision authorizing HUD or the Housing Authority of Covington to obtain from State Wage Information Collection Agencies (SWICAs) any information or materials necessary to

complete or verify the application for participation or for eligibility for continued occupancy;

b. A provision authorizing HUD or the Housing Authority of Covington to verify with previous or current employers or other sources of income information pertinent to the family's eligibility for or level of assistance;

c. A provision authorizing HUD to request income information from the IRS and the SSA for the sole purpose of verifying income information pertinent to the family's eligibility or level of benefits;

d. A statement that the authorization to release the information requested by the consent form expires 15 months after the date the consent form is signed.

e. A statement allowing the Housing Authority of Covington permission to access the applicant's criminal record with any and all police and/or law enforcement agencies, and

f. The Federal Privacy Act in included on the consent form.

8.3 SUITABILITY

A. Applicant families will be evaluated to determine whether, based on their recent behavior, such behavior could reasonably be expected to result in compliance with the public housing lease. The Housing Authority of Covington will look at past conduct as an indicator of future conduct. Emphasis will be placed on whether a family's admission could reasonably be expected to have a detrimental effect on the development environment, other residents, Housing Authority of Covington employees, or other people residing in the immediate vicinity of the property. Otherwise eligible families will be denied admission if they fail to meet the suitability criteria.

B. The Housing Authority of Covington will consider objective and reasonable aspects of the family's background, including the following:

1. A three-year history of meeting financial obligations, especially rent and any utility payments;

2. Ability to maintain (or with assistance would have the ability to maintain)

their housing in a decent and safe condition based on living or housekeeping habits and whether such habits could adversely affect the health, safety, or welfare of other residents;

3. History of criminal activity by any household member involving crimes of physical violence against persons or property and any other criminal activity including drug-related criminal activity that would adversely affect the health, safety, or well being of other residents or staff or cause damage to the property;

4. History of disturbing neighbors or destruction of property;

5. Having committed fraud in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from; and

6. History of abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment by others.

C. The Housing Authority of Covington will ask applicants to provide information demonstrating their ability to comply with the essential elements of the lease. The Housing Authority of Covington will verify the information provided. Such verification may include but may not be limited to the following:

1. A rental history check and/or a credit check of all adult family members if the normal verification process is insufficient;

2. A criminal background check on all adult household members, including live-in aides at no cost to the applicant. This check will be made through State or local law enforcement or court records in those cases where the household member has lived in the local jurisdiction for the last three years. Where the individual has lived outside the local area, the Housing Authority of Covington may contact law enforcement agencies where the individual had lived or request a check through the FBI's National Crime Information Center (NCIC). This criminal background check will proceed after each adult household member has signed a consent form designed by the Housing Authority of Covington. The information received as a result of the criminal background check shall be used solely for screening, lease enforcement and eviction purposes. The information derived from the criminal background check shall be shared only with employees of the Housing Authority of Covington who have a job-related need to have access to the information. The information shall be maintained

confidentially, not misused or improperly disseminated, and destroyed once the purpose(s) for which it was requested has been accomplished and the period for filing a challenge to the Housing Authority of Covington's action has expired without a challenge or final disposition of any litigation has occurred; and

3. A check of the State's lifetime sex offender registration program for each adult household member, including live-in aides. No individual registered with this program will be admitted to public housing. The Housing Authority of Covington will check with our state registry and if the applicant has resided in another State(s), with that State(s)'s list.

   If an applicant is about to be denied housing based on either the criminal check or the sex offender registration program, the applicant will be informed of this fact and given an opportunity to dispute the accuracy of the information before the denial or eviction occurs.

8.4 GROUNDS FOR DENIAL

The Housing Authority of Covington is not required or obligated to assist families where applicants or members of the applicant's household:

A. Do not meet any one or more of the eligibility criteria;

B. Do not supply information or documentation required by the application process;

C. Have failed to respond to a written request for information or a request to declare their continued interest in the program;

D. Have a history of not meeting financial obligations, especially rent;

E. Do not have the ability to maintain (with assistance) their housing in a decent and safe condition where such habits could adversely affect the health, safety, or welfare of other residents;

F. Have a history of criminal activity by any household member involving crimes of physical violence against persons or property and any other criminal activity including drug-related criminal activity that would adversely affect the health, safety, or well being of other residents or staff or cause damage to the property;

   For the purpose of this Policy, if any member of the applicant family has been convicted at least **3** times within the prior **XXX** (**5**) year period for this purpose, they will be determined to have engaged in criminal activity, drug-related criminal activity or violent criminal activity.

G. Have a history of disturbing neighbors or destruction of property;

H. Currently owes rent or other amounts to any housing authority in connection with their public housing or Section 8 programs;

I. Have committed fraud, bribery or any other corruption in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from;

J. Were evicted from federally assisted housing within the past five years because of drug-related criminal activity. The five year limit is based on the date of such eviction, not the date the crime was committed.

However, the Housing Authority of Covington may admit the household if the PHA determines:

1. The evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program approved by the Housing Authority of Covington; or

2. The circumstances leading to the eviction no longer exist (for example, the criminal household member is imprisoned or has died).

K. Are currently engaging in the illegal use of a controlled substance. For purposes of this section, a member is "currently engaged in" the criminal activity if the person has engaged in this behavior recently enough to justify a reasonable belief that the behavior is current);

L. The Housing Authority of Covington determines that it has reasonable cause to believe that a household member's illegal use or pattern of illegal use of a drug may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents;

M. The Housing Authority of Covington determines that it has reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents;

N. Have engaged in or threatened abusive or violent behavior towards any Housing Authority of Covington staff member or resident;

O. Fugitive felons, parole violators, and persons fleeing to avoid prosecution or custody or confinement after conviction for a crime, or attempt to commit a crime, that is a felony under the laws of the place from which the individual flees;

P. **Denied for Life:** If any family member has been convicted of manufacturing or producing methamphetamine (speed) in a public housing development, in a Section 8 assisted property, or on the premises of other federally assisted housing;

Q. **Denied for Life:** Has a lifetime registration under a State sex offender registration program.

R. Applicants who have been removed from the waiting list for cause shall not be eligible to reapply for one (1) year.

Before the Housing Authority of Covington denies admission to the Housing Authority of Covington's public housing program on the basis of a criminal record, the Housing Authority of Covington must notify the household of the proposed action to be based on the information and must provide the person with the criminal record (i.e. child) and the applicant (head of household) with a copy of the criminal record and an opportunity to dispute the accuracy and relevance of that record. The applicant will have fourteen (14) calendar days to dispute the accuracy and relevance of the record in writing. If the Housing Authority of Covington does not receive the dispute within the allotted time, the applicant will be denied.

8.5 INFORMAL REVIEW

A. If the Housing Authority of Covington determines that an applicant does not meet the criteria for receiving public housing assistance, the Housing Authority of Covington will promptly provide the applicant with written notice of the determination. The notice must contain a brief detailed statement of the reason(s) for the decision and state that the applicant may request in writing an informal review of the decision within 14 calendar days of the denial. The Housing Authority of Covington will describe how to obtain the informal review.

The informal review may be conducted by any person designated by the Housing Authority of Covington, other than a person who made or approved the decision under review or subordinate of this person. The applicant must be given the opportunity to present written or oral objections to the Housing Authority of Covington's decision. The Housing Authority of Covington must notify the

applicant of the final decision within 14 calendar days after the informal review, including a brief statement of the reasons for the final decision.

B. The applicant may request that the Housing Authority of Covington provide for an Informal Hearing after the family has notification of an INS decision on their citizenship status on appeal, or in lieu of request of appeal to the INS. This request must be made by the applicant within 30 calendar days of receipt of the Notice of Denial or Termination of Assistance, or within 30 calendar days of receipt of the INS appeal decision.

For the applicants, the Informal Hearing Process above will be utilized with the exception that the applicant will have up to 30 calendar days of receipt of the Notice of Denial or Termination of Assistance, or of the INS appeal decision.

9.0 MANAGING THE WAITING LIST

9.1 OPENING AND CLOSING THE WAITING LIST

Opening of the waiting list will be announced with a public notice stating that applications for public housing will again be accepted. The public notice will state where, when, and how to apply. The notice will be published in a local newspaper of general circulation and also by any available minority media. The public notice will state any limitations to who may apply.

The notice will state that applicants already on waiting lists for other housing programs must apply separately for this program and such applicants will not lose their place on other waiting lists when they apply for public housing. The notice will include the Fair Housing logo and slogan and will be in compliance with Fair Housing requirements.

Closing of the waiting list will also be announced with a public notice. The public notice will state the date the waiting list will be closed and for what bedroom sizes. The public notice will be published in a local newspaper of general circulation and also by any available minority media.

9.2 ORGANIZATION OF THE WAITING LIST

The waiting list will be maintained in accordance with the following guidelines:

A. The application will be a permanent file;

B. All applications will be maintained in order of bedroom size, preference, and then in order of date and time of application; and

C. Any significant contacts between the Housing Authority of Covington and the applicant will be documented in the applicant file.

9.3 FAMILIES NEARING THE TOP OF THE WAITING LIST

When a family appears to be nearing the top of the waiting list, the family will be invited to an interview and the verification process will begin. It is at this point in time that the family's waiting list preference will be verified. If the family no longer qualifies to be near the top of the list, the family's name will be returned to the appropriate spot on the waiting list. The Housing Authority of Covington must notify the family in writing of this determination and give the family the opportunity for an informal review.

At the completion of the application, the preference will be verified, the family will complete a full application, present Social Security number information, citizenship/eligible immigrant information, and sign the Consent for Release of Information forms.

9.4 PURGING THE WAITING LIST

The Housing Authority of Covington will update and purge its waiting list at least annually to ensure that the pool of applicants reasonably represents the interested families for whom the Housing Authority of Covington has current information, i.e. applicant's address, family composition, income category, and preferences.

9.5 REMOVAL OF APPLICANTS FROM THE WAITING LIST

The Housing Authority of Covington will not remove an applicant's name from the waiting list unless:

A. The applicant requests in writing that the name be removed;

B. The applicant fails to respond to a written request for information or a request to declare their continued interest in the program;

C. The applicant does not meet either the eligibility or suitability criteria for the program; or

D. The applicant is housed.

Applicants will be offered the right to an informal review before being removed from the waiting list.

9.6 MISSED APPOINTMENTS

All applicants who fail to keep a scheduled appointment with the Housing Authority of Covington will be sent a notice of termination of the process for eligibility.

The Housing Authority of Covington will allow the family to reschedule for good cause. Generally, no more than one opportunity will be given to reschedule without good cause, and no more than two opportunities will be given for good cause. When good cause exists for missing an appointment, the Housing Authority of Covington will work closely with the family to find a more suitable time.

9.7 NOTIFICATION OF NEGATIVE ACTIONS

Any applicant whose name is being removed from the waiting list will be notified by the Housing Authority of Covington, in writing, that they have ten (10) business days from the date of the written correspondence to present mitigating circumstances or request in writing an informal review. The letter will also indicate that their name will be removed from the waiting list if they fail to respond within the timeframe specified. The Housing Authority of Covington system of removing applicant names from the waiting list will not violate the rights of persons with disabilities. If an applicant claims that their failure to respond to a request for information or updates was caused by a disability, the Housing Authority of Covington will verify that there is in fact a disability and the disability caused the failure to respond, and provide a reasonable accommodation. An example of a reasonable accommodation would be to reinstate the applicant on the waiting list based on the date and time of the original application.

10.0 RESIDENT SELECTION AND ASSIGNMENT PLAN

10.1 PREFERENCES

The Housing Authority of Covington will select families based on the following preferences within each bedroom size category based on our local housing needs and priorities:

A. Applicants who reside or work in Covington, KY. The residency preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family.

B. Applicants with an adult family member who is currently working at least 20 hours a week and has been doing so for the last 90 days, are 62 or older, or are people with disabilities.

C. Applicants with an adult family member enrolled in an employment training program or attending school on a full-time basis.

D. Victims of domestic violence.

E. Victims of reprisals or hate crimes.

F. Displaced person(s): Individuals or families displaced by government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal Disaster Relief Laws.

G. High Rent Burden.

H. All other applicants.

Based on the above preferences, all families in preference A will be offered housing before any families in preference B, and preference B families will be offered housing before any families in preference C, etc.

The date and time of application will be noted and utilized to determine the sequence within the above prescribed preferences.

Not withstanding the above, families who are elderly, disabled, or displaced will be offered housing before other single persons.

Buildings Designed for the Elderly and Disabled (Mixed Population Developments): Preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families. If there are no near-elderly families on the waiting list, units will be offered to families who qualify for the appropriate bedroom size using these priorities. All such families will be selected from the waiting list using the preferences as outlined above.

Accessible Units: Accessible units will be first offered to families who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above. If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list. Such applicants, however, must sign a release form stating they will accept a transfer (at their own expense) if, at a future time, a family requiring an accessible feature applies or requires a transfer from a non-accessible unit. Any family required to transfer will be given a 30 calendar day notice.

10.2 ASSIGNMENT OF BEDROOM SIZES

The following guidelines will determine each family's unit size without overcrowding or over-housing:

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
0	1	1
1	1	2
2	2	4
3	3	6
4	4	8

These standards are based on the assumption that each bedroom will accommodate no more than two (2) persons. Zero bedroom units will only be assigned to one-person families. Two adults will share a bedroom unless related by blood or as necessary to assist in a reasonable accommodation.

In determining bedroom size, the Housing Authority of Covington will include the presence of children to be born to a pregnant woman, children who are in the process of being adopted, children whose custody is being obtained, children currently under a 50% or more joint custody decree, children who are temporarily away at school, or children who are temporarily in foster-care.

In addition, the following considerations may be taken in determining bedroom size:

A. Children of the same sex may share a bedroom.

B. Children of the opposite sex, both under the age of three will share a bedroom.

C. Adults and children will not be required to share a bedroom.

D. Foster – adults and/or foster - children will not be required to share a bedroom with family members.

E. Live-in aides will get a separate bedroom.

Exceptions to normal bedroom size standards include the following:

A. Units smaller than assigned through the above guidelines – A family may request a smaller unit size than the guidelines allow. The Housing Authority of Covington will allow the smaller size unit so long as generally no more than two (2) people per bedroom are assigned. In such situations, the family will sign a certification stating they understand they will be ineligible for a larger size unit for three (3) years) or until the family size changes, whichever may occur first.

B. Units larger than assigned through the above guidelines – A family may request a larger unit size than the guidelines allow. The Housing Authority of Covington will allow the larger size unit if the family provides a verified medical or disability related need that the family be housed in a larger unit.

C. If there are no families on the waiting list for a larger size, smaller families may be housed if they sign a release form stating they will transfer (at the family's own expense) to the appropriate size unit when an eligible family needing the larger unit applies. The family transferring will be given a 30 calendar day notice before being required to move.

D. Larger units may be offered in order to improve the marketing of a development suffering a high vacancy rate.

E. In no event will a single person who is not an elderly person or a displaced person, or a person with disabilities be provided with a unit that is larger than one-bedroom.

10.3 SELECTION FROM THE WAITING LIST

The Housing Authority of Covington shall follow the statutory requirement that at least 40% of newly admitted families in any fiscal year be families whose annual income is at or below 30% of the area median income. To ensure this requirement is met we shall quarterly monitor the incomes of newly admitted families and the incomes of the families on the waiting list. If it appears that the requirement to house extremely low-income families will not be met, we will skip higher income families on the waiting list to reach extremely low-income families.

If there are not enough extremely low-income families on the waiting list we will conduct outreach on a non-discriminatory basis to attract extremely low-income families to reach the statutory requirement.

10.4 DECONCENTRATION POLICY

The Housing Authority of Covington is not subject to the deconcentration requirements according to 24 CFR 903. Nevertheless, the Housing Authority of Covington will affirmatively market its housing to all eligible income groups.

10.5 RESERVED

10.6 OFFER OF A UNIT

When the Housing Authority of Covington discovers that a unit will become available, we will contact the first family on the waiting list who has the highest priority for this type of unit or development and whose income category would help to meet the deconcentration goal and/or the income targeting goal.

The Housing Authority of Covington will contact the family first by telephone to make the unit offer. If the family cannot be reached by telephone, the family will be notified of a unit offer via first class mail. The family will be given five (5) business days from the date the family was contacted by telephone or from the date the letter was mailed to contact the Housing Authority of Covington regarding the offer.

The family will be offered the opportunity to view the unit. The family will have two (2) business days to view and accept or reject the unit. This verbal offer and the family's decision must be documented in the resident file. If the family rejects the offer of the unit, the Housing Authority of Covington will send the family a letter documenting the offer and the rejection.

10.7 REJECTION OF UNIT

If in making the offer to the family the Housing Authority of Covington skipped over other families on the waiting list in order to meet their deconcentration goal or offered the family any other deconcentration incentive and the family rejects the unit, the family will not lose their place on the waiting list and will not be otherwise penalized.

If the Housing Authority of Covington did not skip over other families on the waiting list to reach this family, did not offer any other deconcentration incentive, and the family rejects the unit without good cause, the family will forfeit their application's date and time. The family will keep their preferences, but the date and time of application will be changed to the date and time the unit was rejected.

If the family rejects with good cause any unit offered, they will not lose their place on the waiting list. Good cause includes, but is not limited to, reasons related to health, proximity to work, school, and childcare (for those working or going to school). The family will be offered the right to an informal review of the decision to alter their application status.

10.8 ACCEPTANCE OF UNIT

The family will be required to sign a lease that will become effective no later than three (3) business days after the date of acceptance or the business day after the day the unit becomes available, whichever is later.

Prior to signing the lease, all families (head of household) and other adult family members will be required to attend the Lease and Occupancy Orientation when they are initially accepted for occupancy. The family will not be housed if they have not attended the orientation. Applicants who provide prior notice of an inability to attend the orientation will be rescheduled. Failure of an applicant to attend the orientation, without good cause, may result in the cancellation of the occupancy process.

The applicant will be provided a copy of the lease, the grievance procedure, utility allowances, utility charges, the current schedule of routine maintenance charges, and a request for reasonable accommodation form. These documents will be explained in detail. The applicant will sign a certification that they have received these documents and that they have reviewed them with Housing Authority personnel. The certification will be filed in the resident's file.

The signing of the lease and the review of financial information are to be privately handled. The head of household and all adult family members will be required to execute the lease prior to admission. One executed copy of the lease will be furnished to the head of household and the Housing Authority of Covington will retain the original executed lease in the resident's file. A copy of the grievance procedure will be attached to the resident's copy of the lease.

The family will pay a security deposit at the time of lease signing. The security deposit will be equal to:

A. $200.00 for a family applicant or

B. $100.00 for am elderly or disabled applicant.

In exceptional situations, the Housing Authority of Covington reserves the right to allow a new resident to pay their security deposit in up to three (3) payments. One third shall be paid in advance, one third with their second rent payment, and one third with their third rent payment. This shall be at the sole discretion of the Housing Authority.

In the case of a move within public housing, the security deposit for the first unit will be transferred to the second unit. Additionally, if the security deposit for the second unit is

greater than that for the first, the difference will be collected from the family. Conversely, if the security deposit is less, the difference will be refunded to the family.

In the event there are costs attributable to the family for bringing the first unit into condition for re-renting, the family shall be billed for these charges.

11.0 INCOME, EXCLUSIONS, AND DEDUCTIONS FROM INCOME

To determine annual income, the Housing Authority of Covington adds the income of all family members, excluding the types and sources of income that are specifically excluded. Once the annual income is determined, the Housing Authority of Covington subtracts all allowable deductions (allowances) to determine the Total Resident Payment.

11.1 INCOME

Annual income means all amounts, monetary or not, that:

A. Go to (or on behalf of) the family head or spouse (even if temporarily absent) or to any other family member; or

B. Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and

C. Are not specifically excluded from annual income.

If it is not feasible to anticipate a level of income over a 12-month period (e.g. seasonal or cyclic income), or the Housing Authority of Covington believes that past income is the best available indicator of expected future income, the Housing Authority of Covington may annualize the income anticipated for a shorter period, subject to a redetermination at the end of the shorter period.

Annual income includes, but is not limited to, the amounts specified in the federal regulations currently found in 24 CFR 5.609:

A. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.

B. The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness are not used as deductions in determining net income. An allowance for depreciation of assets

used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession is included in income, except to the extent the withdrawal is a reimbursement of cash or assets invested in the operation by the family.

C. Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness are not used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from an investment is included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of $5,000, annual income includes the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD. Income that could have been derived from assets worth more than $1000 that were disposed of for less than fair market value within the past two years will be counted as income.

D. The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount. (However, deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts are excluded.)

E. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay. (However, lump sum additions such as insurance payments from worker's compensation are excluded.)

F. Welfare assistance

1. Welfare assistance payments

a. Welfare assistance payments made under the Temporary Assistance for Needy Families (TANF) program are included in annual income only to the extent such payments:

i. Qualify as assistance under the TANF program definition at 45 CFR 260.31; and

ii. Are not otherwise excluded under paragraph Section 11.2 of this Policy.

b. If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income consists of:

i. The amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus

ii. The maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this requirement is the amount resulting from one application of the percentage.

2. Imputed welfare income

a. A family's annual income includes the amount of imputed welfare income (because of specified welfare benefits reductions resulting from either welfare fraud or the failure to comply with economic self-sufficiency requirements, as specified in notice to the Housing Authority of Covington by the welfare agency) plus the total amount of other annual income.

b. At the request of the Housing Authority of Covington, the welfare agency will inform the Housing Authority of Covington in writing of the amount and term of any specified welfare benefit reduction for a family member, and the reason for such reduction, and will also inform the Housing Authority of Covington of any subsequent changes in the term or amount of such specified welfare benefit reduction. The Housing Authority of Covington will use this information to determine the amount of imputed welfare income for a family.

c. A family's annual income includes imputed welfare income in family annual income, as determined at an interim or regular reexamination of family income and composition, during the term of the welfare benefits reduction (as specified in information

provided to the Housing Authority of Covington by the welfare agency).

d. The amount of the imputed welfare income is offset by the amount of additional income a family receives that commences after the time the sanction was imposed. When such additional income from other sources is at least equal to the imputed welfare income, the imputed welfare income is reduced to zero.

e. The Housing Authority of Covington will not include imputed welfare income in annual income if the family was not an assisted resident at the time of the sanction.

f. If a resident is not satisfied that the Housing Authority of Covington has calculated the amount of imputed welfare income in accordance with HUD requirements, and if the Housing Authority of Covington denies the family's request to modify such amount, then the Housing Authority of Covington shall give the resident written notice of such denial, with a brief explanation of the basis for the Housing Authority of Covington's determination of the amount of imputed welfare income. The Housing Authority of Covington's notice shall also state that if the resident does not agree with the determination, the resident may grieve the decision in accordance with our grievance policy. The resident is not required to pay an escrow deposit for the portion of the resident's rent attributable to the imputed welfare income in order to obtain a grievance hearing.

g. Relations with welfare agencies

1. The Housing Authority of Covington will ask welfare agencies to inform it of any specified welfare benefits reduction for a family member, the reason for such reduction, the term of any such reduction, and any subsequent welfare agency determination affecting the amount or term of a specified welfare benefits reduction. If the welfare agency determines a specified welfare benefits reduction for a family member, and gives the Housing Authority of Covington written notice of such reduction, the family's annual incomes shall include the imputed welfare income because of the specified welfare benefits reduction.

2. The Housing Authority of Covington is responsible for determining the amount of imputed welfare income that is included in the family's annual income as a result of a specified welfare benefits reduction as determined by the welfare agency, and specified in the notice by the welfare agency to the housing authority. However, the Housing Authority of Covington is not responsible for determining whether a reduction of welfare benefits by the welfare agency was correctly determined by the welfare agency in accordance with welfare program requirements and procedures, nor for providing the opportunity for review or hearing on such welfare agency determinations.

3. Such welfare agency determinations are the responsibility of the welfare agency, and the family may seek appeal of such determinations through the welfare agency's normal due process procedures. The Housing Authority of Covington shall rely on the welfare agency notice to the Housing Authority of Covington of the welfare agency's determination of a specified welfare benefits reduction.

G. Periodic and determinable allowances, such as alimony, child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.

H. All regular pay, special pay, and allowances of a member of the Armed Forces. (Special pay to a member exposed to hostile fire is excluded.)

11.2 ANNUAL INCOME

Annual income does not include the following, the amounts specified in the federal regulations currently found in 24 CFR 5.609:

A. Income from employment of children (including foster children) under the age of 18 years;

B. Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the resident family, who are unable to live alone);

C. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses;

D. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;

E. Income of a live-in aide;

F. The full amount of student financial assistance paid directly to the student or to the educational institution;

G. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;

H. The amounts received from the following programs:

1. Amounts received under training programs funded by HUD;

2. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);

3. Amounts received by a participant in other publicly assisted programs that are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and that are made solely to allow participation in a specific program;

4. Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed $200 per month) received by a resident for performing a service for the Housing Authority or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, and resident initiatives coordination. No resident may receive more than one such stipend during the same period of time;

5. Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives and are excluded only for the period during which the family member participates in the employment training program;

6. Temporary, nonrecurring or sporadic income (including gifts);

7. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;

8. Earnings in excess of $480 for each full-time student 18 years old or older (excluding the head of household and spouse);

9. Adoption assistance payments in excess of $480 per adopted child;

10. The incremental earnings due to employment during a cumulative 12-month period following date of the initial hire shall be excluded. This exclusion (paragraph 11) will not apply for any family who concurrently is eligible for exclusion #10. Additionally, this exclusion is only available to the following families:

    a. Families whose income increases as a result of employment of a family member who was previously unemployed for one or more years immediately preceding present employment.

    b. Families whose income increases during the participation of a family member in any economic self-sufficiency or other job-training program.

    c. Families who are or were, within 6 months, assisted under a State TANF or Welfare-to-Work program.

    During the second cumulative 12-month period after the date of initial hire, 50% of the increased income shall be excluded from income.

    The disallowance of increased income of an individual family member is limited to a lifetime 48-month period. It only applies for 12 months of the 100% exclusion and 12 months of the 50% exclusion. In order to claim this exclusion, an eligible family must report to the Housing Authority the starting of their employment and any breaks in their employment within fifteen (15) days of the event occurring or the disallowance shall not be allowed.

11. Deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts;

12. Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit;

13. Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or

14. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits. These exclusions include:

    a. The value of the allotment of food stamps

    b. Payments to volunteers under the Domestic Volunteer Services Act of 1973

    c. Payments received under the Alaska Native Claims Settlement Act

    d. Income from submarginal land of the U.S. that is held in trust for certain Indian tribes

    e. Payments made under HHS's Low-Income Energy Assistance Program

    f. Payments received under the Job Training Partnership Act

    g. Income from the disposition of funds of the Grand River Band of Ottawa Indians

    h. The first $2000 per capita received from judgment funds awarded for certain Indian claims

    i. Amount of scholarships awarded under Title IV including Work Study

    j. Payments received under the Older Americans Act of 1965

    k. Payments from Agent Orange Settlement

    l. Payments received under the Maine Indian Claims Act

m. The value of child care under the Child Care and Development Block Grant Act of 1990

n. Earned income tax credit refund payments

o. Payments for living expenses under the AmeriCorps Program

p. Additional income exclusions provided by and funded by the Housing Authority of Covington

The Housing Authority of Covington will not provide exclusions from income in addition to those already provided for by HUD.

11.3 DEDUCTIONS FROM ANNUAL INCOME

The following deductions will be made from annual income:

A. $480 for each dependent;

B. $400 for any elderly family or disabled family;

C. The sum of the following, to the extent the sum exceeds three percent of annual income:

1. Unreimbursed medical expenses of any elderly family or disabled family; and

2. Unreimbursed reasonable attendant care and auxiliary apparatus expenses for each member of the family who is a person with disabilities, to the extent necessary to enable any member of the family (including the member who is a person with disabilities) to be employed, but this allowance may not exceed the earned income received by family members who are 18 years of age or older who are able to work because of such attendant care or auxiliary apparatus.

D. Reasonable childcare expenses necessary for children 12 and younger to enable a member of the family to be employed or to further his or her education. This deduction shall not exceed the amount of employment income that is included in annual income.

E. Child support payments.

F. There shall be a 15% deduction from gross earned income for people who are

working as a working family allowance.

11.4 RECEIPT OF A LETTER OR NOTICE FROM HUD CONCERNING INCOME

A. If a public housing resident receives a letter or notice from HUD concerning the amount or verification of family income, the letter shall be brought to the person responsible for income verification within thirty (30) calendar days of receipt by the resident.

B. The Housing Managers shall reconcile any difference between the amount reported by the resident and the amount listed in the HUD communication. This shall be done as promptly as possible.

C. After the reconciliation is complete, the Housing Authority of Covington shall, if appropriate, adjust the resident's rent beginning at the start of the next month. If the reconciliation is completed during the final five (5) calendar days of the month, the new rent shall take effect on the first day of the second month following the end of the current month. In addition, if the resident had not previously reported the proper income, the Housing Authority of Covington shall do one of the following:

1. Immediately collect the back rent due to the agency;

2. Establish a repayment plan for the resident to pay the sum due to the agency;

3. Terminate the lease and evict for failure to report income; or

4. Terminate the lease, evict for failure to report income, and collect the back rent due to the agency.

11.5 COOPERATING WITH WELFARE AGENCIES

The Housing Authority of Covington will make its best efforts to enter into cooperation agreements with local welfare agencies under which the welfare agencies will agree:

A. To target assistance, benefits and services to families receiving assistance in the public housing and Section 8 resident-based assistance program to achieve self-sufficiency; and

To provide written verification to the Housing Authority of Covington concerning welfare benefits for families applying for or receiving assistance in our housing assistance programs.

11.6 COOPERATING WITH LAW ENFORCEMENT AGENCIES

The Housing Authority of Covington will comply, on a case-by case basis, with information requests from Federal, State or local law enforcement officers regarding possible fugitive felons and/or a parole or probation violators. The Housing Authority of Covington will supply upon legitimate request (1) the current address, (2) Social Security number and (3) photograph (if available) of any recipient of assistance.

The Federal, State or local enforcement officer must submit a request that is (1) written, (2) on law enforcement agency letterhead, and (3) is signed by the requesting officer and his or her immediate supervisor. The request for information must provide the name of the fugitive felon and/or parole or probation violator being sought, and may include other personal information used for identification. The request should also comply with the following requirements:

A. The law enforcement agency shall notify Housing Authority of Covington that the fugitive felon and/or parole or probation violator (i) is fleeing to avoid prosecution, custody or confinement after conviction, under the laws of the place from which the individual flees, for a crime, or attempt to commit a crime, which is a felony under the laws of the place from which the individual flees, or which, in the case of the State of New Jersey, is a high misdemeanor; or (ii) is violating a condition of probation or parole imposed under Federal or State law; or (iii) has information that is necessary for the officer to conduct his/her official duties;

B. The location or apprehension of the recipient is within the Housing Authority of Covington's official duties; and,

C. The request is made in the proper exercise of the law enforcement agency's official duties.

12.0 VERIFICATION

The Housing Authority of Covington will verify information related to waiting list preferences, eligibility, admission, and level of benefits prior to admission. Periodically during occupancy, items related to eligibility and rent determination shall also be reviewed and verified. Income, assets, and expenses will be verified, as well as disability status, need for a live-in aide and other reasonable accommodations; full time student status of family members 18 years of age and older; Social Security numbers; and citizenship/eligible noncitizen status. Age and relationship will only be verified in those instances where needed to make a determination of level of assistance.

12.1 ACCEPTABLE METHODS OF VERIFICATION

Age, relationship, U.S. citizenship, and Social Security numbers will generally be verified with documentation provided by the family. For citizenship, the family's certification will be accepted. (Or for citizenship documentation such as listed below will be required.) Verification of these items will include photocopies of the Social Security cards and other documents presented by the family, the INS SAVE approval code, and forms signed by the family.

Other information will be verified by third party verification. This type of verification includes written documentation with forms sent directly to and received directly by a source, not passed through the hands of the family. This verification may also be direct contact with the source, in person or by telephone. It may also be a report generated by a request from the Housing Authority of Covington or automatically by another government agency, i.e. the Social Security Administration. Verification forms and reports received will be contained in the applicant/resident file. Oral third party documentation will include the same information as if the documentation had been written, i.e. name date of contact, amount received, etc.

When third party verification cannot be obtained, the Housing Authority of Covington will accept documentation received from the applicant/resident. Hand-carried documentation will be accepted if the Housing Authority of Covington has been unable to obtain third party verification in a 4-week period of time. Photocopies of the documents provided by the family will be maintained in the file.

When neither third party verification nor hand-carried verification can be obtained, the Housing Authority of Covington will accept a notarized statement signed by the head, spouse or co-head. Such documents will be maintained in the file.

12.2 TYPES OF VERIFICATION

The chart below outlines the factors that may be verified and gives common examples of the verification that will be sought. To obtain written third party verification, the Housing Authority of Covington will send a request form to the source along with a release form signed by the applicant/resident via first class mail.

Verification Requirements for Individual Items		
Item to Be Verified	**3rd party verification**	**Hand-carried verification**
General Eligibility Items		
Social Security Number	Letter from Social Security, electronic reports	Social Security card or a third party document stating the

Verification Requirements for Individual Items		
Item to Be Verified	**3rd party verification**	**Hand-carried verification**
		Social Security Number
Citizenship	N/A	Signed certification, voter's registration card, birth certificate, etc.
Eligible immigration status	INS SAVE confirmation #	INS card
Disability	Letter from medical professional, SSI, etc	Proof of SSI or Social Security disability payments
Full time student status (if >18)	Letter from school	For high school and/or college students, any document evidencing enrollment
Need for a live-in aide	Letter from doctor or other professional knowledgeable of condition	N/A
Child care costs	Letter from care provider	Bills and receipts
Disability assistance expenses	Letters from suppliers, care givers, etc.	Bills and records of payment
Medical expenses	Letters from providers, prescription record from pharmacy, medical professional's letter stating assistance or a companion animal is needed	Bills, receipts, records of payment, dates of trips, mileage log, receipts for fares and tolls
Value of and Income from Assets		
Savings, checking accounts	Letter from institution	Passbook, most current statements
CDS, bonds, etc	Letter from institution	Tax return, information brochure from institution, the CD, the bond
Stocks	Letter from broker or holding company	Stock or most current statement, price in newspaper

Verification Requirements for Individual Items		
Item to Be Verified	**3rd party verification**	**Hand-carried verification**
		or through Internet
Real property	Letter from tax office, assessment, etc.	Property tax statement (for current value), assessment, records or income and expenses, tax return
Personal property held as an investment	Assessment, bluebook, etc	Receipt for purchase, other evidence of worth
Cash value of whole life insurance policies	Letter from insurance company	Current statement
Assets disposed of for less than fair market value	N/A	Original receipt and receipt at disposition, other evidence of worth
Income		
Earned income	Letter from employer	Multiple pay stubs
Self-employed	N/A	Tax return from prior year, books of accounts
Regular gifts and contributions	Letter from source, letter from organization receiving gift (i.e., if grandmother pays day care provider, the day care provider could so state)	Bank deposits, other similar evidence
Alimony/child support	Court order, letter from source, letter from Human Services	Record of deposits, divorce decree
Periodic payments (i.e., social security, welfare, pensions, workers compensation, unemployment)	Letter or electronic reports from the source	Award letter, letter announcing change in amount of future payments

Verification Requirements for Individual Items		
Item to Be Verified	**3rd party verification**	**Hand-carried verification**
Training program participation	Letter from program provider indicating - whether enrolled or completed - whether training is HUD-funded - whether Federal, State, local govt., or local program - whether it is employment training - whether it has clearly defined goals and objectives - whether program has supportive services - whether payments are for out-of-pocket expenses incurred in order to participate in a program - date of first job after program completion	N/A Evidence of job start

12.3 VERIFICATION OF CITIZENSHIP OR ELIGIBLE NONCITIZEN STATUS

The citizenship/eligible noncitizen status of each family member regardless of age must be determined.

Prior to being admitted, or at the first reexamination, all citizens and nationals will be required to sign a declaration under penalty of perjury. They will be required to show proof of their status by such means as a birth certificate, military ID, or military DD 214 Form.

Prior to being admitted or at the first reexamination, all eligible noncitizens who are 62 years of age or older will be required to sign a declaration under penalty of perjury. They will also be required to show proof of age.

Prior to being admitted or at the first reexamination, all eligible noncitizens must sign a declaration of their status and a verification consent form and provide their original INS documentation. The Housing Authority of Covington will make a copy of the individual's INS documentation and place the copy in the file. The Housing Authority of Covington will also verify their status through the INS SAVE system. If the INS SAVE system cannot confirm eligibility, the Housing Authority of Covington will mail information to the INS in order that a manual check can be made of INS records.

Family members who do not claim to be citizens, nationals, or eligible noncitizens must be listed on a statement of noneligible members and the list must be signed by the head of the household.

Noncitizen students on student visas, though in the country legally, are not eligible to be admitted to public housing. If they are members of families that include citizens, the rent must be pro-rated.

Any family member who does not choose to declare their status must be listed on the statement of noneligible members.

If no family member is determined to be eligible under this section, the family's eligibility will be denied.

The family's assistance will not be denied, delayed, reduced, or terminated because of a delay in the process of determining eligible status under this section, except to the extent that the delay is caused by the family.

If the Housing Authority of Covington determines that a family member has knowingly permitted an ineligible noncitizen (other than any ineligible noncitizens listed on the lease) to permanently reside in their public housing unit, the family will be evicted. Such family will not be eligible to be readmitted to public housing for a period of 24 months from the date of eviction or termination.

12.4 VERIFICATION OF SOCIAL SECURITY NUMBERS

Prior to admission, each family member who has a Social Security number and who is at least 6 years of age must provide verification of their Social Security number. New family members at least 6 years of age must provide this verification prior to being added to the lease. Children in assisted households must provide this verification at the first regular reexamination after turning six.

The best verification of the Social Security number is the original Social Security card. If the card is not available, the Housing Authority of Covington will accept letters from the Social Security Agency that establishes and states the number. Documentation from other governmental agencies will also be accepted that establishes and states the number. Driver's licenses, military IDs, passports, or other official documents that establish and state the number are also acceptable.

If an individual states that they do not have a Social Security number, they will be required to sign a statement to this effect. The Housing Authority of Covington will not require any individual who does not have a Social Security number.

If a member of an applicant family indicates they have a Social Security number, but cannot readily verify it, the family cannot be housed until verification is provided.

If a member of a resident family indicates they have a Social Security number, but cannot readily verify it, they shall be asked to certify to this fact and shall have up to sixty (60) calendar days to provide the verification. If the individual is at least 62 years of age, they will be given one hundred and twenty (120) calendar days to provide the verification. If the individual fails to provide the verification within the time allowed, the family will be evicted.

12.5 TIMING OF VERIFICATION

Verification information must be dated within ninety (90) calendar days of certification or reexamination. If the verification is older than this, the source will be contacted and asked to provide information regarding any changes.

When an interim reexamination is conducted, the Housing Authority will verify and update those elements reported to have changed.

12.6 FREQUENCY OF OBTAINING VERIFICATION

Household composition will be verified annually. The frequency that household income will be verified depends on the type of rent method chosen by the family.

For each family member, citizenship/eligible noncitizen status will be verified only once unless the family member is an eligible immigrant in a transitional stage of admission. In this situation, their status must be updated until they are admitted for permanent residency. This verification will be obtained prior to admission. If the status of any family member was not determined prior to admission, verification of their status will be obtained at the next regular reexamination. Prior to a new member joining the family, their citizenship/eligible noncitizen status will be verified.

For each family member age 6 and above, verification of Social Security number will be obtained only once. This verification will be accomplished prior to admission. When a family member who did not have a Social Security number at admission receives a Social Security number, that number will be verified at the next regular reexamination. Likewise, when a child turns six, their verification will be obtained at the next regular reexamination.

13.0 DETERMINATION OF TOTAL RESIDENT PAYMENT AND RESIDENT RENT

13.1 FAMILY CHOICE

At admission and each year in preparation for their annual reexamination, each family is given the choice of having their rent determined under the income method or having their rent set at the flat rent amount.

A. Families who opt for the flat rent will be required to go through the income reexamination process every three years, rather than the annual review they would otherwise undergo. Their family composition must still be reviewed annually.

B. Families who opt for the flat rent may request to have a reexamination and return to the income based method at any time for any of the following reasons:

1. The family's income has decreased.

2. The family's circumstances have changed increasing their expenses for child care, medical care, etc.

3. Other circumstances creating a hardship on the family such that the income method would be more financially feasible for the family.

D. Families have only one choice per year except for financial hardship cases. In order for families to make informed choices about their rent options, the Housing Authority of Covington will provide them with the following information whenever they have to make rent decisions:

1. The Housing Authority of Covington's policies on switching types of rent in case of a financial hardship; and

2 The dollar amount of resident rent for the family under each option. If the family chose a flat rent for the previous year, the Housing Authority of Covington will provide the amount of income-based rent for the subsequent year only the year the Housing Authority of Covington conducts an income reexamination or if the family specifically requests it and submits updated income information.

13.2 THE INCOME METHOD

The total resident payment is equal to the highest of:

A. 10% of the family's monthly income;

B. 30% of the family's adjusted monthly income; or

C. If the family is receiving payments for welfare assistance from a public agency and a part of those payments, adjusted in accordance with the family's actual housing costs, is specifically designated by such agency to meet the family's housing costs, the portion of those payments which is so designated. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this provision is the amount resulting from one application of the percentage; or

D. The minimum rent of $25.

13.3 MINIMUM RENT

The Housing Authority of Covington has set the minimum rent at $25. If the family requests a hardship exemption, however, the Housing Authority of Covington will suspend the minimum rent beginning the month following the family's request until the Housing Authority can determine whether the hardship exists and whether the hardship is of a temporary or long-term nature.

A. A hardship exists in the following circumstances:

1. When the family has lost eligibility for or is waiting an eligibility determination for a Federal, State, or local assistance program including a family that includes a member who is a non-citizen lawfully admitted for permanent residence under the Immigration and Nationality Act who would be entitled to public benefits but for title IV of the Personal Responsibility and Work Opportunity Act of 1996;

2. When the family would be evicted because it is unable to pay the minimum rent;

3. When the income of the family has decreased because of changed circumstances, including loss of employment; and

4. When a death has occurred in the family.

B. No hardship. If the Housing Authority determines there is no qualifying hardship, the minimum rent will be reinstated, including requiring back payment of minimum rent for the time of suspension.

C. Temporary hardship. If the Housing Authority reasonably determines that there is a qualifying hardship but that it is of a temporary nature, the minimum rent will be not be imposed for a period of 90 calendar days from the beginning of the suspension of the minimum rent. At the end of the 90-day period, the minimum rent will be imposed retroactively to the time of suspension. The Housing Authority will offer a repayment agreement in accordance with Section 19 of this policy for any rent not paid during the period of suspension. During the suspension period the Housing Authority will not evict the family for nonpayment of the amount of resident rent owed for the suspension period.

D. Long-term hardship. If the Housing Authority determines there is a long-term hardship, the family will be exempt from the minimum rent requirement until the hardship no longer exists.

E. Appeals. The family may use the grievance procedure to appeal the Housing Authority's determination regarding the hardship. No escrow deposit will be required in order to access the grievance procedure.

13.4 THE FLAT RENT

The Housing Authority of Covington has set a flat rent for each public housing unit. In doing so, it considered the size and type of the unit, as well as its age, condition, amenities, services, and neighborhood. The Housing Authority of Covington determined the market value of the unit and set the rent at the market value. The amount of the flat rent will be reevaluated annually and adjustments applied at the end of the annual lease. Affected families will be given a 30-day notice of any rent change. Adjustments are applied on the anniversary date for each affected family (for more information on flat rents, see Section 15.3).

The Housing Authority of Covington will post the flat rents at each of the developments and at the central office and flat rents are incorporated in this policy upon approval by the Board of Commissioners.

There is no utility allowance for families paying a flat rent because the Housing Authority of Covington has already factored who pays for the utilities into the flat rent calculation.

13.5 CEILING RENT

The Housing Authority of Covington has set a ceiling rent for each public housing unit. The amount of the ceiling rent will be re-evaluated annually and the adjustments applied. Affected families will be given a 30-day notice of any rent change. Adjustments are applied on the anniversary date for each affected family.

The Housing Authority of Covington will post the ceiling rents at each of the developments and at the central office and are incorporated in this policy upon approval by the Board of Commissioners.

13.6 RENT FOR FAMILIES UNDER THE NONCITIZEN RULE

A mixed family will receive full continuation of assistance if all of the following conditions are met:

A. The family was receiving assistance on June 19, 1995;

B. The family was granted continuation of assistance before November 29, 1996;

C. The family's head or spouse has eligible immigration status; and

D. The family does not include any person who does not have eligible status other than the head of household, the spouse of the head of household, any parent of the head or spouse, or any child (under the age of 18) of the head or spouse.

The family's assistance is prorated in the following manner:

A. Determine the 95th percentile of gross rents (resident rent plus utility allowance) for the Housing Authority of Covington. The 95th percentile is called the maximum rent.

B. Subtract the family's total resident payment from the maximum rent. The resulting number is called the maximum subsidy.

C. Divide the maximum subsidy by the number of family members and multiply the result times the number of eligible family members. This yields the prorated subsidy.

D. Subtract the prorated subsidy from the maximum rent to find the prorated total resident payment. From this amount subtract the full utility allowance to obtain the prorated resident rent.

13.7 UTILITY ALLOWANCE

The Housing Authority of Covington shall establish a utility allowance for all check-metered utilities and for all resident-paid utilities. The allowance will be based on a

reasonable consumption of utilities by an energy-conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthful environment. In setting the allowance, the Housing Authority of Covington will review the actual consumption of resident families as well as changes made or anticipated due to modernization (weatherization efforts, installation of energy-efficient appliances, etc). Allowances will be evaluated at least annually as well as any time utility rate changes by 10% or more since the last revision to the allowances.

The utility allowance will be subtracted from the family's income-based rent to determine the amount of the Resident Rent. The Resident Rent is the amount the family owes each month to the Housing Authority of Covington. The amount of the utility allowance is then still available to the family to pay the cost of their utilities. Any utility cost above the allowance is the responsibility of the resident. Any savings resulting from utility costs below the amount of the allowance belongs to the resident.

For Housing Authority of Covington paid utilities, the Housing Authority of Covington will monitor the utility consumption of each household. Any consumption in excess of the allowance established by the Housing Authority of Covington will be billed to the resident monthly.

Utility allowance revisions based on rate changes shall be effective retroactively to the first day of the month following the month in which the last rate change took place. Revisions based on changes in consumption or other reasons shall become effective at each family's next annual reexamination.

Families with high utility costs are encouraged to contact the Housing Authority of Covington for an energy analysis. The analysis may identify problems with the dwelling unit that once corrected will reduce energy costs. The analysis can also assist the family in identifying ways they can reduce their costs.

Requests for relief from surcharges for excess consumption of Housing Authority of Covington purchased utilities or from payment of utility supplier billings in excess of the utility allowance for resident-paid utility costs may be granted by the Housing Authority of Covington on reasonable grounds. Requests shall be granted to families that include an elderly member or a member with disabilities. Requests by the family shall be submitted under the Reasonable Accommodation Policy. Families shall be advised of their right to individual relief at admission to public housing and at time of utility allowance changes.

13.8 PAYING RENT

Rent and other charges are due and payable on the first day of the month. All rents should be paid at a designate bank until the 17th day of the month. After that date, rent must be paid to the site manager. Reasonable accommodations for this requirement will be made

for persons with disabilities. As a safety measure, no cash shall be accepted as a rent payment by the site manager.

If the rent is not paid by the seventh day of the month, a Notice to Vacate will be issued to the resident. In addition, a $10.00 late charge will be assessed to the resident if the rent is paid after the seventh day of the month and before the eighteenth day of the month. If the rent is not paid before the 18th day of the month, the late charge will increase to $25.00. If rent is paid by a personal check and the check is returned for insufficient funds, this shall be considered a non-payment of rent and will incur the late charge plus an additional charge of $10.00 for bank charges and/or processing costs.

14.0 COMMUNITY SERVICE

14.1 GENERAL

In order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities), or (2) participate in an economic self-sufficiency program, or (3) perform eight hours per month of combined activities as previously described unless they are exempt from this requirement.

14.2 EXEMPTIONS

The following adult family members of resident families are exempt from this requirement.

A. Family members who are 62 or older

B. Family members who are blind or disabled as defined under 216(I)(1) or 1614 of the Social Security Act (42 U.S.C. 416(I)(1) and who certifies that because of this disability she or he is unable to comply with the community service requirements.

C. Family members who are the primary care giver for someone who is blind or disabled as set forth in Paragraph B above.

D. Family members engaged in work activity as defined in section 407(d) of the Social Security Act, specified below.

1. Unsubsidized employment;

2. Subsidized private-sector employment;

3. Subsidized public-sector employment;

4. Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available;

5. On-the-job-training;

6. Job-search and job-readiness assistance;

7. Community service programs;

8. Vocational educational training (not to exceed 12 months with respect to any individual);

9. Job-skills training directly related to employment;

10. Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency;

11. Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate; and

12. The provision of childcare services to an individual who is participating in a community service program.

E. Family members who are or would be exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program

F. Family members receiving assistance, benefits or services under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program.

14.3 NOTIFICATION OF THE REQUIREMENT

The Housing Authority of Covington shall identify all adult family members who are apparently not exempt from the community service requirement.

The Housing Authority of Covington shall notify all such family members of the

community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. The Housing Authority of Covington shall verify such claims.

The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination on or after 4/1/01. For family's paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

14.4 VOLUNTEER OPPORTUNITIES

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self-sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The Housing Authority of Covington will coordinate with social service agencies, local schools, and the Human Resources Office in identifying a list of volunteer community service positions.

Together with the resident advisory councils, the Housing Authority of Covington may create volunteer positions such as hall monitoring, litter patrols, and supervising and record keeping for volunteers.

14.5 THE PROCESS

At the first annual reexamination on or after April 1, 2001, and each annual reexamination thereafter, the Housing Authority of Covington will do the following:

A. Provide a list of volunteer opportunities to the family members.

B. Provide information about obtaining suitable volunteer positions.

C. Provide a volunteer time sheet to the family member. Instructions for the time sheet require the individual to complete the form and have a supervisor date and sign for each period of work.

D. Assign family members to a volunteer coordinator who will assist the family members in identifying appropriate volunteer positions and in meeting their responsibilities. The volunteer coordinator will track the family member's progress monthly and will meet with the family member as needed to best encourage compliance.

E. At least thirty (30) calendar days before the family's next lease anniversary date, the volunteer coordinator will advise the Housing Authority of Covington whether each applicable adult family member is in compliance with the community service requirement.

14.6 NOTIFICATION OF NON-COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENT

The Housing Authority of Covington will notify any family found to be in noncompliance of the following:

A. The family member(s) has been determined to be in noncompliance;

B. That the determination is subject to the grievance procedure; and

C. That, unless the family member(s) enter into an agreement to comply or moves, the lease will not be renewed or will be terminated;

14.7 OPPORTUNITY FOR CURE

The Housing Authority of Covington will offer the family member(s) the opportunity to enter into an agreement to cure prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. It will state the number of hours that the family member is deficient. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns go toward the current commitment until the current year's commitment is made.

The volunteer coordinator will assist the family member in identifying volunteer opportunities and will track compliance on a monthly basis.

14.8 PROHIBITION AGAINST REPLACEMENT OF AGENCY EMPLOYEES

In implementing the service requirement, the Housing Authority of Covington may not substitute community service or self-sufficiency activities performed by residents for work ordinarily performed by its employees, or replace a job at any location where residents perform activities to satisfy the service requirement.

15.0 RECERTIFICATIONS

At least annually, the Housing Authority of Covington will conduct a reexamination of family income and circumstances. The results of the reexamination determine (1) the rent the family will pay, and (2) whether the family is housed in the correct unit size.

15.1 GENERAL

The Housing Authority of Covington will send a notification letter to the family letting them know that it is time for their annual reexamination, giving them the option of selecting either the flat rent or income method, and scheduling an appointment if they are currently paying an income rent. If the family thinks they may want to switch from a flat rent to an income rent, they should request an appointment. At the appointment, the family can make their final decision regarding which rent method they will choose. The letter also includes, for those families paying the income method, forms for the family to complete in preparation for the interview. The letter includes instructions permitting the family to reschedule the interview if necessary. The letter tells families who may need to make alternate arrangements due to a disability that they may contact staff to request an accommodation of their needs.

During the appointment, the Housing Authority of Covington will determine whether family composition may require a transfer to a different bedroom size unit, and if so, the family's name will be placed on the transfer list.

15.2 MISSED APPOINTMENTS

If the family fails to respond to the letter and fails to attend the interview, a second letter will be mailed. The second letter will advise of a new time and date for the interview, allowing for the same considerations for rescheduling and accommodation as above. The letter will also advise that failure by the family to attend the second scheduled interview will result in the Housing Authority of Covington taking eviction actions against the family.

15.3 FLAT RENTS

The annual letter to flat rent payers regarding the reexamination process will state the following:

A. Each year at the time of the annual reexamination, the family has the option of selecting a flat rent amount in lieu of completing the reexamination process and having their rent based on the income amount.

B. The amount of the flat rent

C. A fact sheet about income rents that explains the types of income counted, the most common types of income excluded, and the categories of allowances that can be deducted from income.

D. Families who opt for the flat rent will be required to go through the income reexamination process every three years, rather than the annual review they otherwise would undergo.

E. Families who opt for the flat rent may request to have a reexamination and return to the income based method at any time for any of the following reasons:

   1. The family's income has decreased.

   2. The family's circumstances have changed increasing their expenses for child care, medical care, etc.

   3. Other circumstances creating a hardship on the family such that the income method would be more financially feasible for the family.

   Once a family returns to the income based method during their “lease year” they cannot go back to a flat rent until their next regular annual reexamination.

F. The dates upon which the Housing Authority of Covington expects to review the amount of the flat rent, the approximate rent increase the family could expect, and the approximate date upon which a future rent increase could become effective.

G. The name and phone number of an individual to call to get additional information or counseling concerning flat rents.

H. A certification for the family to sign accepting or declining the flat rent.

Each year prior to their anniversary date, Housing Authority of Covington will send a reexamination letter to the family offering the choice between a flat rent or income rent. The opportunity to select the flat rent is available only at this time. At the appointment,

the Housing Authority of Covington may assist the family in identifying the rent method that would be most advantageous for the family. If the family wishes to select the flat rent method without meeting with the Housing Authority of Covington representative, they may make the selection on the form and return the form to the Housing Authority of Covington. In such case, the Housing Authority of Covington will cancel the appointment and solely verify the family size and whether it is in an appropriate size unit.

15.4 THE INCOME METHOD

During the interview, the family will provide all information regarding income, assets, deductions (eligible expenses), and other information necessary to determine the family's share of rent. The family will sign the HUD consent form and other consent forms that later will be mailed to the sources that will verify the family circumstances.

Upon receipt of verification, the Housing Authority of Covington will determine the family's annual income and will calculate their rent as follows.

The total resident payment is equal to the highest of:

A. 10% of the family’s monthly income;

B. 30% of the family’s adjusted monthly income;

C. The welfare rent: or

D. The minimum rent.

The family shall be informed of the results of the rent calculation under both the Income Method and the Flat Rent and given their choice of which rent to pay.

15.5 EFFECTIVE DATE OF RENT CHANGES FOR ANNUAL REEXAMINATIONS

The new rent will generally be effective upon the anniversary date with thirty (30) calendar days notice of any rent increase to the family.

If the rent determination is delayed due to a reason beyond the control of the family, then any rent increase will be effective the first of the month after the month in which the family receives a 30-day notice of the amount. If the new rent is a reduction and the delay is beyond the control of the family, the reduction will be effective as scheduled on the anniversary date.

If the family caused the delay, then any increase will be effective on the anniversary date. Any reduction will be effective the first of the month after the rent amount is determined.

15.6 INTERIM REEXAMINATIONS

During an interim reexamination, only the information affected by the changes being reported will be reviewed and verified.

Resident does not have to report an increase in a source of income previously reported. Families are required to report the following changes to the Housing Authority of Covington between regular reexaminations. If the family's rent is being determined under the income method, these changes will trigger an interim reexamination. The family shall report these changes within fifteen (15) calendar days of their occurrence.

A. A member has been added to the family through birth or adoption or court-awarded custody.

B. A household member is leaving or has left the family unit.

C. Any new sources of income.

In order to add a household member other than through birth, adoption, or court-awarded custody, the family must request that the new member be added to the lease. Before adding the new member to the lease, the individual must complete an application form stating their income, assets, and all other information required of an applicant. The individual must provide their Social Security number if they have one and must verify their citizenship/eligible immigrant status. (Their housing will not be delayed due to delays in verifying eligible immigrant status other than delays caused by the family.) The new family member will go through the screening process similar to the process for applicants. The Housing Authority of Covington will determine the eligibility of the individual before adding them to the lease. If the individual is found to be ineligible or does not pass the screening criteria, they will be advised in writing and given the opportunity for an informal review. If they are found to be eligible and do pass the screening criteria, their name will be added to the lease. At the same time, if the family's rent is being determined under the income method, the family's annual income will be recalculated taking into account the circumstances of the new family member. The effective date of the new rent will be in accordance with Section 15.8.

A resident requesting a live-in-aide will be required to provide verification of the need for a live-in-aide. In addition, before approval of the live-in-aide, the individual (live-in-aide) must complete an application form for purposes of determining citizenship/eligible immigrant status and the live-in-aide will go through the screening process similar to the process for applicants. The Housing Authority of Covington will determine the eligibility of the live-in-aide before approval can be granted. If the individual is found to be ineligible or does not pass the screening criteria, the resident will be advised in writing

and given the opportunity for an informal review. Under no circumstances will the live-in-aide be added to the lease or be considered the last remaining member of a resident family.

Families are not required to, but may at any time, request an interim reexamination based on a decrease in income, an increase in allowable expenses, or other changes in family circumstances. Upon such request, the Housing Authority of Covington will take timely action to process the interim reexamination and recalculate the resident's rent.

15.7 SPECIAL REEXAMINATIONS

If a family's income is too unstable to project for twelve (12) months, including families that temporarily have no income (minimum renters) or have a temporary decrease in income, the Housing Authority of Covington may schedule special reexaminations every thirty(30) calendar days until the income stabilizes and an annual income can be determined.

15.8 EFFECTIVE DATE OF RENT CHANGES DUE TO INTERIM OR SPECIAL REEXAMINATIONS

Unless there is a delay in reexamination processing caused by the family, any rent increase will be effective the first of the second month after the month in which the family receives notice of the new rent amount. If the family causes a delay, then the rent increase will be effective on the date it would have been effective had the process not been delayed (even if this means a retroactive increase).

If the new rent is a reduction and any delay is beyond the control of the family, the reduction will be effective the first of the month after the interim reexamination should have been completed.

If the new rent is a reduction and the family caused the delay or did not report the change in a timely manner, the change will be effective the first of the month after the rent amount is determined.

16.0 UNIT TRANSFERS

16.1 OBJECTIVES OF THE TRANSFER POLICY

The objectives of the Transfer Policy include the following:

A. To address emergency situations.

B. To fully utilize available housing resources while avoiding overcrowding by

ensuring that each family occupies the appropriate size unit.

C. To facilitate a relocation when required for modernization or other management purposes.

D. To facilitate relocation of families with inadequate housing accommodations.

E. To provide an incentive for families to assist in meeting the Housing Authority of Covington's deconcentration goal, if appropriate.

F. To eliminate vacancy loss and other expenses due to unnecessary transfers.

16.2 CATEGORIES OF TRANSFERS

Category A: Emergency transfers. These transfers are necessary when conditions pose an immediate threat to the life, health, or safety of a family or one of its members. Such situations may involve defects of the unit or the building in which it is located, the health condition of a family member, a hate crime, the safety of witnesses to a crime, or a law enforcement matter particular to the neighborhood.

Category B: Immediate administrative transfers. These transfers are necessary in order to permit a family needing accessible features to move to a unit with such a feature or to enable modernization, revitalization, disposition or demolition work to proceed.

Category C: Regular administrative transfers. These transfers are made to offer incentives to families willing to help meet certain Housing Authority of Covington occupancy goals, to correct occupancy standards where the unit size is inappropriate for the size and composition of the family, to allow for non-emergency but medically advisable transfers, and other transfers approved by the Housing Authority of Covington when a transfer is the only or best way of solving a serious problem.

16.3 DOCUMENTATION

When the transfer is at the request of the family, the family may be required to provide third party verification of the need for the transfer.

16.4 RESERVED

16.5 PROCESSING TRANSFERS

Transfers on the waiting list will be sorted by the above categories and within each category by date and time.

Transfers in category A and B will be housed ahead of any other families, including those on the applicant waiting list. Transfers in category A will be housed ahead of transfers in category B.

Transfers in category C will be housed along with applicants for admission at a ratio of one transfer per development per month.

Upon offer and acceptance of a unit, the family will execute all lease up documents and pay any rent and/or security deposit within two (2) business days of being informed the unit is ready to rent. The family will be allowed seven (7) calendar days to complete a transfer. The family will be responsible for paying rent at the old unit as well as the new unit for any period of time they have possession of both. The prorated rent and other charges (key deposit and any additional security deposit owing) must be paid at the time of lease execution.

The following is the policy for the rejection of an offer to transfer:

A. If the family rejects with good cause any unit offered, they will not lose their place on the transfer waiting list.

B. If the transfer is being made at the request of the Housing Authority of Covington and the family rejects two offers without good cause, the Housing Authority of Covington will take action to terminate their tenancy. If the reason for the transfer is that the current unit is too small to meet the Housing Authority of Covington's optimum occupancy standards, the family may request in writing to stay in the unit without being transferred so long as their occupancy will not exceed two people per living/sleeping room.

C. If the transfer is being made at the family's request and the rejected offer provides deconcentration incentives, the family will maintain their place on the transfer list and will not otherwise be penalized.

D. If the transfer is being made at the family's request, the family may, without good cause and without penalty, turn down one offer that does not include deconcentration incentives. After turning down a second such offer without good cause, the family's name will be removed from the transfer list.

16.6 COST OF THE FAMILY'S MOVE

The cost of the transfer generally will be borne by the family in the following

circumstances:

A. When the transfer is made at the request of the family or by others on behalf of the family (i.e. by the police);

B. When the transfer is needed to move the family to an appropriately sized unit, either larger or smaller;

C. When the transfer is necessitated because a family with disabilities needs the accessible unit into which the transferring family moved (The family without disabilities signed a statement to this effect prior to accepting the accessible unit); or

D. When the transfer is needed because action or inaction by the family caused the unit to be unsafe or uninhabitable.

The cost of the transfer will be borne by the Housing Authority of Covington in the following circumstances:

A. When the transfer is needed in order to carry out modernization, disposition or demolition activities; or

B. When action or inaction by the Housing Authority of Covington has caused the unit to be unsafe or inhabitable.

The responsibility for moving costs in other circumstances will be determined on a case by case basis.

16.7 RESIDENTS IN GOOD STANDING

When the transfer is at the request of the family, it will not be approved unless the family is in good standing with the Housing Authority of Covington. This means the family must be in compliance with their lease, current in all payments to the Housing Authority, and must pass a housekeeping inspection.

16.8 TRANSFER REQUESTS

A resident may request a transfer at any time by completing a transfer request form. In considering the request, the Housing Authority of Covington may request a meeting with the resident to better understand the need for transfer and to explore possible alternatives. The Housing Authority of Covington will review the request in a timely manner and if a meeting is desired, it shall contact the resident within ten (10) business days of receipt of the request to schedule a meeting.

The Housing Authority of Covington will grant or deny the transfer request in writing within ten (10) business days of receiving the request or holding the meeting, whichever is later.

If the transfer is approved, the family's name will be added to the transfer waiting list.

If the transfer is denied, the denial letter will advise the family of their right to utilize the grievance procedure.

16.9 RIGHT OF THE HOUSING AUTHORITY OF COVINGTON IN TRANSFER POLICY

The provisions listed above are to be used as a guide to ensure fair and impartial means of assigning units for transfers. It is not intended that this policy will create a property right or any other type of right for a resident to transfer or refuse to transfer.

17.0 INSPECTIONS

An authorized representative of the Housing Authority of Covington and an adult family member will inspect the premises prior to commencement of occupancy. A written statement of the condition of the premises will be made, all equipment will be provided, and the statement will be signed by both parties with a copy retained in the Housing Authority of Covington file and a copy given to the family member. An authorized Housing Authority of Covington representative will inspect the premises at the time the resident vacates and will furnish a statement of any charges to be made provided the resident turns in the proper notice under State law. The resident's security deposit can be used to offset against any Housing Authority of Covington damages to the unit above normal wear and tear.

17.1 MOVE-IN INSPECTIONS

The Housing Authority of Covington and an adult member of the family will inspect the unit prior to signing the lease. Both parties will sign a written statement of the condition of the unit. A copy of the signed inspection will be given to the family and the original will be placed in the resident file.

17.2 ANNUAL INSPECTIONS

The Housing Authority of Covington will inspect each public housing unit annually to ensure that each unit meets the Housing Authority of Covington’s housing standards. Work orders will be submitted and completed to correct any deficiencies.

17.3 PREVENTATIVE MAINTENANCE INSPECTIONS

This is generally conducted along with the annual inspection. This inspection is intended to keep items in good repair. It checks weatherization; checks the condition of the smoke detectors, water heaters, furnaces, automatic thermostats and water temperatures; checks for leaks; and provides an opportunity to change furnace filters and provide other minor servicing that extends the life of the unit and its equipment. In addition, residents are required to check all their smoke detectors on a monthly basis and immediately report any malfunctions or dead batteries to their Housing Manager.

17.4 SPECIAL INSPECTIONS

A special inspection may be scheduled to enable HUD or others to inspect a sample of the housing stock maintained by the Housing Authority of Covington.

17.5 HOUSEKEEPING INSPECTIONS

Generally, at the time of annual reexamination, or at other times as necessary, the Housing Authority of Covington will conduct a housekeeping inspection to ensure the family is maintaining the unit in a safe and sanitary condition.

17.6 NOTICE OF INSPECTION

For inspections defined as annual inspections, preventative maintenance inspections, special inspections, and housekeeping inspections, the Housing Authority of Covington will give the resident at least two (2) calendar days written notice.

17.7 EMERGENCY INSPECTIONS

If any employee and/or agent of the Housing Authority of Covington has reason to believe that an emergency exists within the housing unit, the unit can be entered without notice. The person(s) that enters the unit will leave a written notice to the resident that indicates the date and time the unit was entered and the reason why it was necessary to enter the unit.

17.8 PRE-MOVE-OUT INSPECTIONS

When a resident gives notice that they intend to move, the Housing Authority of Covington will offer to schedule a pre-move-out inspection with the family. The inspection allows the Housing Authority of Covington to help the family identify any problems which, if left uncorrected, could lead to vacate charges. This inspection is a courtesy to the family and has been found to be helpful both in reducing costs to the

family and in enabling the Housing Authority of Covington to ready units more quickly for the future occupants.

17.9 MOVE-OUT INSPECTIONS

The Housing Authority of Covington conducts the move-out inspection after the resident vacates to assess the condition of the unit and determine responsibility for any needed repairs. When possible, the resident is notified of the inspection and is encouraged to be present. This inspection becomes the basis for any claims that may be assessed against the security deposit.

18.0 PET POLICY

18.1 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 residents to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing their neighbors.

18.2 PETS IN PUBLIC HOUSING

The Housing Authority of Covington allows for pet ownership in its developments with the written pre-approval of the Housing Authority. 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 Housing Authority of Covington harmless from any claims caused by an action or inaction of the pet.

18.3 APPROVAL

Residents must have the prior written approval of the Housing Authority before moving a pet into their unit. Residents must request approval on the Authorization for Pet Ownership Form that must be fully completed before the Housing Authority will approve the request. Residents must give the Housing Authority a picture of the pet each year so it can be identified if it is running loose.

18.4 TYPES AND NUMBER OF PETS

The Housing Authority of Covington will allow only common household pets. This means only domesticated animals such as a dog, cat, bird, fish in aquariums or a turtle will be allowed in units. Common household pets do not include reptiles (except turtles).

If this definition conflicts with a state or local law or regulation, the state or local law or regulation shall govern.

All dogs and cats must be spayed or neutered before they become six months old. A licensed veterinarian must verify this fact.

Only two pets per unit will be allowed according to this schedule.

Unit Size	**Pets**
Zero Bedroom	1
One Bedroom	1
Two Bedrooms	1
Three Bedrooms	2
Four or More Bedrooms	2

Any animal deemed to be potentially harmful to the health or safety of others, including attack or fight trained dogs, will not be allowed.

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

18.5 INOCULATIONS

In order to be registered, 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 Housing Authority of Covington to attest to the inoculations.

18.6 PET DEPOSIT

A pet deposit of $100 for all uncaged or contained animals 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. A separate deposit is required for each pet.

18.7 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 or rodent infestation in the pet owner's unit will be the financial responsibility of the pet owner and the Housing Authority of Covington reserves the right to exterminate and charge the resident.

18.8 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 Housing Authority of Covington 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.

18.9 DESIGNATION OF PET AREAS

Pets must be kept in the owner's apartment or on a leash at all times when outside the unit (no outdoor cages may be constructed). Pets will be allowed only in designated areas on the grounds of the property if the Housing Authority of Covington designates a pet area for the particular site. 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, community room kitchen, laundry rooms, public bathrooms, lobby, beauty shop, hallways or office in any of our sites.

To accommodate residents who have medically certified allergic or phobic reactions to dogs, cats, or other pets, those pets may be barred from certain wings (or floors) in our development(s)/building(s). This shall be implemented based on demand for this service.

18.10 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 HA 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.

All dogs must wear a tag bearing the resident's name and phone number and the date of the latest rabies inoculation.

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

The Housing Authority's grievance procedures shall be applicable to all individual grievances or disputes arising out of violations or alleged violations of this policy.

18.11 REMOVAL OF PETS

The Housing Authority of Covington, or an appropriate community authority, shall require the removal of any pet from a project 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 project or of other persons in the community where the project 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 Housing Authority of Covington 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 by the responsibility of the pet owner.

19.0 REPAYMENT AGREEMENTS

When a resident owes the Housing Authority of Covington back charges and is unable to pay the balance by the due date, the resident may request that the Housing Authority of

Covington allow them to enter into a Repayment Agreement. The Housing Authority of Covington has the sole discretion of whether to accept such an agreement. All Repayment Agreements must assure that the full payment is made within a period not to exceed twelve (12) months unless extraordinary circumstances exist. All Repayment Agreements must be in writing and signed by both parties. Failure to comply with the Repayment Agreement terms may subject the resident to eviction procedures.

20.0 TERMINATION

20.1 TERMINATION BY RESIDENT

The resident may terminate the lease at any time upon submitting a 30-day written notice. If the resident vacates prior to the end of the thirty (30) calendar days, they will be responsible for rent through the end of the notice period or until the unit is re-rented, whichever occurs first.

20.2 TERMINATION BY THE HOUSING AUTHORITY

Twelve months after the Housing Authority of Covington implements the mandatory community service requirement, it will not renew the lease of any non-exempt family that is not in compliance with the community service requirement or an approved Agreement to Cure. If they do not voluntarily leave the property, eviction proceedings will begin.

The Housing Authority of Covington will terminate the lease for serious or repeated violations of material lease terms. Such violations include, but are not limited to, the following:

A. Nonpayment of rent or other charges;

B. A history of late rental payments;

C. Failure to provide timely and accurate information regarding family composition, income circumstances, or other information related to eligibility or rent;

D. Failure to allow inspection of the unit;

E. Failure to maintain the unit in a safe and sanitary manner;

F. Assignment or subletting of the premises;

G. Use of the premises for purposes other than as a dwelling unit (other than for housing authority approved resident businesses);

H. Destruction of property;

I. Acts of destruction, defacement, or removal of any part of the premises or failure to cause guests to refrain from such acts;

J. Any violent or drug-related criminal activity on or off the premises, not just on or near the premises. This includes any resident, member of the resident's household or guest, and any such activity engaged in on the premises by any other person under the resident's control. This includes but is not limited to the manufacture of methamphetamine on the premises of the Housing Authority of Covington or on the premises of any other federally assisted housing;

K. Non-compliance with Non-Citizen Rule requirements;

L. Permitting persons not on the lease to reside in the unit more than fourteen (14) calendar days each year without the prior written approval of the Housing Authority; and

M. Any activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents or employees of the Authority by the resident, household members, or guests of the resident or threatens the health, safety, or right to peaceful enjoyment of their residences by persons residing in the immediate vicinity of the premises is grounds for termination of tenancy;

N. Alcohol abuse that the Housing Authority of Covington determines interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents;

O. Failure to perform required community service or be exempted therefrom;

P. The Housing Authority of Covington will take immediate action to evict any household that includes an individual who is subject to a lifetime registration requirement under a State sex offender registration program;

Q. Determination that a household member is illegally using a drug or when the Housing Authority of Covington determines that a pattern of illegal use of a drug interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents;

R. Criminal activity as shown by a criminal record. In such cases the Housing Authority of Covington will notify the household of the proposed action to be based on the information and will provide the subject of the record and the resident with a copy of the criminal record before the Housing Authority of

Covington grievance hearing or court trial concerning the termination of tenancy or eviction. The resident will be given an opportunity to dispute the accuracy and relevance of that record in the grievance hearing or court trial.

S. Other good cause.

If an individual or family's lease is terminated for criminal activity, the Housing Authority of Covington will notify the local post office serving the development that the individual or family no longer lives there.

In deciding to terminate a tenancy for criminal activity or alcohol abuse, the Housing Authority of Covington will consider circumstances relevant to the particular case such as the seriousness of the offending action, the extent of participation by the leaseholder in the offending action, the effects that the eviction would have on family members not involved in the offending activity, and the extent to which the leaseholder has shown personal responsibility and has taken all reasonable steps to prevent or mitigate the offending action.

20.3 TERMINATIONS FOR CRIMINAL ACTIVITY

A. The term "due process determination" means a determination by HUD that law covering the Housing Authority of Covington's jurisdiction requires that residents must be given the opportunity for a hearing in court which provides the basic elements of due process before eviction from the dwelling unit.

B. HUD has issued a due process determination that the law of this State requires that residents be given the opportunity for a hearing in a court that provides the basic elements of due process before eviction from a dwelling unit. The Housing Authority of Covington has therefore determined that this Grievance Procedure shall not be applicable to any termination of tenancy or eviction for:

1. Any criminal activity that threatens the health, safety, or right to peaceful enjoyment of the Housing Authority of Covington's public housing premises by other residents or employees of the Housing Authority;

2. Any violent or drug-related criminal activity on or off such premises; or

3. Any activity resulting in a felony conviction.

20.4 RETURN OF SECURITY DEPOSIT

After a family moves out, the Housing Authority of Covington will return the security deposit within 30 calendar days or give the family a written statement of why all or part of the security deposit is being kept. The rental unit must be restored to the same conditions as when the family moved in, except for normal wear and tear. Deposits will not be used to cover normal wear and tear or damage that existed when the family moved in.

If State law requires the payment of interest on security deposits, it shall be complied with.

The Housing Authority of Covington will be considered in compliance with the above if the required payment, statement, or both, are deposited in the U.S. mail with first class postage paid within 30 calendar days.

21.0 SUPPORT FOR OUR ARMED FORCES

A major and important component of our armed forces are the part-time military personnel that serve in various Reserve and National Guard units. The Housing Authority of Covington is very supportive of these men and women. An unfortunate fact of service in both the Reserves and National Guard is that from time to time their personnel are activated to full-time status and asked to serve our country in a variety of ways and circumstances. Whenever the Federal Government activates Reserve and/or National Guard personnel, the Housing Authority of Covington wants to support these brave warriors in the following manners:

A. If a family finds it necessary for another adult to temporarily move into a unit solely to serve as a temporary guardian for children residing in the unit, the income received by the temporary guardian will not be counted in determining family income.

B. Although typically a criminal background check is required before anyone can move into a public housing unit, this requirement will be waived for a temporary guardian. Instead, the background check will occur after the person moves in. If the results of the check dictate that the person is ineligible for public housing, the family shall be given a reasonable time to find a replacement temporary guardian.

C. Recognizing that activation in the Reserves or National Guard can be very disruptive to a family's income, the Housing Authority of Covington will expeditiously re-evaluate a resident's rent if requested to do so and will exercise reasonable restraint if the activated resident has trouble paying their rent.

D. Typically a unit cannot be held by a family that is not residing in it as their primary residence. If all members of a military family are temporarily absent from

the unit because a member of the family has been called to active duty, the family can retain control of the unit by paying the required rent and returning to the unit within 30 calendar days of the conclusion of the active duty service.

22.0 ANTI-FRAUD POLICY

The Housing Authority of Covington is fully committed to combating fraud in its public housing program. It defines fraud as a single act or pattern of actions that include false statements, the omission of information, or the concealment of a substantive fact made with the intention of deceiving or misleading the Housing Authority of Covington. It results in the inappropriate expenditure of public housing funds and/or a violation of public housing requirements.

Although there are numerous different types of fraud that may be committed, the two most common are the failure to fully report all sources of income and the failure to accurately report who is residing in the residence. A person who is a guest in the residence, as defined in the Lease as being there for no more than thirty (30) days in a calendar year, will not have his or her income included in the rent calculation. A resident may request, in special circumstances, that a guest be allowed to reside in the residence for a period longer than thirty (30) days. This approval should be obtained through the Development Manager. The Housing Authority of Covington shall aggressively attempt to prevent all cases of fraud.

When a fraudulent action is discovered, the Housing Authority of Covington shall take action. It shall do one or more of the following things depending on circumstances and what it determines appropriate:

A. Require the resident to immediately repay the amount in question;

B. Require the resident to enter into a satisfactory repayment agreement as set forth in a previous section of this Policy;

C. Terminate the resident's tenancy;

D. Refer the case for criminal prosecution; or

E. Take such other action as the Housing Authority of Covington deems appropriate.

GLOSSARY

50058 Form: The HUD form that housing authorities are required to complete for each assisted household in public housing to record information used in the certification and re-certification process and, at the option of the housing authority, for interim reexaminations.

1937 Housing Act: The United States Housing Act of 1937 (42 U.S.C. 1437 et seq.) (24 CFR 5.100)

Adjusted Annual Income: The amount of household income, after deductions for specified allowances, on which resident rent is based. (24 CFR 5.611)

Adult: A household member who is 18 years or older or who is the head of the household, or spouse, or co-head. An emancipated minor is also considered an adult. In the anti-drug portions of this policy, it also refers to a minor who has been convicted of a crime as an adult under any Federal, State or tribal law.

Allowances: Amounts deducted from the household's annual income in determining adjusted annual income (the income amount used in the rent calculation). Allowances are given for elderly families, dependents, medical expenses for elderly and disabled families, disability expenses, and child care expenses for children under 13 years of age. Other allowance can be given at the discretion of the housing authority.

Annual Contributions Contract (ACC): The written contract between HUD and a housing authority under which HUD agrees to provide funding for a program under the 1937 Act, and the housing authority agrees to comply with HUD requirements for the program. (24 CFR 5.403)

Annual Income: All amounts, monetary or not, that:

A. Go to (or on behalf of) the family head or spouse (even if temporarily absent) or to any other family member; or

B. Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and

C. Are not specifically excluded from annual income.

Annual Income also includes amounts derived (during the 12-month period) from assets to which any member of the family has access. (1937 Housing Act; 24 CFR 5.609*)*

Applicant (applicant family): A person or family that has applied for admission to a program but is not yet a participant in the program. (24 CFR 5.403)

As-Paid States: States where the welfare agency adjusts the shelter and utility component of the welfare grant in accordance with actual housing costs. Currently, the four as-paid States are New Hampshire, New York, Oregon, and Vermont.

Assets: The value of equity in savings, checking, IRA and Keogh accounts, real property, stocks, bonds, and other forms of capital investment. The value of necessary items of personal property such as furniture and automobiles are not counted as assets. (Also see "net family assets.")

Asset Income: Income received from assets held by family members. If assets total more than $5,000, income from the assets is "imputed" and the greater of actual asset income and imputed asset income is counted in annual income. (See "imputed asset income" below.)

Assistance applicant: A family or individual that seeks admission to the public housing program.

Business Days: Days the housing authority is open for business.

Certification: The examination of a household's income, expenses, and family composition to determine the family's eligibility for program participation and to calculate the family's share of rent.

Child: For purposes of citizenship regulations, a member of the family other than the family head or spouse who is under 18 years of age. (24 CFR 5.504(b))

Child Care Expenses: Amounts anticipated to be paid by the family for the care of children under 13 years of age during the period for which annual income is computed, but only where such care is necessary to enable a family member to actively seek employment, be gainfully employed, or to further his or her education and only to the extent such amounts are not reimbursed. The amount deducted shall reflect reasonable charges for child care. In the case of child care necessary to permit employment, the amount deducted shall not exceed the amount of employment income that is included in annual income. (24 CFR 5.603(d))

Citizen: A citizen or national of the United States. (24 CFR 5.504(b))

Community service: The performance of voluntary work or duties that are a public benefit and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community service is not employment and may not include political activities.

Consent Form: Any consent form approved by HUD to be signed by assistance applicants and participants for the purpose of obtaining income information from employers and SWICAs, return information from the Social Security Administration, and return information for unearned income from the Internal Revenue Service. The consent forms may authorize the collection of

other information from assistance applicants or participant to determine eligibility or level of benefits. (24 CFR 5.214)

Covered Families: Families who receive welfare assistance or other public assistance benefits ("welfare benefits") from a State or other public agency ("welfare agency") under a program for which Federal, State, or local law requires that a member of the family must participate in an economic self-sufficiency program as a condition for such assistance.

Covered Person: For purposes of the anti-drug provisions of this policy, a covered person is a resident, any member of the resident's household, a guest or another person under the resident's control.

Currently engaging in: With respect to behavior such as illegal use of a drug, other drug-related criminal activity, or other criminal activity, currently engaging in means that the individual has engaged in the behavior recently enough to justify a reasonable belief that the individual's behavior is current.

Decent, Safe, and Sanitary: Housing is decent, safe, and sanitary if it satisfies the applicable housing quality standards.

Department: The Department of Housing and Urban Development. (24 CFR 5.100)

Dependent: A member of the family (except foster children and foster adults), other than the family head or spouse, who is under 18 years of age or is a person with a disability or is a full-time student. (24 CFR 5.603(d))

Dependent Allowance: An amount, equal to $480 multiplied by the number of dependents, that is deducted from the household's annual income in determining adjusted annual income.

Disability Assistance Expenses: Reasonable expenses that are anticipated, during the period for which annual income is computed, for attendant care and auxiliary apparatus for a disabled family member and that are necessary to enable a family member (including the disabled member) to be employed, provided that the expenses are neither paid to a member of the family nor reimbursed by an outside source. (24 CFR 5.603(d))

Disability Assistance Expense Allowance: In determining adjusted annual income, the amount of disability assistance expenses deducted from annual income for families with a disabled household member.

Disabled Family: A family whose head, spouse, or sole member is a person with disabilities; two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides. (24 CFR 5.403(b)) (Also see "person with disabilities.")

Disabled Person: See "person with disabilities."

Displaced Family: A family in which each member, or whose sole member, is a person displaced by governmental action (such as urban renewal), or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws. (24 CFR 5.403(b))

Displaced Person: A person displaced by governmental action or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws. *[1937 Act]*

Drug: means a controlled substance as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802).

Drug-Related Criminal Activity: The illegal manufacture, sale, distribution, or use of a drug, or the possession of a drug with intent to manufacture, sell, distribute or use the drug.

Economic self-sufficiency program: Any program designed to encourage, assist, train or facilitate the economic independence of HUD-assisted families or to provide work for such families. These programs include programs for job training, employment counseling, work placement, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeship, and any program necessary to ready a participant for work (including a substance abuse or mental health treatment program), or other work activities.

Elderly Family: A family whose head, spouse, or sole member is a person who is at least 62 years of age; two or more persons who are at least 62 years of age living together; or one or more persons who are at least 62 years of age living with one or more live-in aides. (24 CFR 5.403)

Elderly/Disabled Family Allowance: For elderly families, an allowance of $400 is deducted from the household's annual income in determining adjusted annual income.

Elderly Person: A person who is at least 62 years of age. (1937 Housing Act)

Employment: Employment for admission preference purposes is defined as:

Employment must be current and have lasted a minimum of **90** calendar days prior to the time the preference is claimed. The employment must provide a minimum of **20** hours of work per week for the family member claiming the preference

The amount of earned income shall not be a factor in granting this preference.

The employment part of this preference is also extended equally to (1) a family if the head, spouse, or sole member is 62 years of age or older or who is receiving social security or

Supplemental Security Income disability benefits or any other payments based on the individual's inability to work and, (2) any family whose head, spouse, co-head or unrelated partner of head of household is currently a full time student or enrolled in an employment training program.

Extremely low-income families: Those families whose incomes do not exceed 30% of the median income for the area, as determined by HUD with adjustments for smaller and larger families, except that HUD may establish income ceilings higher or lower than 30% of the median income for the area if HUD finds that such variations are necessary because of unusually high or low family incomes.

Fair Housing Act: Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988 (42 U.S.C. 3601 et seq.). (24 CFR 5.100)

Family includes but is not limited to**:**

A. A family with or without children;

B. An elderly family;

C. A near-elderly family;

D. A disabled family;

E. A displaced family;

F. The remaining member of a resident family; and

G. A single person who is not an elderly or displaced person, a person with disabilities, or the remaining member of a resident family. (24 CFR 5.403)

Family Members: All members of the household other than live-in aides, foster children, and foster adults. All family members permanently reside in the unit, though they may be temporarily absent. All family members are listed on the lease.

Family Self-Sufficiency Program (FSS Program): The program established by a housing authority to promote self-sufficiency among participating families, including the coordination of supportive services. (24 CFR 984.103(b))

Flat Rent: A rent amount the family may choose to pay in lieu of having their rent determined under the income method. The flat rent is established by the housing authority set at the lesser of the market value for the unit or the cost to operate the unit. Families selecting the flat rent option have their income evaluated once every three years, rather than annually.

Full-Time Student: A person who is attending school or vocational training on a full-time basis as defined by the institution.

Guest: Means a person temporarily staying in the unit with the consent of a resident or other member of the household who has express or implied authority to so consent on behalf of the resident.

Head of Household: The adult member of the family who is the head of the household for purposes of determining income eligibility and rent. (24 CFR 5.504(b))

Household Members: All members of the household including members of the family, live-in aides, foster children, and foster adults. All household members are listed on the lease, and no one other than household members are listed on the lease.

Housing Assistance Plan: A housing plan that is submitted by a unit of general local government and approved by HUD as being acceptable under the standards of 24 CFR 570.

Imputed Income: For households with net family assets of more than $5,000, the amount calculated by multiplying net family assets by a HUD-specified percentage. If imputed income is more than actual income from assets, the imputed amount is used as income from assets in determining annual income.

Imputed welfare income: The amount of annual income not actually received by a family, as a result of a welfare benefit reduction for welfare fraud or the failure to comply with economic self-sufficiency requirements, that is nonetheless included in the family's annual income for purposes of determining rent.

In-Kind Payments: Contributions other than cash made to the family or to a family member in exchange for services provided or for the general support of the family (e.g., groceries provided on a weekly basis, baby sitting provided on a regular basis).

Income Method: A means of calculating a family's rent based on the greater of 10% of their monthly income, 30% of their adjusted monthly income, the welfare rent, or the minimum rent. Under the income method, rents may be capped by a ceiling rent. Under this method, the family's income is evaluated at least annually.

Interim (examination): A reexamination of a family income, expenses, and household composition conducted between the regular annual recertifications when a change in a household's circumstances warrants such a reexamination.

Law enforcement agency: The National Crime Information Center (NCIC), police departments and other law enforcement agencies that hold criminal conviction records.

Live-In Aide: A person who resides with one or more elderly persons, near-elderly persons, or persons with disabilities and who:

A. Is determined to be essential to the care and well- being of the persons;

B. Is not obligated for the support of the persons; and

C. Would not be living in the unit except to provide the necessary supportive services. (24 CFR 5.403(b))

A live-in aide is not a party to the lease.

Low-Income Families: Those families whose incomes do not exceed 80% of the median income for the area, as determined by HUD with adjustments for smaller and larger families, except that HUD may establish income ceilings higher or lower than 80% of the median for the area on the basis of HUD's findings that such variations are necessary because of unusually high or low family incomes.

Medical Expenses: Medical expenses (of all family members of an elderly or disabled family), including medical insurance premiums, that are anticipated during the period for which annual income is computed and that are not covered by insurance. (24 CFR 5.603(d)). These expenses include, but are not limited to, prescription and non-prescription drugs, costs for doctors, dentists, therapists, medical facilities, care for a service animals, transportation for medical purposes.

Mixed Family: A family whose members include those with citizenship or eligible immigration status and those without citizenship or eligible immigration status. (24 CFR 5.504(b))

Mixed population development: A public housing development, or portion of a development, that was reserved for elderly and disabled families at its inception (and has retained that character). If the development was not so reserved at its inception, the PHA has obtained HUD approval to give preference in resident selection for all units in the development (or portion of development) to elderly families and disabled families. These developments were formerly known as elderly projects.

Monthly Adjusted Income: One twelfth of adjusted income. (24 CFR 5.603(d))

Monthly Income: One twelfth of annual income. (24 CFR 5.603(d))

National: A person who owes permanent allegiance to the United States, for example, as a result of birth in a United States territory or possession. (24 CFR 5.504(b))

Near-Elderly Family: A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62; two or more persons, who are at least 50 years of age but below the age of 62, living together; or one or more persons who are at least 50 years of age but below the age of 62 living with one or more live-in aides. (24 CFR 5.403(b))

Net Family Assets:

A. Net cash value after deducting reasonable costs that would be incurred in disposing of real property, savings, stocks, bonds, and other forms of capital investment, excluding interests in Indian trust land and excluding equity accounts in HUD homeownership programs. The value of necessary items of personal property such as furniture and automobiles shall be excluded.

B. In cases where a trust fund has been established and the trust is not revocable by, or under the control of, any member of the family or household, the value of the trust fund will not be considered an asset so long as the fund continues to be held in trust. Any income distributed from the trust fund shall be counted when determining annual income.

C. In determining net family assets, housing authorities or owners, as applicable, shall include the value of any business or family assets disposed of by an applicant or resident for less than fair market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale) during the two years preceding the date of application for the program or reexamination, as applicable, in excess of the consideration received therefor. In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for less than fair market value if the applicant or resident receives important consideration not measurable in dollar terms. (24 CFR 5.603(d))

Non-Citizen: A person who is neither a citizen nor national of the United States. (24 CFR 5.504(b))

Occupancy Standards: The standards that a housing authority establishes for determining the appropriate number of bedrooms needed to house families of different sizes or composition.

Other person under the resident's control: For the purposes of the definition of covered person it means the person, although not staying as a guest (as defined in this section) in the unit, is, or was at the time of the activity in question, on the premises (as premises is defined in this section) because of an invitation from the resident or other member of the household who has express or implied authority to so consent on behalf of the resident. Absent evidence to the contrary, a person temporarily and infrequently on the premises solely for legitimate commercial purposes is not under the resident's control.

Participant: A family or individual that is assisted by the public housing program.

Permanently absent: A person or persons not actually residing in the unit who once lived there and does not intend to return. One becomes permanently absent when one vacates the unit.

Person with Disabilities: A person who:

A. Has a disability as defined in 42 U.S.C. 423.

B. Is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:

1. Is expected to be of long-continued and indefinite duration;

2. Substantially impedes his or her ability to live independently; and

3. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions or

C. Has a developmental disability as defined in 42 U.S.C. 6001.

This definition does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome.

Premises: for purposes of the anti-drug provisions of this policy it means the building or complex or development in which the public or assisted housing dwelling unit is located, including common areas and grounds.

Previously unemployed: This includes a person who has earned, in the 12 months previous to employment, no more than would be received for 10 hours of work per week for 50 weeks at the established minimum wage.

Processing Entity: The person or entity that is responsible for making eligibility and related determinations and an income reexamination. In the Section 8 and public housing programs, the processing entity is the responsibility entity.

Proration of Assistance: The reduction in a family's housing assistance payment to reflect the proportion of family members in a mixed family who are eligible for assistance. (24 CFR5.520)

Public Housing: Housing assisted under the 1937 Act, other than under Section 8. Public housing includes dwelling units in a mixed-finance project that are assisted by a PHA with capital or operating funds.

Public Housing Agency (PHA): Any State, county, municipality, or other governmental entity or public body (or agency or instrumentality thereof) which is authorized to engage in or assist in the development or operation of low-income housing under the 1937 Housing Act. (24 CFR 5.100)

Recertification: The annual reexamination of a family's income, expenses, and composition to determine the family's rent.

Remaining Member of a Resident Family: A member of the family listed on the lease who continues to live in the public housing dwelling after all other family members have left. (Handbook 7565.1 REV-2, 3-5b.)

Resident: The person or family renting or occupying an assisted dwelling unit. (24 CFR 5.504(b))

Resident Rent: The amount payable monthly by the family as rent to the housing authority. Where all utilities (except telephone) and other essential housing services are supplied by the housing authority or owner, resident rent equals total resident payment. Where some or all utilities (except telephone) and other essential housing services are supplied by the housing authority and the cost thereof is not included in the amount paid as rent, resident rent equals total resident payment less the utility allowance. (24 CFR 5.603(d))

Responsible Entity:

A. For the public housing program, the Section 8 resident-based assistance program 24 CFR 982), and the Section 8 project-based certificate or voucher program (24 CFR 983), and the Section 8 moderate rehabilitation program (24 CFR 882), responsible entity means the PHA administering the program under an ACC with HUD;

B. For all other Section 8 programs, responsible entity means the Section 8 project owner.

Self-Declaration:A type of verification statement by the resident as to the amount and source of income, expenses, or family composition. Self-declaration is acceptable verification only when third-party verification or documentation cannot be obtained.

Shelter Allowance: That portion of a welfare benefit (e.g., TANF) that the welfare agency designates to be used for rent and utilities.

Single Person: Someone living alone or intending to live alone who does not qualify as an elderly family, a person with disabilities, a displaced person, or the remaining member of a resident family. (Public Housing: Handbook 7465.1 REV-2, 3-5)

Specified Welfare Benefit Reduction:

A. A reduction of welfare benefits by the welfare agency, in whole or in part, for a family member, as determined by the welfare agency, because of fraud by a family member in connection wit the welfare program; or because of welfare agency sanction against a family member for noncompliance with a welfare agency requirement to participate in an economic self-sufficiency program.

B. "Specified welfare benefit reduction" does not include a reduction or termination of welfare benefits by the welfare agency:

1. at the expiration of a lifetime or other time limit on the payment of welfare benefits;

2. because a family member is not able to obtain employment, even though the family member has complied with welfare agency economic self-sufficiency or work activities requirements; or

3. because a family member has not complied with other welfare agency requirements.

State Wage Information Collection Agency (SWICA): The State agency receiving quarterly wage reports from employers in the State or an alternative system that has been determined by the Secretary of Labor to be as effective and timely in providing employment-related income and eligibility information. (24 CFR 5.214)

Temporarily absent: A person of persons not actually residing in a unit for a period of time while still maintaining control of the unit. If the absence exceeds thirty (30) calendar days, the Housing Authority must agree to the absence.

Temporary Assistance to Needy Families (TANF): The program that replaced the Assistance to Families with Dependent Children (AFDC) that provides financial assistance to needy families who meet program eligibility criteria. Benefits are limited to a specified time period.

Third-Party (verification): Written or oral confirmation of a family's income, expenses, or household composition provided by a source outside the household.

Total Resident Payment (TTP):

A. Total resident payment for families whose initial lease is effective on or after August 1, 1982:

1. Total resident payment is the amount calculated under Section 3(a)(1) of the 1937 Act which is the higher of :

   a. 30% of the family's monthly adjusted income;

   b. 10% of the family's monthly income; or

   c. If the family is receiving payments for welfare assistance from a public agency and a part of such payments, adjusted in accordance with the family's actual housing costs, is specifically designated by such agency to meet the family's housing costs, the portion of such payments which is so designated.

   If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under section 3(a)(1) shall be the amount resulting from one application of the percentage.

2. Total resident payment for families residing in public housing does not include charges for excess utility consumption or other miscellaneous charges.

B. Total resident payment for families residing in public housing whose initial lease was effective before August 1, 1982: Paragraphs (b) and (c) of 24 CFR 913.107, as it existed immediately before November 18, 1996), will continue to govern the total resident payment of families, under a public housing program, whose initial lease was effective before August 1, 1982.

Utility Allowance: If the cost of utilities (except telephone) and other housing services for an assisted unit is not included in the resident rent but is the responsibility of the family occupying the unit, an amount equal to the estimate made by a housing authority of the monthly cost of a reasonable consumption of such utilities and other services for the unit by an energy-conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthful living environment. (24 CFR 5.603)

Utility Reimbursement: The amount, if any, by which the utility allowance for the unit, if applicable, exceeds the total resident payment for the family occupying the unit. (24 CFR 5.603)

Very Low-Income Families: Families whose incomes do not exceed 50% of the median family income for the area, as determined by HUD with adjustments for smaller and larger families, except that HUD may establish income ceilings higher or lower than 50% of the median for the areas on the basis of HUD's findings that such variations are necessary because of unusually high or low family incomes.

Victims of Domestic Violence: Individuals or families who have been or are being subjected to or victimized by violence by a member of the family or household. The Housing Authority of Covington will require evidence that the family has been displaced as result of fleeing violence in the home. Individuals and families are also eligible for this preference if there is proof that the individual or family is currently living in a situation where they are being subjected to or victimized by violence in the home. Evidence or proof may include a Protection from Abuse Order, police report, or written verification that the individual or family is living in an emergency shelter because the individual or family has been subjected to or victimized by violence by a member of the family or household. The following criteria are used to establish an individual's or a family's eligibility for this preference:

A. Verified actual or threatened physical violence directed against the applicant or the applicant's family by a spouse or other household member who lives in the unit with the family or where the family has fled its housing to escape from an abuser.

B. The actual or threatened violence must have occurred within the past 30 calendar days or be of a continuing nature.

An applicant who lives in a violent neighborhood or is fearful of other violence outside the household is not considered involuntarily displaced as a result of domestic violence.

The applicant must certify that the abuser will not reside with the applicant unless the Housing Authority gives prior written approval.

The Housing Authority will approve the return of the abuser to the household under the following conditions:

A. The Housing Authority verifies that the abuser has received therapy or counseling that appears to minimize the likelihood of the recurrence of violent behavior.

B. A counselor, therapist or other appropriate professional recommends in writing that the individual be allowed to reside with the family.

If the abuser returns to the family without approval of the Housing Authority, the Housing Authority will deny or terminate assistance for breach of the certification.

If the family requests it, the Housing Authority of Covington will try to ensure that the new location of the family is concealed.

Violent criminal activity: means any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage.

Welfare Assistance: Welfare or other payments to families or individuals, based on need, that are made under programs funded, separately or jointly, by Federal, State or local governments (including assistance provided under the Temporary Assistance for Needy Families (TANF) program, as that term is defined under the implementing regulations issued by the Department of Health and Human Services at 45 CFR 260.31).

45 CFR 260.31 defines the term "assistance" to include cash, payments, vouchers, and other forms of benefits designed to meet a family's ongoing basic needs (i.e., for food, clothing, shelter, utilities, household goods, personal care items, and general incidental expenses).

It includes such benefits even when they are:

A. Provided in the form of payments by a TANF agency, or other agency on its behalf, to individual recipients; and

B. Conditioned on participation in work experience or community service (or any other work activity under 45 CFR 261.30).

Except where excluded later in this definition, it also includes supportive services such as transportation and childcare provided to families who are not employed.

The term "assistance" excludes:

A. Nonrecurrent, short-term benefits that:

1. Are designed to deal with a specific crisis situation or episode of need;

2. Are not intended to meet recurrent or ongoing needs; and

3. Will not extend beyond four months.

B. Work subsidies (i.e., payments to employers or third parties to help cover the costs of employee wages, benefits, supervision, and training);

C. Supportive services such as child care and transportation provided to families who are employed;

D. Refundable earned income tax credits;

E. Contributions to, and distributions from, Individual Development Accounts;

F. Services such as counseling, case management, peer support, childcare information and referral, transitional services, job retention, job advancement, and other employment-related services that do not provide basic income support; and

G. Transportation benefits provided under a Job Access or Reverse Commute project, pursuant to section 404(k) of the Act, to an individual who is not otherwise receiving assistance.

Welfare Rent: In "as-paid" welfare programs, the amount of the welfare benefit designated for shelter and utilities.

Written notification: All written notifications required in this policy shall be hand delivered with a signed receipt or mailed via first class mail unless specified otherwise.

ACRONYMS

ACC	Annual Contributions Contract
CFR	Code of Federal Regulations
FSS	Family Self Sufficiency (program)
HCDA	Housing and Community Development Act
HQS	Housing Quality Standards
HUD	Department of Housing and Urban Development
INS	(U.S.) Immigration and Naturalization Service
NAHA	(Cranston-Gonzalez) National Affordable Housing Act
NOFA	Notice of Funding Availability
OMB	(U.S.) Office of Management and Budget
PHA	Public Housing Agency
QHWR	Quality Housing and Work Responsibility Act of 1998
SSA	Social Security Administration
TTP	Total Resident Payment

Housing Authority of Covington
Authorization for Pet Ownership Form

(Please fill out a form for each pet)

Pet Owner's Name: _____

Pet Owner's Address _____

Home telephone: _____ Work Telephone: _____

Pet's Name: _____

Type or Breed _____

Sprayed or Neutered? _____

License or ID Number: _____

Veterinarian Utilized: _____

Address: _____ Phone: _____

Emergency Caregiver for the Pet: _____

Address: _____ Phone: _____

I have read and understand the rules governing pets and I and all members of my household promise to fully comply.

Signature of Pet Owner: _____ Date: _____

Approved By: _____ Date: _____

Please attach to this form the following:

Picture of the Pet
Rabies Certification

Attachment B

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Housing Authority of Covington	**Grant Type and Number** Capital Fund Program Grant No: KY36P002501-04 Replacement Housing Factor Grant No:	**Federal FY of Grant:** **2004**

[X] **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**	
		Original	**Revised**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations		0.00	0.00	0.00
3	1408 Management Improvements	394,000.00	0.00	0.00	0.00
4	1410 Administration	139,150.00	0.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	22,200.00	0.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	72,000.00	0.00	0.00	0.00
10	1460 Dwelling Structures	632,650.00	0.00	0.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable	50,000.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	6,000.00	0.00	0.00	0.00
13	1475 Non-dwelling Equipment	50,000.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0. 00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	200,000.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	250,000.00	0.00	0.00	0.00

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Housing Authority of Covington	**Grant Type and Number** Capital Fund Program Grant No: KY36P002501-04 Replacement Housing Factor Grant No:	**Federal FY of Grant:** **2004**

[X] **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**	
		Original	**Revised**	**Obligated**	**Expended**
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant:(sum of lines 2-20)	1,816,000.00	0.00	0.00	0.00
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security – Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

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 Covington		**Grant Type and Number** Capital Fund Program Grant No: KY36P002501-04 Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	Operations	1406				0.00	0.00	
HA-Wide Mgmt. Improvements	Security Covington Police	1408		90,000.00				
	ROSS Grant	"		22,500.00				
	Consultant Agency Plan	"		6,000.00				
	Housing Red./Home Ownership	"		10,000.00				
	Grant Writer	"		22,500.00				
	Consultant – Gas Line CH	"		10,000.00				
	Consultant - Indef. Quan. Cont.	"		15,000.00				
	Security – Golden Tower	"		40,000.00				
	Drug Elimination Program			130,000.00				
	DEP Youth Team Coordinator			48,000.00				
			Total 1408	394,000.00	0.00	0.00	0.00	
HA-Wide Administration	Salary/Ben. CF Manager	1410		30,000.00		0.00	0.00	
	Salary/Ben. Construct. Mgr.	"		56,450.00		0.00	0.00	
	Wages/Ben. Administration	"		37,000.00		0.00	0.00	
	Postage Legal Ads	"		8,000.00		0.00	0.00	

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 Covington		**Grant Type and Number** Capital Fund Program Grant No: KY36P002501-04 Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	Travel/Training	1410		7,700.00		0.00	0.00	
			Total 1410	139,150.00	0.00	0.00	0.00	
HA-Wide Fees & Costs	A & E Fees	1430						
	A & E Fees – Latonia Terrace	"		10,000.00	0.00	0.00	0.00	
	A & E Fees – Jacob Price	"		500.00	0.00	0.00	0.00	
	A & E Fees – City Heights	"		11,700.00	0.00	0.00	0.00	
			Total 1430	22,200.00	0.00	0.00	0.00	
HA-Wide Site Work	Tree Trimming	1450		20,000.00	0.00	0.00	0.00	
HA-Wide	Construction of New Housing	1460						
	Herbie Curbies	1465		20,000.00				
	Stoves and Refrigerators	"		30,000.00	0.00	0.00	0.00	
			Total 1465	50,000.00	0.00	0.00	0.00	

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 Covington		**Grant Type and Number** Capital Fund Program Grant No: KY36P002501-04 Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	New Administration Building	1470		0.00	0.00	0.00	0.00	
	Maintenance Trucks	1475		50,000.00	0.00	0.00	0.00	
			Total 1475	50,000.00	0.00	0.00	0.00	
	Demolition (specify location[s])	1485		0.00	0.00	0.00	0.00	
	Relocation Expenses	1495.1		0.00	0.00	0.00	0.00	
	Bond Financing	1501		250,000.00				
	Replacement Housing			200,000.00				

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 Covington		**Grant Type and Number** Capital Fund Program Grant No: KY36P002501-04 Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-01	**Site:**							
Latonia	On-Going Concrete Work	1450		10,000.00		0.00	0.00	
Terrace			Total Site	10,000.00		0.00	0.00	
	Mechanical & Electrical:							
	None	1460		0.00	0.00	0.00	0.00	
			Total M&E	0.00	0.00	0.00	0.00	
	Building Exterior:							
		1460				0.00	0.00	
			Total BE	0.00	0.00	0.00	0.00	
	Dwelling Units:	1460						
	Painting 5-Year Plan	“		12,500.00				
	Replace Bathroom Surrounds	“		90,000.00				
	Replace/Centralize Exhaust Fans	“		200,500.00				
	Gutter Repair			9,000.00				

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 Covington		**Grant Type and Number** Capital Fund Program Grant No: KY36P002501-04 Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	Mold Removal, Exterior Building	1460		9,100.00				
	Outside Meter Boxes			25,000.00				
	Window Replacement			35,000.00				
	Porch Lights			47,000.00				
			Total DU	428,100.00				
KY002-01 Latonia	**Dwelling Equipment**	1465 .1						
Terrace	None			0.00	0.00	0.00	0.00	
			Total DU	0.00	0.00	0.00	0.00	
	Interior Common Areas:	1470						
	None			0.00	0.00	0.00	0.00	
			Total ICA	0.00	0.00	0.00	0.00	
	Site Wide Facilities:	1470						
				0.00	0.00	0.00	0.00	

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 Covington		**Grant Type and Number** Capital Fund Program Grant No: KY36P002501-04 Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
			Total SWF	0.00	0.00	0.00	0.00	
	Non-Dwelling Equipment:	1475						
				0.00	0.00	0.00	0.00	
			Total NDE	0.00	0.00	0.00	0.00	
Total	**Latonia**		Project Total	438,100.00	0.00	0.00	0.00	

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 Covington		**Grant Type and Number** Capital Fund Program Grant No: KY36P002501-04 Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-02	**Site:**							
Jacob Price	On-Going Concrete Work	1450		10,000.00		0.00	0.00	
	Crime Prevention/Landscaping	"		10,000.00				
			Total Site	20,000.00		0.00	0.00	
	Mechanical and Electrical:							
	Elevator	1460				0.00	0.00	
			Total M&E	0.00	0.00	0.00	0.00	
	Building Exterior:							
	None	1460		0.00	0.00	0.00	0.00	
			Total BE	0.00	0.00	0.00	0.00	
	Dwelling Units:							
	5-Year Paint Plan	1460		12,500.00	0.00	0.00	0.00	
	Convert Bdlg. to Community Rm.	"		30,000.00				
	Replace Porch Lights			28,000.00				
			Total DU	70,500.00	0.00	0.00	0.00	

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 Covington		**Grant Type and Number** Capital Fund Program Grant No: KY36P002501-04 Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-02	**Dwelling Equipment:**							
Jacob Price	None	1465.1		0.00	0.00	0.00	0.00	
			Total DE	0.00	0.00	0.00	0.00	
	Interior Common Areas:							
	None	1470		0.00	0.00	0.00	0.00	
			Total ICA	0.00	0.00	0.00	0.00	
	Site-Wide Facilities:							
	Maintenance Shop	1470		0.00	0.00	0.00	0.00	
			Total SWF	0.00	0.00	0.00	0.00	
	Non-Dwelling Equipment:							
	None	1475		0.00	0.00	0.00	0.00	
			Total NDE	0.00	0.00	0.00	0.00	
Total	**Jacob Price**			90,500.00	0.00	0.00	0.00	

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 Covington		**Grant Type and Number** Capital Fund Program Grant No: KY36P002501-04 Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-03	**Site:**							
City Heights	On-Going Concrete Work	1450		10,000.00	0.00	0.00	0.00	
	Jet Out Sewer Lines	"		12,000.00	0.00	0.00	0.00	
			Total Site	22,000.00	0.00	0.00	0.00	
	Mechanical and Electrical:							
	Replace Outside Meter Boxes	1460		14,000.00	0.00	0.00	0.00	
			Total ME	14,000.00	0.00	0.00	0.00	
	Building Exterior:							
	Paint Fire Escapes	1460		22,000.00		0.00	0.00	
	Porch Lights	"		73,000.00				
			Total BE	95,000.00	0.00	0.00	0.00	
	Dwelling Units:							
	Painting – 5-Year Plan	1460		12,550.00		0.00	0.00	
			Total DU	12,550.00	0.00	0.00	0.00	

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 Covington		**Grant Type and Number** Capital Fund Program Grant No: KY36P002501-04 Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-03	**Dwelling Equipment:**	1465.1						
City Heights	None	1460		0.00	0.00	0.00	0.00	
			Total DE	0.00	0.00	0.00	0.00	
	Interior Common Areas:							
	None	1470		0.00	0.00	0.00	0.00	
			Total ICA	0.00	0.00	0.00	0.00	
	Site-Wide Facilities	1470						
	None			0.00	0.00	0.00	0.00	
			Total SWF	0.00	0.00	0.00	0.00	
	Non-Dwelling Equipment:	1475						
	None			0.00	0.00	0.00	0.00	
			Total NDE	0.00	0.00	0.00	0.00	
Total	**City Heights**		Project	143,550.00	0.00	0.00	0.00	

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 Covington		**Grant Type and Number** Capital Fund Program Grant No: KY36P002501-04 Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-05	**Site:**							
Golden Tower	None	1450		0.00	0.00	0.00	0.00	
			Total Site	0.00	0.00	0.00	0.00	
	Mechanical and Electrical:	1460						
	None			0.00	0.00	0.00	0.00	
			Total ME	0.00	0.00	0.00	0.00	
	Building Exterior:	1460						
	None			0.00	0.00	0.00	0.00	
			Total BE	0.00	0.00	0.00	0.00	
	Dwelling Units:							
	Painting 5-Year. Paint	1460		12,500.00	0.00	0.00	0.00	
		"	Total DU	12,500.00	0.00	0.00	0.00	
	Dwelling Equipment:	1465.1						
	Appliances			0.00	0.00	0.00	0.00	

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 Covington		**Grant Type and Number** Capital Fund Program Grant No: KY36P002501-04 Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-05 Golden Tower			Total DE	0.00	0.00	0.00	0.00	
	Interior Common Areas:							
	Furniture – Waiting Room	1470		6,000.00	0.00	0.00	0.00	
			Total ICA	6,000.00	0.00	0.00	0.00	
	Site-Wide Facilities:							
	None	1470		0.00	0.00	0.00	0.00	
			Total SWF	0.00	0.00	0.00	0.00	
	Non-Dwelling Equipment:							
	Cove for Telephone	1475		0.00	0.00	0.00	0.00	
			Total NDE	0.00	0.00	0.00	0.00	
Total	**Golden Tower**			18,500.00	0.00	0.00	0.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Housing Authority of Covington	**Grant Type and Number** Capital Fund Program No: KY36P002501-04 Replacement Housing Factor No:	**Federal FY of Grant:** 2004

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
KY002-00 PHA Wide	09/30/06			09/30/07			
KY002-01 Latonia Terrace	09/30/06			09/30/07			
KY002-02 Jacob Price	09/30/06			09/30/07			
KY002-03 City Heights	09/30/06			09/30/07			
KY002-05 Golden Tower	09/30/06			09/30/07			

Attachment C
Pet Policy

The Housing Authority of Covington allows for pet ownership in its developments with the written pre-approval of the Housing Authority.

The Housing Authority of Covington adopts the following reasonable requirements as part of the Pet Policy:

1. Residents are responsible for any damage caused by their pets, including the cost of fumigating or cleaning their units.

2. In exchange for this right, resident assumes full responsibility and liability for the pet and agrees to hold the Housing Authority of Covington harmless from any claims caused by an action or inaction of the pet.

3. Residents must have the prior written approval of the Housing Authority before moving a pet into their unit.

4. Residents must request approval on the Authorization for Pet Ownership Form that must be fully completed before the Housing Authority will approve the request.

5. Residents must give the Housing Authority a picture of the pet so it can be identified if it is running loose.

6. A pet deposit of $100 per uncaged or contained animal pet is required at the time of registering a pet.

7. The Housing Authority of Covington will allow only common household pets. This means only domesticated animals such as a dog, cat, bird, rodent (including a rabbit), fish in aquariums or a turtle will be allowed in units. Common household pets do not include reptiles (except turtles).

   All dogs and cats must be spayed or neutered before they become six months old. A licensed veterinarian must verify this fact.

   Only so many pets per unit will be allowed according to this schedule.

Unit Size	Pets
Zero Bedroom	**1**
One Bedroom	**1**
Two Bedrooms	**1**
Three Bedrooms	**2**
Four or More Bedrooms	**2**

   Any animal deemed to be potentially harmful to the health or safety of others, including attack or fight trained dogs, will not be allowed.

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

8. In order to be registered, 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 Housing Authority of Covington to attest to the inoculations.

9. The Housing Authority of Covington, or an appropriate community authority, shall require the removal of any pet from a property 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 development or of other persons in the community where the project is located.

Attachment D

Capital Fund Program Five-Year Action Plan
Part I: Summary

PHA Name Housing Authority of Covington				☒ **Original 5-Year Plan** ☐ **Revision No:**	
Development Number/Name/HA-Wide	**Year 1** **2004**	**Work Statement for Year 2** **FFY Grant: 2005** **PHA FY:**	**Work Statement for Year 3** **FFY Grant: 2006** **PHA FY:**	**Work Statement for Year 4** **FFY Grant: 2007** **PHA FY:**	**Work Statement for Year 5** **FFY Grant: 2008** **PHA FY:**
PHA WIDE OPERATIONS					
MANAGEMENT IMPROVEMENT 1408		321,000	306,000	192,000	352,000
ADMINISTRATIVE 1410		145,000	150,000	155,000	160,000
A & E FEES AND CONSULTANTS 1430		65,000	60,000	50,000	30,000
	Annual Statement				
KY002, 1 Latonia Terrace		144,000	27,050	48,500	250,000
KY002, 02 Jacob Price		56,500	24,200	60,500	287,500
KY002, 03 City Heights		514,750	741,750	800,500	406,500
KY002, 05 Golden Tower		20,750	12,000	12,500	5,000
-- Golden Tower Bond Svc.		250,000	250,000	250,000	250,000
	Annual	0	0	0	0
	Statement	0	0	0	0
HA-Wide Physical Activities		299,000	45,000	247,000	75,000
HA-Wide Non-Physical Act		0	0	0	0
HA-Wide Contingency @ X%		0	0	0	0
CFP Funds Listed for 5-year planning		1,816,000	1,816,000	1,816,000	1,816,000

Factor Funds		0	0	0	0

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year: 2 FFY Grant: 2005 PHA FY:			Activities for Year: 3 FFY Grant: 2006 PHA FY:		
2004	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	**HA-Wide Physical Improvements**	**HA-Wide Site:**		**HA Wide Physical Improvements**	**HA-Wide Site:** Tree Trimming	20,000
Annual		Total Site	0		Total Site	20,000
Statement		**ON-DEMAND M&E :**	0		**ON-DEMAND M&E.**	0
		Total M & E	0		Total M & E	0
		ON-DEMAND Bldg. Exterior:	0		**ON-DEMAND Bldg. Exterior:**	0
		Total B E	0		Total B E	0
		ON DEMAND Dwelling Units: New Construction	200,000		**ON DEMAND Dwelling Units:**	200,000
		Total Dus	200,000		Total Dus	200,000
		HA-WIDE Dwelling Equip.: Herbie Curbies Stoves & Refrigerators	20,000 27,000		**HA-WIDE Dwelling Equip.:** Stoves & Refrigerators	25,000
		Total D.E.	47,000		Total D.E.	25,000
		HA-WIDE Int. Common Areas:	0		**HA-WIDE Int. Common Areas:**	0
		Total ICAs	0		Total ICAs	0
		HA-WIDE Site-Wide Facilities:	0		**HA-WIDE Site-Wide Facilities:**	0
		Total SWFs	0		Total SWFs	0
		HA-WIDE Non-dwelling Equipment: Maintenance Vehicles Computer Upgrade	27,000 25,000		**HA-WIDE Non-dwelling Equipment:** Maintenance Vechicles & Computer Upgrade	
		Total NDE	52,000		Total NDE	

Subtotal of Estimated Cost	$299,000	**Subtotal of Estimated Cost**	$245,000

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year: 4 FFY Grant: 2007 PHA FY:			Activities for Year: 5 FFY Grant: 2008 PHA FY:		
2004	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	**HA-Wide Physical Improvements**	**HA-Wide Site:** None	0	**HA Wide Physical Improvements**	**HA-Wide Site:** Tree Trimming	20,000
Annual		Total Site	0		Total Site:	20,000
Statement		**ON-DEMAND Mech. & Elec:**	0		**ON-DEMAND Mech. & Elec.:**	0
		Total M & E	0		Total M & E	0
		ON-DEMAND Bldg. Exterior:	0		**ON-DEMAND Bldg. Exterior:**	0
		Total B E	0		Total B E	0
		ON DEMAND Dwelling Units: New Construction	200,000		**ON DEMAND Dwelling Units:** New Construction	0
		Total Dus	200,000		Total Dus	0
		HA-WIDE Dwelling Equip.: Stoves/Refrig.	25,000		**HA-WIDE Dwelling Equip.:** Stoves/Refrig.	25,000
		Total D.E.	25,000		Total D.E.	25,000
		HA-WIDE Int. Common Areas:	0		**HA-WIDE Int. Common Areas:**	0
		Total ICAs	0		Total ICAs	0
		HA-WIDE Site-Wide Facilities:	0		**HA-WIDE Site-Wide Facilities:**	0
		Total SWFs	0		Total SWFs	0
		HA-WIDE Non-\dwelling Equipment: Computer Upgrade	22,000		**HA-WIDE Non-dwelling Equipment:** Computer Upgrade	30,000
		Total NDE	22,000		Total NDE	30,000

Subtotal of Estimated Cost	$247,000	**Subtotal of Estimated Cost**	$75,000

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : 2 FFY Grant: 2005 PHA FY:			Activities for Year: 3 FFY Grant: 2006 PHA FY:		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	**KY002-01**	**Site:**		**KY002-01**	**Site:**	
Annual	**Latonia Terrace**	On-Going Comcrete Work	10,000	**Latonia Terrace**	On-Going Concrete Work	10,000
Statement		Total Site	10,000		Total Site	10,000
		Mechanical and Electrical:	0		**Mechanical & Electrical:**	0
		Total M&E	0		Total M&E	0
		Bulding Exterior:	0		**Bldg. Exterior:** Mailboxes	7,050
		Total B&E	0		Total BE	7,050
		Dwelling Units:			**Dwelling Units:**	
		5-Year Paint Plan	12,500		5-Year Paint Plan	10,000
		Replace Bathroom Surrounds	121,500		Total DUs	10,000
		Total DUs	134,000		**Dwelling Equipment:**	0
		Dwelling Equipment:	0		Total DE	0
		Total DE	0		**Interior Common Areas:**	0
		Interior Common Areas:	0		Total ICAs	0
		Total ICAs	0		**Site-Wide Facilities:**	0
See		**Site-Wide Facilities:**	0		Total SWFs	0
Annual		Total SWFs	0		**Non-dwelling Equipment**	0
Statement		**Non-dwelling Equipment:**	0		Total NDE	0
		Total NDE	0			
		Subtotal of Estimated Cost	$144,000		**Subtotal of Estimated Cost**	27,050

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : 4 FFY Grant: 2007 PHA FY:			Activities for Year: 5 FFY Grant: 2008 PHA FY:		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	**KY002-01**	**Site:**		**KY002-01**	**Site:** On-going Concrete Work	10,000
Annual	**Latonia Terrace**	On-Going Comcrete Work	10,000	**Latonia Terrace**	Clothes Line Poles	5,000
Statement		Total Site	10,000		Total Site	15,000
		Mechanical and Electrical:			**Mechanical & Electrical:**	0
			0		Outside Meter Boxes	225,000
		Total M&E	0		Total M&E	225,000
		Bulding Exterior:	0		**Building Exterior:**	
		Replace Canopies	26,000			
		Total B&E	26,000		Total BE	
		Dwelling Units:			**Dwelling Units:**	
		5-Year Paint Plan	12,500		5-Year Paint Plan	10,000
		Total DUs	12,500		Total DUs	10,000
		Dwelling Equipment:	0		**Dwelling Equipment:**	0
		Total DE	0		Total DE	0
		Interior Common Areas:	0		**Interior Common Areas:**	0
		Total ICAs	0		Total ICAs	0
		Site-Wide Facilities:	0		**Site-Wide Facilities:**	0
See		Total SWFs	0		Total SWFs	0
Annual		**Non-dwelling Equipment:**	0		**Non-dwelling Equipment**	0
Statement		Total NDE	0		Total NDE	0
		Subtotal of Estimated Cost	$48,500		**Subtotal of Estimated Cost**	$250,000

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year: 2 FFY Grant: 2005 PHA FY:			Activities for Year: 3 FFY Grant: 2006 PHA FY:		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	**KY002-02**	**Site:**		**KY002-02**	**Site:**	
Annual	**Jacob Price**	On-Going Comcrete Work	10,000	**Jacob Price**	On-Going Concrete Work	10,000
Statement		Total Site	10,000		Total Site	10,000
		Mechanical and Electrical:	0		**Mechanical and Electrical:**	
		Total M&E	0		Total M&E	0
		Building Exterior:	0		**Building Exterior:**	
		Total BE	0		Mailboxes	4,200
		Dwelling Units:			Total BE	4,200
		Range Hoods	20,000			
		5-Year Paint Plan	12,500		**Dwelling Units:**	
		Medicine Cabinets	14,000		5-Year Paint Plan	10,000
		Total DUs	46,500		Total DU	10,000
		Dwelling Equipment:	0		**Dwelling Equipment:**	
		Total DE	0		Total DE	
See		**Interior Common Areas:**	0		**Interior Common Areas:**	0
Annual		Total ICAs	0		Total ICA	0
Statement		**Site-Wide Facilities:**	0		**Site-Wide Facilities:**	0
		Total SWFs	0		Total SWF	0
		Non-Dwelling Equipment:	0		**Non-Dwelling Equipment:**	0
		Total NDE	0		Total NDW	0
		Subtotal of Estimated Cost	$56,500		**Subtotal of Estimated Cost**	$24,200

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : 4____ FFY Grant: 2007 PHA FY:			Activities for Year: 5___ FFY Grant: 2008 PHA FY:		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	**KY002-02**	**Site:**		**KY002-02**	**Site:**	
Annual	**Jacob Price**	On-Going Concrete Work	10,000	**Jacob Price**	On-Going Concrete Work	10,000
Statement		Replace Underground Heat Lines	38,000		Sidewalks, Retaining Walls, Landscaping	100,000
		Total Site	48,000		Clothes Line Poles	2,000
		Mechanical & Electrical:			Total Site	110,000
		Total M&E	0		**Mechanical and Electrical:**	
		Building Exterior:			Outside Meter Boxes	163,000
		Total BE	0		Total M&E	163,000
		Dwelling Units:			**Building Exteriors:**	
		5-Year Paint Plan	12,500		Total BE	0
		Total DUs	12,500		**Dwelling Units:**	
		Dwelling Equipment:			5-Year Paint Plan	12,500
		None	0		Vanities & Sinks	2,000
		Total DE	0		Total DUs	14,500
		Interior Common Areas:			**Dwelling Equipment:**	
		None	0		Total DE	0
		Total ICAs	0		**Interior Common Areas:**	
		Site-Wide Facilities:			Total ICAs	0
		None	0		**Site-Wide Facilities:**	
		Total SWFs	0		Total SWFs	0
See		**Non-dwelling Equipment**			**Non-dwelling Equipment:**	
Annual		None	0		Total NDE	0
Statement						
		Subtotal of Estimated Cost	$60,500		**Subtotal of Estimated Cost**	$287,500

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : 2____ FFY Grant: 2005 PHA FY:			Activities for Year: 3___ FFY Grant: 2006 PHA FY:		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	**KY002-03**	**Site:**		**KY002-03**	**Site:**	
Annual	**City Heights**	On-Going Concrete Work	10,000	**City Heights**	On-Going Concrete Work	10,000
Statement		Gas Line Replacement	218,000		Jet Out Sewer Lines	12,000
		Jet Out Sewer Lines	12,000		Gase Line Replacement	407,000
		Volleyball Court	15,000		Total Site	429,000
		Total Site	255,000		**Mechanical and Electrical:**	
		Mechanical and Electrical:			Outside Meter Boxes	14,000
		Total M&E	0		Total M&E	14,000
		Building Exterior:			**Building Exterior:**	
		Outside Meter Boxes	14,000		Replace Roofs	277,000
		Replace Roofs	202,000		Mailboxes	11,750
		Total BE	216,000		Total B&E	288,750
		Dwelling Units:			**Dwelling Units:**	
		5-Year Paint Plan	12,500		5-Year Paint Plan	10,000
		Install Backsplashes	31,250		Total DU	10,000
		Total DU	43,750		**Dwelling Equipment:**	
		Dwelling Equipment:			Total DE	0
		Total DE	0		**Interior Common Areas:**	
See		**Interior Common Areas:**			Total ICAs	0
Annual		Total ICAs	0		**Site-Wide Facilities:**	
Statement		**Site-Wide Facilities:**			Total SWFs	0
		Total SWFs	0		**Non-dwelling Equipment:**	
		Non-dwelling Equipment:			Total NDE	0
		Total NDE	0			
		Subtotal of Estimated Cost	514,750		**Subtotal of Estimated Cost**	741,750

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : 4____ FFY Grant: 2007 PHA FY:			Activities for Year: 5___ FFY Grant: 2008 PHA FY:		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	**KY002-03**	**Site:**			**Site:**	
Annual	**City Heights**	On-Going Concrete Work	10,000		On-Going Concrete Work	8,000
Statement		Jet Out Sew Lines	12,000		Jet Out Sew Lines	12,000
		Gas Line Replacement	79,000		Sewer Line Laterals	179,000
		Total Site	101,000		Clothes Line Poles	2,000
		Mechanical and Electrical:			Total Site	201,000
		Outside Meter Boxes	14,000		**Mechanical and Electrical:**	
		Total M&E	14,000		Replace Water Heaters	20,000
		Building Exterior:			Total M&E	20,000
		Total BE	0		**Building Exterior:**	
		Dwelling Units:			Repair/Replace Canopies	48,000
		5-Year Paint Plan	12,500		Total BE	48,000
		Replace Interior Doors	573,000		**Dwelling Units:**	
		Repair/Replace Hrdwd. Floors	100,000		Replace Windows (as needed)	50,000
		Total DU	685.500		5-Year Paint Plan	12,500
		Dwelling Equipment:			Replace Wire Shelving	75,000
See		Total DE	0		Total DU	137,500
Annual		**Interior Common Areas:**			**Dwelling Equipment:**	
Statement		Total ICAs	0		Total DE	0
		Site-Wide Facilities:			**Interior Common Areas:**	
		Total SWFs	0		Total ICAs	0
		Non-dwelling Equipment:			**Site-Wide Facilities:**	
		Total NDE	0		Total SWFs	0
					Non-dwelling Equipment:	
					Total NDE	0
		Subtotal of Estimated Cost	800,500		**Subtotal of Estimated Cost**	406,500

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : 2____ FFY Grant: 2005 PHA FY:			Activities for Year: 3___ FFY Grant: 2006 PHA FY:		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	**KY002-05**	**Site:**			**Site:**	
Annual	**Golden Towers**	Total Site	0		Total Site	0
Statement		**Mechanical and Electrical:**			**Mechanical and Electrical:**	
		Replace Water Heaters	10,750		Total M&E	0
		Total M&E	10,750		**Building Exterior:**	
		Building Exterior:			Total BE	0
		Total BE	0		**Dwelling Units:**	
		Dwelling Units:			5-Year Paint Plan	12,000
		5-Year Paint Plan	10,000		Total DU	12,000
		Total DU	10,000		**Dwelling Equipment:**	
		Dwelling Equipment:			Total DE	0
		Total DE	0		**Interior Common Areas:**	
		Interior Common Areas:			Total ICAs	0
		Total ICAs	0		**Site-Wide Facilities:**	
		Site-Wide Facilities:			Total SWFs	0
		Total SWFs	0		**Non-dwelling Equipment:**	
		Non-dwelling Equipment:			Total NDE	0
		Total NDE	0			
		Golden Tower Bond Service	250,000		**Golden Tower Bond Service**	250,000
		Total GT Bond Svc	250,000		Total GT Bond Svc	250,000
		Subtotal of Estimated Cost	270,750		**Subtotal of Estimated Cost**	262,000

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : 4____ FFY Grant: 2007 PHA FY:			Activities for Year: 5___ FFY Grant: 2008 PHA FY:		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	**KY002-05**	**Site:**			**Site:**	
Annual	**Golden Towers**	Total Site	0		Total Site	0
Statement		**Mechanical and Electrical:**			**Mechanical and Electrical:**	
		Total M&E	0		Total M&E	0
		Building Exterior:			**Building Exterior:**	
		Total BE	0		Total BE	0
		Dwelling Units:			**Dwelling Units:**	
		5-Year Paint Plan	12,500		5-Year Paint Plan	5,000
		Total DU	12,500		Total DU	5,000
		Dwelling Equipment:			**Dwelling Equipment:**	
		Total DE	0		Total DE	0
		Interior Common Areas:			**Interior Common Areas:**	
		Total ICAs	0		Total ICAs	0
		Site-Wide Facilities:			**Site-Wide Facilities:**	
		Total SWFs	0		Total SWFs	0
		Non-dwelling Equipment:			**Non-dwelling Equipment:**	
		Total NDE	0		Total NDE	0
		Golden Tower Bond Service	250,000		**Golden Tower Bond Service**	250,000
		Total GT Bond Svc	250,000		Total GT Bond Svc	250,000
		Subtotal of Estimated Cost	262,500		**Subtotal of Estimated Cost**	255,000

Attachment E
JANUARY 7, 2004
6:00 PM
ADMINISTRATION BUILDING, LOWER LEVEL
PUBLIC HEARING
REVIEWING AGENCY PLAN
FOR THE H OUSING AUTHORITY OF COVINGTON
FOR FISCAL YEARS 2000 – 2004

Board of Commissioners Chairperson Rita Dreyer opened the Public Hearing meeting at 6:40P.

The following Commissioners were present: Comm. Rita Dreyer, Comm. Estella Stewart, Comm. Tony Milburn, and Comm. Rob Haney. Comm. Callery was not present. Let the record show there is a quorum.

Also present: William Z. Simon, Executive Director, Thomas J. Schmitz, Director of Finance/Deputy Director, JoAnn Prewitt, Director of Operations, J. T. Threlkeld, Director of Facilities, Steve McMurtry, Attorney and Rochelle Threm, Administrative Assistant.

Spectators present for the Board/General Session and/or subsequent Public Hearing Meeting(s) included: Jerry Avery, East Side Neighborhood Association, Bennie Doggett, East Side, David Housley, East Side, Rosalind Basey, East Side, David R. Rash, East Side, Helen Fields, East Side, Patricia Henderson, East Side, Vivian Cook, President, Jacob Price Resident Council, Debi Fann, Financial Services Manager, Katrine Burris, Accounting Manager, Pam Henderson, Manager of Latonia Terrace, Sharon Brown, Manager of Jacob Price, Jean Brown, Manager of Golden Tower, Geraldine Singh, Resident Services, and William Buck, Jr., Maintenance, Residents present were Virginia Creech, Latasha Watts, Debrah Stuart, Sue and Ray Hamilton, Sharlynn Adams Winn and Natasha Johnson of Latonia Terrace, and Mary and Marcia Reinert of Golden Tower.

Mr. Bill Simon, Executive Director began by stating that, in compliance with federal regulations, we are presenting our Agency Plan and Admissions and Continued Occupancy Policy (ACOP) at a Public Hearing and give fair notice to everyone on the changes in our policies and procedures for the coming year.

Vivian Cook, President of the Jacob Price Resident Council said that the people here consider the Public Hearing not to be for Housing management to speak, but for them to speak. The Executive Director responded that we understand that, however this Public Hearing is targeted for us to provide the residents and public with the changes in our Agency Plan and ACOP to meet specific federal regulations.

The floor was then turned over to Ms. JoAnn Prewitt, Director of Operations to review these changes. Ms. Prewitt welcomed everyone and thanked them for coming.

She then proceeded to recap by reading the proposed changes in the ACOP in the following sections:

- Section 8.4, Grounds for Denial (Parts F, J, K, L and O)
- Section 11.1, Income (Parts C and F)
- Section 11.2, Annual Income (Part H10)
- Section 11.3, Deductions from Annual Income (Part D)
- Section 11.6 Cooperating with Law Enforcement Agencies
- Section 12.6, Frequency of Obtaining Verification
- Section 14.0, Continued Occupancy and Community Service
- Section 20.2, Termination
- Section 20.3, Terminations for Criminal Activity
- Section 20.4 Abandonment
- Section 22.0, Anti-Fraud Policy

An unidentified spectator asked whether the above were Housing Authority laws or Federal laws. Ms. Prewitt stated that the regulations in the ACOP are governed by federal laws.

Copies of the information read by Ms Prewitt were requested. Mr. Prewitt stated that all material read was contained in the new FY04 Agency Plan, which is available for public viewing and review at all development offices, Resident Council, Central Office, Legal Aid, the City of Covington Housing Department and the Public Library. She added that she would provide copies of her presentation material on the changes to the President of each of the Resident Councils for viewing.

Vivian Cook, President of the Jacob Price Resident Council initiated a discussion regarding Section 20.2 Termination, with regard to drug or alcohol abuse. She stated that we have been dealing with drug abuse and now Housing is throwing in alcohol abuse. Mr. Prewitt responded that alcohol abuse has always been in the ACOP. In conjunction with this, Ms. Cook asked who would determine if a person is abusing alcohol. Ms. Prewitt said that if a person is out in the development raising Cain and disturbing everyone, he or she is probably abusing. Ms. Cook asked, if she were found to be abusing alcohol, whether she would get a chance to be rehabilitated before just getting evicted. Ms. Prewitt said that we would look at all the factors.

Sharlyn Winn, resident of Latonia Terrace, stated that people don’t necessarily have to have any alcohol to be out acting the fool and having the police called on them. Ms. Prewitt said she understood, but unless people are willing to come forward as witnesses, we can’t do anything. Ms. Winn added that the Board or staff, living in their fine houses, would not get evicted if their kids were out acting the fool. Ms. Prewitt stated that if we, or our kids were disturbing the neighbors

enough to have the police called we or they could be arrested or sent to jail just as easily as anyone else.

Vivian Cook then asked whether something could be put into the ACOP where Housing would assist abusers in getting help. The Executive Director told Ms. Cook that she raised a very good point. We can look into developing referrals to agencies that can help our residents, but we don't have the funds to pay for the rehabilitation services. Ms. Cook then asked whether we could get a Grant for that purpose. The Executive Director stated that he has not yet seen anything come across his desk on grants available out there for rehabilitation, but would discuss this with our grant writer.

Bennie Doggett, East Side Neighborhood Association, talked about drug-free companies offering counseling for employees. She added that she and Vivian Cook have discussed having something implemented for the East Side Neighborhood Association and maybe Jacob Price. She added that she had talked to Mac McArthur, Director of Transitions. She suggested inviting Mac McArthur and some of the judges from the drug courts to pool some of our resources to come up with a way to stop some evictions if the resident agrees to go for treatment. If they do not go, then they would be evicted. Ms. Prewitt said that would be wonderful, but expressed a problem, limiting the plan to Jacob Price only. Ms. Doggett explained that this could be done as a pilot program. First we have to come up with a plan that would be workable. We would like to work with Mr. Simon to see if we could come up with a solution.

Ms. Prewitt agreed that housing has an issue with evictions too. We don't want to see empty apartments either. We are willing to work on that too.

Mary Reinert, resident of Golden Tower spoke about AA Meetings currently available at Golden Tower for alcohol abusers and recommended that those offenders come to the meetings. The Executive Director thanked Mary, but added that right now we are dealing with problematic issues. Vivian Cook explained to Mary that we are trying to implement a plan to avoid evictions.

Ms. Reinert then expressed concern that a January exercise program promised to Golden Tower residents at Thanksgiving has not started. She asked whether it was coming. The Executive Director stated that he would address this with Corey Ferguson of Resident Services.

Patricia Henderson, East Side, said that she has the Personal Touch on Greenup Street and had two things she wanted to say. I work with Sharon Brown of Jacob Price when she asks me to do things. My daughter (Krystal Houser) got charged with drug abuse at Jacob Price and was evicted and ended up homeless. She went to Transition House and got help. She also received training. Now she deserves a second chance for housing. Ms. Henderson continued to state that Detective Brett Tate told her daughter he was going to help her and not arrest here. Then he had another officer arrest her. Ms. Henderson asked how long it would take before her daughter could get back into public housing and was told

5-7 years. She then asked whether the police have keys to the apartments. Ms. Prewitt said that the police do not have keys. Ms. Henderson stated that, by the time her daughter got halfway down the stairs, the police were already coming in, so they must have keys.

Ms. Prewitt continued that we would review any abuse on a case-by-case basis and look at what they were arrested for, what they had on their person, how serious it was, their history as a resident, etc. Ms. Henderson added that she goes to Jacob Price a lot and hoped that the police are not going to ask her every time what she is doing there.

Vivian Cook said that, if a person is arrested for drug or alcohol abuse and the case is dismissed, Housing should also look at that. Ms. Prewitt said it would depend on a lot of things, including the type of resident they have been. We will look at the whole situation before we make a decision.

Latasha Watts, resident of Latonia Terrace, asked if that would apply to Housing employees too. If someone drags you out of your house and you are on TV, would you get fired? Ms. Prewitt stated that she would definitely be fired.

Rosalyn Basey, East Side, said that she was raised in Jacob Price and, although she no longer lives there, she has a business right on the corner. We feel that you are more critical on us. It seems like you are eager to get those apartments so you can tear down Jacob Price. There's not one person in this room who hasn't had drugs touch their family in one way or another. I think the drug issue is padded a lot at Jacob Price. The Board needs to come into Jacob Price and see what's going on. There is no problem anymore but you still want to tear down Jacob Price. I am asking the Board to just watch and listen and keep your eyes open.

Sharlyn Winn, resident of Latonia Terrace, said the same thing they are doing here is what they did where I used to live before (CMHA). Right now, you see nothing but condominiums on Linn Street (Cincinnati).

Ms. Prewitt went on to review the revised Criminal Trespass Policy. At the request of the residents, we made some changes in the verbiage (i.e., changing "streets" to "right-of-ways". Vivian Cook said she had looked up the definition of right-of-way to be the right of a person to pass over the land of another. She asked, when the property becomes "private property", would this land still belong to the City. The Executive Director stated that the land has always belonged to Housing. The sidewalks on the outside perimeter belong to the City.

Ms. Cook went on to say that she has guests who park in the parking area on the property. Will they be subject to getting tickets? Ms. Prewitt said they are allowed to visit socially but are not allowed to park there indefinitely.
The Executive Director added that the goal of the Criminal Trespass Policy is make both the residents and Authority employees a little safer in the event that people congregate on Housing property that might pose a threat to others. This

is not a tool to keep your guests and your friends away or to prevent people from passing through to say hello to their friends

Ms. Basey expressed concern that it is not Housing, but the police. It depends on what authority Housing gives the police. If a police officer sees someone strolling through, he is supposed to ask them the reason they are there.

David Housley, East Side, speaking of the Criminal Trespass Policy, said he didn't know why we always go to places like Richmond, Virginia or Chicago for our processes when we have Louisville right down the street. He added that what we get mad about is the timeframes. It's easy for the police to drive through during the day, but we don't see them at night. The Executive Director recommended that Mr. Housley call CPD and express those concerns to them. He added that we have ability or authority to direct the police on what they do, but I would speak to the police about it. Mr. Housley went on to say that it is not just Jacob Price, but the whole area. We have an overflow from Ohio. We can't even park on the street because of all the cars with Ohio tags.

Vivian Cook, Jacob Price, asked whether we could have a procedure of some sort to go along with this Criminal Trespass Policy that would elaborate more on guests and visitors not being subjected to constantly being stopped by police. Steve McMurtry, Attorney, agreed that a procedure needs to be created. He recommended that Housing sit down with the police officers, and possibly a resident from each development, to work out an understanding of what they are to do and not do to enforce the policy.

The Executive Director said we would set up an Inter-Council Meeting with the police officers and invite Asst. Chief Kraft to meet with us.

Mr. Jerry Avery, East Side, asked if the City Heights property starts at the Guard Booth. The Executive Director explained that City Heights is unique in that the streets are actually owned by the City. We are attempting to privatize those streets with an agreement to lease the streets from the City, who would continue to maintain them. The City's legal department, and the City Commissioners will address this issue.

A question was asked as to whether Latonia Terrace would be the same as Jacob Price. Tom Schmitz, Deputy Director, stated that it would, with the exception of the Madison Avenue sidewalk being owned by the City.

The Executive Director thanked everyone for attending tonight. There being no further business, Comm. Haney motioned that the Public Hearing be adjourned; seconded by Comm. Milburn; all aye votes; motion carried.

The Public Hearing to discuss the Agency Plan was adjourned at 7:15P, after which the Board Meeting reconvened to address all other issues for the Board's consideration.

Attachment F
Statement of Progress in Meeting the 5-Year Plan Mission and Goals

The following table reflects the progress we have made in achieving our goals and objectives:

Goal One: The Housing Authority of Covington will create or cause to be created 45 new affordal housing opportunities by March 31, 2004.	
Objective	**Progress**
The Housing Authority of Covington shall devel closer relationship with the City of Covington's housing program and economic development department by March 31, 2004.	Have engaged the City of Covington's housing program and economic development department our planning process and they are now asking us look at specific development opportunities.
The Housing Authority of Covington shall work with the community's employers to create emplo sponsored homeownership programs. Two emplo programs shall be created by March 31, 2004.	We are continuing a dialogue with the Greater Cincinnati Homeownership Center and the Unite Way to expand their activities into Northern Kentucky with the Fifth Third Bank and Bank O
The Housing Authority of Covington shall more closely coordinate its revitalization efforts with t City of Covington.	Have engaged the City's Finance Dept in our bo financing plans. Working with the City and a lar collaboration for the implementation of a CD Pla the Austinburg neighborhood and 6 replacement units in Latonia Terrace.

Goal Two: The public image of the Housing Authority of Covington shall be improved.	
Objective	**Progress**
The local media shall publish or air 12 positive stories about the Housing Authority of Covingto year.	We will exceed this objective.
A spokesperson for the Housing Authority of Covington shall speak before 6 public groups a y	We will meet or exceed this objective by 3/31/04
The rejection rate of applicants for housing shall reduced by one fourth by March 31, 2004.	The rejection rate is decreasing and we are on ta to meet this objective.

Goal Three: The Housing Authority of Covington shall leverage its resources by creating 25 new partnerships by March 31, 2005.	
Objective	**Progress**
Partnerships shall be created with both social ser entities and potential development and financing partners.	We have developed 13 new partnerships.
The Housing Authority of Covington shall strengthen its relationship with its Resident Councils.	This is an on-going endeavor.

Required Attachment ___G____: 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.)

Vivian Cook
Velma Golsby
Norma Mabrey
Mary Commodore
Tyrone Rice
Mary Barnes
Lorraine Curtis
Billie Hughes
Sue Hamilton
Dorothy Marks
Marva Cowart
Marion Weber
Carol Johnson
Doris Overbay
Vanessa Page
Cindy Willis

Required Attachment H___: 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: Estella Stewart

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

☐ Elected
☒ Appointed

C. The term of appointment is (include the date term expires): 4/1/05

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

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

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

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

Attachment I
Housing Authority of Covington
Definition of Substantial Deviation

Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

Attachment J
Implementation of Public Housing Resident Community Service Requirements

The administrative steps that we will take to implement the Community Service Requirements include the following:

1. **Development of Written Description of Community Service Requirement:**
   The Housing Authority of Covington has a written developed policy of Community Service Requirements as a part of the Admissions and Continued Occupancy Policy and has completed the required Resident Advisory Board review and public comment period.

2. **Scheduled Changes in Leases:**
   The Housing Authority of Covington has made the necessary changes to the lease and has completed the required Resident Advisory Board review and public comment period.

3. **Written Notification to Residents of Exempt Status to each Adult Family Member:**
   The Housing Authority of Covington will notify residents at the time of their recertification.

4. **Cooperative Agreements with TANF Agencies**
   The Housing Authority of Covington has secured a Cooperative Agreement with a TANF Agency.

5. **Programmatic Aspects**
   Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

   An economic self sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

   The Housing Authority of Covington will coordinate with social service agencies, local schools, and the Human Resources Office in identifying a list of volunteer community service positions. To date, we have agreements in place with the Covington Independent Schools, Senior Citizen Services, Brighton Center, First Methodist Church, First Baptist Church, and St Augustine Parrish.

   Together with the resident advisory councils, the Housing Authority of Covington may create volunteer positions such as hall monitoring, litter patrols, and supervising and record keeping for volunteers.

Attachment K

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Covington Housing Authority	Grant Type and Number Capital Fund Program Grant No: **KY36P002501-01** Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:** 3)
☒ **Performance and Evaluation Report for Period Ending: Sept 30,2003** ☐ **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	230,642.00			
2	1406 Operations	380,275.00	0.00	0.00	0.00
3	1408 Management Improvements	140,000.00	209,176.00	209,176.00	87,838.14
4	1410 Administration	125,000.00	125,000.00	121,000.00	116,319.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	66,000.00	129,500.00	129,000.00	86,093.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	188,969.00	451,000.00	455,213.00	149,542.00
10	1460 Dwelling Structures	630,000.00	986,700.00	947,250.00	734,679.57
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	217,597.00	0.00	0.00	0.00
13	1475 Non-dwelling Equipment	153,537.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Covington Housing Authority	Grant Type and Number Capital Fund Program Grant No: **KY36P002501-01** Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:** 3)
☒ **Performance and Evaluation Report for Period Ending: Sept 30,2003** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	**Amount of Annual Grant: (sum of lines 2 – 20)**	1,901.378.00	1,901.378.00	1,851,639.00	1,174,479.71
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security – Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

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

PHA Name: **Covington Housing Authority**	**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-01** Replacement Housing Factor Grant No:	**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Operations	1406		380,275.00		0.00	0.00	
			Total 1406	380,275.00		0.00	0.00	
HA-Wide	Security Covington Police	1408		0.00	45,000.00	45,000.00	15,011.14	
Mgmt.	ROSS Grant	"		45,000.00	44,726.00	44,155.00	0.00	
Improvements	Consultant Agency Plan	"		20,000.00	6,571.00	6,571.00	6,571.00	
	Consultant Family Resource Ctr.	"		15,000.00	0.00	0.00	0.00	
	Consultant – IQC	"		20,000.00	20,000.00	20,000.00	19,585.00	
	Security Golden Tower	"		40,000.00	37,450.00	37,450.00	27,627.00	
	Drug Elimination Program	"			50,000.00	50,000.00	14,044.00	
	Consultant – Goals & Objectives	"			6,000.00	6,000.00	6,000.00	
			Total 1408	140,000.00	209,178.00	209,176.00	87,838.14	
HA-Wide	Salary/Ben. CF Manager	1410		28,000.00	28,000.00	28,000.00	27,162.00	
Admin.	Salary/Ben. Construction Mgr.	"		53,000.00	53,000.00	53,000.00	50,909.00	
	Wages/Ben. Administration	"		35,600.00	35,600.00	35,000.00	35,563.00	
	Postage/Legal Ads	"		4,400.00	4,400.00	5,000.00	2,685.00	

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

PHA Name: **Covington Housing Authority**	**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-01** Replacement Housing Factor Grant No:	**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	Travel/Training	1410		4,000.00	4,000.00	0.00	0.00	
			Total 1410	125,000.00	125,000.00	121,000.00	116,319.00	
HA-Wide	A & E Fees	1430						
Fees and	A & E Fees – Latonia Terrace	"		10,250.00	23,900.00	23,900.00	22,835.00	
Costs	A & E Fees – Jacob Price	"		10,250.00	17,100.00	17,100.00	16,336.00	
	A & E Fees – City Heights	"		15,500.00	500.00	0.00	0.00	
	A & E Fees – Golden Tower	"		30,000.00	88,000.00	88,000.00	46,922.00	
			Total 1430	66,000.00	129,500.00	129,000.00	86,093.00	
HA-Wide	Tree Trimming	1450		20,000.00	0.00	0.00	0.00	
Site Work								
			Total 1450	20,000.00	0.00	0.00	0.00	
HA-Wide		1460		0.00	0.00	0.00	0.00	
			Total 1460	0.00	0.00	0.00	0.00	
		1465		0.00	0.00	0.00	0.00	
			Total 1465	0.00	0.00	0.00	0.00	

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

PHA Name: **Covington Housing Authority**	**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-01** Replacement Housing Factor Grant No:	**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
HA - Wide	New Administration Building	1470		0.00	0.00	0.00	0.00	
			Total 1470	0.00	0.00	0.00	0.00	
	Herbie Curbies	1475		10,000.00	0.00	0.00	0.00	
	New Admin. Office Furniture	"		143,537.00	0.00	0.00	0.00	
			Total 1475	153,537.00	0.00	0.00	0.00	
	Demolition (specify location[s])	1485		0.00	0.00	0.00	0.00	
			Total 1485	0.00	0.00	0.00	0.00	
	Relocation Expenses	1495.1		0.00	0.00	0.00	0.00	
			Total 1495.1	0.00	0.00	0.00	0.00	
		1501		0.00	0.00	0.00	0.00	
			Total 1501	0.00	0.00	0.00	0.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-01** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-01	**Site:**	1450						
Latonia Terrace	Paving Driveways	"		73,000.00	166,000.00	166,000.00	0.00	
	Fencing	"		0.00	18,000.00	18,000.00		
	Water Main Replacement	"			240,000.00	240,000.00	148,329.00	
	Sewer Line Replacement	"			20,000.00	20,000.00		
			Total Site	73,000.00	444,000.00	444,000.00	148,329.00	
	Mechanical and Electrical:	1460						
	Replace Boilers	"		0.00	220,500.00	220,500.00	43,707.00	
	Replace Water Heaters	"			77,266.00	77,266.00	77,266.00	
			Total M&E	0.00	297,766.00	297,766.00	120,973.00	
	Building Exterior:	1460						
	Moisture Problem	"		50,000.00			0.00	
	Replace Mail Slots	"			7,129.00	7,129.00	7,128.57	
			Total BE	50,000.00	7,129.00	7,129.00	7,128.57	
	Dwelling Units:	1460						
	Replace Kitchen Cabinets	"						
	Replace Entry & Screen Doors	"			335,193.00	335,193.00	310,901.00	

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

PHA Name: **Covington Housing Authority**	**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-01** Replacement Housing Factor Grant No:	**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-01	Office Remodeling	1460		120,000.00	16,000.00			
Latonia Terrace	5-Year Paint Plan	"		12,500.00	12,500.00	12,500.00	8.763.00	
	Install Backsplashes	"		0.00	11,250.00			
			Total DU	132,500.00	374,943.00	347,693.00	319,664.00	
	Dwelling Equipment:	1465.1		0.00	0.00	0.00	0.00	
	None		**Total DE**	0.00	0.00	0.00	0.00	
	Interior Common Areas:	1470						
	None			0.00	0.00	0.00	0.00	
			Total ICA	0.00	0.00	0.00	0.00	
	Site-Wide Facilities:	1470						
	None			0.00	0.00	0.00	0.00	
			Total SWF	0.00	0.00	0.00	0.00	
	Non-dwelling Equipment:	1475						
	Office Furniture			10,000.00	0.00	0.00	0.00	
			Total NDE	10,000.00	0.00	0.00	0.00	
Total	**Latonia Terrace**		**Project Total**	255,500.00	1,123,838.00	1,096,588.00	596,094.57	

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

PHA Name: **Covington Housing Authority**	**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-01** Replacement Housing Factor Grant No:	**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-02	**Site:**	1450						
Jacob Price	Replace Clothesline Posts	"		7,000.00	5,787.00	0.00	0.00	
	Crime Prevention thru Landscaping	"		10,000.00	1,213.00	1,213.00	1,213.00	
			Total Site	17,000.00	7,000.00	0.00	1,213.00	
	Mechanical and Electrical:	1460						
	Elevator			20,000.00	0.00	0.00	0.00	
			Total M&E	20,000.00	0.00	0.00	0.00	
	Building Exterior:	1460						
	None			0.00	0.00	0.00	0.00	
			Total BE	0.00	0.00	0.00	0.00	
	Dwelling Units:	1460						
	5-Year Paint Plan			12,500.00	12,000.00	12,0500.00	6,336.00	
	Replace Boilers				177,000.00	177,000.00	177,000.00	
	Replace Water Heaters				64,112.00	64,112.00	64,112.00	
			Total DU	12,500.00	253,112.00	253,112.00	247,448.00	

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

PHA Name: **Covington Housing Authority**	**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-01** Replacement Housing Factor Grant No:	**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-02	**Dwelling Equipment:**	1465.1						
Jacob Price	None			0.00	0.00	0.00	0.00	
			Total DE	0.00	0.00	0.00	0.00	
	Interior Common Areas:	1470						
	None			0.00	0.00	0.00	0.00	
			Total ICA	0.00	0.00	0.00	0.00	
	Site-Wide Facilities:	1470						
	Maintenance Shop			0.00	0.00	0.00	0.00	
			Total SWF	0.00	0.00	0.00	0.00	
	Non-dwelling Equipment:	1475						
	None			0.00	0.00	0.00	0.00	
			Total NDE	0.00	0.00	0.00	0.00	
Total	**Jacob Price**		**Project Total**	49,500.00	260,112.00	260,112.00	248,661.00	

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

PHA Name: **Covington Housing Authority**	**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-01** Replacement Housing Factor Grant No:	**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-03	**Site:**	1450						
City Heights	Playground – Phase I			78,969.00	0.00	0.00	0.00	
			Total Site	78,969.00	0.00	0.00	0.00	
	Mechanical and Electrical:	1460						
	Replace Washer Boxes			320,000.00	0.00	0.00	0.00	
	Replace Outside Meter Boxes			20,000.00	19,595.00	13,595.00	12,395.00	
			Total M&E	340,000.00	19,595.00	13,595.00	12,395.00	
	Building Exterior:	1460						
	None			0.00	0.00	0.00	0.00	
			Total BE	0.00	0.00	0.00	0.00	
	Dwelling Units:	1460						
	5-Year Paint Plan			12,500.00	12,905.00	12,905.00	12,905.00	
	Replace Interior Doors			0.00	2,000.00	2,000.00	0.00	
	Refinish Hardwood Floors			50,000.00	5,000.00	0.00	0.00	
			Total DU	62,500.00	19,905.00	14,905.00	12,905.00	

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

PHA Name: **Covington Housing Authority**	**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-01** Replacement Housing Factor Grant No:	**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-03	**Dwelling Equipment:**	1465.1						
City Heights	None			0.00	0.00	0.00	0.00	
			Total DE	0.00	0.00	0.00	0.00	
	Interior Common Areas:	1470						
	None			0.00	0.00	0.00	0.00	
			Total ICA	0.00	0.00	0.00	0.00	
	Site-Wide Facilities:	1470						
	Family Resource Center			217,597.00	0.00	0.00	0.00	
			Total SWF	217,597.00	0.00	0.00	0.00	
	Non-dwelling Equipment	1475						
	None			0.00	0.00	0.00	0.00	
			Total NDE	0.00	0.00	0.00	0.00	
Total	**City Heights**		**Project Total**	699,066.00	39,500.00	28,500.00	25,300.00	

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

PHA Name: **Covington Housing Authority**	**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-01** Replacement Housing Factor Grant No:	**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-05	**Site:**	1450						
Golden Tower	None			0.00	0.00	0.00	0.00	
			Total Site	0.00	0.00	0.00	0.00	
	Mechanical and Electrical:	1460						
	None				0.00	0.00	0.00	
			Total M&E	0.00	0.00	0.00	0.00	
	Building Exterior							
	None			0.00	0.00	0.00	0.00	
			Total BE	0.00	0.00	0.00	0.00	
	Dwelling Units:	1460						
	Painting – 5-Year Plan			12,500.00	12,9950.00	12,995.00	12,911.00	
	Conversion of Studio to 1-Bedroom				1,255.00	1,255.00	1,255.00	
			Total DU	12,500.00	14,250.00	14,250.00	14,166.00	
	Dwelling Equipment:	1465.1						
	Appliances			0.00	0.00	0.00	0.00	
			Total DE	0.00	0.00	0.00	0.00	

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

PHA Name: **Covington Housing Authority**	**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-01** Replacement Housing Factor Grant No:	**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-05	**Interior Common Areas:**	1470						
Golden Tower	None			0.00	0.00	0.00	0.00	
			Total ICA	0.00	0.00	0.00	0.00	
	Site-Wide Facilities	1470						
	None			0.00	0.00	0.00	0.00	
			Total SWF	0.00	0.00	0.00	0.00	
	Non-dwelling Equipment	1475						
	Cove for Telephone			0.00	0.00	0.00	0.00	
			Total NDE	0.00	0.00	0.00	0.00	
Total	**Golden Tower**		**Project Total**	12,500.00	14,250.00	14,250.00	14,166.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: **Covington Housing Authority**	**Grant Type and Number** Capital Fund Program No: **KY36P002501-01** Replacement Housing Factor No:	**Federal FY of Grant:** **2001**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
KY002-00 – PHA-Wide	03/31/03	03/31/03		03/31/04	09/30/04		
KY002-01 – Latonia Terrace	03/31/03	03/31/04		03/31/04	06/30/04		
KY002-02 – Jacob Price	03/31/03	03/31/04		03/31/04	06/30/04		
KY002-03 – City Heights	03/31/03	03/31/03	04/30/03	03/31/04	06/30/04		
KY002-05 – Golden Tower	03/31/03	03/31/03	12/31/02	03/31/04	12/31/03		

Attachment L

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Covington Housing Authority	Grant Type and Number Capital Fund Program Grant No: **KY36P002501-02** Replacement Housing Factor Grant No:	Federal FY of Grant: 2002

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:** 2)
☒ **Performance and Evaluation Report for Period Ending: Sept 30, 2003** ☐ **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	230,642.00	230,642.00	0.00	0.00
2	1406 Operations	2,000.00	2,000.00	0.00	0.00
3	1408 Management Improvements	350,750.00	330,750.00	328,750.00	74,580.22
4	1410 Administration	132,300.00	132,300.00	127,300.00	38,996.16
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	99,400.00	75,800.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	355,000.00	578,795.00	329,000.00	68,150.00
10	1460 Dwelling Structures	444,850.00	420,975.00	144,125.00	27,194.00
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	109,000.00	161,730.00	53,730.00	38,941.55
13	1475 Non-dwelling Equipment	98,000.00	113,950.00	108,894.00	45,444.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Covington Housing Authority	Grant Type and Number Capital Fund Program Grant No: **KY36P002501-02** Replacement Housing Factor Grant No:	Federal FY of Grant: 2002

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:** 2)
☒ **Performance and Evaluation Report for Period Ending: Sept 30, 2003** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	100,000.00	0.00	0.00	0.000.00
19	1501 Collateralization or Debt Service	125,000.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,816,300.00	1,816,300.00	1,091,799.00	293,305.93
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security – Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-02** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	Operations	1406		2.000.00	2,000.00	0.00	0.00	
			Total 1406	2,000.00	2,000.00	0.00	0.00	
HA-Wide	Security Covington Police	1408		0.00	0.00	0.00	0.00	
Mgmt.	ROSS Grant			45,000.00	45.000.00	45,000.00	3,850.54	
Improvements	Consultant Agency Plan			6,000.00	6,000.00	6,000.00	0.00	
	Consultant Procurement			0.00	18,000.00	18,000.00	10,595.00	
	Section 8 Feasibility			20,000.00	0.00	0.00	0.00	
	Eastside Market Analysis			32,000.00	32,000.00	32,000.00	30,235.00	
	Consultant – IQC			20,000.00	2,000.00	0.00	0.00	
	Grant Writer			0.00	6,000.00	6,000.00	5,658.32	
	Security Golden Tower			40,000.00	34,000.00	34,000.00	0.00	
	Drug Elimination Program			140,000.00	140,000.00	140,000.00	5881.90	
	DEP Youth Team Coordinator			47,750.00	47,750.00	47,750.00	18,359.46	
			Total 1408	350,750.00	330,750.00	328,750.00	74,580.22	
HA-Wide	Salary/Ben. CF Manager	1410		28,000.00	30,000.00	30,000.00	6,101.81	
Admin.	Salary/Ben. Construct. Mgr.			53,000.00	55,000.00	55,000.00	17,208.08	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-02** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Wages/Ben Administration			35,300.00	37,300.00	37,300.00	11,345.52	
Admin.	Postage/Legal Ads			8,000.00	5,000.00	5,000.00	4,340.75	
	Travel/Training			8,000.00	5,000.00	0.00	0.00	
			Total 1410	132,300.00	132,300.00	127,300.00	38,996.16	
HA-/wide	A & E Fees	1430						
Fees and	A & E Fees – Latonia Terrace			20,000,00	15,000.00	0.00	0.00	
Costs	A & E Fees – Jacob Price			20,000.00	15,000.00	0.00	0.00	
	A & E Fees – City Heights			30,000.00	25,000.00	0.00	0.00	
	A & E Fees – Golden Tower			29,400.00	20,800.00	0.00	0.00	
			Total 1430	99,400.00	75,800.00	0.00	0.00	
HA-Wide	Tree Trimming	1450		30,000.00	25,795.00	16,000.00	0.00	
Site Work			**Total 1450**	30,000.00	25,795.00	16,000.00	0.00	
		1460		0.00	0.00	0.00	0.00	
			Total 1460	0.00	0.00	0.00	0.00	
		1465		0.00	0.00	0.00	0.00	
			Total 1465	0.00	0.00	0.00	0.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-02** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	New Administration Building	1470		0.00	0.00	0.00	0.00	
			Total 1470	0.00	0.00	0.00	0.00	
	Maintenance Trucks	1475		20,000.00	24,000.00	24,000.00	0.00	
	Trash Sweeper			12,000.00	19,450.00	19,450.00	19,450.00	
	Construction Manager Vehicle			18,000.00	21,500.00	21,444.00	21,444.00	
	Replace Caprice			23,000.00	24,000.00	24,000.00	0.00	
	Computer Upgrade			10,000.00	20,000.00	20,000.00	4,550.00	
	Alarm System			5,000.00	5,000.00	0.00	0.00	
	Herbie Curbie			10,000.00	0.00	0.00	0.00	
			Total 1475	98,000.00	113,950.00	108,894.00	45,444.00	
	Demolition (specify location[s])	1485		0.00	0.00	0.00	0.00	
			Total 1485	0.00	0.00	0.00	0.00	
	Relocation Expenses	1495.1		0.00	0.00	0.00	0.00	
			Total 1495.1	0.00	0.00	0.00	0.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-02** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-01	**Site:**	1450						
Latonia	Paving Driveways			50,000.00	200,000.00	200,000.00	0.00	
Terrace	Water Pressure – New Main			100,000.00	58,000.00	58,000.00	48,150.00	
	Playground Equipment			25,000.00	25,000.00	0.00	0.00	
	Utility Pole Repair/Replacement			50,000.00	100,000.00	0.00	0.00	
	On-Going Concrete Work			10,000.00	10,000.00	0.00	0.00	
	Sewer Line Replacement				20,000.00	20,000.00	20,000.00	
	Fencing				25,000.00	25,000.00	0.00	
			Total Site	235,000,00	438,000.00	303,000.00	68,150.00	
	Mechanical and Electrical:	1460						
	None			0.00	0.00	0.00	0.00	
			Total M&E	0.00	0.00	0.00	0.00	
	Building Exterior:	1460						
	Repair Downspouts			41,600.00	41,600.00	0.00	0.00	
			Total BE	41,600.00	41,600.00	0.00	0.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-02** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-01	**Dwelling Units**	1460						
Latonia	New Construction			0.00	100,000.00	0.00	0.00	
Terrace	Painting 5-Year Plan			12,500.00	12,500.00	0.00	0.00	
	Replace Boilers			137,000.00	0.00	0.00	0.00	
	Replace Back Splashes			31,250.00	31,250.00	0.00	0.00	
	Replace 504 Bath Surrounds				24,000.00	0.00	0.00	
			Total DU	180,750.00	167,750.00	0.00	0.00	
	Dwelling Equipment:	1465.1						
	None			0.00	0.00	0.00	0.00	
	Interior Common Areas:	1470						
	None			0.00	0.00	0.00	0.00	
			Total ICA	0.00	0.00	0.00	0.00	
	Site-Wide Facilities:	1470						
	Administration Office Remodel			54,000.00	46,000.00	0.00	0.00	
			Total SWF	54,000.00	46,000.00	0.00	0.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-02** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-01	Non-dwelling Equipment:	1475						
Latonia	None				0.00	0.00	0.00	
Terrace			**Total NDE**	0.00	0.00	0.00	0.00	
Total	**Latonia Terrace**		**Project Total**	511,350.00	693,350.00	303,000.00	68,150.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-02** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-02	**Site:**	1450						
Jacob Price	On-Going Concrete Work			10,000.00	10,000.00	0.00	0.00	
	Crime Prevention thru Landscape			10,000.00	10,000.00	0.00	0.00	
	Repair Basketball Court			10,000.00	10,000.00	10,000.00	0.00	
	Playground Equipment			25,000.00	25,000.00	0.00	0.00	
			Total Site	55,000.00	55,000.00	10,000.00	0.00	
	Mechanical and Electrical:	1460						
	Replace Boilers			145,000.00		0.00	0.00	
			Total M&E	145,000.00	0.00	0.00	0.00	
	Building Exterior:	1460						
	None			0.00	0.00	0.00	0.00	
			Total BE	0.00	0.00	0.00	0.00	
	Dwelling Units:	1460						
	5-Year Paint Plan			12,500.00	12,500.00	0.00	0.00	
	Standardize Entrance Locks			15,000.00	19,125.00	19,125.00	19,125.00	
	Replace 504 Bathtub Surrounds				10,000.00	0.00	0.00	
			Total DU	27,500.00	41,625.00	19,125.00	19,125.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-02** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-02	**Dwelling Equipment:**	1465.1						
Jacob Price	None			0.00	0.00	0.00	0.00	
			Total DE	0.00	0.00	0.00	0.00	
	Interior Common Areas:	1470						
	None			0.00	0.00	0.00	0.00	
			Total ICA	0.00	0.00	0.00	0.00	
	Site-Wide Facilities:	1470						
	Elevator for Admin. Building			40,000.00	40,000.00	0.00	0.00	
	Classroom Conversion			15,000.00	5,730.00	5,730.00	5,726.55	
			Total SWF	55,000.00	45,730.00	5,730.00	5,726.55	
	Non-dwelling Equipment:	1475						
	None			0.00	0.00	0.00	0.00	
			Total NDE	0.00	0.00	0.00	0.00	
Total	**Jacob Price**		**Project Total**	282,500.00	142,355.00	34,855.00	24,851.55	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-02** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-03	**Site:**	1450						
City Heights	On-going Concrete Work			10,000.00	10,000.00	0.00	0.00	
	Playground Equipment			25,000.00	25,000.00	0.00	0.00	
	Exterior Lighting				25,000.00	0.00	0.00	
			Total Site	35,000.00	60,000.00	0.00	0.00	
	Mechanical and Electrical:	1460						
	None			0.00	0.00	0.00	0.00	
			Total M&E	0.00	0.00	0.00	0.00	
	Building Exterior:	1460						
	Exterior Lighting			25,000.00	0.00	0.00	0.00	
			Total BE	25,000.00	0.00	0.00	0.00	
	Dwelling Units:	1460						
	5-Year Paint Plan			12,500.00	12,500.00	0.00	0.00	
	Replace 504 Bathtub Surrounds				20,000.00	0.00	0.00	
			Total DU	12,500.00	32,500.00	0.00	0.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-02** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-03	**Dwelling Equipment:**	1465.1						
City Heights	None			0.00	0.00	0.00	0.00	
			Total DE	0.00	0.00	0.00	0.00	
	Interior Common Areas:	1470						
	None			0.00	0.00	0.00	0.00	
			Total ICA	0.00	0.00	0.00	0.00	
	Site-Wide Facilities:	1470						
	Maintenance Building Upgrade			0.00	70,000.00	48,000.00	33,215.00	
			Total SWF	0.00	70,000.00	48,000.00	33,215.00	
	Non-dwelling Equipment:	1475						
	None			0.00	0.00	0.00	0.00	
			Total NDE	0.00	0.00	0.00	0.00	
Total	**City Heights**		**Project Total**	72,500.00	162,500.00	48,000.00	33,215.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-02** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-05	**Site:**	1450						
Golden Tower	None			0.00	0.00	0.00	0.00	
			Total Site	0.00	0.00	0.00	0.00	
	Mechanical and Electrical:	1460						
	None			0.00	0.00	0.00	0.00	
			Total M&E	0.00	0.00	0.00	0.00	
	Building Exterior:	1460						
	None			0.00	0.00	0.00	0.00	
			Total BE	0.00	0.00	0.00	0.00	
	Dwelling Units:	1460						
	Painting – 5-Year Plan			12,500.00	12,500.00	0.00	0.00	
	Convert Studios to 1-BR Units			0.00	125,000.00	125,000.00	8,069.00	
			Total DU	12,500.00	137,500.00	125,000.00	8,069.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-02** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-05	**Dwelling Equipment:**	1465.1						
Golden Tower	Appliances			0.00	0.00	0.00	0.00	
			Total DE	0.00	0.00	0.00	0.00	
	Interior Common Areas:	1470						
	None			0.00	0.00	0.00	0.00	
			Total ICA	0.00	0.00	0.00	0.00	
	Site-Wide Facilities	1470						
	None			0.00	0.00	0.00	0.00	
			Total SWF	0.00	0.00	0.00	0.00	
	Non-dwelling Equipment:	1475						
	Cove for Telephone			0.00	0.00	0.00	0.00	
			Total NDE	0.00	0.00	0.00	0.00	
Total	**Golden Tower**		**Project Total**	12,500.00	137,500.00	125,500.00	8,069.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: **Covington Housing Authority**	**Grant Type and Number** Capital Fund Program No: **KY36P002501-02** Replacement Housing Factor No:	**Federal FY of Grant:** **2002**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
KY002-00 – PHA Wide	05/30/04			05/30/05			
KY002-01 – Latonia Terrace	05/30/04			05/30/05			
KY002-02 – Jacob Price	05/30/04			05/30/05			
KY002-03 – City Heights	05/30/04			05/30/05			
KY002-05 – Golden Tower	05/30/04			05/30/05			

Attachment M

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Covington Housing Authority	Grant Type and Number Capital Fund Program Grant No: **KY36P002501-03** Replacement Housing Factor Grant No:	Federal FY of Grant: 2003

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: Sept 30, 2003** ☐ **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	50,000.00			
3	1408 Management Improvements	404,000.00	413,000.00	0.00	0.00
4	1410 Administration	135,280.00	135.280.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	53,000.00	20,323.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	347,500.00	314,500.00	0.00	0.00
10	1460 Dwelling Structures	291,139.00	379,139.00	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	25,000.00	0.00	0.00
12	1470 Non-dwelling Structures	6,081.00	0.00	0.00	0.00
13	1475 Non-dwelling Equipment	79,000.00	79,080.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Covington Housing Authority	Grant Type and Number Capital Fund Program Grant No: **KY36P002501-03** Replacement Housing Factor Grant No:	Federal FY of Grant: 2003

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: Sept 30, 2003** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	200,000.00	200,000.00	200,000.00	0.00
19	1501 Collateralization or Debt Service	250,000.00	250,000.00	250,000.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,816,322.00	1,816,322.00	450,001.00	0.00
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security – Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-03** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	Operations	1406		50,000.00	0.00	0.00	0.00	
			Total 1406	50,000.00	0.00	0.00	0.00	
HA-Wide	Security Covington Police	1408		100,000.00	100,000.00	0.00	0.00	
Mgmt.	ROSS Grant			45,000.00	22,500.00	0.00	0.00	
Improvements	Consultant Agency Plan			6,000.00	6,000.00	0.00	0.00	
	Housing Reduction/Home Ownership				10,000.00	0.00	0.00	
	Grant Writer				22,500.00	0.00	0.00	
	HOPE I – Prelim. Assessment			10,000.00	0.00	0.00	0.00	
	Consultant – IQC			15,000.00	15,000.00	0.00	0.00	
	Consultant Electric at LT & JP				9,000.00	0.00	0.00	
	Security Golden Tower			40,000.00	40,000.00	0.00	0.00	
	Drug Elimination Program			140,000.00	140,000.00	0.00	0.00	
	DEP Youth Team Coordinator			48,000.00	48,000.00	0.00	0.00	
			Total 1408	404,000.00	413,000.00	0.00	0.00	
HA-Wide	Salary/Ben. CF Manager	1410		29,000.00	29,000.00	0.00	0.00	
Admin.	Salary/Ben. Construct. Mgr.			54,280.00	54,280.00	0.00	0.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-03** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Wages/Ben Administration			36,000.00	36,000.00	0.00	0.00	
Admin.	Postage/Legal Ads			8,000.00	8,000.00	0.00	0.00	
	Travel/Training			8,000.00	8,000.00	0.00	0.00	
			Total 1410	135,280.00	135,280.00	0.00	0.00	
HA-/wide	A & E Fees	1430						
Fees and	A & E Fees – Latonia Terrace			20,500.00	10,000.00	0.00	0.00	
Costs	A & E Fees – Jacob Price			500.00	323.00	0.00	0.00	
	A & E Fees – City Heights			30,000.00	10,000.00	0.00	0.00	
	A & E Fees – Golden Tower			2,000.00	0.00	0.00	0.00	
			Total 1430	53,000.00	20,323.00	0.00	0.00	
HA-Wide	Defensible Space	1450		90,500.00	90,500.00	0.00	0.00	
Site Work			**Total 1450**	90,500.00	90,500.00	0.00	0.00	
		1460		0.00	0.00	0.00	0.00	
			Total 1460	0.00	0.00	0.00	0.00	
	Herbie Curbies	1465		0.00	0.00	0.00	0.00	
	Stoves & Refrigerators			0.00	25,000.00	0.00	0.00	
			Total 1465	0.00	25,000.00	0.00	0.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-03** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide		1470		0.00	0.00	0.00	0.00	
Site Work			**Total 1470**	0.00	0.00	0.00	0.00	
	Maintenance Trucks	1475		25,000.00	25,080.00	0.00	0.00	
	Sewer Vacuum			14,000.00	14,000.00	0.00	0.00	
	Computer Upgrade			40,000.00	40,000.00	0.00	0.00	
			Total 1475	79,000.00	79,080.00	0.00	0.00	
	Demolition (specify location[s])	1485		0.00	0.00	0.00	0.00	
			Total 1485	0.00	0.00	0.00	0.00	
	Relocation Expenses	1495.1		0.00	0.00	0.00	0.00	
			Total 1495.1	0.00	0.00	0.00	0.00	
	Bond Financing	1501		250,000.00	250,000.00	0.00	0.00	
	Replacement Housing			200,000.00	200,000.00	0.00	0.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-03** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-01	**Site:**	1450						
Latonia	On-Going Concrete Work			10,000.00	10,000.00	0.00	0.00	
Terrace	Pave Driveways/Replace Utility Poles			100,000.00	75,000.00	0.00	0.00	
	Sewer Line Replacement			20,000.00	0.00	0.00	0.00	
	Lighting			20,000.00	20,000.00	0.00	0.00	
			Total Site	150,000.00	105,000.00	0.00	0.00	
	Mechanical and Electrical:	1460						
	None			0.00	0.00	0.00	0.00	
			Total M&E	0.00	0.00	0.00	0.00	
	Building Exterior:	1460						
	None			0.00	0.00	0.00	0.00	
			Total BE	0.00	0.00	0.00	0.00	
	Dwelling Units	1460						
	Painting 5-Year Plan			12,500.00	12,500.00	0.00	0.00	
	Replace Shades with Mini-blinds			15,863.00	15,863.00	0.00	0.00	
			Total DU	28,363.00	28,363.00	0.00	0.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-03** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-01	**Dwelling Equipment:**	1465 .1						
Latonia	None			0.00	0.00	0.00	0.00	
Terrace			**Total DE**	0.00	0.00	0.00	0.00	
	Interior Common Areas:	1470						
	None			0.00	0.00	0.00	0.00	
			Total ICA	0.00	0.00	0.00	0.00	
	Site-Wide Facilities:	1470						
	None			0.00	0.00	0.00	0.00	
			Total SWF	0.00	0.00	0.00	0.00	
	Non-dwelling Equipment:	1475						
	None			0.00	0.00	0.00	0.00	
			Total NDE	0.00	0.00	0.00	0.00	
Total	**Latonia Terrace**		**Project Total**	178,363.00	133,363.00	0.00	0.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-03** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-02	**Site:**	1450						
Jacob Price	On-Going Concrete Work			10,000.00	10,000.00	0.00	0.00	
			Total Site	10,000.00	10,000.00	0.00	0.00	
	Mechanical and Electrical:	1460						
	Elevator			0.00	0.00	0.00	0.00	
			Total M&E	0.00	0.00	0.00	0.00	
	Building Exterior:	1460						
	None			0.00	0.00	0.00	0.00	
			Total BE	0.00	0.00	0.00	0.00	
	Dwelling Units:	1460						
	5-Year Paint Plan			12,500.00	12,500.00	0.00	0.00	
	Replace Shades with Mini-blinds			11,138.00	11,138.00	0.00	0.00	
	Window Replacement as Needed				50,000.00	0.00	0.00	
			Total DU	26,638.00	73,638.00	0.00	0.00	
	Dwelling Equipment:	1465.1						
	None			0.00	0.00	0.00	0.00	
KY002-02			**Total DE**	0.00	0.00	0.00	0.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-03** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-02	**Interior Common Areas:**	1470						
Jacob Price	None			0.00	0.00	0.00	0.00	
			Total ICA	0.00	0.00	0.00	0.00	
	Site-Wide Facilities:	1470						
	Maintenance Shop			0.00	0.00	0.00	0.00	
			Total SWF	0.00	0.00	0.00	0.00	
	Non-dwelling Equipment:	1475						
	None			0.00	0.00	0.00	0.00	
			Total NDE	0.00	0.00	0.00	0.00	
Total	**Jacob Price**		**Project Total**	33,638.00	83,638.00	0.00	0.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-03** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-03	**Site:**	1450						
City Heights	On-going Concrete Work			10,000.00	10,000.00	0.00	0.00	
	Exterior Lights			72,000.00	72,000.00	0.00	0.00	
	Jet Out Sewer Lines				12,000.00	0.00	0.00	
	Fencing/Bleachers for Basketball			15,000.00	15,000.00	0.00	0.00	
			Total Site	97,000.00	109,000.00	0.00	0.00	
	Mechanical and Electrical:	1460						
	Replace Washer Boxes			182,000.00	182,000.00	0.00	0.00	
	Replace Outside Meter Boxes				20,000.00	0.00	0.00	
			Total M&E	182,000.00	202,000.00	0.00	0.00	
	Building Exterior:	1460						
	Paint Fire Escapes				18,000.00	0.00	0.00	
			Total BE	0.00	18,000.00	0.00	0.00	
	Dwelling Units:	1460						
	Painting – 5-Year Paint			12,500.00	12,500.00	0.00	0.00	
	Replace Shades with Mini-blinds			24,638.00	24,638.00	0.00	0.00	
	Replace Medicine Cabinets			7,500.00	7,500.00	0.00	0.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-03** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-03			**Total DU**	44,638.00	44,638.00	0.00	0.00	
City Heights	**Dwelling Equipment:**	1465.1						
	None			0.00	0.00	0.00	0.00	
			Total DE	0.00	0.00	0.00	0.00	
	Interior Common Areas:	1470						
	None			0.00	0.00	0.00	0.00	
			Total ICA	0.00	0.00	0.00	0.00	
	Site-Wide Facilities:	1470						
	None			0.00	0.00	0.00	0.00	
			Total SWF	0.00	0.00	0.00	0.00	
	Non-dwelling Equipment:	1475						
	None			0.00	0.00	0.00	0.00	
			Total NDE	0.00	0.00	0.00	0.00	
Total	**City Heights**		**Project Total**	323,638.00	373,638.00	0.00	0.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-03** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-05	**Site:**	1450						
Golden Tower	None			0.00	0.00	0.00	0.00	
			Total Site	0.00	0.00	0.00	0.00	
	Mechanical and Electrical:	1460						
	None			0.00	0.00	0.00	0.00	
			Total M&E	0.00	0.00	0.00	0.00	
	Building Exterior:	1460						
	None			0.00	0.00	0.00	0.00	
			Total BE	0.00	0.00	0.00	0.00	
	Dwelling Units:	1460						
	Painting – 5-Year Plan			12,500.00	12,500.00	0.00	0.00	
			Total DU	12,500.00	12,500.00	0.00	0.00	
	Dwelling Equipment:	1465.1						
	Appliances			0.00	0.00	0.00	0.00	
			Total DE	0.00	0.00	0.00	0.00	
	Interior Common Areas:	1470						
	Furniture – Waiting Room			6,081.00	0.00	0.00	0.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-03** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-05			**Total ICA**	6,081.00	0.00	0.00	0.00	
Golden Tower	**Site-Wide Facilities**							
	None			0.00	0.00	0.00	0.00	
			Total SWF	0.00	0.00	0.00	0.00	
	Non-dwelling Equipment:	1475						
	Cove for Telephone			0.00	0.00	0.00	0.00	
			Total NDE	0.00	0.00	0.00	0.00	
Total	**Golden Tower**		**Project Total**	18,581.00	12,500.00	0.00	0.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: **Covington Housing Authority**	**Grant Type and Number** Capital Fund Program No: **KY36P002501-03** Replacement Housing Factor No:	**Federal FY of Grant:** **2003**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
KY002-00 – PHA Wide	09/16/05			09/16/06			
KY002-01 – Latonia Terrace	09/16/05			09/16/06			
KY002-02 – Jacob Price	09/16/05			09/16/06			
KY002-03 – City Heights	09/16/05			09/16/06			
KY002-05 – Golden Tower	09/16/05			09/16/06			

Attachment N
PHAS Resident Survey Follow-up Action Plan

The Housing Authority of Covington is required to prepare a Resident Survey Action Plan in three areas – Communications, Safety and Neighborhood Appearance Let's look at them individually.

We will enhance communications in the following manner:

Action to be Taken	Completion	Funding Source
Continue to publish the monthly resident newsletter by site.	On-Going	Operating Funds
Periodically we will send memos and flyers to residents informing them of new activities and programs and color-code the important ones.	On-Going	Operating Funds
Hold joint meetings between staff and Resident Council Officers.	On-Going	Operating Funds
Staff will host resident meetings by site to answer any and all resident questions and disseminate information.	On-Going	Operating Funds
Offer communication skills training to staff to improve both internal communications and communications with our clients.	On-Going	Capital Funds
Increase staff knowledge of the services offered by our service partners through constant joint meetings with service providers.	On-Going	Operating Funds

The fact is we have criminal problems with gangs, trespassing, illegal guns, and drug sales. Here are the activities we intend to do to increase public safety:

Action to be Taken	Completion	Funding Source
Implement the suggestions generated by a study of how our physical/ environmental designs can be changed to improve safety.	March 31, 2007	Capital Funds
Support the partnership with the Board of Education to teach parents and children more about drugs.	On-Going	State Funds
Support the boxing club for children.	On-Going	Capital Funds
Continue the Kids Café	On-Going	Miscellaneous Grants
Emphasize our no trespassing policy	On-Going	N/A
Continue to increase cooperation with police thru meetings with the Resident Council officers.	On-Going	N/A

In the Neighborhood Appearance area we will do the following:

Action to be Taken	Completion	Funding Source
Continue funding Resident Councils for their landscaping efforts.	On-Going	Operating Funds
Implement Phase II of upgrading playground and sitting areas at all sites.	On-Going	CFP
Enhance landscaping thru a comprehensive tree-trimming program	On-Going	CFP
Convert the existing office into a community center for Latonia Terrace after the new office building is completed.	Dec. 31, 2004	CFP
Continue employing painters on a force account basis	On-Going	CFP
Resurface streets at Latonia Terrace.	Dec. 31, 2004	CFP
Upgrade lighting at all sites.	Dec. 31, 2004	CFP
Install new fencing.	June 30, 2006	CFP

This Plan could be a lot better and certainly more useful if we have adequate information to base it on.

Attachment O

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Covington Housing Authority	Grant Type and Number Capital Fund Program Grant No: **KY36P002501-00** Replacement Housing Factor Grant No:	Federal FY of Grant: 2000

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: Sept 30, 2003** ☐ **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	250,000.00	237,000.00	237,000.00	237,000.00
3	1408 Management Improvements	125,000.00	87,919.00	87,919.00	87,919.00
4	1410 Administration	110,000.00	147,159.00	147,159.00	147,159.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	110,000.00	65,794.00	65,794.00	65,794.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	130,005.00	30,771.00	30,771.00	30,771.00
10	1460 Dwelling Structures	863,000.00	696,855.00	696,855.00	696,855.00
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	33,640.00	33,640.00	33,640.00
12	1470 Nondwelling Structures	0.00	290,919.00	290,919.00	290,919.00
13	1475 Nondwelling Equipment	271,453.00	269,401.00	269,401.00	269,401.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Covington Housing Authority	Grant Type and Number Capital Fund Program Grant No: **KY36P002501-00** Replacement Housing Factor Grant No:	Federal FY of Grant: 2000

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: Sept 30, 2003** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,859,458.00	1,859,458.00	1,859,458.00	1,859,458.00
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security – Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-00** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	Operations	1406				0.00	0.00	
			Total 1406	0.00	0.00	0.00	0.00	
HA-Wide	Security Covington Police	1408		45,000.00	35,098.00	35,098.00	35,098.00	
Mgmt.	ROSS Grant	"		40,000.00	510.00	510.00	510.00	
	Consultant Agency Plan	"		0.00	0.00	0.00	0.00	
	Security Golden Tower	"		40,000.00	40,000.00	40,000.00	40,000.00	
	Security Bullet Proof Glass	"			5,242.00	5,242.00	5,242.00	
	Computer Upgrade	"			7,069.00	7,069.00	7,069.00	
			Total 1408	125,000.00	87,919.00	87,919.00	87,919.00	
HA-Wide	Salary/Ben. CF Manager	1410		25,000.00	27,284.00	27,284.00	27,284.00	
Admin.	Salary/Ben. Construction Mgr.	"		50,000.00	67,611.00	67,611.00	67,611.00	
	Wages/Ben. Administration	"		30,000.00	31,811.00	31,811.00	31,811.00	
	Postage/Legal Ads	"		3,000.00	7,642.00	7,642.00	7,642.00	
	Travel/Training	"		2,000.00	12,811.00	12,811.00	12,811.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-00** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	A & E Fees	1430						
Fees/Costs	A & E Fees – Latonia Terrace	"		0.00				
Fees/Costs	A & E Fees – Latonia Terrace	"		0.00				
HA-Wide	A & E Fees – Jacob Price	1"		7,000.00				
Fees/Costs	A & E Fees – City Heights	"		19,000.00	934.00	934.00	934.00	
	A & E Fees – Golden Tower	"		4,000.00	3,000.00	3,000.00	3,000.00	
	Consultant – Energy Audit	"		50,000.00	37,420.00	37,420.00	37,420.00	
	Consultant – Moisture Problem	"		30,000.00				
	Consultant – Human Resources	"			6,240.00	6,240.00	6,240.00	
	Architect Fees – 2300 Madison	"			6,750.00	6,750.00	6,705.00	
	Consultant 5-Year Plan	"			4,950.00	4,950.00	4,950.00	
	Survey – Latonia Terrace	"			6,500.00	6,500.00	6,500.00	
			Total 1430	110,000.00	65,794.00	65,794.00	65,794.00	
HA-Wide	Tree Trimming	1450		80,000.00	23,250.00	23,250.00	23,250.00	
Site Work	Admin. Bldg. Soil Remediation	"			2,577.00	2,577.00	2,577.00	
			Total 1450	80,000.00	25,827.00	25,827.00	25,827.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-00** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Non-Routine Vacancy Prep	1460		0.00	81,199.00	81,199.00	81,199.00	
	Air-Conditioner Panel Upgrade	"			12,975.00	12,975.00	12,975.00	
	Lights for Flag Poles	"			2,641.00	2,641.00	2,641.00	
			Total 1460	0.00	96,815.00	96,815.00	96,815.00	
		1465		0.00	0.00	0.00	0.00	
			Total 1465	0.00	0.00	0.00	0.00	
	New Administration Building	1470		0.00	290,919.00	290,919.00	290.919.00	
			Total 1470	0.00	290,919.00	290,919.00	290.919.00	
	Herbie Curbies	1475		45,000.00	18,522.00	18,522.00	18,522.00	
	New Admin. Office Furniture	"		181,453.00	126,924.00	126,924.00	126,924.00	
	Boom Truck	"		45,000.00	43,831.00	43,831.00	43,831.00	
	Sewer Equipment	"		0.00	8,900.00	8,900.00	8,900.00	
	Trailer – Mules	"			1,515.00	1,515.00	1,515.00	
	Telephone	"			46,307.00	46,307.00	46,307.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-00** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Cabling	1475			2,501.00	2,501.00	2,501.00	
	Moving Expense	"			6,108.00	6,108.00	6,108.00	
	Security	"			14,793.00	14,793.00	14,793.00	
			Total 1475	271,453.00	269,401.00	269,401.00	269,401.00	
	Demolition (specify location[s])	1485		0.00	0.00	0.00	0.00	
			Total 1485	0.00	0.00	0.00	0.00	
	Relocation Expenses	1495.1		0.00	0.00	0.00	0.00	
			Total 1495.1	0.00	0.00	0.00	0.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-00** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-01	Site:	1450						
Latonia	None			0.00	0.00	0.00	0.00	
Terrace			**Total Site**	0.00	0.00	0.00	0.00	
	Mechanical and Electrical:	1460						
	None			0.00	0.00	0.00	0.00	
			Total M&E	0.00	0.00	0.00	0.00	
	Building Exterior:	1460						
	Moisture Problems			225,000.00	25,916.00	25,916.00	25,916.00	
			Total BE	225,000.00	25,916.00	25,916.00	25,916.00	
	Dwelling Units:	1460						
	Replace Connector Valves	“		50,000.00				
	Replace Kitchen Cabinets	“		188,000.00	139,800.00	139,800.00	139,800.00	
	5-Year Paint Plan	“		12,500.00	12,500.00	12,500.00	12,500.00	
	Interior Doors	“		0.00	109,449.00	109,449.00	109,449.00	
			Total DU	250,500.00	261,749.00	261,749.00	261,749.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-00** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-01	Dwelling Equipment:	1465.1						
Latonia	None			0.00	0.00	0.00	0.00	
Terrace			**Total DE**	0.00	0.00	0.00	0.00	
	Interior Common Areas:	1470						
	None			0.00	0.00	0.00	0.00	
			Total ICA	0.00	0.00	0.00	0.00	
	Site-Wide Facilities	1470						
	None			0.00	0.00	0.00	0.00	
			Total SWF	0.00	0.00	0.00	0.00	
	Non-dwelling Equipment:	1475						
	Office Furniture			0.00	0.00	0.00	0.00	
			Total NDE	0.00	0.00	0.00	0.00	
Total	Latonia Terrace		**Project Total**	475,500.00	287,665.00	287,665.00	287,665.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-00** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-02	Site:	1450						
Jacob Price	Soil Test			5.00	550.00	550.00	550.00	
	Playground			0.00	4,394.00	4,394.00	4,394.00	
			Total Site	5.00	4,944.00	4,944.00	4,944.00	
	Mechanical and Electrical:	1460						
	None			0.00	0.00	0.00	0.00	
			Total M&E	0.00	0.00	0.00	0.00	
	Building Exterior:	1460						
	None			0.00	0.00	0.00	0.00	
			Total BE	0.00	0.00	0.00	0.00	
	Dwelling Units:	1460						
	5-Year Paint Plan			12,500.00	14,565.00	14,565.00	14,565.00	
	Interior Doors				109,277.00	109,277.00	109,277.00	
			Total DU	12,500.00	123,842.00	123,842.00	123,842.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-00** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-02	Dwelling Equipment:	1465 .1						
Jacob Price	None			0.00	0.00	0.00	0.00	
			Total DE	0.00	0.00	0.00	0.00	
	Interior Common Areas:	1470						
	None			0.00	0.00	0.00	0.00	
			Total ICA	0.00	0.00	0.00	0.00	
	Site-Wide Facilities:	1470						
	Maintenance Shop			0.00	0.00	0.00	0.00	
			Total SWF	0.00	0.00	0.00	0.00	
	Non-dwelling Equipment	1475						
	None			0.00	0.00	0.00	0.00	
			Total NDE	0.00	0.00	0.00	0.00	
Total	**Jacob Price**		**Project Total**	12,505.00	128,786.00	128,786.00	128,786.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-00** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-03	**Site:**	1450						
City Heights	Decorative Lighting – Phase I			50,000.00	0.00	0.00	0.00	
				0.00	0.00	0.00	0.00	
			Total Site	50,000.00	0.00	0.00	0.00	
	Mechanical and Electrical:	1460						
	None			0.00	0.00	0.00	0.00	
			Total M&E	0.00	0.00	0.00	0.00	
	Building Exterior:	1460						
	Replace Meter Boxes			180,000.00	13,060.00	13,060.00	13,060.00	
			Total BE	180,000.00	13,060.00	13,060.00	13,060.00	
	Dwelling Units:	1460						
	5-Year Paint Plan			12,500.00	8,706.00	8,706.00	8,706.00	
	Install Kitchen Base Cabinets			95,000.00	123,656.00	123,656.00	123,656.00	
			Total DU	107,500.00	132,362.00	132,362.00	132,362.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-00** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-03	**Dwelling Equipment:**	1465.1						
City Heights	None			0.00	0.00	0.00	0.00	
			Total DE	0.00	0.00	0.00	0.00	
	Interior Common Areas:	1470						
	None			0.00	0.00	0.00	0.00	
			Total ICA	0.00	0.00	0.00	0.00	
	Site-Wide Facilities:	1470						
	None			0.00		0.00	0.00	
			Total SWF	0.00	0.00	0.00	0.00	
	Non-dwelling Equipment:	1475						
	None			0.00	0.00	0.00	0.00	
			Total NDE	0.00	0.00	0.00	0.00	
Total	**City Heights**		**Project Total**	337,500.00	145,422.00	145,422.00	145,422.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-00** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-05	**Site:**	1450						
Golden Tower	None			0.00	0.00	0.00	0.00	
			Total Site	0.00	0.00	0.00	0.00	
	Mechanical and Electrical:	1460						
	Replace Exhaust Fans			0.00	4,150.00	4,150.00	4,150.00	
	Security System			0.00	13,687.00	13,687.00	13,687.00	
			Total M&E	0.00	17,837.00	17,837.00	17,837.00	
	Building Exterior:	1460						
	None			0.00	0.00	0.00	0.00	
			Total BE	0.00	0.00	0.00	0.00	
	Dwelling Units:	1460						
	Painting – 5-Year Plan			12,500.00	8,709.00	8,709.00	8,709.00	
	Bathroom – P Traps			54,000.00	0.00	0.00	0.00	
	Bathroom – Sink Faucets			21,000.00	0.00	0.00	0.00	
	Mailbox System			0.00	6,985.00	6,985.00	6,985.00	
	Doors			0.00	9,580.00	9,580.00	9,580.00	
			Total DU	87,500.00	25,274.00	25,274.00	25,274.00	

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

PHA Name: **Covington Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **KY36P002501-00** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
KY002-05	**Dwelling Equipment:**	1465 .1						
Golden Tower	Appliances			0.00	33,640.00	33,640.00	33,640.00	
			Total DE	0.00	33,640.00	33,640.00	33,640.00	
	Interior Common Areas:	1470						
	None			0.00	0.00	0.00	0.00	
			Total ICA	0.00	0.00	0.00	0.00	
	Site-Wide Facilities:	1470						
	None			0.00	0.00	0.00	0.00	
			Total SWF	0.00	0.00	0.00	0.00	
	Non-dwelling Equipment:	1475						
	Cove for Telephone			0.00	0.00	0.00	0.00	
			Total NDE	0.00	0.00	0.00	0.00	
Total	**Golden Tower**		**Project Total**	87,500.00	76,751.00	76,751.00	76,751.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: **Covington Housing Authority**	**Grant Type and Number** Capital Fund Program No: **KY36P002501-00** Replacement Housing Factor No:	**Federal FY of Grant:** **2000**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
KY002-00 – PHA -Wide	03/31/02	06/30/02		03/31/03	06/30/03		
KY002-01 – Latonia Terrace	03/31/02	06/30/02		03/31/03	03/31/03		
KY002-02 – Jacob Price	03/31/02	06/30/02		03/31/03	03/31/03		
KY002-03 – City Heights	03/31/02	06/30/02		03/31/03	03/31/03		
KY002-05 – Golden Tower	03/31/02	06/30/02		03/31/03	03/31/03		