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(exp. 02/28/2006)

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

PHA Plan

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: Dover Housing Authority

PHA Number: NH003

PHA Fiscal Year Beginning: (mm/yyyy) 07/2004

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)

Seymour Osman Community Center, 40 Hampshire Circle, Dover NH
Senior Supportive Services Office, Waldron Towers, 2 Green Street, Dover, NH

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)

Annual PHA Plan
PHA Fiscal Year 2000
[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 section no longer required)

form **HUD 50075** (03/2003)

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 (**nh003a01**)
- ☒ FY 2004 Capital Fund Program Annual Statement (**nh003b01**)
- ☒ FY 2003 Capital Fund Performance and Evaluation Report (**nh003c01**)
- ☒ FY 2002 Capital Fund Performance and Evaluation Report (**nh003d01**)
- ☒ FY 2001 Capital Fund Performance and Evaluation Report (**nh003e01**)
- ☒ Membership of the Resident Advisory Board (**nh003f01**)
- ☒ Statement of Progress (**nh003g01**)
- ☐ Most recent board-approved operating budget (Required Attachment for PHA's that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- ☐ PHA Management Organizational Chart
- ☒ Capital Fund Program 5 Year Action Plan (**nh003h01)**
- ☐ Public Housing Drug Elimination Program (PHDEP) Plan
- ☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- ☒ Other (List below, providing each attachment name)
  Revised Rent Collection Policy (**nh003i01**)
  Revised Grievance Procedure (**nh003j01**)
  Revised Lease (**nh003k01**)

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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
x	the PHA's involvement.	
x	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
x	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
x	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
x	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
n/a	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
	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
x	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
x	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
x	Public housing grievance procedures ☐ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures ☒ check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
x	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
n/a	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
attachment	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
n/a	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
n/a	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
x	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
n/a	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
n/a	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
n/a	Policies governing any Section 8 Homeownership program ☐ check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
x	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
x	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
x	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
x	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
x	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
n/a	Troubled PHA's: MOA/Recovery Plan	Troubled PHA's
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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	835	5	5	N/A	N/A	N/A	N/A
Income >30% but <=50% of AMI	737	5	5	N/A	N/A	N/A	N/A
Income >50% but <80% of AMI	1,269	3	5	N/A	N/A	N/A	N/A
Elderly	653	5	5	N/A	N/A	N/A	N/A
Families with Disabilities							
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							

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: 2003

☐ 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/sub jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	142		25
Extremely low income <=30% AMI	116	82%	
Very low income (>30% but <=50% AMI)	24	17%	
Low income (>50% but <80% AMI)	2	1%	
Families with children			
Elderly families	17	12%	
Families with Disabilities	16	11%	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	48	34%	
2 BR	47	33%	
3 BR	34	24%	
4 BR	13	9%	
5 BR			
5+ BR			

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)? 6 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

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/sub jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	303		49
Extremely low income <=30% AMI	264	87%	
Very low income (>30% but <=50% AMI)	27	9%	
Low income (>50% but <80% AMI)	12	4%	
Families with children	186	61%	
Elderly families	61	20%	
Families with Disabilities	21	7%	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	110	36%	
2 BR	117	39%	

Housing Needs of Families on the Waiting List			
3 BR	71	23%	
4 BR	5	2%	
5 BR			
5+ BR			

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

- [x] Apply for additional section 8 units should they become available
- [ ] Leverage affordable housing resources in the community through the creation of mixed - finance housing
- [x] 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
- [x] 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
- [x] 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

- [x] Seek designation of public housing for the elderly
- [x] 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 **(This agency currently has 30 Housing Choice Vouchers targeted to families with disabilities)**
☐ 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 N/A

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	571,280	
b) Public Housing Capital Fund	510,744	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	2,972,765	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant	220,000	Public Housing supportive services
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
a) PHDEP (2001)	4,595	PH Safety/Security
b) RSE (2000)	85,172	PH Supp Services
c) RSE (2001)	75,627	PH Supp Services
d) RSE (2002)	200,000	PH Supp Services
e) CFP (501-02)	118,354	PH Cap Improvements
3. Public Housing Dwelling Rental Income	1,428,000	PH Operations
4. Other income (list below)		
a) Non-dwelling rental income	10,800	PH Operations
b) Interest income	26,250	PH Operations
c) Laundry income and misc receipts	141,090	PH Operations
4. Non-federal sources (list below)		
a) Milton S. Eisenhower Foundation	146,000	PH Supp Services
b) Quantum Opportunities Program	130,000	PH Supp Services
c) 21st Century Learning Ctr Grant	125,000	PH Supp Services
d) Strafford County Incentive Funds	5,000	PH Supp Services
e) United Way	22,606	PH Supp Services
f) Byrne Grant	3,793	PH Supp Services
g) Department of Justice	76,217	PH Supp Services
h) Wentworth-Douglass Hospital	56,602	PH Operations
Total resources	**6,929,895**	

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) **Six months or less**
☒ Other: (describe) **For elderly applicants, at the time of application and again when family is offered a unit.**

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)
Balances owed to any other Public Housing Agency

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)
Waiting lists for families and elderly/disabled are separate

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?

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)

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.

1 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 the jurisdiction - 1
☐ 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) - 1
☐ Those previously enrolled in educational, training, or upward mobility programs
☐ 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)
Dover Housing Authority Resident Handbook

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: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. ☐ Yes ☒ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

☐ Adoption of site based waiting lists
If selected, list targeted developments below:

☐ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:

☐ Employing new admission preferences at targeted developments
If selected, list targeted developments below:

☐ Other (list policies and developments targeted below)

d. ☐ Yes ☒ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

☐ Additional affirmative marketing
☐ Actions to improve the marketability of certain developments
☐ Adoption or adjustment of ceiling rents for certain developments
☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

☒ Not applicable: results of analysis did not indicate a need for such efforts

☐ List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)
☒ Not applicable: results of analysis did not indicate a need for such efforts
☐ List (any applicable) developments below:

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).**

(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)

Any information requested, provided applicant has signed proper "authorization to release information" form

(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:

When applicant is actively searching extensions are given in 30-day intervals

(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.

1 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 - 1
☐ 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) - 1

☐ 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)

Through a mass mailing to all eligible applicants on waiting list

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% of 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:

Flat rent will be charged if resident chooses flat rent over income-based rent.

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:

☐ 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)

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 or family composition 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)

Tenants must report change in income or family composition, but rent is not adjusted until next regular recertification

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)

Current Fair Market Rent and Independent Comparability Study

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).**

(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)

Suspension of minimum rent under certain hardship conditions stated in Section 8 Administrative Plan

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)

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)		

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.

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 (state name) **nh003b01**

-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 (state name) **nh003f01**

-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:

☐ 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: 1b. Development (project) number:
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: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) ☐ Part of the development ☐ Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

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: 1b. Development (project) number:
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: (DD/MM/YY)
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: 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

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.

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? DD/MM/YY

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 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

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.

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 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

☐ 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 2000 in this PHA Plan?
☐ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment Filename: ___)

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: Have 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.

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 (File name)
☒ Provided below:

General comments and/or requests about individual apartments or developments. Comments/requests were noted and referred to maintenance department as work orders. Received compliments from all regarding upkeep of buildings and grounds.

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: (provide name here) **Dover, New Hampshire**

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)

To provide funding for acquiring and maintaining adequate public facilities that serve low income residents;
To provide CDBG funding to construct an addition to the Seymour Osman Community Center;
To promote economic development in the community and the creation of jobs for low and very low income residents

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.

PHA Plan
Table Library

Component 7
Capital Fund Program Annual Statement
Parts I, II, and II

Annual Statement
Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number FFY of Grant Approval: (MM/YYYY)

☐ Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	**Amount of Annual Grant (Sum of lines 2-19)**	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement
Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

Annual Statement
Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**

Description of Needed Physical Improvements or Management Improvements	**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
Total estimated cost over next 5 years		

Optional Public Housing Asset Management Table

See Technical Guidance for instructions on the use of this table, including information to be provided.

Public Housing Asset Management								
Development Identification		**Activity Description**						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III *Component 7a*	Development Activities *Component 7b*	Demolition / disposition *Component 8*	Designated housing *Component 9*	Conversion *Component 10*	Home-ownership *Component 11a*	Other (describe) *Component 17*

File Attachment nh003a02

Component 3, (6) Deconcentration and Income Mixing

a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b. ☐ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

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

File Attachment nh003b02

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: **Dover Housing Authority**	Grant Type and Number Capital Fund Program: Grant No. NH36P00350104 Replacement Housing Factor Grant No:	Federal FY of Grant: **2004**

☒ **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	125,000			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	75,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	472,005			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency	49,865			
21	Amount of Annual Grant: (sum of lines 2-19)	721,870			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of line 21 Related to Security - Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: **Dover Housing Authority**		**Grant Type and Number** Capital Fund Program # Grant No.: NH36P00350104 Replacement Housing Factor #:				**Federal FY of Grant:** 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NH003001 Mineral Park	Complete Replacement of Bulk Heads	1460	10	142,454				
	Replace boilers, hot water heaters and gas lines as supplement to energy management contract	1460	30	131,562				
NH003008 Bois Terrace	Complete, siding, roofing and window replacement	1460	1	120,000				
	New electrical fixtures, heating equipment & water closets to supplement energy management contract	1460	3	15,000				
NH003002A Whittier Park	Replace boilers, hot water heaters and gas lines as supplement to energy management contract	1460	18	43,000				
NH003007 St. John's	New electrical fixtures & water closets, etc., to supplement energy management contract	1460	1	5,000				

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

PHA Name: **Dover Housing Authority**		**Grant Type and Number** Capital Fund Program # Grant No.: NH36P00350104 Replacement Housing Factor #:				**Federal FY of Grant:** 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NH003003 Central Towers & Union Court	New electrical fixtures & water closets, etc., to supplement energy management contract	1460	5	15,000				
PHA Wide	Operations	1406		125,000				
	Fees and Costs A/E and Consulting Costs	1430		75,000				
	Contingency	1502		49,854				

form **HUD-50075-SA** (04/30/2003)

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Dover Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: NH36P00350104 Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant:** 2004

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NH003001	06/30/2006			06/30/2008			
NH003002	06/30/2006			06/30/2008			
NH003008	06/30/2006			06/30/2008			
PHA Wide	06/30/2006			06/30/2008			
NH003003	06/30/2006			06/30/2008			
NH003007	06/30/2006			06/30/2008			

form **HUD-50075-SA** (04/30/2003)

File Attachment nh003c02

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name:	Grant Type and Number	Federal FY of Grant:
DOVER HOUSING AUTHORITY	Capital Fund Program Grant No: NH36P00350103 Replacement Housing Factor Grant No:	**2003**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:** 1)
☒ **Performance and Evaluation Report for Period Ending: 12/31/2003** ☐ **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	110,000		110,000	110,000
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	3,319			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	60,000		60,000	14,000
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	450,000		230,000	39,446
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines…..)	623,319		400,000	163,446
	Amount of line XX Related to LBP				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name:	Grant Type and Number	Federal FY of Grant:
DOVER HOUSING AUTHORITY	Capital Fund Program Grant No: NH36P00350103 Replacement Housing Factor Grant No:	**2003**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:** 1)
☒ **Performance and Evaluation Report for Period Ending: 12/31/2003** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security--Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: DOVER HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NH36P00350103 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 Original	Revised	Total Actual Cost Obligated	Expended	Status of Work
Central Towers	New flooring Kit & Bath		1460	72	30,000				
NH003003B									
Mineral Park	Replace Bulkheads		1460		135,000				
NH003001									
Bois Terrace	Continue Replace wood trim		1460		50,000		50,000		On going
NH003008									
St John's	Additions to 1st floor heat		1460		35,000		30,000		
NH003007	Replace windows		1460		200,000		150,000	39,466	On going
PHA WIDE	Administration		1410		3,319				
	Contingency		1502						
	Operations		1406		110,000		110,000	110,000	Complete
	Audit		1411						
	Fees and costs A/E and Consultant fees		1430		60,000		60,000	14,000	On going

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: DOVER HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program No: NH36P00350103 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	
Mineral Park							
NH003001	09/30/2005			09/30/2007			
Central Towers							
NH003003B	09/30/2005			09/30/2007			
Bois Terrace							
NH003008	09/30/2005			09/30/2007			
St John's							
NH003007	09/30/2005			09/30/2007			
PHA WIDE	09/30/2005			09/30/2007			

File Attachment nh003d02

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name:	Grant Type and Number	Federal FY of Grant:
DOVER HOUSING AUTHORITY	Capital Fund Program Grant No: NH36P00350102 Replacement Housing Factor Grant No:	**2002**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/2003** ☐ **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	45,000		45,000	45,000
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	40,000		40,000	
5	1411 Audit	1,000		1,000	
6	1415 Liquidated Damages				
7	1430 Fees and Costs	80,000		80,000	50,552
8	1440 Site Acquisition				
9	1450 Site Improvement	68,000		68,000	11,978
10	1460 Dwelling Structures	518,238		518,238	473,621
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency	5,333		5,333	
	Amount of Annual Grant: (sum of lines…..)	757,571		757,571	581,151
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: DOVER HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No:NH36P00350102 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 Original	Revised	Total Actual Cost Obligated	Expended	Status of Work
Central Towers	New flooring Kit & Bath		1460	72					
NH003003B	install sprinkler in Public places		1460	72					
	Install Balcony Panels		1460	72					
	Replace tub wastes		1460	72	10,116		10,116	10,116	Completed
	Annunciator at 5th floor		1460		66,838		66,838	66,838	Completed
	Lobby Improvements		1460		180,000		180,000	180,000	Completed
Union Court									
NH003003A	Emergency Electrical Renovations		1460	30	51,728		51,728	51,757	Completed
Mineral Park	heat Improvements		1460						
NH003001	gas line relocation		1450		50,000		50,000		
	Foundation Repairs		1460		36,556		42,869	42,869	completed
Whittier Park	Relocate washing machine drains		1460	60	60,000				
NH003002A									
Bois Terrace	Replace wood trim and windows		1460		50,000		50,000		In progress
NH003008									
St John's	encase window sills		1460	40	8,000		8,000		In Progress
NH003007	replace fencing		1450		18,000		11,978	11,978	Completed
	replace Hall carpet		1460						
Waldron Towers	Replace Stucco		1460		55,000				
NH003006									
PHA WIDE	Administration		1410		40,000		40,000		
	Contingency		1502		5,333				
	Operations				45,000		45,000	45,000	completed

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

PHA Name: DOVER HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No:NH36P00350102 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	Obligated	Expended	
	Audit		1411		1,000		1,000		
	Fees and costs		1430		80,000		80,000	50,552	In Progress

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: DOVER HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program No: NH36P00350102 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	
Whittier Park							
NH003002A	06/30/2004			06/30/2006			
Mineral Park							
NH003001	06/30/2004			06/30/2006			
Central Towers							
NH003003B	06/30/2004			06/30/2006			
Bois Terrace							
NH003008	06/30/2004			06/30/2006			
St John's							
NH003007	06/30/2004			06/30/2006			
PHA WIDE	06/30/2004			06/30/2006			

File Attachment nh003e02

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name:	Grant Type and Number	Federal FY of Grant:
DOVER HOUSING AUTHORITY	Capital Fund Program Grant No: NH36P00350101 Replacement Housing Factor Grant No:	2001

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 12/31/2003 ☐ Final Performance and Evaluation Report

Line N	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	40,000		40,000	40,000
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
	1410 Administration				
5	1411 Audit	1,000		1,000	
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000		40,000	44,685
8	1440 Site Acquisition				
9	1450 Site Improvement	390,138		390,138	390,103
10	1460 Dwelling Structures	265,637		265,637	109,952
11	1465.1 Dwelling Equipment—Nonexpendable	60,463		60,463	60,463
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines…..)	797,238		797,238	690,936
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: DOVER HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NH36P00350101 Replacement Housing Factor Grant No:					Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
Central Towers	Complete Window & Door Installation		1460	10	35,000		35,000	35,000	completed
NH003003B	Carpet in BR & LR		1460						
	Lobby Improvements		1460	1	176,183		176,183	66,231	Completed
	Door Opener		1460	1	6,000		6,000	6,000	Completed
Mineral Park	Sidewalk & Laundry Area Repair		1450		189,907		189,907	189,907	Completed
NH003001	Foundation Repairs & remove heat tunnels		1460	31					
Whittier Park	Concrete Steps		1460	24	25,000		25,000	25,000	completed
NH003002A	Sidewalks & Laundry Area repair		1450		200,231		200,196	200,196	Completed
	Repair Foundations		1460	14					
Bois Terrace	New Appliances		1465.1	20	8,000		8,000	8,000	Complete
NH003008									
St John's	New Appliances		1465.1	30	12,000		12,000	12,000	Complete
NH003007	Elec. Door Opener		1460	1	5,917		5,917	5,917	Complete
	AC Community Room & Halls		1460	1	15,537		15,537	15,537	Complete
Union Court	New Appliances		1465.1	60	21,000		21,000	21,000	complete
NH003003A	Elec. Door Opener		1460	1	2,000		2,000	2,000	Complete
Niles Park	New Appliances		1465.1	80	19,463		19,463	19,463	Complete
NH003002B									
PHA WIDE	Contingency		1502						
	Fees and Costs		1430		40,000		44,685	44,685	Complete
	Administration		1410						
	Audit		1411		1,000		1,000		

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

PHA Name: DOVER HOUSING AUTHORITY		**Grant Type and Number** Capital Fund Program Grant No: NH36P00350101 Replacement Housing Factor Grant No:					**Federal FY of Grant:** 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
	Operations		1406		40,000		40,000	40,000	Complete

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: DOVER HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program No: NH36P00350101 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	
Whittier Park							
NH003002A	06/30/2003		12/31/2002	06/30/2005			
Mineral Park							
NH003001	06/30/2003		12/31/2002	06/30/2005			
Central Towers							
NH003003B	06/30/2003		12/31/2002	06/30/2005			

File Attachment nh003f03

Membership of the Resident Advisory Board

The 2004 Resident Advisory Board consists of the following members:

Mary Finn
Alice Virgin
Donald Virgin
Agnes Smith
Dorothy Betts
Michelle Spinazola
Tanya Cameron
Rose McGowen
Barbara Burleigh
Rosemarie Sirviris
Robert Davis
Nancy Street

File Attachment nh003g03

Statement of Progress

The Dover Housing Authority is strongly committed to promoting adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination. Toward that end, the Dover Housing Authority has been actively pursuing its goals in the following areas.

A. Expand the supply of assisted housing. The Dover Housing Authority has recently collaborated with the City of Dover and Strafford County in the construction of a HUD 202 Project consisting of 26 units for seniors. The Dover Housing Authority is managing this development. In addition, the Dover Housing Authority continues to manage a Low-Income Housing Tax Credit development of 45 units adjacent to our public housing development.

B. Improve the quality of assisted housing. The Dover Housing Authority has taken numerous steps to improve our public housing and voucher management scores, such as hiring engineers and a housing inspector to identify and correct issues identified in two previous PHAS physical inspection reports. The Dover Housing Authority continues to repair and modernize our public housing units through the capital fund program.

C. Increase assisted housing choices. Continual efforts are made by Section 8 staff to seek out potential voucher landlords. The Dover Housing Authority increased the Section 8 payment standard to 110% of the fair market rent in an effort to assist applicants in securing housing.

D. Provide an improved living environment. The Dover Housing Authority has designated 3 multi-story buildings as housing for elderly residents only, which HUD has approved. The Dover Housing Authority now has 2 full-time police officers assigned to our neighborhoods to improve security in and around its public housing units. Even though the Dover Housing Authority is exempt from HUD's deconcentration policy, we are committed to a socio-economic mix in our family development.

E. Promote self-sufficiency and asset development of families and individuals. One of the major strengths of the Dover Housing Authority is our commitment to provide supportive services to all our residents. We continue to apply for and receive HUD funds to provide supportive services to our seniors in an effort to keep them living independently longer and avoid premature institutionalization. Our family supportive service program has an array of programs aimed at improving our residents' employability such as Family Self-Sufficiency Coordinator, on-site day care, and family support groups. We have also received funding through the Section 8 Housing Choice Voucher Program for a Family Self-Sufficiency Program Coordinator, who has been successful in recruiting families to participate in this worthwhile program.

F. Ensure equal opportunity in housing for all Americans. The Dover Housing Authority is strongly committed to undertaking affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status or disability; to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status or disability; and to taking measures to ensure accessible housing to persons with all varieties of disabilities.

File Attachment nh003h02

Capital Fund Program Five-Year Action Plan Rev 3
Part I: Summary

				☐ **Original 5-Year Plan** ☒ **Revision No: 3**	
	Year 1	Work Statement for Year FFY Grant: 2005 PHA FY: 2006	Work Statement for Year 3 FFY Grant: 2006 PHA FY: 2007	Work Statement for Year 4 FFY Grant: 2007 PHA FY: 2008	Work Statement for Year 5 FFY Grant: 2008 PHA FY: 2009
WHITTIER PARK	Annual Statement		70,600		
NILES PARK		100,000	42,400		50,000
BOIS TERRACE		50,000		35,000	
CENTRAL TOWERS		80,000	175,000	98,000	209,000
PHA WIDE		188,319	295,319	210,319	260,319
MINERAL PARK					
ST JOHN'S		25,000		80,000	
UNION COURT		30,000	40,000		
WALDRON TOWERS		150,000		200,000	104,000
Total CFP Funds (est)		623,319	623,319	623,319	623,319
Total Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan Rev 3
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year :__2___ FFY Grant:NH36P00350105 PHA FY: 2006			Activities for Year: __3__ FFY Grant:NH36P00350106 PHA FY: 2007		
	Development Number/Name/General Description of Major Work Categories	Quantity	ESTIMATED COSTS	Development Number/Name/General Description of Major Work Categories	Quantity	ESTIMATED COSTS
	Bois Terrace NH003008			PHA WIDE		
	Rebuild Solar Panels		50,000	Operations		150,000
				Fees and Costs		45,319
	Central Towers NH003003B			Office Expansion		100,000
	Install new flooring Kit & Baths	72	40,000			
	Install Balcony Panels		40,000	Central Towers NH003003B		
				Landscaping on Hill		175,000
	PHA WIDE					
	Operations		150,000			
	Fees & Costs		38,319	NILES PARK NH003002B		
				Ventilate Bathrooms	40	30,000
	NILES PARK NH003002B			Re Insulate floors/attics	14	22,400
	Replace Boiler System		100,000			
				UNION COURT NH003003A		
				Continue Parking Expansion		40,000
	ST JOHN'S NH003007					
	Replace fencing		25,000			
	UNION COURT NH003003A					
	Parking Expansion		30,000			
	WALDRON TOWERS NH003006					
	Replace Roof		150,000	WHITTIER PARK NH003002A		
				Install Footing Drains		28,000
				Replace Area Lights		42,600

Capital Fund Program Five-Year Action Plan Rev 3
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year :__4___ FFY Grant: NH36P00350107 PHA FY: 2008			Activities for Year: _5___ FFY Grant: NH36P00350108 PHA FY: 2009		
	Development Number/Name/General Description of Major Work Categories	Quantity	ESTIMATED COSTS	Development Number/Name/General Description of Major Work Categories	Quantity	ESTIMATED COSTS
	PHA WIDE			PHA WIDE		
	Operations		150,000	Operations		200,000
	Fees and Costs		60,319	Fees and Costs		60,319
	WALDRON TOWERS NH003006			CENTRAL TOWERS NH003003B		
	Install sprinkler in public places		200,000	Install Maintenance shed		9,000
				Expand Parking		100,000
	BOIS TERRACE NH003008			Install Sprinkler in public places		100,000
	Repairs to Sidewalks		35,000			
				NILES PARK NH003002B		
				Replace Area Lights		50,000
	CENTRAL TOWERS NH003003B					
	Install Valance at kitchen hall	72	26,000	WALDRON TOWERS NH003006		
	Install Tub Surrounds	72	72,000	Rebuild Elevators		59,000
				Rebuild Roof Exhaust Fans		35,000
	ST JOHN'S NH003007			Landscaping		10,000
	Expand Parking		80,000			

File Attachment nh003i02

DOVER HOUSING AUTHORITY

RENT COLLECTION POLICY

METHODS OF PAYMENT ACCEPTED

Payment of rent will be accepted in the form of check or money order only. The Dover Housing Authority cannot cash checks or make change. Any amount paid in excess of the total due will be applied as a credit to the tenant account.

Any tenant paying rent with a personal check which is returned due to insufficient funds will no longer be allowed to make payment with a personal check.

LOCATION OF RENTAL COLLECTIONS

The Dover Housing Authority office at 62 Whittier Street will be designated as the prime payment location.

On-site rental collections will be offered one day each month at the housing sites for senior citizens.

Adopted: 02/17/2004

File Attachment nh003j02

DOVER HOUSING AUTHORITY

GRIEVANCE PROCEDURE

I. Purpose and Scope

The following Grievance procedures have been established to provide guidelines for Management and residents in a just and effective settlement of grievances. As much as possible grievances should be left to the mutual efforts of Management and tenants with both parties attempting to settle each grievance as quickly and justly as possible.

II. Applicability

A. This grievance procedure shall be applicable to all individual grievances as defined in paragraph III A (pg.2) between the tenant and the ~~authority~~Public Housing Authority (PHA). In those jurisdictions which require, prior to eviction, a tenant must be given a hearing in court containing the elements of due process, as defined in paragraph III C (pg.2) the ~~Dover Housing Authority~~PHA may exclude from its procedure any grievance concerning an eviction or termination of tenancy based upon a tenant's creation or maintenance of a threat to the health or safety of other tenants or ~~authority~~PHA employees.

B. This grievance procedure is not applicable to disputes between tenants not involving the ~~authority~~PHA or to class grievances. This grievance procedure is not intended as a forum for initiating or negotiating policy changes between a group or groups of tenants and the ~~authority~~PHA.

C. A PHA may exclude from the PHA administrative grievance procedure any grievance concerning a termination of tenancy or eviction that involves:

1) Any criminal activity that threatens the health, safety or right to peaceful enjoyment of the premises of other residents or employees of the PHA;

2) Any violent or drug-related criminal activity on or off such premises; or

3) Any criminal activity that resulted in felony conviction of a household member.

III. Definitions

For the purpose of this grievance procedure, the following definitions are applicable:

A. Grievance - "Grievance" shall mean any dispute which a tenant may have with respect to ~~DHA~~PHA action or failure to act in accordance with the individual

tenant's lease or ~~DHA~~PHA regulations which adversely affect the individual tenant's right, duties, welfare or status.

B. Complainant - "Complainant" shall mean any tenant whose grievance is presented to the ~~Dover Housing Authority~~PHA office of the project in which the complainant resides in accordance with paragraph IV, pg. 3 and V, pg. 4.

C. Elements of Due Process - "Elements of Due Process" shall mean an eviction action or termination of tenancy in a state or local court in which the following procedural safeguards are required:

1. Adequate notice to the tenant of the grounds for terminating the tenancy and for eviction;

2. Opportunity for the tenant to examine all relevant documents, records and regulations of the ~~DHA~~PHA prior to the trial for the purpose of preparing a defense;

3. Right of the tenant to be represented by counsel;

4. Opportunity for the tenant to refute the evidence presented by the ~~DHA~~PHA including the right to confront and cross-examine witnesses and to present any affirmative legal or equitable defense which the tenant may have;

5. A decision on the merits.

D. Tenant - "Tenant" shall mean ~~may lessee or the remaining head of the household of any tenant family.~~the adult person (or persons) other than a live-in aide:

1. Who resides in the unit and who executed the lease with the PHA as lessee of the dwelling unit, or, if no such person now resides in the unit,

2. Who resides in the unit and who is the remaining head of household of the tenant family residing in the dwelling unit.

E. Hearing Officer - "Hearing Officer~~:~~ shall mean a person selected to hear grievances and render a decision with respect thereto.

F. Hearing Panel - "Hearing Panel" shall mean a panel selected to hear grievances and render a decision with respect thereto.

G. Resident Organization – includes a resident management corporation.

IV. Informal Settlement of Grievance

Any grievance shall be personally presented, either orally or in writing, to the ~~DHA~~PHA office within a reasonable period of time after the occurrence giving rise to the grievance, so that the grievance may be discussed informally and an attempt can be made to settle the grievance without a hearing. ~~(Rev. 6/28/83)~~

The ~~Authority~~PHA, at the time of presentation or within 5 business days after such presentation, shall informally discuss the grievances with the complainant or his representative. Within a reasonable time, not in excess of 5 days after presentation of the grievance, a summary of the informal discussion shall be prepared by the ~~authority,~~PHA; a copy shall be given to the tenant and one retained in the ~~DHA~~PHA's tenant file. The summary shall be in writing and shall specify the names of the participants in the discussion, the date of the discussion, the nature of the proposed disposition of the grievance and the specific reason ~~thereof~~therefor, and shall specify the procedures by which the complainant may obtain a hearing if he is not satisfied by the proposed disposition of the grievance.

V. Procedure to Obtain a Hearing

A. Request for Hearing. If the complainant is not satisfied with the results of the informal conference, the complainant shall submit a written request for a hearing to the ~~DHA~~PHA office no later than five days after the date complainant receives the summary of discussion pursuant to paragraph IV, page 3.
The written request shall specify:

1. The reason for the grievance

2. The action or relief sought

B. Selection of Hearing Officer or Hearing Panel. Grievances shall be presented before a hearing officer or hearing panel. A hearing officer or hearing panel shall be selected as follows:

1. The hearing officer shall be an impartial, disinterested person selected

jointly by the ~~DHA~~PHA and the complainant. If the ~~authority~~PHA and the complainant cannot agree on a hearing officer, they shall each appoint a member as a hearing panel and the member so appointed shall select a third member. If the members appointed by the ~~authority~~PHA and the complainant cannot agree on a third member, such a member shall be appointed by an independent arbitration organization such as the Center for Dispute Settlement of the American Arbitration Association, or by any other third party agreed upon by the ~~DHA~~PHA and the complainant; or

The ~~authority~~PHA may provide for the appointment of a hearing officer or hearing panel by any method which is approved by the majority of tenants (in any building, group of buildings, or project, or group of projects to which the methods are applicable) voting in an election or meeting of tenants held for the purpose.

C. Failure to Request a Hearing. If a complainant does not request a hearing in accordance with paragraph A. of this section, the ~~authority~~PHA's disposition of the grievance shall become final. Provided, that failure to request a hearing shall not constitute a waiver by the complainant of his right thereafter to ~~context~~contest the ~~authority~~PHA's action in disposing of the complaint in an appropriate judicial proceeding.

D. Hearing Prerequisite. All grievances shall be personally presented either orally or in writing pursuant to the informal procedure prescribed in paragraph IV as a condition precedent to a hearing under this section, Provided, that if the complainant shall show good cause why he/she failed to proceed in accordance with paragraph IV to the hearing officer or hearing panel, the provisions of this subsection may be waived by the hearing officer or hearing panel.

E. Escrow Deposit. Before a hearing is scheduled in any grievance involving the amount of rent as defined in the dwelling lease which the ~~authority~~PHA claims is due, the complainant shall pay to the ~~authority~~PHA an amount equal to the total amount of the rent due and payable as of the first of the month preceding the month in which the act or failure to act took place. The complainant shall thereafter deposit his or her monthly rent in the escrow account each month until the complaint is resolved by decision of the hearing officer or hearing panel. The failure to make such payments shall result in a termination of the grievance procedure, Provided, that failure to make payment shall not constitute a waiver of any right the complainant may have to contest the ~~authority~~PHA's disposition of his grievance in any appropriate judicial proceeding.

Scheduling of Hearings. Upon complainant compliance with paragraph (a), (d), and (e) of this section, a hearing shall be scheduled by the hearing officer or hearing panel promptly for a time and place reasonably convenient to both the complainant and the PHA. / A written notification specifying the time, place and procedures governing the hearing shall be delivered to the complainant and the appropriate PHA official.

F. Expedited Grievance Procedure.

1. The PHA may establish an expedited grievance procedure for any grievance concerning a termination of tenancy or eviction that involves:

(a) Any criminal activity that threatens the health, safety, or right to peaceful enjoyment of the PHA's public housing premises by other residents or employees of the PHA, or

(b) Any drug-related criminal activity on or near such premises.

2. In the case of a grievance under the expedited grievance procedure, informal settlement of grievances is not applicable.

3. The PHA may adopt special procedures concerning a hearing under the expedited grievance procedure, including provisions for expedited notice or scheduling, or provisions for expedited decision on the grievance.

VI. Procedures Governing the Hearing:

A. The hearing shall be held before a hearing officer or hearing panel, as appropriate.

B. The complainant shall be afforded a fair hearing providing the basic safeguards of due process which shall include:

1. The opportunity to examine before the hearing and, at the expense of the complainant, to copy all documents, records and regulations of the DHAPHA that are relevant to the hearing. Any document not so made available after request thereof by the complainant may not be relied on by the DHAPHA at the hearing;

2. The right to be represented by counsel or other person chosen as his or her representative.

3. The right to a private hearing unless the complainant requests a public

hearing.

4. The right to present evidence and arguments in support of his or her complaint, to controvert evidence relied on by the ~~DHA~~PHA management, and to confront and cross-examine all witnesses on whose testimony or information the ~~DHA~~PHA or management relies;

5. A decision based solely and exclusively upon the facts presented at the hearing.

C. The hearing officer or hearing panel may render a decision without proceeding with the hearing if the hearing officer or hearing panel determines that the issue has been previously decided in another proceeding.

D. If the complainant or the ~~authority~~PHA fails to appear at a scheduled hearing, the hearing officer or hearing panel may make a determination to postpone the hearing for not to exceed 3 business days or make a determination that the party has waived his right to a hearing. Both the complainant and the ~~authority~~PHA shall be notified of the determination by the hearing officer or hearing panel, provided, that a determination that the complainant has waived his right to a hearing shall not constitute a waiver of any right the complainant may have to contest the ~~DHA~~PHA's disposition of the grievance in an appropriate judicial proceeding.

E. At the hearing the complainant must first make a showing of an entitlement to the relief sought and thereafter the ~~authority~~PHA must sustain the burden of justifying the ~~authority~~PHA action or failure to act against which the complaint is directed.

F. The hearing shall be conducted informally by the hearing officer or hearing panel and oral or documentary evidence pertinent to the facts and issues raised by the complaint may be received without regard to admissibility under the rules of evidence applicable to judicial proceedings. The hearing officer or hearing panel shall require the ~~DHA~~PHA, the complainant, counsel and other participants or spectators to conduct themselves in an orderly fashion. Failure to comply with the directions of the hearing officer or hearing panel to obtain order may result in exclusion from the proceedings or in a decision adverse to the interests of the disorderly party and granting or denial of the relief sought, as appropriate.

G. The complainant or the ~~DHA~~PHA may arrange, in advance and at the expense of the party making the arrangements, for a transcript of the hearing. Any interested party may purchase a copy of such transcript.

H. Accommodation of Persons with Disabilities.

The PHA must provide reasonable accommodation for persons with disabilities to participate in the hearing. Reasonable accommodation may include qualified sign language interpreters, readers, accessible locations, or attendants.

If the Tenant is visually impaired, any notice to the Tenant must be in an accessible format.

VII. Decision of the Hearing Officer or Hearing Panel

A. The hearing officer or hearing panel shall prepare a written decision, together with the reasons therefor, within 10 working days after the hearing. A copy of the decision shall be sent to the complainant and the ~~DHA~~PHA. The ~~authority~~PHA shall retain a copy of the decision in the tenant's folder. A copy of such decision, with all names and identifying reference deleted, shall also be maintained on file by the ~~DHA~~PHA and made available for inspection by a prospective complainant, his representative, or the hearing panel or hearing officer.

B. The decision of the hearing officer or hearing panel shall be binding on the ~~DHA~~PHA which shall take all actions, or refrain from any actions, necessary to carry out the decision unless the ~~DHA~~PHA Board of Commissioners determines within 3 working days and promptly notifies the complainant of its determination, that

1. The grievance does not concern ~~DHA~~PHA action or failure to act in accordance with or involving the complainant's lease or ~~DHA~~PHA regulations, which adversely affect the complainant's rights, duties, welfare or status;

2. The decision of the hearing officer or hearing panel is contrary to applicable Federal, State or local law, HUD regulations or requirements of the annual contributions contract between HUD and the ~~DHA~~PHA.

C. A decision by the hearing officer, hearing panel, or Board of Commissioners in favor of the ~~DHA~~PHA or which denies the relief requested by the complainant in whole or in part shall not constitute a waiver of nor affect in any manner whatever, any rights the complainant may have to a trial de novo or judicial review in any judicial proceedings, which may thereafter be brought in the matter.

VIII. AuthorityPHAEviction Actions

If a tenant has requested a hearing in accordance with paragraph V on a complaint involving an authorityPHA notice of termination of the tenancy and the hearing officer or hearing panel upholds the authorityPHA's action to terminate the tenancy, an action to regain possession may not be commenced until after the Tenant's right to use land or occupy the premises has been terminated by lawful notice. Judicial proceedings may not be instituted prior to the date on which the Hearing Officer's or Hearing Panel's decision upholding the proposed eviction is delivered or mailed to the tenant. (Rev. 11/19/85)

IX. Requirements.

The PHA Grievance Procedure shall be included in, or incorporated by reference in, all Tenant dwelling leases.

The PHA shall provide at least 30 days notice to Tenants and resident organizations setting forth proposed changes in the PHA Grievance Procedure, and providing an opportunity to present written comments. Comments submitted shall be considered by the PHA before adoption of any grievance procedure changes by the PHA.

The PHA shall furnish a copy of the Grievance Procedure to each Tenant and to resident organizations.

Adopted: 10/28/1976
Revised: 06/28/1983
11/19/1985
Reviewed: 06/15/1993
04/18/1995
02/25/1997
01/19/1999
11/21/2000
Revised: 02/17/2004Adopted: 10/28/76
Revised: 06/28/83
11/19/85
Reviewed: 06/15/93
04/18/95
02/25/97
01/19/99
11/21/00

File Attachment nh003k02

Account No._____
Unit Size: _____
Development No. _____
Security Deposit: $_____
Monthly Rent: $_____
Move-In Date: _____

APARTMENT LEASE
DOVER HOUSING AUTHORITY
62 WHITTIER STREET
DOVER, NH 03820

The Dover, New Hampshire Housing Authority (DHA) leases to:

_____(*Resident*)
the apartment described in this contract. The Resident, by signing this contract, understands and agrees to abide by the requirements of this contract and the rules set forth below. The Resident agrees that all information provided in the Application for Housing Assistance is true and is incorporated into this document by reference. False statements in the Application may be grounds for terminating this contract and eviction from the premises. The Resident also agrees to abide by the policies posted in the DHA office. The specific information and agreements between DHA and Resident are as follows:

1. NAMES AND ADDRESS

A. My apartment address is _____ , Dover, NH, located in the housing development known as _____.

B. The telephone number of the DHA is **742-5804**.

C. The people who will live in my apartment and who will be considered to be part of my household are:

Name	**Relationship**	**Gender**	**Birth Date**	**Social Security #**
1.	Head			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

I understand that only these people can live in my apartment. I cannot permit anyone to

move in or stay with me without prior written approval from DHA as stated in paragraph 12 below. If a household members moves out, I must immediately notify DHA so that the person can officially be removed from my lease.

2. AMOUNT AND DUE DATE OF RENT

My rent each month shall be $_____. I must pay my rent on the first day of each month. I must pay by mail or hand deliver to the DHA at 62 Whittier Street, Dover, NH 03820, unless told otherwise. This rent will start on _____, 20 __. I owe the DHA $ _____ for the rest of this month; this amount is due when I sign this lease. My monthly rent can change only for certain reasons, as stated in paragraphs 9 and 10.

3. SECURITY DEPOSIT

I will pay $_____ as a security deposit. I must pay this when I sign this lease. The DHA will keep this money in an interest bearing account crediting such interest as may accrue minus a reasonable handling fee of $1.00 to my security deposit. The DHA can use the money only when I leave. The DHA will only use the money to cover unpaid rent and other charges (such as damages, excess utilities, and repairs) I owe under this lease. The DHA will return any unused part of this deposit with interest, within Thirty (30) days after I leave. If the DHA does not know my new address, the DHA will keep the money for me to pick up for at least six months.

4. PAST DUE RENT

I understand that all payments I make for rent will first go to pay any past-due rent I may owe. Any payment I make will not pay my current rent unless I pay enough to cover both the past due rent and the current rent. If I do not pay enough to cover the current rent, the DHA may charge a late fee and may file court papers on me for non-payment of my rent. If the DHA files court papers on me for any reason, I will pay court costs in addition to all money I owe. If the court decides in my favor, I do not have to pay the court costs.

5. LATE CHARGES

My rent is late if I don't pay it by the first (1st) of each month. If I do not pay my rent by the 6th of the month, I must pay a $15.00 (*Fifteen Dollars*) late charge. This charge is due immediately, together with my rent. My lease may end and the DHA may put me out of my apartment (evict me) if the DHA sends me a late notice for not paying my rent. The DHA may end my lease if the DHA sends me four late notices in a twelve (12) month period.

6. RENEWAL OF MY LEASE

My lease will renew each year unless I or the DHA ends the lease according to Paragraph 20.

7. INSPECTING THE APARTMENT

The DHA and I will inspect my apartment before I move in. The DHA will record the condition of my apartment in writing and list all appliances supplied by the DHA. The inspection document will become part of this lease. Both the DHA and I will sign this document. The DHA will keep a copy of each inspection in my file. When I move out, the DHA will again inspect my apartment and will give me a statement of any charges due. Unless I have moved out without telling the DHA, the DHA will give me a chance to inspect the apartment with them.

8. UTILITIES

The DHA will supply the following utilities as reasonably necessary:

For St. John's Residents: Heat, and hot and cold water will be supplied by DHA. Electricity for cooking, lighting and general household appliances shall be paid by me, the Resident. The current established allowance for utilities shall be applied.

For Bois Terrace Residents: Cold water will be supplied by DHA. Electricity for heat, hot water, cooking, lighting and general household appliances shall be paid by me, the Resident. The current established allowance for utilities shall be applied.

For Mineral and Whittier Park Residents: Heat, hot and cold water, and gas for cooking will be supplied by DHA. Electricity for lighting and general appliances shall be paid by me, the Resident. The current established allowance for utilities shall be applied.

For all other Residents: Heat, hot and cold water, gas, oil and/or electricity for cooking and electricity for lighting and general household appliances shall be paid for by DHA.

The DHA will not be responsible for failure to furnish utilities in any unit by reason of any cause beyond their control.

I understand that I must use only the major appliances provided by the DHA. The DHA must approve any other appliances I wish to use. I may not install additional appliances which create a hazard or cause damages to the apartment where I live. The DHA will help me determine which appliances I may keep. I must not keep any appliance creating a potential hazard or damage to the apartment.

I will conserve energy by keeping my windows and doors closed during the winter and keeping outside lights off during the day. I will keep the thermostat set at 72 degrees or

lower in my apartment. I will report broken windows immediately. I understand that the DHA may install temperature control devices in my apartment to help me conserve energy.

9. SETTING MY RENT AND APARTMENT SIZE

At least once each year, I must meet with the DHA to set the rent I will pay. The meeting also helps determine whether the apartment I am in is still right for my family size. The DHA will post the regulations concerning rent and occupancy in the DHA office. The DHA will send me a letter delivered in hand or by first class mail telling me when to come to the office for this meeting. If I cannot come at the scheduled time, I must call or go to the office at least one day before the scheduled date to have the meeting rescheduled. If I fail to attend the meeting or provide requested information, it could result in the DHA having to end my lease.

At this meeting, I must tell the DHA who is living with me, their sex, age, Social Security Number, and educational and employment status. I understand that I may not add anyone to my lease without prior written permission from the DHA.

I must also tell the DHA about all the money I and members of my household receive each week, month or year. I must tell the DHA where the money we live on comes from. I must tell those amounts received from self-employment or a part-time business I or other members of my household engage in during the year. I must provide proof of the amounts I report to the DHA. I must also sign papers stating what I have told the DHA is true and complete.

I promise all information and documentation I provide as required by all the provisions of the lease will be true and complete.

Based on what I have told the DHA, the DHA will determine if my rent should change.

If my rent will change, the DHA will send me a notice of Proposed Rent Adjustment. If the change is a decrease, it will take effect on the first of the following month. If the change is an increase, it will take effect on the first of the month following a 30-day notice.

The DHA also has rules about how many people may live in my apartment. If my family size changes, the DHA will tell me if I need to move to a different sized apartment. I understand that I must move to the apartment assigned to me based on my family size and composition. The DHA will tell me when I am to move. I understand that I must move to the apartment within three (3) days of the date the apartment is ready.

10. CHANGES IN INCOME OR FAMILY SIZE

I must always tell the DHA right away if: (a) any unemployed member of my household goes to work; (b) someone in my household starts to receive AFDC, Social Security, SSI, Disability, or retirement payments; (c) someone moves in (with prior approval from the DHA) or out; (d) a child on my lease turns 18; (e) someone 18 or older is no longer a full time student; or, (f) anyone on my lease has a new baby.

Unless one of the events described in (a) through (f) occurs, my rent will stay the same between the regular meetings with the DHA described in Paragraph 9. However, my rent can go down if one of the following happens: our household income drops; a child is born to a person on my lease; I begin to pay for child care; or, someone in my household (other than me or my spouse) who had been earning money becomes a full time student. I must prove that one of these situations has happened before my rent can go down.

If my rent goes to the minimum rent ($25), I will be on a "monthly reporting basis." This means that I must go to the DHA office by the sixth (6th) of the month. Each month I must sign a statement about any money and sources of income of members of my household. I and other adult members of my household must also sign forms giving the DHA permission to request information from the IRS, Social Security and other government agencies about income coming into my household. The DHA can end my lease if I do not sign the statement as long as I am on a monthly reporting basis. If my household's income and expenses change so I should pay rent, the rent will change at the first of the month following the change. Monthly reporting will stop when I start paying rent.

11. MY RIGHT TO USE MY APARTMENT AS MY PLACE OF RESIDENCE

I have the right to use the apartment only as a place of residence for the persons listed on my lease. I may not transfer or sublet the apartment to anyone. I will not allow anyone to stay there in exchange for money, goods or services.

I also have the right to engage in legal profit making activities in my apartment, but not until I have received written permission from the DHA.

12. WHO CAN VISIT AND WHO CAN MOVE IN

I understand that I cannot add anyone to my lease unless that person is born into my household, I have legal or actual custody of the person (as shown by receipt of AFDC or Social Security for the person or some other reliable documentation), or, I or another member of the household is legally married to the person or involved in a stable family

relationship. I must request permission to add the person to the lease, except when a baby is born to a household member. I must present any legal documents showing guardianship, adoption, or marriage. If the person I want to add to the lease is 16 years old or older, the DHA will screen that person for past criminal activities.

The DHA may deny my request if the person has a history of criminal or disruptive activities.

I and members of my household may have visitors or guests. A visitor or guest is someone not named on the lease. They do not use my apartment as a residence or stay in my apartment on a regular basis during the day or night. Although the DHA and I may disagree about who is a visitor, I agree to get the DHA's permission before I let anyone stay more than 14 days in any 12-month period. I understand that the DHA may deny my request if the person has a history of criminal or disruptive activities.

All visitors or guests of any member of my household must obey DHA rules. I am responsible for all visitors or guests, and other persons visiting members of my household while they are on DHA property or staying at my apartment. If they violate DHA rules whether I am present or not, I will still be subject to the loss of my apartment. I will pay any charges levied by the DHA for damages or violations of the rules by household members, visitors, guests, or other persons under control of members of my household while on DHA property. Paragraph 16 below says more about my responsibility for visitors or guests.

13. WHAT THE DHA MUST DO

A. DHA must keep my apartment and the development in a decent, safe and sanitary condition. (I have the primary duty to keep my apartment and yard clean and safe).

B. DHA must follow the requirements of State and local building and housing codes as they affect the health or safety of my household.

C. DHA must make necessary repairs to the apartment whenever it receives notice or has knowledge that something is broken or wrong. The DHA will pay the cost of the repairs if the damages or problems are due to normal wear and tear. However, if the problem is the result of negligence or a purposeful act of a member of my household or a guest or visitor, I must pay the costs.

D. DHA must keep all DHA-owned equipment and appliances safe and working well. This includes wiring, plumbing, heating, and any other equipment the DHA owns.

E. DHA must provide running water, a stove, refrigerator, and hot water and heat in reasonable amounts.

F. DHA must offer to move me to another apartment if the condition of my present apartment is hazardous to the health or safety of my household and the DHA cannot make necessary repairs within a reasonable time. If the DHA does not repair the hazardous condition, or offer to move me to another apartment, my rent may go down because of the damage. However, if I reject alternative accommodations or the damage is the result of negligence or a purposeful act by a member of my household or guest or visitor, the DHA will not lower my rent.

14. WHAT I MUST DO OR NOT DO

A. **I, and all members of my household,** must follow all the promises and rules in this lease, as well as other rules of the DHA posted at the DHA office.

B. **I, and all members of my household**, must use reasonable care to prevent all of our guests or visitors, and other persons under control of household members, while they are on DHA property, from violating any of the rules in this lease applicable to us, as well as the other rules of the DHA posted at the DHA office.

C. **I, and all members of my household,** must refrain from inviting persons who have been banned from DHA property onto DHA property and our dwelling unit. Knowingly inviting a banned person onto property will result in the termination of our lease.

D. **I, and all members of my household,** must use the apartment only for our residence. It must be the only place of residence for me and persons listed in this lease. Neither I nor other household members may own, rent, or receive any subsidy for a residence elsewhere while living in this apartment.

E. **I, and all members of my household**, our guests or visitors, and other persons under control of household members, must not disturb other Residents, including the consumption of alcoholic beverages anywhere on DHA property except inside my apartment. Repeated disturbances and alcohol abuse are grounds for terminating my lease.

F. **I, and all members of my household**, our guests or visitors, and other persons under control of household members, must not damage, destroy or deface any part of the apartments or other property belonging to the DHA, or property of other

Residents.

G. **I, and all members of my household**, our guests or visitors, and other persons under control of household members, shall not engage in criminal activity, including aggravated assault, issuance of threats to other Residents or staff, carrying a concealed weapon, firing a weapon, illegal use of controlled substances and drug-related criminal activity, on or off DHA property, while I am a Resident in public housing. Such criminal activity shall be cause for ending this lease by the DHA. "Drug-related criminal activity" means the illegal possession, manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute, or use, of a controlled substance as defined in Section 102 of the Controlled Substances Act. "DHA property" means any property owned or managed by the DHA.

H. **I, and all members of my household**, our guests or visitors, and other persons under control of household members, must not set fires. We must do whatever we can to prevent fires. We must report any fire right away.

I. **I, and all members of my household**, our guests or visitors, and other persons under control of household members, must keep the apartment and yard clean, neat and safe. We must get rid of trash in the proper way. We must be sure that trash is not left lying on the ground. I also agree that I am responsible to mow the lawn around my apartment as often as necessary to keep it looking trim and neat. I also agree to keep my steps and walkway shoveled properly in winter months.

J. **I, and all members of my household**, our guests or visitors, and other persons under control of household members, must use all DHA property and equipment only in the manner intended.

K. **I, and all members of my household,** must not install extension telephones, waterbeds, antennae, or appliances (such as air conditioners, or transmitters) without prior written approval of the DHA. I must pay for all costs of installation and removal of such items. If installed without prior approval, the DHA may remove them.

L. **I, and all members of my household,** our guests or visitors, and other persons under control of household members, must obey all government rules about health and safety and the use of the apartment.

M. **I, and all members of my household,** must report all damages and needed repairs to the DHA within one (1) working day. However, we must report any

conditions which we feel to be unsafe to the DHA immediately, including repairs to smoke detectors.

N. **I, and all members of my household,** our guests or visitors, and other persons under control of household members, must let the DHA do repairs, even if we have not asked them to make any repairs. We must move our personal belongings out of the way when the DHA comes to do work in the apartment.

O. **I** must pay for repairs and expenses caused by my failure or the failure of members of my household, our guests or visitors and others under the control of members of my household to use reasonable care. I must pay these charges on the first day of the second month after I have received notice of the charges.

P. **I, and all members of my household,** must give the DHA any certification, permission to release information, or documentation needed by the DHA to determine my income, the income of members of my household, and the composition of my household.

Q. **I, and all members of my household**, must move from this apartment if the DHA determines that the apartment needs major repairs. The DHA may ask us to move if the apartment is otherwise unsuitable (for example, an apartment equipped for handicap access and no one with a handicap lives in our household). We must also move if the DHA says the apartment is too big or too little for us.

R. **I, and all members of my household**, our guests or visitors, and other persons under control of household members, must take part in the DHA's extermination program when necessary. We can do this by keeping the apartment clean, clearing dishes from the shelves, pantry and cabinets, and clearing closets when necessary. If our failure to cooperate requires the DHA to exterminate at a different time than the regularly scheduled time, I must pay for this treatment.

S. **I, and all members of my household**, must help the DHA solve problems. We must attend conferences concerning my lease or other problems when asked. I must make a police report if someone has vandalized (damaged) my apartment or threatened me or members of my household. I must provide the DHA information about the persons I suspect or know damaged DHA property or threatened members of my household or other Residents.

T. **I** must register all vehicles owned by members of my household with the DHA office. I must follow all provisions of the DHA's policy about motor vehicles which is posted in the DHA office.

U. **I** must comply with the provisions of any rider attached to and incorporated in this lease; such rider may include provisions governing the keeping of pets and other animals and provisions requiring tenant to perform certain specified seasonal maintenance or other tasks as permitted by the nature of the design and construction of the building.

V. **I** will not tamper with, remove or allow guests to tamper with or remove fire warning devices such as smoke detectors.

W. **I** will not discharge on Dover Housing Authority property, any rifle or handgun that operates on compressed air. Compressed air weapons shall include rifles and handguns known as "BB" guns, pellet guns and /or CO2 guns. This applies to me and any member of my household, or guest or other person under my control.

X. **I** agree to leave the apartment unit upon vacating the premises in a clean condition, normal wear and tear excepted, and to return the keys to the DHA. Any property left by me in or about the premises after I vacate will be considered abandoned and may be disposed of as the DHA sees fit and in compliance with state law.

Y. **I** must pay in a timely manner all utility charges such as Public Service of New Hampshire billing for electricity.

Z. **I** will promptly notify DHA of any utility shutoff to include, but not limited to, cessation of electrical services to my apartment by Public Service of New Hampshire.

AA. **I, and all adult members of my household** must perform at least 8 hours per month of community service, or participate in an economic self-sufficiency program for eight hours each month, or a combination of both, totaling 8 hours, in accordance with HUD's Community Service and Economic Self-Sufficiency Requirements and the DHA Community Service and Economic Self-Sufficiency Requirements Policy.

15. OTHER CONDITIONS FOR OCCUPANCY

A. **Fire Hazard.** I shall not keep any combustible material on the premises and shall take every precaution to prevent fire. I shall immediately notify the DHA of any malfunction or problem with fire warning devices, such as smoke detectors.

B. **Heating.** I shall not use any facilities for heating except those provided for that purpose by the DHA, without prior written consent of the DHA.

C. **Aerials and Antennas**. I shall not erect any radio/television aerial antennae or satellite dish on the property without written consent of the DHA.

D. **Clothes Dryers and Washers**. I shall not install any clothes dryer or dishwasher in my apartment.

E. **Pets**. I shall abide by all rules and regulations for pets in my development. I understand that noncompliance with rules and regulations for pets will be considered a serious lease violation as adherence to rules is necessary to insure our health and safety.

F. **Rubbish, garbage and other waste**. I shall place rubbish and other waste to be collected in a manner consistent with the ordinance of the City of Dover and regulations of the Dover Housing Authority. Failure to comply with this clause and the applicable City of Dover ordinance may result in extra clean-up and collection charges and/or fines to me as well as possible eviction.

G. **Motor Vehicles and Parking**. I agree to abide by the DHA Motor Vehicle and Parking Regulations which are incorporated in this lease by reference and posted in the DHA office.

H. **Walls**. I shall not use tacks, nails, screws or other fasteners in any part of the premises, except in a manner prescribed by the DHA. Adhesive hooks are absolutely forbidden. Also, neither cement nor any other adhesive may be used in laying carpets, rugs, or linoleum on the floors of my dwelling.

I. **Waterbeds**. I understand that Federal Regulations prohibit the use of water beds in my apartment.

J. **Snow removal**. I agree that I must remove the snow from walkways and entryway of my unit, except where provided on common areas by DHA. Unless specifically agreed to between the DHA and me, snow removal shall be my responsibility. This section does not apply to senior housing.

K. **Alterations or repairs**. I shall make no alterations or repairs to the premises or the equipment without the consent of the DHA. I shall install no new locks without the consent of the DHA.

L. **Sidewalks, passages, public halls, stairways, fire escapes and vestibules**. I

will not obstruct sidewalks, passages, public halls, stairways, fire escapes or vestibules, nor will I use them for any purpose other than to enter or exit my dwelling.

M. **Shades, awning or window guards**. I will not put up any shades, awnings or window guards, unless approved by DHA.

N. **I shall** be responsible for the replacement value of all equipment either borrowed from the DHA or otherwise placed in my custody by the DHA.

O. **I agree** that the DHA in all cases shall retain the right to control and prevent access to the buildings and grounds by all persons whom it considers undesirable.

P. **Personal property**. All personal property placed on the property of the DHA shall be at my risk and the DHA will not be responsible for any damage to such personal property including property placed in any storage room under the control of the DHA. All articles to be placed in a DHA storage room must receive the approval of the DHA.

Q. **Mold**. To minimize the occurrence and growth of mold I agree to the following:

1. I shall remove any visible moisture accumulation in my apartment including on walls, windows, floors, ceilings, and bathrooms fixtures; mop up kitchen and bathroom when necessary; and keep climate and moisture in the apartment at reasonable levels.

2. I shall clean and dust my apartment regularly, and in particular shall keep the kitchen and bathroom clean.

3. I shall promptly notify the DHA in writing of the presence of the following conditions:

   a. A water leak, excessive moisture, or standing water inside my apartment;
   b. A water leak, excessive moisture, or standing water in any common area;
   c. Mold growth in or on my premises that persists after I have tried several times to remove it with a household cleaning solution such as Lysol or Pine-Sol disinfectants, Tilex Mildew Remover, or Clorox, or a combination of water and bleach.

4. I shall be liable to DHA for damages sustained to my apartment or to me or my property as a result of my failure to comply with these terms.

16. WHEN THE DHA MAY COME INTO MY APARTMENT

A. The DHA may come into my apartment at any time if the DHA has reason to think there is an emergency. An emergency means whenever there is a danger of very serious property damage or a danger to the health or safety of people in or near my apartment.

B. The DHA may also come in for other reasons. These reasons are to inspect, to fix or improve conditions, or to show the apartment to a new Resident. The DHA must do this at reasonable times, usually between 8:00 a.m. and 4:00 p.m. The DHA will give me at least 48 hours advance notice before an inspection or other visit, other than for an emergency, or in the event of my initiating a service call.

C. I and the members of my household must permit the DHA to enter my apartment for the reasons stated in paragraphs A and B above. If there is not an adult at home when they come, the DHA will leave a note telling me of the date, time and reason for entering my apartment before they leave.

17. NOTICES TO ME

The DHA must follow these rules when it gives me a notice:

A. All notices must be written.

B. The notice must be either mailed to me by first class mail or hand delivered to me or any adult answering the door to my apartment.

18. REASONABLE ACCOMMODATION

A person with a disability shall for the purposes under this lease be provided reasonable accommodation to the extent necessary to provide the person with a disability an opportunity to use and occupy the unit in a manner equal to that of a person without a disability. I may at any time during the term of my lease request reasonable accommodation of a disability of a household member, including reasonable accommodation so that I can meet lease or other residency requirements.

19. HOW I REPORT OR COMPLAIN TO THE DHA

I must make all reports or complaints in writing. I must follow these rules when I report anything or complain to the DHA:

A. I may go to the DHA Office to file a complaint or report. I can request that they help me write the report or complaint which I will sign.

B. I may take my report or complaint to the DHA office at 62 Whittier Street, Dover, NH.

C. I may mail my report or complaint to the DHA at 62 Whittier Street, Dover, NH 03820 by first class mail.

20. ENDING THE LEASE

A. **I may end my lease at any time**. However, I must tell the DHA that I wish to end my lease at least thirty (30) days before I move out. I will sign a form saying that I am going to move and where I will be moving. The DHA and I will inspect my apartment together and I will turn in my keys. If the DHA finds any damages, the DHA must give me the list of damages. If I agree with the list of damages, I will sign the list. I cannot change my mind later. The DHA cannot change its mind either.

If I do not agree with the DHA, I can make my own list of items in writing. I must sign my name to the list and give it to the DHA.

If I move without telling the DHA, the DHA will still inspect my apartment after I move and list the damages, if any. I will be responsible for rent for the 30 days that the notice was required or up to the date the apartment is re-rented, whichever comes first.

The DHA will figure the charges for the damages, if any, and will bill me for the damages and any other money I owe. If I do not pay the amount I owe, the DHA may sue me to collect the amount due.

B. **The DHA can end my lease** for serious or repeated violation of the terms of this lease, or for other good cause, such as failure to make payments due under the lease; failure to fulfill household obligations described in paragraph 14 of this lease; drug related criminal activity engaged in on or near the premises by me or any household member, or guest, and any such activity engaged in on the premises by any other person under my control; a determination made by the DHA that a household member is illegally using a drug; a determination made by

the DHA 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; criminal activity by me or any household member, guest or other person under my control that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents or that threatens the health, safety, or right to peaceful enjoyment of their homes by persons residing in the immediate vicinity of the premises; if I am 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 I flee; if I am violating a condition of probation or parole under Federal or State law; a determination made by the DHA that a household member's abuse or pattern of abuse of alcohol threatens the health, safety, or right to peaceful enjoyment of the premises by other residents; if the DHA determines that I or any household member, guest or other person under my control has engaged in criminal activity, regardless of whether I or any household member, guest or other person under my control has been arrested or convicted for such activity. The DHA may also end my lease when I receive four late notices for failure to pay my rent within any twelve (12) month period.

The DHA must give me written notice before it can end my lease. There are three kinds of notices:

1. A 14-day notice if I get behind in my rent. I agree that fourteen (14) days is enough notice for this.

2. A reasonable notice where there is a danger to the health, safety, or peaceful enjoyment of the premises by other Residents or DHA workers (such as threats or actual physical violence or drug-related criminal activity on or off DHA property).

3. A 30-day notice in all other matters.

The notice must state when the lease will end and the reasons for ending my lease. It must tell me whether I have a right to ask for a hearing under the DHA Grievance Procedure. The DHA will post the Grievance Procedure in the DHA office. Whether or not I get or request a grievance hearing, I will always have a right to a civil court proceeding where I can present a defense and a judge will decide on the DHA's right to end my lease.

If the DHA ends my lease because of criminal activity, the DHA will notify the United States Post Office that I no longer live there so there will be no reason for me or any household member to return to that apartment.

21. ABOUT THE LEASE

I understand and agree with the DHA that if any part, term, or provision of this lease is illegal or unenforceable for any reason, this will not affect the remaining parts of the lease. The rights and requirements of the parties under the lease shall exist as if the lease did not contain the particular part, term or provision found to be illegal.

22. CHANGING THE LEASE

Any change in my lease must be in writing. It does not apply to me unless it is in writing and signed by both the DHA and me. Rent changes, changes in utilities charges and in any special charges, and changes in rules and policies of the DHA must also be in writing, but I do not have to sign them.

23. HOW TO SETTLE DISAGREEMENTS BETWEEN ME AND THE DHA: THE GRIEVANCE PROCEDURE

The DHA and I might not agree about what we must or must not do. If this happens in certain cases, I may ask the DHA to settle the disagreement through the grievance procedure. I can get a copy of the Grievance Procedure at the DHA Office. A copy is available to me upon request.

24. LEAVING WITHOUT TELLING THE DHA

If I leave my apartment or do not use it for 21 days or more without providing written notice to the DHA, and do not pay my rent during this period, the DHA may treat the apartment as abandoned. This means that the DHA may enter my apartment and remove and store all the property it finds in my apartment. If I do not pay any amounts I owe the DHA, including the costs of removal and storage, within 30 days after the DHA has stored my property, the DHA may sell or dispose of the property. The DHA will apply any money received to what I owe the DHA, such as rent, damages, storage fees, sales costs, or lawyer's fees. If I tell the DHA my new address, they will send me any balance of money from the sale. If I do not tell the DHA where I am living, the DHA will pay the money to the Clerk of Superior Court, Strafford County.

25. ATTORNEY'S FEES

If I default in the performance of any obligation under this Lease I shall pay, in addition to any other sums owed, the DHA's reasonable attorney's fees and other costs related to the enforcement of the obligation. This clause applies in any lawsuit, action, or

proceeding brought by the DHA to enforce my obligations under this Lease, whether or not the Lease is terminated and whether or not the DHA files a formal lawsuit, action, or proceeding in court.

26. FRAUD

Fraud is a felony. I understand that if my eligibility or continued occupancy for residence at the DHA has been established by false statements or failure to disclose any information material to residency or any other fraudulent means, I may be guilty of a felony and I may be subject to eviction as well.

27. EXECUTION

By the signature(s) below, I/We agree to the terms and conditions of this lease and all additional documents made a part of the lease by reference.

Witness	Date	Resident	Date
Witness	Date	Other Adult	Date
Witness	Date	Other Adult	Date
Witness	Date	Executive Director	Date

ATTACHMENTS

If indicated by an (X) below, the DHA has provided the Resident with the following attachments and information:

( ) Pet Policy
( ) Grievance Procedure
( ) Lead Hazard Information
( ) Parking Regulations
( ) Community Service and Economic Self Sufficiency Requirements Policy
( ) Schedule of Maintenance Charges

( ) Dover Housing Authority Resident's Handbook
( ) Other: _____